Date	**27/02/2025**
Time	**09:30 - 12:30**
Location	**Microsoft Teams Meeting**

Strategic Development & Operational Delivery Committee (SDODC)

HDD_Strategic Development & Operational Delivery Committee

NHS Wales

Agenda - 27 February 2025

1 GOVERNANCE

09:30, 0 min

1.1 Introductions and Apologies

09:30, 0 min
Maynard Davies (Hywel Dda UHB - Independent Member)

1.2 Declarations of Interest

09:30, 0 min
Maynard Davies (Hywel Dda UHB - Independent Member)

1.3 Minutes and Matters Arising from the Meeting held on 19 December 2024

09:30, 5 min
Maynard Davies (Hywel Dda UHB - Independent Member)

1.4 Table of Actions from Meeting Held on 19 December 2024

09:35, 0 min
Maynard Davies (Hywel Dda UHB - Independent Member)

1.5 Self-Assessment of Committee Effectiveness: Outcome

09:35, 10 min
Maynard Davies (Hywel Dda UHB - Independent Member), Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)

1.6 Operational Risks Related to SDODC

09:45, 5 min
Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health)

1.7 Monitoring Welsh Health Circulars (WHCs)

09:50, 5 min
Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health)

1.8 Ministerial Directions (MDs)

09:55, 5 min
Jill Paterson (Hywel Dda Health Board - Director of Primary Care, Community and Long Term Care)

1.9 Targeted Intervention

10:00, 10 min
Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Shaun Ayres (Hywel Dda UHB - Deputy Director of Operational Planning and Commissioning)

2 POPULATION HEALTH, PRIMARY & COMMUNITY

10:10, 0 min

2.1 Community & Long Term Care Quarterly Service Report

10:10, 10 min
Jill Paterson (Hywel Dda Health Board - Director of Primary Care, Community and Long Term Care), Elaine Kent (Hywel Dda Health Board - Senior Nurse)

2.2 Deep Dive PO7: Primary Care & Community Strategic Plan

10:20, 15 min
Jill Paterson (Hywel Dda Health Board - Director of Primary Care, Community and Long Term Care), Sarah Bolton (Hywel Dda UHB - Head of Primary Care Transformation)

2.3 Primary Care IMTP (AKA Cluster Projects)

10:35, 10 min
Jill Paterson (Hywel Dda Health Board - Director of Primary Care, Community and Long Term Care), Julia Chambers (Hywel Dda UHB - Primary Care Manager – Business / Service Improvement)

3 PLANNING & PARTNERSHIPS

10:45, 0 min

3.1 Update on the 2024/25 Planning Objectives and the 2025/26 Annual Plan

10:45, 10 min
Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Shaun Ayres (Hywel Dda UHB - Deputy Director of Operational Planning and Commissioning)

3.2 Commissioning

10:55, 10 min
Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Shaun Ayres (Hywel Dda UHB - Deputy Director of Operational Planning and Commissioning)

In-depth bi-annual report.

3.3 **Deep Dive PO8: A Healthier Mid and West Wales Infrastructure**

11:05, 10 min
Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning)

4 **BREAK**

11:15, 5 min

5 **PERFORMANCE & DELIVERY**

11:20, 0 min

5.1 **Deep Dive PO3: Six Goals Programme**

11:20, 20 min
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

5.2 **Deep Dive PO5: Mental Health & CAMHS**

11:40, 20 min
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Rebecca Temple-Purcell (Hywel Dda UHB - Assistant Director of Nursing MH&LD), Angela Lodwick (Hywel Dda UHB - Assistant Director, Mental Health & Learning Disabilities)

5.3 **Integrated Performance Assurance Report**

12:00, 10 min
Huw Thomas (Hywel Dda UHB - Director of Finance)

6 **CAPITAL AND ESTATES**

12:10, 0 min

6.1 **Capital Programme 2024-25; 2025/26 Plan**

12:10, 5 min
Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Eldeg Rosser (Head of Capital Planning)

6.2 **Programme Business Case: Letter of Fire Safety Matters at Bronglais Hospital**

12:15, 5 min
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Rob Elliott (Hywel Dda UHB - Director of Estates, Facilities and Capital Management)

6.3 ARCH

12:20, 5 min
Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning)

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7 FOR APPROVAL

12:25, 0 min

7.1 534 Patient Access Policy (from Watchtower Group)

12:25, 5 min
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Stephanie Hire (Hywel Dda UHB - General Manager Scheduled Care)

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8 ANY OTHER BUSINESS

12:30, 0 min

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9 MATTERS AND RISK FOR ESCALATION TO BOARD

12:30, 0 min
Maynard Davies (Hywel Dda UHB - Independent Member)

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09:30, 0 Mins

1 - GOVERNANCE

1.1

09:30, 0 Mins

1.1 - Introductions and Apologies

Maynard Davies (Hywel Dda UHB - Independent Member)

1.2 **09:30, 0 Mins**

1.2 - Declarations of Interest

Maynard Davies (Hywel Dda UHB - Independent Member)

1.3

09:30, 5 Mins

1.3 - Minutes and Matters Arising from the Meeting held on 19 December 2024

Maynard Davies (Hywel Dda UHB - Independent Member)

For approval

Attachments

1.3 2024-12-19 - SDODC - Minutes.pdf

MINUTES OF THE HDD STRATEGIC DEVELOPMENT & OPERATIONAL DELIVERY COMMITTEE MEETING

Date of Meeting: **09:30, Thursday 19 December 2024**
Venue: **Microsoft Teams Meeting;**

Present: Mr Maynard Davies, Independent Board Member (Chair)
Mr Michael Imperato Independent Board Member (Vice Chair)
Cllr Rhodri Evans, Independent Board Member
Mr Winston Weir, Independent Board Member
Ms Eleanor Marks, Hywel Dda University Health Board (HDdUHB) Vice Chair

In Attendance: Mr Lee Davies, Director of Strategy and Planning
Mr Andrew Carruthers, Chief Operating Officer
Mr Huw Thomas, Director of Finance
Miss Jill Paterson, Director of Primary Care, Community and Long Term Care
Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary
Dr Ardiana Gjini, Director of Public Health
Ms Helen Mitchell, Committee Services Officer
Ms Marilize Preez, Improvement and Transformation Lead (Observing)

Item SDODC (24)129
Mr Shaun Ayres, Deputy Director of Operational Planning and Commissioning

Item SDODC (24)130
Ms Bethan Lewis, Interim Assistant Director of Public Health

Item SDODC (24)131
Ms Trina Nealson, Principal Public Health Practitioner

Item SDODC (24)132
Mr Keith Jones, Director of Operational Planning & Performance

Item SDODC (24)133
Ms Steph Hire, General Manager Scheduled Care Services
Ms Vicky Coppack, Service Delivery Ophthalmology & Neurology

Item SDODC (24)137
Ms Kim Neyland, Strategic Partnership Manager

Item SDODC (24)138
Ms Eldeg Rosser, Head of Capital Planning

Item SDODC (24)140
Mr Paul Williams, Head of Property Performance

Action

SDODC (24)124 Introductions and apologies

Mr Maynard Davies welcomed members to the virtual Strategic Development and Operational Delivery Committee (SDODC) meeting.

SDODC (24)125 Declarations of Interest

Cllr Rhodri Evans declared an interest in agenda item SDODC (24)138: Capital Programme 2024 - Plan for the Pentre Awel, Carmarthen Hwb and Cross Hands projects as a Local Authority Councillor.

Minutes and Matters Arising from the Meeting held on 31 October 2024

RESOLVED - the minutes of the SDODC meeting held on 31 October 2024 were **APPROVED** as an accurate record of proceedings.

SDODC (24)126 Table of Actions from Meeting Held on 31 October 2024

All actions were complete with no matters arising.

SDODC (24)127 Self-Assessment 6 Month Review (incl Self-Assessment Timelines)

Mrs Joanne Wilson presented the Self-Assessment 6 Month Review report, indicating that the team is currently working on both the new operational structure and the new corporate Committee structure simultaneously. It is hoped this will all be completed by 1 April 2025, aligning with the start of the new Committee cycle. Ms Wilson also indicated the documents, and other necessary materials are already prepared, with further work required to address impacts and outcomes elements.

Decision: The Committee RECEIVED ASSURANCE from the progress made against the actions being undertaken to improve its effectiveness.

SDODC (24)128 Corporate Risks Related to SDODC

Risk 1350: *Risk of not meeting the 75% Single Cancer Pathway (SCP) waiting times target for 2022 - 2026 due to diagnostics capacity and delays at tertiary centre*

Mr Andrew Carruthers explained that the reason for the risk increase was due to performance being behind the planned improvement trajectory over recent months.
A revised trajectory had been developed for the period to the end of March 2025.

While there is an anticipation of performance improvement in the upcoming months, the fragility of the position and the inability to meet the original Annual Plan targets led to the decision to increase the risk score for this month.

Mr Maynard Davies raised a query regarding the performance issues, specifically the backlog in Radiology reporting. Referencing the recent unsuccessful Welsh Government (WG) bid for extra funds to address this issue, Mr Davies enquired about

the potential impact of the additional funds, acknowledging it as a hypothetical question. Mr Carruthers explained that the Radiology performance issues were twofold: the scanning element and the reporting element in the Cancer pathway. The main challenge was with the reporting, and the issues had been managed at a relatively low cost over recent months and would continue to be managed within the current funding until the end of the year.

Mr Carruthers indicated that the lack of full funding has impacted routine and direct access wait times, which are now forecast to be between 2,000 and 3,000 by the end of the year, despite initial expectations to reduce them to zero. Advising that last year, the wait times were around 10,000 to 11,000 by the end of the year. Although there has been significant improvement, the original targets set in the Annual Plan will not be achieved due to these challenges and pressures.

Ms Eleanor Marks enquired about the actions in place to predict improvement from November 2024, expressing concern about potential optimism bias and sought assurance on the feasibility of achieving close to 75% performance. Mr Carruthers acknowledged the challenge in forecasting performance due to variability in Radiology reporting and backlog explaining that the performance figures were calculated based on validated data at the end of the month, which could be impacted by the backlog in Radiology reporting. The team was monitoring various milestones and metrics daily and weekly to track the pathway from referral to treatment. Indicating there was confidence in the November 2024 performance forecast due to higher performance at relative points compared to previous months. Reducing reporting delays and the overall backlog of patients waiting over 62 days should help to manage variability and improve performance. The goal is to reduce the backlog to around 200 patients to achieve close to 75% performance, with a more consistent performance over 60% as the first step. The team is currently tracking 2,000 to 3,000 patients on any given day, highlighting the volume of activity and efforts to navigate patients through the Cancer pathway as quickly as possible.

Regarding the risk of delivering against Ministerial Priorities, Mr Maynard Davies' enquired whether, if the Health Board had known of the additional funding , would the risk would have been reduced this month. Mr Carruthers explained that the cautious approach this month was due to the timing of activities commencing in January 2025. There was still a risk of 50 to 100 Orthopaedic patients due to the delivery timeframe of providers. The time lapse between funding allocation and providers starting the work had contributed to this risk. There was cautious optimism about clearing the 104-week backlog by the end of March 2025, but uncertainty remains.

Decision: SDODC RECEIVED ASSURANCE that:
• All identified controls are in place and working effectively;
• All planned actions will be implemented within stated timescales

and will reduce the risk further and/or mitigate the impact, if the risk materialises; and
• Challenge where assurances are inadequate.

SDODC (24)129 Targeted Intervention Update

Mr Shaun Ayres joined the meeting.

Mr Lee Davies introduced the Targeted Intervention (TI) Update report, indicating that there was a new approach to reporting TI progress, focusing on key areas relevant to each Committee. The TI report at the start of the agenda is used to frame key discussion points for Committee meetings. This approach aims to help Independent Members (IMs), focus on the most critical issues. Mr Lee Davies invited Committee members to provide reflections on the reports produced and suggest any amendments or developments. Emphasising the importance of feedback for improving the reports.

Mr Lee Davies then highlighted the significant item regarding the development of the Annual Plan for the next year. A significant amount l of work has been undertaken with the directorates on developing their Plans. The process is still early, with another set of submissions expected tomorrow. The team will work through these submissions to assess progress and identify further actions needed over January, February, and March 2025. This work is linked to discussions with the Board and other parallel discussions.

Mr Shaun Ayres provided an update on the planning cycle and TI, emphasising the difficulty in disaggregating the two and highlighted the process set out. Mr Ayres expressed several key concerns, including the £20m savings expectation for the year and the intrinsic link between performance and funding allocations, especially concerning Cancer diagnostics and Unscheduled Care performance. Highlighting the significant gap between demand and capacity, particularly in Diagnostics and Unscheduled Care, stressing the need for robust plans around Cancer and Unscheduled Care performance, linking it to finance allocations and de-escalation status.

Mr: Ayres indicated that the planning submission is an ongoing process and may require several more weeks to obtain clear performance answers, highlighting the importance of the second submission and upcoming escalation meetings. An Annual Plan workshop is scheduled for 9 January 2025, focusing on workforce assumptions. Targeted one-on-one conversations and virtual workshops with individual teams will be conducted to ensure plans triangulate as expected.

Ms Marks questioned the escalation process for issues lasting three to four months, urging the Executive Team (ET) to address this; and stressing the importance of coordination and linkage across all Committees.

Mr Lee Davies outlined the new escalation and Care Group arrangements, highlighting the need to define Care Group autonomy and actions if improvements are not seen. The Committee noted the escalation framework's upper limit of Level 3 and the need for further discussions on actions beyond this level.

Mr Davies acknowledged the lack of clear actions beyond the current escalation level and the complexity of performance management at both team and individual levels.

Ms Marks emphasised the importance of managing the performance of particular areas, stressing the need for clear communication and assurance that the ET is addressing these performance management issues.

Mr Huw Thomas referencing the ongoing transition into a new Care Group structure, emphasised the need to manage change over the next three to four months and the maturity required for the new structure; and raised the question of whether the escalation status of directorates will be inherited by the new Care Groups or whether there would be a period of latitude before retesting for escalation, highlighting the need for discussion and debate on this matter. Mr Thomas reflected on what escalation would look like in the new structure, noting that there will be fewer Care Groups and therefore fewer areas in escalation. Stressing the importance of having an effective escalation process with tangible outcomes, Mr Thomas highlighted the need to redesign the escalation status approach and seek the collective wisdom of the Board. The Committee noted that discussions with IMs will take place in the New Year to determine the new approach.

Mr Winston Weir enquired about the stage at which the demand and capacity graph would be merged to understand the gap across all services, including Secondary, Primary, and Community Care. Mr Weir also raised a question about integrating prevention mechanisms into an integrated plan, noting that the current timetable seems light on prevention and demand management schemes, as well as the impact and input from Public Health.

Dr Ardiana Gjini emphasised the importance of integrating more prevention throughout the Care Groups, indicating that work had already started with Clinical Leadership Groups and the Medical Leadership Group. The planning cycle for the next year would include mechanisms and tools to increase prevention activities, alongside the development of the Primary Care and Community Strategic plan.

Dr Gjini highlighted the need to integrate primary prevention activities with the services delivered by the Health Board and its partners. The process will involve planning through the development of the Primary and Community Strategic plan and the refresh of the overall Strategy.

In referencing the timescales set out for December 2024 and January, February, and March 2025, Mr Weir emphasised the importance of understanding how prevention mechanisms in Primary Care fit into these time scales and priorities: and prioritising them. Dr Gjini acknowledged the importance of articulating prevention mechanisms in a strengthened way; and stressed the need to ensure that all prevention activities were clearly integrated into the plan.

Mr Lee Davies provided an update on the demand and capacity analysis, indicating that there was already good analysis for Planned Care and Endoscopy, with further iterations to be discussed in January and February 2025. The Committee noted that while some areas had robust analysis, others, such as Radiology, were still being improved; and that Primary and Community Care would require further development over time.

Mr Carruthers referenced ongoing work with the NHS Executive on modelling and simulation for Urgent and Community Care (UEC) systems, focusing on Carmarthenshire, noting that outputs in the upcoming months would describe these systems in a new way. Mr Weir highlighted the opportunity to work with Swansea Bay Health Board (SBUHB) and other stakeholders on demand and capacity analysis.

Mr Michael Imperato requested clarification on the Stakeholder Reference Group's (SRG) composition and role. Mrs Wilson explained that the SRG is one of the mandated advisory groups to the Board, chaired by Mr Jeremy Hockridge, an Associate Member of the Board. The group represents the voice of the community and provides valuable input into the Board's activities. Mr Imperato questioned whether the group could be engaged earlier in the process for co-production purposes. Mrs Wilson indicated that the Health Board engages with the group as early as possible, depending on their meeting schedule, advising that the group had requested earlier engagement, and the current timeline was aligned with the plan being worked on by Mr Ayres and the team.

Mr Ayres reported that there were currently ten alert statuses out of the 27 criteria associated with the Committee, highlighting several key areas of concern:

- Ophthalmology Performance: Mr Ayres noted that the current level of performance in Ophthalmology was significantly below the expected level. The baseline was 45% at the start of Targeted Intervention, with a goal of 65%. However, performance dropped to 36% in September and 35% in October 2024. He emphasised the need to understand the gap between demand and capacity and the impact of existing resources.
- Cancer Performance: Mr Ayres highlighted the target of achieving 60% for three consecutive months. However, performance had been below 50% for the last three months, with 40% in September and 44.6% in October

2024. Mr Ayres stressed the importance of clear actions for both larger tumour sites such as Urology, Dermatology, Upper Gastrointestinal (UGI) and smaller ones such as Gynaecology.

- Unscheduled Care: Mr Ayres expressed concern regarding the deterioration in Unscheduled Care performance, similar to previous years, noting that ambulance handovers were starting to increase, which is a trend that needs to be addressed in the New Year.

Mr Ayres emphasised the need for strong plans for 2025-26 and clear oversight on the areas of concern for the remainder of the financial year.

Cllr Evans stressed the need for critical problem-solving, clear time scales, and specific targets. Mr Ayres agreed, emphasising granular breakdowns of plans, understanding the impact of actions, and ensuring clear oversight.

Mr Lee Davies stressed the importance of specifying dates and assessing the impact of ongoing actions, emphasising the need for the Committee to be assured or concerned based on progress. Mr Lee Davies also suggested future reports should clearly state dates and improvement expectations for each criterion. If information is unknown or unassured, it should be clearly stated to avoid ambiguity. Explaining there are two categories of alerts: those with some assurance of progress and those without, Mr Lee Davies indicated that this distinction should be clearer in future reports. **SA**

Cllr Evans emphasised the importance of having timescales and targets to track progress, noting that many of the issues have been ongoing for years and having specific dates to track against would be helpful. **SA**

Ms Marks enquired whether the ten alerts should be included in the Corporate Risk Register and expressed concern about the mismatch between communicated information and performance improvements, highlighting specific concerns regarding Neurodevelopmental (ND) waits, Cancer, and ambulance delays, stressing the reputational risk. Ms Marks then emphasised the importance of public transparency and suggested ensuring a "golden thread" of information across Committees to avoid duplication, recommending this for consideration by the Executive Team and Committee members.

Mr Huw Thomas emphasised the need to link alerts with de-escalation plans and ensure reporting is proportionate and relevant for the Committee, noting that this is a governance space, not operational, and the detail should reflect that.

Mr Lee Davies referenced the existing process of linking alerts to the Corporate Risk Register and suggested improving the connection between identifying, scoring, and mitigating risks in

next year's Plan. Mr Lee Davies highlighted Cancer, Unscheduled Care, and ND as main concerns, requiring robust operational plans, noting recent deteriorations, such as the ambulance handover position at Withybush Hospital (WGH), and stressing the need for strong plans to address these issues.

Ms Marks shared public criticism about the Health Board's performance, particularly ambulance wait times and A&E delays, emphasising the importance of addressing these issues and the challenges of high demand and fragile services during winter.

Mr Lee Davies agreed that performance in the identified areas was unacceptable, noting that both the Executive Team and Welsh Government share this view. Mr Lee Davies emphasised the seriousness with which these issues are being taken and acknowledged the substantial challenges that need to be addressed.

Ms Wilson confirmed that the risks are covered under wider risks and may not be in the sight of this Committee, advising that the UEC risk is a corporate risk discussed in detail at the Quality Safety and Experience Committee. Mrs Wilson agreed with the need to balance assurance with operational management.

Ms Wilson acknowledged that while changes had been made to the way reports were presented, there was still room for improvement, as the Triple-A report was not originally designed for its current use within the Health Board. While it has been helpful, it was not the initial intention when it was introduced from the Committee's perspective; and suggested working with the Chair, Mr Lee Davies and Mr Ayres to refine the report to better meet the Committee's needs.

Ms Wilson then proposed continuing to link with the Committee Chairs' meeting to help with alignment and avoid duplication, indicating that one Committee should own the issue, and the Audit & Risk Assurance Committee (ARAC) should oversee the assurance process across all Committees.

In response to Mr Imperato’s query, Mr Ayres emphasised the importance of quantifying the impact of actions, providing examples of running additional lists and clinics to reduce backlogs, highlighting the need for granular detail, oversight, and specific actions in plans. Mr Ayres stressed the importance of understanding the time required to achieve and maintain balance to prevent backlog spikes.

Mr Ayres also indicated that if balance couldn't be maintained, it could lead to financial risks, such as the need to insource, outsource, or incur additional costs; and emphasised the need for specific actions across all areas and being clear about the expected impact.

Mr Lee Davies highlighted the need for the Committee to be advised on whether there was a set of actions and an improvement trajectory that delivered the expected improvement, emphasising the importance of monitoring delivery against the improvement trajectory.

Mr Maynard Davies reiterated that the Committee's role was to ensure the delivery of actions, not necessarily the details of how they were being delivered.

Mr Ayres left the meeting.

Decision: The Committee RECEIVED ASSURANCE on the actions being undertaken to develop the 2025/26 Annual Plan

SDODC (24)130 Deep Dive PO10: Population Health

Ms Bethan Lewis joined the meeting.

Ms Bethan Lewis presented the Deep Dive Planning Objective 10: Population Health update report, indicating that despite capacity gaps at consultant level, good progress had been made against the process-oriented planning objectives set for 2024-2025. The focus had been on understanding the impact of these objectives on population health in West Wales. Additional actions had been identified to strengthen key deliverables for Quarters (Q) 3 and 4. An update was provided on indicators, including the following:

- The vaccine uptake for children reaching their fifth birthday improved to 86.1% in Q2, with significant improvement in the Measles, Mumps Rubella (MMR) Dose 2 vaccine.
- Improvement in vaccine uptake to 90.9% in Q2, despite a reduction in Pembrokeshire.
- Efforts to improve MMR vaccination uptake for staff, with support from Occupational Health colleagues and Primary Care teams.
- Continuous improvements in uptake areas, with discussions on improving the lowest uptake areas.

Ms Lewis indicated that the planning objective directly attributed to Risk 1884: *There is a risk that the Hywel Dda Public Health Team may struggle to support the Health Board's priorities for 2024-25 or fulfil statutory functions, including responding to acute outbreaks, due to limited capacity* had been reviewed, resulting in a reduced score of 12. The Deputy Director of Public Health had commenced their role, and consultants were gradually returning to work post-leave, which should further reduce the risk in Q3.
Mr Maynard Davies raised concerns about the drop in COVID-19 and influenza (flu) vaccinations among the adult and older population, questioning whether vaccine exhaustion or apathy may be contributing factors. Ms Lewis acknowledged the concern and noted that similar trends are being observed across Wales, referencing factors such as vaccine hesitancy, fatigue, and accessibility which were contributing to the lower uptake. Efforts are being made to improve accessibility through GP clusters and targeted approaches. In response to Mr Maynard Davies'

suggestion to increase efforts on social media to promote vaccinations Dr Gjini emphasised the importance of seasonal vaccinations for winter preparedness, highlighting the need to increase awareness of the benefits of vaccination and improve availability and access through Primary Care. Dr Gjini noted that the immunisation programmes covered almost 20 different areas; and highlighted the significant achievement of approaching 90% uptake for MMR Dose 2 for children, crediting Primary Care teams and Vaccination teams for their efforts, acknowledging the challenges ahead and the need for continued efforts to increase seasonal vaccination uptake.

Ms Lewis provided an update on a recent meeting with Welsh Government, advising that the message in England, using the NHS strapline, has been synonymous with flu and COVID vaccines, and has led to people disengaging. Efforts are being made to undo this by using trusted community leaders and voices.

Mr Weir enquired about the key achievements so far and how the impact was being measured, highlighting the importance of understanding the return on investment, not only financially but also in terms of health population benefits. Mr Weir also requested an update on the development of the Social Innovation Institute with Trinity Saint David's.

Dr Gjini explained that Public Health interventions, programmes, and services were generally adopted and implemented based on strong cost-effectiveness evidence, noting that there are no Public Health interventions in place with a lower evidence base. Social prescribing, for example, has been difficult to measure nationally due to its broad nature. Dr Gjini emphasised that Public Health interventions were introduced based on a cost-effectiveness threshold of £30k or less, as used by National Institute for Health and Care Excellence (NICE), highlighting that the directorate conducted a return on investment analysis on three key interventions, which showed very strong results. Dr Gjini stressed the importance of appreciating the benefits and impact of various prevention and Public Health programmes on the population; and advised against spending additional resources to prove the return on investment of Public Health programmes, suggesting instead a focus on applying and strengthening these interventions across the Health Board.

Dr Gjini provided an update on the development of the Social Innovation Institute with Trinity Saint David's. The academic institution has dedicated staff and resources to drive the initiative forward. An agreement has been received, and a meeting is scheduled in early January 2025 with the former Dean of Trinity Saint David's to finalise the agreements and discuss regional investments. The Institute will focus on raising funds and donations to prioritise research areas for social research.

Mr Weir emphasised that the return on investment did not have to be financial but could be outcome-based, highlighting the

importance of tracking areas such as immunisation, healthy weight, and reducing harm from alcohol, drugs, and tobacco. Mr Weir suggested establishing a baseline to measure changes over time and demonstrate the impact of interventions.

Dr Gjini acknowledged the importance of measuring outcomes and indicated that the return on investment for drugs, alcohol, immunisation, and tobacco had been estimated; and emphasised the need to strengthen the way outcomes are measured, both individually and at the population level. The Committee noted that this objective will continue to be a focus for the next year's planning.

In response to Ms Marks questions in the MS Teams Chat, Ms Lewis indicated that GP out of hours vaccination levels were lower due to the higher proportion of staff who are in the age group who previously would have assumed immunity (pre-1971). Many feel they are immune and wish the Health Board to explore antigen testing rather than simply accept a vaccine. Ms Lewis is working with the team to see how this can be overcome. The risk to service delivery is that contact without full immunisation will result in 21 days isolation.

Ms Lewis indicated that the absence of Prince Philip Hospital (PPH) Acute Medical Admissions Unit (AMAU) data is due to the complexity of data due to there being no dedicated AMAU team. The risk would be considered as Level 2 hierarchy because the Minor Injuries Unit (MIU) is more likely to have the initial contact. This is being explored this with the Occupational Health team.

Decision: The Strategic Development and Operational Delivery Committee RECEIVED ASURANCE on Quarter 2 progress and the Directorate's commitment to exploring the impact of objectives on population health and actions for further improvement.

SDODC (24)131 Principle of Social Model for Health and Well Being

Ms Trina Nealon joined the meeting.

Dr Gjini introduced the Embedding a Social Model for Health and Wellbeing report, indicating that the multi-agency Social Model for Health and Well Being Steering Group had agreed to develop principles to be adopted by all regional organisations and agencies, as well as the Well-being Future Generations Commissioner. The group was progressing with embedding these principles and developing a charter for the region's Social Model for Health and Well-being. The charter is expected to be launched at a summit in March 2025.

Ms Trina Nealon provided an update on the progress made in developing the Social Model for Health and Well-being. The steering group had agreed on six principles outlined in Appendix 1 of the report. The team plans to progress these principles to the next stage, including a framework, a charter, and a maturity

matrix. The embedding group will work on identifying the characteristics needed to achieve each principle and how to measure progress.

Ms Nealon emphasised that the framework was evolving and would involve organisations, communities, and partnership groups. The principles will be launched at a celebratory summit event on March 20, 2025, with keynote speakers including Michael Marmot and Cormac Russell.

Ms Lewis and Ms Nealon left the meeting.

Decision: The Strategic Development and Operational Delivery Committee RECEIVED ASSURANCE that the Health Board is taking forward as per annual plan 2024-25 the social model for health and wellbeing by supporting the definition and principles as outlined in Appendix 1, and subsequent actions outlined.

SDODC (24)132 Deep Dive PO4: Planned Care Update

Mr Keith Jones joined the meeting.

Planned Care
Mr Keith Jones provided an overview of Planned Care, highlighting the focus on Stage 1 Outpatient (OP) position and the means of removing patients from waiting lists for reasons other than treatment.

Mr Jones emphasised the greater focus on the clinical interface with patients, ensuring that patients are recommended for surgical or other interventions for the right reasons. Historically, patients may have been added to waiting lists as a "watch and wait" approach, but there is now a more focused approach in the demand management phase.

Acknowledging the importance of Health Board compliance and ensuring that patients receive the right form of treatment for their needs, Mr Jones indicated that some patients were previously listed for treatments they should not have been listed for. There is now a strong clinical and administrative focus on ensuring patients are waiting for the right intervention and treatment. Almost one-third of referrals received into the service do not progress to an OP appointment. This is due to a focused level of clinical triage at the front end of referral pathways. While this is positive in ensuring the right patients enter the system, it raises questions about avoiding the need for initial referrals.

Cllr Evans sought clarification to ensure that the figures were accurate. Mr Jones confirmed that the administrative approach is stringent and follows all procedures and rules in accordance with NHS Wales and Local Health Board access policy, indicating that audits undertaken in the recent past have evidenced the appropriateness of the team's approach.

Ms Marks requested further information to aid her understanding of the productivity improvement. Mr Thomas agreed to work with the directorate to provide more assurance regarding productivity. **HT**

Ms Marks enquired about the communication process with patients, particularly in relation to the removal from waiting lists, seeking assurance from Mr Jones that the communication process was properly handled. Mr Jones explained that any alternative treatment or clinical plan agreed for a patient is communicated to both the patient and the referring GP, indicating that the Health Board has a strong waiting list support service and was working to ensure consistent communication with patients. Acknowledging that there had been instances where the frequency of communication was not as expected, Mr Jones indicated that efforts were being made to address this. Any decisions regarding the appropriateness of a patient's position on the waiting list would be communicated through the principal channels.

Cancer

Mr Jones indicated that Cancer performance had been variable and below the desired level for the population. The main reason for the underperformance was related to capacity challenges in the diagnostic phase of the Cancer pathway, particularly in Radiology services. Other factors, such as capacity challenges within the Skin Cancer pathway, have also contributed to the drop in performance since the summer period. Mr Jones advised that, encouragingly, October 2024 saw an improvement in performance, largely in line with expectations. The work done to address delays in Radiology reporting and capacity challenges within the Skin Cancer pathway had a positive effect. The legacy impact of these issues is not expected to continue from November onwards, and a step improvement in performance is anticipated.

Mr Jones indicated a continuing reduction in the 62-day backlog of patients, which is crucial for improving future performance. Positive indications of reduced waits for various stages of the pathways, including first outpatient appointments and diagnostic and treatment phases, were being observed. Indicating that the Cancer trajectory performance has been revised to the mid-60% range (around 65%) to March 2025, Mr Jones advised that further improvement actions have been agreed upon, including additional CT imaging capacity within Radiology services and additional transparineal biopsy capacity within the Urology tumour pathway. These actions are expected to improve performance further.

Mr Jones noted that the performance improvement is contingent on the stability of the workforce in critical services such as Radiology and Skin Cancer. While there is hope for improvement, it was acknowledged that the current performance is unsatisfactory. Assurance can be taken from the actions being applied to drive improvement, but further assurance will depend on the outcomes of these actions.

In response to Mr Maynard Davies' question regarding sustainability of the actions being taken to improve performance, particularly in relation to reaching the 70% target by the end of March and the 75% target required for the TI target of three months at 60%, Mr Jones explained that the actions being taken were heavily supported by additional recovery resources that the Health Board had attracted. These resources are being prioritised and directed into this important pathway. However, some of these resources are non-recurrent in nature, meaning that while the actions are strong and sustainable, the resourcing of them is a non-recurrent solution.

Mr Jones highlighted that the performance target for the end of 2025-2026 increases to 80%, which presents an even greater challenge. The Committee acknowledged the importance of recognising the non-recurrent nature of some of the current resources and the need to plan for sustainable solutions to continue improving performance into the next year.

Mr Jones highlighted the significant focus on addressing large risk areas in the Cancer pathway, particularly the Radiology service, which is currently short of the required capacity; and emphasised the challenge of identifying sustainable actions to close the capacity gap and the need for additional support to achieve this in 2025-2026. More details will be discussed in the upcoming planning sessions.

SDODC agreed to maintain the alert status in view of the current unacceptable performance: and to request the Board to seek solutions to improve the position.

Decision: The Strategic Development and Operational Delivery Committee:
• RECEIVED ASSURANCE from progress achieved in reducing the volume of patients experiencing long planned care waiting times, and
• NOTED the additional measures being explored to mitigate potential delivery risks by March 2025
• RECEIVED ASSURANCE from the recovery actions being pursued to support recovery of Single Cancer Pathway performance and reduce delays for treatment

SDODC (24)133 Ophthalmology Performance (GIRFT)

Ms Steph Hire and Ms Vicky Coppack joined the meeting.

Ms Vicky Coppack presented the Ophthalmology Getting It Right First Time (GIRFT) indicating that initially, there were 59 recommendations, and weekly meetings were held with key team members, including consultants, clinicians, and management, to address these recommendations. To date, 37 recommendations have been closed, with 22 still outstanding and being actively progressed.

Ms Coppack indicated that eight of the outstanding recommendations were dependent on estates availability, which is being addressed through the clinical services plan (CSP). Interim workarounds were being implemented to streamline clinic operations and deliver these recommendations while awaiting the CSP outcome. Several recommendations were dependent on workforce planning, which is currently underway for 2025-2026. Training needs have been identified to develop existing staff and raise their profiles, as highlighted in the GIRFT recommendations. Ms Coppack also indicated that ongoing regional discussions included four subgroups, one of which focused on glaucoma. This would help progress the glaucoma-related recommendations.

Efforts to manage waiting lists are ongoing, with a focus on reducing 104-week and 52-week waits. The new Wales General Ophthalmic Services (WGOS) 4 initiative has started and is working well, with 144 new patients already sent to Primary Care and another 140 identified for management in Primary Care.

Cllr Evans enquired about the quality of care for patients who have been on long waiting lists and whether their conditions have worsened during the wait. Ms Coppack explained that all waiting lists have been clinically validated by highly trained optometrists. Patients with any doubts are referred to a consultant pathway. A safety netting pathway has been set up to ensure that long-wait patients are seen by highly trained optometrists who perform necessary tests. If any concerns arise, patients are re-referred to consultants through Consultant Connect and seen within days. This ensures that deteriorating patients are identified and brought into clinic urgently if necessary. Cllr Evans emphasised the importance of sustainability in managing the backlog and ensuring that the situation does not recur. Ms Coppack confirmed that the entire pathway is being managed with the WGOS 4 initiative preventing patients from needing to join the waiting list by directing them to highly trained optometrists in the community. Historic patients can now be managed and seen regularly by these optometrists, ensuring they receive regular appointments despite the backlog.

Ms Marks raised concerns regarding recommendations with an implementation date of January 31, 2027, questioning whether it is acceptable to delay these recommendations for over two years. Ms Coppack explained that the long target dates were set to provide realistic timelines, as they are tied to the CSP, which is a medium-term plan. Many of these recommendations are related to estates and require increased clinic and theatre delivery capacity. Interim plans are being implemented to increase cataract lists and grow clinics, but further estates are needed to continue meeting demand. Ms Coppack indicated that interim plans were in place to increase cataract lists by three per week and recruit fully trained doctors to commence operations immediately with full effectiveness. While there is some leeway to grow clinics and cataract delivery, a ceiling will be reached without additional estates. The 2027 date reflects the need for further estates to

continue growth. Mr Marks questioned what would expedite the implementation of these recommendations, given their seriousness and the long wait time.

Mr Carruthers explained that certain issues are particularly strategic and link to the CSP and the regional ophthalmology planning space with SBUHB, noting that from a clinician's perspective, a key part of the discussion was facilities and estates to optimise service delivery. Due to the strategic nature of these conversations, the dates were set to allow discussions to take place and deliver. However, there is a view that these could be completed sooner, and this will be reviewed in line with recent conversations regarding the CSP.

Mr Carruthers indicated that the Regional Ophthalmology Programme Board, which has only met once so far, will also influence the pace and approach across the region. The establishment of the Joint Committee with SBUHB in the New Year is expected to drive these initiatives at a different pace and in a different way.

Mr Lee Davies raised concerns about the long implementation dates extending to 2027, noting that such distant dates may be irrelevant from a Committee standpoint; and suggested involving IQFPD to review specific recommendations and actions to see what can be addressed within the current arrangements. Mr Lee Davies emphasised the need to explore how much of the recommendations could be addressed without wholesale configuration changes and estates investments, which would inevitably push the timeline into the medium term, noting that some recommendations were likely envisaged to prompt more immediate action. **AC**

SDODC agreed to alert the Board regarding the lack of estates capacity.

Decision: The Strategic Development and Operational Delivery Committee RECEIVED ASSURANCE from the progress made against the recommendations and the future plans in place to address the outstanding recommendations.

Mr Jones, Ms Hire and Ms Coppack left the meeting.

SDODC (24)134 Integrated Performance Assurance Report

Mr Huw Thomas presented the Performance Update for Hywel Dda University Health Committee – Month 8 2022/2023 (IPAR), highlighting those three themes that had not been picked up in the conversation about broad performance and challenges for the organisation:

- Therapies: This area had not been discussed in detail.
- Child ND waits: This was identified as an alert.
- Healthcare-Acquired Infections: This was another area of concern.

Mr Thomas referred to Section 7 on escalation, noting that three directorates had been highlighted: Mental Health, Facilities, and Planned Care. These directorates were predominantly escalated to Level 3 across all domains, with a low number of exceptions, indicating that the actions agreed upon within those directorate escalation meetings were noted in the summary.

Mr Lee Davies provided an update on a proposal from the Mental Health & Learning Disability (MH&LD) service to increase assessment capacity. This proposal was discussed at the last IQFPD meeting, and there is some national resource available to support this initiative, which is currently being progressed through the procurement process. Mr Lee Davies indicated that the discussion with the service questioned the value of adding an additional assessment into the process, given that 97% of patients referred to the service have their diagnosis confirmed. The meeting explored whether it would be more beneficial to utilise existing resources to increase support and treatment for individuals rather than reassessing something that had already been assessed. Mr Lee Davies advised that the challenge lay in adhering to guidelines and Welsh Government expectations around the assessment model. The service was asked to reconsider the approach and return to the IQFPD with a revised proposal, which may need further discussion with the Welsh Government.

SDODC agreed that the Board should be alerted regarding Cancer and Child ND waiting lists. The Board was requested to consider what further action the Health Board could take in response to the ND position and raise the matter with WG emphasising the need for national solutions.

Decision: The Strategic Development and Operational Delivery Committee:
• DISCUSSED the IPAR – Month 8 2024/2025 report
• RECEIVED ASSURANCE on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as ‘alert’.

SDODC (24)135 DEFERRED: Review of Clinical Pharmacy Services at NHS Hospitals in Wales

SDODC (24)136 Deep Dive PO6: Clinical Services Plan

The Committee received a regular update as part of the work programme. Given the time constraints and the familiarity of the members with the position, it was suggested to move straight to any questions. The updates were noted as self-explanatory.

Decision: The Strategic Development and Operational Delivery Committee NOTED the Clinical Services Plan Update.

SDODC (24)137 Planning in Partnership: Regional Integration Fund Update

Ms Kim Neyland joined the meeting.

Mrs Jill Paterson introduced the West Wales Regional Partnership Board (RPB) Update report, indicating that the RPB had been undertaking self-assessment and review around its effectiveness and focus. The Committee noted that Cllr Evans is the Health Board Independent Member representative.

Ms Paterson highlighted that Welsh Government is increasingly passing funding through the RPB and expects central collation of responses across the region. Two examples provided were the Further, Faster Funding and the Regional Integration Fund (RIF) funding process. The tapering of RIF funding, which was deferred for two years, is expected to be implemented soon. Work is being undertaken to understand the legacy implications and identify projects that no longer meet refreshed criteria.

Ms Paterson advised that Further, Faster Funding was now combined with recent funding for the 50-Day Challenge, winter planning, and the Six Goals programme. The focus was on improving system flow, community capacity, and escalating areas where funding could improve the whole system response. Plans are currently being developed to address these areas.

Mr Maynard Davies enquired about the new ND improvement programme. Ms Kim Neyland explained that the programme has received £100k additional funding through the Welsh Government. This funding is not for the diagnostic side of the system, as there is already core funding for ND diagnostics. Instead, it is to put in place services to support individuals before they reach the diagnosis point in their journey. Two proposals have been approved, and two more are awaiting confirmation of approval. Positive sessions facilitated by the Welsh Government have supported the approach to addressing waiting lists through the funding provided by the RPB.

Mr Maynard Davies flagged an action regarding the end of RIF funding, noting the need to review funded projects and make decisions about which should continue to be financed. Mr Thomas emphasised the need for a clear business case if any projects are to be mainstreamed, outlining three options: mainstreaming with a business case, divesting from the service, or maintaining it within the residue of RIF funding. Mr Maynard Davies enquired about updates on this area of work being reported to one of the Committees. Ms Paterson confirmed that updates would be taken to the Executive Team meeting and relevant Committees for scrutiny and assurance. Ms Paterson explained that the initial RIF programme included existing programmes, which were intended to take a regional approach rather than a county approach; and noted challenges in defining programmes of work going forward and the potential rights gained by individuals in extended posts.

These issues will need to be addressed through business cases to maintain or stand down posts.

Cllr Evans acknowledged the work being done by Ms Paterson and emphasised the importance of moving forward with a unified strategy. highlighting the goal of Local Authorities and the Health Board working closer together, along with the RPB, to achieve common goals. Emphasising the importance of continued dialogue and collaboration, Cllr Evans noted that recent meetings of the RPB had been productive, with discussions focused on ensuring that all stakeholders are moving in the right direction.

SDODC agreed to advise the Board that the West Wales RPB RIF funding was coming to an end, necessitating a review of currently funded projects.

Decision: The Strategic Development and Operational Delivery Committee NOTED this update report.

SDODC (24)138 Capital Programme 2024 - Plan for 2025

Ms Eldeg Rosser joined the meeting.

Ms Eldeg Rosser presented the Capital Programme for 2024/25 and Capital Governance Update Report and the Capital Sub-Committee (CSC) 3As Board Update Report, providing an update on the capital planning activities since the preparation of the report as follows:

- Further slippage and dispensing in this year's discretionary programme.
- Reallocated £346k towards estate and infrastructure schemes, including upgrading fire alarms in WGH and updating building management systems in Bronglais Hospital (BH).
- Additionally, allocated £288k towards further replacements of medical equipment, prioritised by operational teams.
- HDdUHB received a further allocation of £480k towards digital replacements from Welsh Government.

Ms Rosser also provided an update on the governance elements of projects, specifically the Aseptics Project. The business justification case (BJC) for the project was delayed due to an extended tender return period to ensure sufficient responses. The tender process was closed, and two submissions had been evaluated. The outcome will be presented to the Executive Team meeting on 8 January 2025. The Aseptics BJC is then scheduled for consideration at a Chair's Action meeting on 10 January 2025. Subject to approval, the BJC will be presented to the Board for approval at the meeting on 30 January 2025, prior to submission to Welsh Government.

In response to the enquiry from Ms Marks regarding the Cross Hands project and whether the financial envelope provided will deliver all that is needed by the time it is built, Ms Rosser

explained that the original Outline Business Case (OBC) was for a development of around 5000 square metres. The current review indicates a size of around 3200-3500 square metres. Cost advisors are working to determine if this size is deliverable within the financial envelope. Efforts are being made to maintain integration and essential services, but some services may need to share rooms due to financial constraints. The General Medical Services (GMS) space remains largely unchanged, backed by benchmarks from shared services. Ms Marks expressed disappointment in the reduction of community and agile working spaces, emphasising their importance in the move towards community and integrated services and Public Health discussions. Ms Rosser acknowledged the disappointment and assured the Committee that efforts are being made to ensure flexible use spaces within the building to accommodate multiple services. The aim was to make treatment rooms versatile to serve more than one service.

Cllr Evans raised a question regarding the dependency on VAT recoveries mentioned in the paper, enquiring whether there were any issues with HMRC regarding VAT on capital projects and whether VAT was automatically recovered for such projects.
Ms Rosser explained that VAT must be paid on capital projects, but it is recoverable for repair and maintenance type works. VAT advisors review capital schemes at the end of the year to recover the appropriate percentages.

Mr Thomas indicated that VAT recovery in the NHS is complicated and varies on a scheme-by-scheme basis, referencing an active claim with HMRC on the Bronglais Hospital front of house scheme and offered to discuss the details offline with Cllr Evans.

Ms Marks noted her pleasure at the additional funding provided for Pentre Awel, highlighting the significance of the development in Llanelli and the Board's approval of the extra funding. Ms Marks requested an update on the next steps for the Cylch Caron project, noting the lack of tender submissions and its importance. Ms Rosser reported a positive meeting with Welsh Government on 4 December 2024. The next steps include reviewing the schedule of accommodation, working up a resource schedule, and refreshing the OBC. Meetings with housing partners are scheduled for early January 2025 to determine whether to work up the scheme as a whole or split it into housing and health elements. A timeline for the completed business case will be developed following these meetings.

Ms Marks emphasised the importance of implementing decisions made by the Board and noted the challenges of future decisions if the other half of the equation cannot be implemented

Mr Lee Davies provided an update on the alert brought to the A Healthier Mid and West Wales Group, which reports to the Executive Team. The alert was a general one regarding plans for community facilities. Confirmed timelines and scales were

available for Pentre Awel and Carmarthen Hwb, while Cross Hands is advanced but still uncertain in terms of timeline and scope. Other projects, such as Fishguard and Llandovery, face broader challenges regarding capital availability. Mr Lee Davies highlighted the need for the Board to make decisions on the prioritisation and sequencing of community schemes, reflecting the available capital. The assessment of capital availability had changed, impacting the delivery of projects set out in the strategy.

Mr Maynard Davies noted that a concern was raised in the Sustainable Resources Committee (SRC) meeting on 17 December 2024 regarding the potential underspend on capital due to the diversion of funds into medical equipment and the extra funding for digital replacement. The question was whether the spend target is likely to be met. Ms Rosser indicated that the position should be better, but Welsh Government had asked for further bids for potential end-of-year capital in the upcoming weeks. The team was monitoring the situation and maintaining flexibility with contingencies to address any potential underspend that may arise.

SDODC agreed that the Board should receive an alert regarding HDdUHB's dependency on adequate community facilities being available. The progression of AHMWW infrastructure Strategic Outline Case (SOC) remains delayed due to the WG steer that the Health Board consider "the widest possible options" for the SOC.

Ms Rosser left the meeting.

Decision: The Strategic Development and Operational Delivery Committee:
• NOTED the update on the Capital Programme and CRL for 2024/25
• NOTED the capital schemes governance update
• NOTED the RAAC update
• NOTED the update from Capital Sub Committee
• APPROVED the amended terms of reference for the Capital Sub Committee

SDODC (24)139 A Healthier Mid and West Wales (AHMWW) Update (incl Nuffield Review Action Plan)

The Committee acknowledged that the item was discussed in detail at the last Board meeting and will be discussed again at the next Board meeting. Mr Lee Davies therefore gave a brief overview of the current position, advising that the community facilities was noted as already covered; and informing the Committee that arrangements were being made with the Welsh Government to attend the Infrastructure Investment Board (IIB) meeting in the New Year. The goal was to formally agree on the way forward in relation to the AHMWW business case process.

It was noted that any future SOC would need to consider a wider set of options than the original Programme Business Case (PBC)

and the draft SOC currently being worked on. This may require revisiting the original PBC, which is three years old and based on a narrower set of options. The Health Board is exploring with Welsh Government whether the PBC should focus solely on the final state (the new hospital and WGH) or cover both the final state and the interim period. This decision will impact the scope and complexity of the work. The aim is to agree on the approach with Welsh Government during the IIB meeting in the New Year. The Committee will be kept updated on the outcomes of this conversation.

SDODC agreed that the Board should be advised of the position.

Decision: The Strategic Development and Operational Delivery Committee:
• NOTED the key infrastructure and estates implications noted in this report as highlighted in the wider AHMWW update to Board on 28 November 2024
• NOTED the update on the AHMWW Community Schemes.

SDODC (24)140 Energy Performance Contract, Heat Network Efficiency Scheme and Solar Farm Projects Update

Mr Paul Williams joined the meeting.

Mr Paul Williams presented the Energy and Carbon Programmes of Work Update Decarbonisation report, highlighting the following:

- The current energy performance contract with Centrica (formerly British Gas) ends in March 2025. Preparations are underway to manage the transition to Health Board responsibility, with key risks regarding financial and operational delivery highlighted.
- A new energy performance contract is being developed, similar to the current one but with a structured framework and support. The key difference is the shift from capital funding to a spend-to-save model with loan repayment over ten years.
- HDdUHB was successful in gaining funds for optimisation studies on two sites and a bid for £1.3m for 50% match funding for optimisation work under the Engineering, Procurement, and Construction (EPC) projects.
- A four-stage approach to PPH includes transitioning to clean technology with heat pumps and removing gas Combined Heat and Power (CHP) and boilers. This will significantly improve carbon efficiency but has a substantial revenue impact.
- An opportunity to link to a nearby private wire solar farm, providing 1-2 megawatts of electricity, offering significant carbon and financial savings. Technical challenges and investment in decarbonisation are needed.
- The alignment project governance with internal governance changes within the Health Board.

Cllr Evans enquired about the private solar farm and how it fitted into procurement processes, raising concerns about the complexity, potential costs, and whether there is a worked pro forma from other Health Boards. Mr Williams explained that a power purchase agreement (PPA) would be established, with contractual terms ensuring a percentage reduction below National Grid rates. The goal was to negotiate the best deal with support from energy services and the Carbon Trust. Mr Williams indicated that the complexity lies in negotiating the best deal, but the expectation is to achieve better rates than the National Grid supply.

Cllr Evans noted the potential advantage due to the solar farm's need for a consistent user like the Health Board. Mr Williams confirmed that the solar farm developers were keen to collaborate with HDdUHB, given its 24-hour operation and significant energy usage. This strong position will be used to negotiate the best rates.

Mr Weir expressed support for the report, highlighting the Health Board's ability to make savings on traditional energy sources and use greener technology; and sought clarification on the interest-free loans and their repayment period. Mr Williams clarified that the loans have a maximum repayment period of 10 years. Welsh Government is encouraging all Health Boards to participate. Mr Weir suggested that future updates should include information on the timing of loan repayments and how savings will be realised, as this would help with budgeting and medium-term financial planning. Mr Williams noted that if the Energy Performance Contracts (EPC) fail to deliver, the contractor pays the difference; and mentioned that British Gas (Centrica) has previously lost money due to underperformance. **PW**

Ms Marks raised concerns about the infrastructure required to support the private wire solar farm electricity and whether the cost would fall on the Health Board; and also enquired if this would address existing risks around electricity failure at PPH. Mr Williams acknowledged the need to address work at PPH, indicating that the high voltage work would be completed by the National Grid and was designed to avoid conflicts with local risks. A cable will be brought into the site to link directly to the hospital. While full assurance could not be provided at this point, efforts were being made to align the infrastructure design with the developer.

Mr Williams emphasised that the Health Board would retain full resilience on site. The National Grid will provide full capacity alongside the solar farm, ensuring a reliable energy supply. The solar farm energy supply alone cannot be fully trusted, so maintaining the National Grid connection is essential.

Mr Williams left the meeting.

Decision: The Strategic Development and Operational Delivery Committee:
• RECEIVED ASSURANCE on the progress being made to deliver on the Energy Efficiency and sustainability projects with the aim to reduce energy costs and environmental impact.
• NOTED the content of the report.
• NOTED the progress being made on each project and risks and financial position set out in the paper.

SDODC (24)141 SDODC Work Programme 2024/25

The Strategic Development and Operational Delivery Committee NOTED the SDODC Annual Workplan.

SDODC (24)142 ANY OTHER BUSINESS

There was no other business reported.

SDODC (24)143 MATTERS AND RISK FOR ESCALATION TO BOARD

Social Model for Health and Wellbeing requires Board approval.

SDODC (24)144 DATES OF FUTURE MEETINGS

- Thursday 27 February 2025

1.4

09:35, 0 Mins

1.4 - Table of Actions from Meeting Held on 19 December 2024

Maynard Davies (Hywel Dda UHB - Independent Member)

For information

Attachments

1.4 SDODC 19 12 2024 Table of Actions v0.pdf

TABLE OF ACTIONS

Strategic Development and Operational Delivery Committee (SDODC)

19 December 2024

MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
SDODC (24)129	**Targeted Intervention Update** To include assurance of progress if applicable, dates, timelines and improvement expectations which will facilitate discussions.	**SA**	**27 February 2025**	**Complete** Reports noted and on agenda.
SDODC (24)132	**Deep Dive PO4: Planned Care Update** To work with the directorate to provide more assurance over productivity.	**HT**	**April 2025**	**Complete** A broad workplan is in place to support the following: 1. Our performance. This is a comprehensive dashboard of metrics across Governance, Workforce, Quality, Finance and Performance. This is well embedded in the organisation. 2. Our safety. This is a triangulation of key metrics which are determinants of safety. Launched in December 2024, a further iteration will be released in March 2025. 3. Our activity. A dashboard of available clinical and operational activity metrics across our services. In development, with a first draft expected in March 2025. 4. Our productivity. A dashboard of available simple productivity metrics to assess delivery over time. First draft expected in April 2025.

				5. Our outcomes. A dashboard of available outcome measures across the 5 high value pathways. Likely by Q2 2025/26.
SDODC (24)133	**Ophthalmology Performance (GIRFT)** To schedule IQFPD discussion on the position regarding timelines for Ophthalmology GIRFT recommendations with a deadline of 31 January 2027.	**AC**	**27 February 2025**	**Complete** Discussed at IQFPD on 8 January and reviewed on 12 February 2025.
SDODC (24)140	**Energy Performance Contract, Heat Network Efficiency Scheme and Solar Farm Projects Update** To ensure future updates include information on the timing of loan repayments and how savings will be realised, to assist with budgeting and medium-term financial planning.	**PW**	**27 February 2025**	**Complete** Forward plan noted.

SA; Shaun Ayres	PW: Paul Williams	HT: Huw Thomas	AC: Andrew Carruthers	

1.5 **09:35, 10 Mins**

1.5 - Self-Assessment of Committee Effectiveness: Outcome

Maynard Davies (Hywel Dda UHB - Independent Member), Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)

For information

Attachments

1.5 SDODC.CommitteeSelfAssessmentSBAR.OutcomeSBAR Final.pdf

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 February 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Strategic Development and Operational Delivery Committee (SDODC) Self-Assessment Outcome Report 2024/25
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Maynard Davies, SDODC Chair Lee Davies, Director of Strategy and Planning
SWYDDOG ADRODD: **REPORTING OFFICER:**	Joanne Wilson, Director of Corporate Governance/Board Secretary Charlotte Wilmshurst, Assistant Director of Assurance and Risk

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide the outcome of the Strategic Development and Operational Delivery Committee (SDODC) Self-Assessment 2024/25 process to the Committee.

Cefndir / Background

In line with Section 10.2.1 of Standing Orders, the Board is required to introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Section 10.2.2 also states that each Committee must also submit an annual report to the Board through the Chair within six weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any Sub-Committees it has established.

A refreshed approach to the Committee self-assessment process was developed in 2023 which was intended to be proportionate, achievable and add value to the organisation's governance capability. For SDODC, this involved:

- Short digital form which requested feedback on the following areas:
  - Governance and administration
  - Committee's inputs
  - Conduct of Committee meetings
  - Interface with other Committees, including the Board
  - Committee's impact
  - Individual role on Committee

The feedback from this form was considered alongside other information, such as:

- Matters alerted to the Board
- Independent Members' (IMs) Reflective sessions
- Auditor/Regulator feedback

The SDODC Chair and Lead Executive met to consider the Committee's effectiveness to date based on responses from the above digital form and feedback from auditors/regulators and other intelligence on how the Committee currently operates, where it has made an impact and what it has highlighted, and the areas where it could have done better.

Asesiad / Assessment

The SDODC Chair and Lead Executive met to consider the Committee's effectiveness to date based on responses from the above digital form and feedback from auditors/regulators and other intelligence on how the Committee currently operates, where it has made an impact and what it has highlighted, and the areas where it could have done better.

Look back at Committee's effectiveness over previous 12 months…

The below analysis was based on responses from the digital form and feedback from auditors/regulators and other intelligence on how the Committee currently operates:

What we want to continue to do next year

- Good governance and administration of Committee
- Good support from Executive Directors (EDs)/Deputies, good understanding of risks, concise papers
- Good attendance by clinical colleagues
- Effective chairing, conducive to open, transparent and productive debate with constructive challenge from IMs
- Providing the Board with clear, concise information and gaps in assurance
- Private meetings used appropriately i.e. only for items that should not be discussed in the public domain
- Robust and disciplined focus around planning and delivery
- Scrutiny of performance and delivery against Health Board plans and objectives
- Robust arrangements for capital expenditure
- Extensive discussions relating to Targeted Intervention (TI)

What we want to change going forward

- Reducing the length of agendas to ensure adequate time for discussion – this will be addressed by the new Committee structure from 1 April 2025
- Variation in the quality, timeliness and presentation of paper, and papers sometimes do not hit the mark, and presentations can provide too much operational detail
- Discussions can delve into operational detail (to be addressed through IM development)
- Strengthening links with other Committees
- Improve the level of assurance on the delivery of Health Board plans developed with Local Authorities, Collaboratives, Alliances and other key partners – this is on the new Terms of Reference (ToR) for Strategy and Planning Committee
- Seeking assurance on areas that have deteriorated, delivery of A Healthier Mid and West Wales (AHMMW) strategy, performance in key areas (cancer, Attention Deficit Hyperactivity Disorder (ADHD), Urgent and Emergency Care (UEC), Care and Treatment Plan (CTP)

neurodevelopmental waits, Primary Care strategy, strategic shift towards prevention and population health

Suggested areas of focus for 2025/26

- Seeking assurance on robustness of performance delivery plans, e.g. Cancer
- Delivery of TI de-escalation criteria
- Maturity of operational planning
- Strategic refresh
- Reframing the organisation strategy
- Population health
- Clinical Services Plan (CSP) delivery
- Development of the Primary and Community strategy
- Monitoring performance of delivery plans developed with Local Authorities, Collaboratives, Alliances and other key partners
- Deep dives on areas where the Committee has been unable to provide assurance to the Board or has deteriorated whilst being monitored by the Committee

The following actions will be taken forward by the Director of Corporate Governance (DOCG)/Board Secretary:

Action	By whom	By when
To provide report writing and presenting guidance to corporate teams and operational teams as part of the implementation of the Operational Governance Structure (this will include reducing the level of operational detail in reports, the importance of including outcome data in reports and how to present papers to Committees)	DOCG	April 2025
Strengthening links with other committees through clear actions from meeting to capture in Table of Actions and reinforced through Committee Chair meetings	DOCG	April 2025
Refer areas of concern in relation to performance to Quality, Safety and Experience Committee (QSEC) to seek assurance on the impacts to the patient (performance will be part of the remit of the new Finance and Performance Committee)	Chair, Finance and Performance Committee	April 2025
Consider including suggested areas of focus for 2025/26 on Committee Workplan	DOCG/Committee Services officer (CSO)	April 2025

Argymhelliad / Recommendation

The Committee is asked to:

- **CONSIDER** the outputs from the Committee Self-Assessment process
- **AGREE** the actions to be taken to improve its effectiveness

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	10.5 The Director of Board Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation, including that of any sub committees established.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	SDODC Terms of Reference SDODC Self-Assessment digital form results Auditor and Regulator feedback through Structured Assessment, and Internal Audit
Rhestr Termau: Glossary of Terms:	Included within report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	SDODC Chair Director of Corporate Governance/Board Secretary

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable

Ansawdd / Gofal Claf: **Quality / Patient Care:**	An effective SDODC should seek out areas of system weakness and facilitate an organisational culture that drives strategic development and operational performance.
Gweithlu: **Workforce:**	Not applicable
Risg: **Risk:**	An effective SDODC should drive improvement through scrutiny and challenge on the effective and efficient management of risks relating to strategic development and operational performance.
Cyfreithiol: **Legal:**	Not applicable
Enw Da: **Reputational:**	Not applicable
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Not applicable

1.6

09:45, 5 Mins

1.6 - Operational Risks Related to SDODC

Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health)

For assurance

Attachments

1.6.1 ORR - SDODC February 2025 FINAL.pdf

1.6.2 Appendix 1 - SDODC Risk Register February 2025.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 February 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Operational Risks Assigned to Strategic Development and Operational Delivery Committee (SDODC)
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lee Davies, Executive Director of Strategy and Planning Dr Ardiana Gjini, Executive Director of Public Health
SWYDDOG ADRODD: **REPORTING OFFICER:**	Rachel Williams, Head of Assurance & Risk

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

ADRODDIAD SCAA
SBAR REPORT

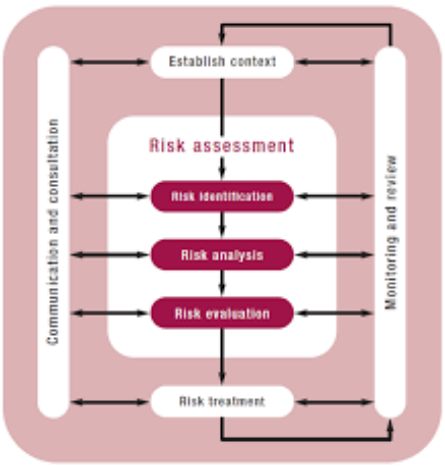
Sefyllfa / Situation

The Strategic Development and Operational Delivery Committee (SDODC) is responsible for providing assurance to the Board that risks aligned to the Committee are being identified, assessed and managed effectively.

The Committee is asked to seek assurance from Lead Officers / representatives of the Directorates that the operational risks identified in the attached reports are being managed effectively.

Cefndir / Background

Effective risk management requires a 'monitoring and review' structure to be in place to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.



(Risk Management Process, ISO 31000)

Operational risks must be managed within Directorates under the ownership and leadership of individual Executive Directors, who must establish local arrangements for the review of their Risk Registers, which includes the validation of the information and risk scores, and the prioritisation and identification of solutions to their risks. In addition to these local arrangements, formal monitoring and scrutiny processes are in place within Hywel Dda University Health Board (HDdUHB) to provide assurance to the Board that risks are being managed effectively.

All risks identified within the Datix Risk Module must be assigned to a formal Board Committee, Sub-Committee or Group which will be responsible for securing assurance that risks within their remit are being managed effectively.

Management Leads are asked to review risk assessments and risk actions in line with the following timescales for review:

RISK SCORE	DEFINITION	MINIMUM REVIEW FREQUENCY
15-25	**Extreme**	This type of risk is considered extreme and should be reviewed and progress on actions updated at least monthly.
8-12	**High**	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	**Moderate**	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	**Low**	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

In monitoring the risks associated with their respective areas of activity, each Committee and Sub-Committee is responsible for:

- Scrutinising operational risks within their remit; either through receiving the Risk Registers or through Service Reports.
- Gaining assurance that risks are being appropriately managed, effective controls are in place, and planned additional controls are being implemented.
- Challenging pace of delivery of actions to mitigate risk.
- Identifying, through discussions, new and emerging risks and ensuring these are assessed by those with the relevant responsibility.
- Providing assurance to its parent Committee, or to the Board, that risks are being managed effectively and reporting risks which have exceeded tolerance through its Committee/ Sub-Committee/ Group Update Report.
- Using Risk Registers to inform meeting agendas.

It is therefore essential that the membership of these Committees and Sub-Committees includes appropriate representation from Directorates and that they are in attendance to provide assurance and to respond to queries.

Relevant discussion should be reflected in the SDODC Update Report to the Board to provide assurance on the management of significant risks. This will include risks that are not being managed within tolerance levels (see Risk Appetite Statement) and any other risks, as appropriate.

Asesiad / Assessment

The SDODC's Terms of Reference state that it will:

- Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.
- Recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report.
- Receive assurance through the Sub-Committee Update Reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

A review of governance arrangements has been undertaken to improve the alignment of the Health Board's Committees to the six domains of targeted intervention as outlined by Welsh Government to strengthen the Health Board's focus on digital, finance, performance and strategic planning. The Board agreed the revision of governance arrangements at its meeting in January 2025. With the disestablishment of SDODC from 31 March 2025, and the establishment of a Digital, Data and Innovation Committee, a Finance and Performance Committee and Strategy and Planning Committee, risks as included within this report will be re-aligned to the new Committee, as appropriate.

The six risks presented in the attached Risk Register (Appendix 1) as of 28 January 2025 have been extracted from Datix, based on the following criteria:

- The SDODC has been selected by the Risk Lead as the 'Assuring Committee' on Datix;
- The current risk score exceeds the tolerance level, as discussed and agreed by the Board on 27 September 2018;
- Risks have been approved at Directorate level on Datix; and
- Risks have not been escalated to the Corporate Risk Register.

Two risks have been scored against the *Business objectives/projects* 'impact' domain, two risks have been scored against the *Health Equity* 'impact' domain, one risk has been scored against the *Service/Business interruption/disruption* 'impact' domain, and one risk has been scored against the *Finance inc. claims* 'impact' domain.

Below is a **summary** of the risks, ranked highest to lowest by current score, which meet the criteria for submission to the Strategic Development and Operational Delivery Committee on 27 February 2025.

Total Number of Open Risks	6	
New Risks Added to the Report Since Previous Meeting	0	
De-escalated/Closed Risks	0	
Increase in Risk Score ↑	0	
Decrease in Risk Score ↓	4	*See note 1*
No Change in Risk Score →	2	*See note 2*
EXTREME (RED) Risks (based on 'Current Risk Score')	2	
HIGH (AMBER) Risks (based on 'Current Risk Score')	4	

Note 1 – Decrease in risk score:
There has been a decrease in the current risk score of the following risk since the previous meeting:

Risk Reference & Title	Date risk identified	Lead Director	Previous Risk Score	Current risk score	Update	Target Risk Score	
1882 - Risk that the 'Starting & Developing Well' team will be unable to deliver objectives due to cessation of Public Health Wales (PHW) Funding	16/04/24	Director of Public Health	**4x5=20**	**4x4=16** (Reviewed 12/12/24)	The funding for the programme's Whole School Approach to Emotional & Mental Wellbeing (WSAEMWB) 'Implementation Lead' role will be lost, resulting in the removal of this 1 x Full Time Equivalent (FTE) Band 7 role, indirectly impacting upon the ability of the Health Promoting School Co-ordinators to meet their service objectives across the Health Board. A small programme delivery budget will also be lost. Contingency plans are being developed and control measures are being explored but these are not yet in place.	**3x2=6**	
1844 - Risk of not being able to provide a timely and effective Public Health service due to limited Public Health Consultant capacity	01/05/24	Director of Public Health	**4x4=16**	**3x4=12** (Reviewed 12/12/24)	Control measures will only manage sight on all priority areas stretched across a pressured service at very senior level.	**2x3=6**	
340 - Risk of business cases not being funded within required	01/09/16	Director of Strategy and Planning	**3x5=15**	**3x4=12** (Reviewed 23/01/25)	The limited Discretionary Capital (DCP) availability and the backlog on replacement of equipment, estates and digital	**2x3=6**	

timescales due to pressure on Discretion-ary Capital (DCP)					infrastructure results in the organisation having to prioritise funding to deal with organisational risks. Additional DCP allocation for 2025/26 will alleviate some of this pressure and the earmarking of Targeted Estates Fund (TEF) and Diagnostic Equipment allocations on an All-Wales basis allows the Health Board to direct further allocations towards business cases should it need to.		

Note 3 - No Change in Risk Score:
Since the previous report, two risks have had no change in risk score:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1877 - Risk of financial impact on service delivery due to lack of recurring funding for Prevention & Early Years from Welsh Government	24/06/24	Director of Public Health	**4x4=16** (Reviewed 12/12/24)	Highly likely given recent discussions that funding may not be continued after March 2025. Inability to sustain services would provide a major impact on delivery health improvement and health equity.	**4x2=8**
1931 – Risk that funding allocated for Public Health services will not be available when required due to financial improvement measures	01/08/24	Director of Public Health	**4x3=12** (Reviewed 12/12/24)	Whilst the controls are designed to help mitigate the impact of this risk, the rationale for the high risk score is due to current controls only having a limited effect, as financial improvement measures are not recognising the ring fenced and grant funded budgets within Public	**2x3=6**

				Health Directorate for exemption.	
1301 - Risk to delivery of Health Board objectives due to insufficient capacity and capability within the Planning Team	01/06/21	Director of Strategy and Planning	**3x3=9** (Reviewed 08/01/25)	In response to our organisation's escalated status requiring targeted intervention, it has not been feasible to expand the Strategic and Operational Planning Team as initially envisioned. However, we have implemented an organisational response that involves assembling a centralised team drawn from various sectors across the Health Board. The expectation is that this team will operate under a Project Management Office (PMO) style approach, this approach is vital in supporting the delivery of the annual plan and going further where possible to support the de-escalation of the Health Board. This structure ensures that the plan is not only delivered but also supported by adequately resourced and agile response capabilities, enabling dynamic allocation of resources and prompt addressing of emergent issues. The centralised team, comprising skilled professionals from different areas of the Health Board, brings a wealth of expertise and experience to the table. By operating as a central team, they can effectively coordinate efforts, monitor progress, and make informed decisions to keep the annual plan on track. This agile approach allows for swift adaptations to changing circumstances, ensuring that resources are	**3x2=6**

				allocated where they are needed most and that any potential obstacles are addressed proactively. Additionally, the Transformation Programme Office (TPO) team, which sits under the Deputy Director of Operational Planning and Commissioning, provides supplementary resources and expertise. This team's involvement is crucial, focusing specifically on Fragile Services—a priority that is directly supported through the TPO. By working hand in hand with the centralised team, the TPO contributes valuable insights and support, particularly in areas that require specialised attention. This integration is instrumental in fortifying our planning framework, ensuring that strategic and operational initiatives are cohesively supported and efficiently executed. Given the prevailing financial climate, expanding our planning team further is not currently viable. However, by leveraging the skills and knowledge of the centralised team and the TPO, we are confident in our ability to effectively manage the annual plan and drive the necessary changes to support the Health Board. This organisational response forms our method for managing the risk associated with operating a relatively small corporate planning team and ensures that despite financial limitations, we are	

				committed to maintaining robust governance and oversight.	

The Risk Register at Appendix 1 details the response to this risk, i.e., the Risk Action Plan.

The heatmap below has been obtained from the Risk Performance dashboard. The information reflects the risk information extracted from Datix on 28 January 2025:

HYWEL DDA RISK HEAT MAP					
	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5					
MAJOR 4			1844 (↓)	1882 (↓) 1877 (→)	
MODERATE 3			1301 (→)	340 (↓) 1931 (↓)	
MINOR 2					
NEGLIGIBLE 1					

The table below details when the three Directorate level risks assigned to the SDODC were last updated on Datix. Risks are required to be updated along the following timescales, dependant on their risk level:

- Extreme Risks – Monthly
- High Risks – Bi-monthly
- Moderate Risks – Six-monthly
- Low Risks – Annually

Risk numbers presented in red text denote those where a review of the risk is overdue, based on the data as of 28 January 2025.

	Risks updated in last month	Risks updated within last 1-2 months	Risks updated within last 2-6 months	Risks updated within last 6-12 months
Extreme		1882, 1877		
High	340, 1301	1931, 1844		
Moderate				
Low				

Risk owners can allocate themes to their risks, which allows the Health Board to share risk information on specific areas with relevant experts as part of the second line of defence. Risk themes provides assurance that a holistic approach to risk management is undertaken and enables the Health Board to better identify the risk appetite, risk capacity and total risk exposure in relation to each risk, group of similar risks, or generic type of risk.

The risk themes of Capital – Digital, Capital – Estates, and Capital – Equipment are aligned to Capital Sub-Committee. Themed risks are shared with the relevant theme owners on a bi-monthly basis to allow them to maintain oversight and provide necessary guidance to those responsible for the risk, and develop/improve organisational control, i.e., policies, procedures, systems, processes to reduce the risk to the Health Board.

The Capital-Equipment theme risk register is shared with the Operations Directorate Business and Governance Manager and Business and Governance Officer on a bi-monthly basis, who cross-reference with capital equipment bids already received. This information is utilised as part of a weighted-scoring system to support the prioritisation and allocation of submitted bids. If a bid is successful, risk leads are then contacted as a reminder to review and re-assess their risks based on this outcome.

The Capital-Digital theme risk register is shared with the senior Digital team and Capital Planning team on a bi-monthly basis. The Digital service refer to their themed risk registers for review purposes during senior management meetings. A large number of Digital's risks relate to end-of-life dates for Health Board ICT assets and the mitigating actions have a dependency on further capital investment to strengthen the organisation's cyber posture via the effective mitigation and management of these risks.

The Capital-Estates theme risk register is reviewed on a monthly basis via the Central Compliance & Assurance Audit Meeting (CCAAM), which is attended by the Head of Operations, along with key Estates & Facilities colleagues including Head of Facilities Information & Capital Management. The review highlights possible future Capital bids. These risks are also checked against the Capital Matrix (hosted by Capital Planning) to establish if bids have been submitted to address risks identified and where appropriate risks are discussed at the Capital meetings.

The Assurance and Risk team will continue to support risk theme owners to ensure appropriate review and oversight of risks to provide additional assurance around Health Board systems.

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is asked to:

- **NOTE** the re-alignment of risks currently reportable to SDODC in line with revised governance arrangements as approved by Board at it's meeting on 30 January 2025;
- **REVIEW** and **SCRUTINISE** the risks included within this report to **SEEK ASSURANCE** that all relevant controls and mitigating actions are in place; and.
- **DISCUSS** whether the planned action will be implemented within stated timescales and will reduce the risk further and/ or mitigate the impact, should the risk materialise.

This in turn will enable the Committee to provide the necessary **ASSURANCE** to the Board that these risks are being managed effectively.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained in the report.
Parthau Ansawdd:	7. All apply

Domains of Quality Quality and Engagement Act (sharepoint.com)	
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across HDdUHB's services, reviewed by risk leads/ owners
Rhestr Termau: Glossary of Terms:	Risk Appetite - *the amount of risk that an organisation is willing to pursue or retain*' (ISO Guide 73, 2009) Risk Tolerance - *the organisation's readiness to bear a risk after risk treatment in order to achieve its objectives* (ISO Guide 73, 2009)
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report however impacts of each risk are outlined in risk description.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report however impacts of each risk are outlined in risk description.
Gweithlu: Workforce:	No direct impacts from report however impacts of each risk are outlined in risk description.
Risg: Risk:	No direct impacts from report however impacts of each risk are outlined in risk description.

Cyfreithiol: **Legal:**	No direct impacts from report however proactive risk management including learning from incidents and events contributes towards reducing/ eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
Enw Da: **Reputational:**	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/ mitigate risks.
Gyfrinachedd: **Privacy:**	No direct impacts from report however impacts of each risk are outlined in risk description.
Cydraddoldeb: **Equality:**	Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No

Risk Ref	Status of Risk	Domains of Quality	Directorate	Directorate lead	Management or service lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Detailed Risk Decision	Review date
1877	Directorate Level Risk	Equitable, Person Centred, Safe	Public Health	Lewis, Bethan	Williams, Ben	24-Jun-24	There is a risk of that the prevention & early years funding from Welsh Government will not be recurring post 2025. This is caused by the lack of confirmation by Welsh Government relating to this funding stream. This will lead to an impact/affect on services currently funded against this allocation on a permanent basis, such as, tobacco control services, youth health team. Risk location, Health Board wide.	Ensure any new posts allocated against this funding stream are fixed term. Exploring options across services and partner agencies of recurring funding streams to support these services maintain delivery.	Health Equity	8	4	4	16	Work with Workforce Team to scope impact of funding ending including financial, quality, safety and equity impacts.	Lewis, Bethan	~~31/07/2024~~ ~~31/10/2024~~; ~~30/11/2024~~; 10/01/2025	Work ongoing to scope impact depending on level of funding secured.	Strategic Development and Operational Delivery Committee	2	4	8	Treat	12-Dec-24
														Further explore funding opportunities to sustain service delivery	Lewis, Bethan	~~31/07/2024~~ ~~31/10/2024~~; ~~30/11/2024~~; 10/01/2025	Work in progress to explore alternative funding opportunities						
1882	Directorate Level Risk	Effective, Equitable, Person Centred, Timely	Public Health: Health Improvement & Wellbeing	Lewis, Bethan	Williams, Ben	16-Apr-24	There is a risk of that the 'Starting and Developing Well' team will be unable to deliver their objectives for the national PHW, â€œWhole School Approach to Emotional & Mental Wellbeing (WSAEMWB)â€• programme. This is caused by Welsh Government discontinuing the grant funding for the national programme which will cease on 31st March 2025. This will lead to an impact/affect on the capacity of the Public Health 'Starting & Developing Well' team to deliver their objectives in supporting all schools to self-evaluate and action plan for whole school approach EMWB in line with Welsh Government's statutory framework. Influencing local mental health and wellbeing priorities via county level	There are no existing control measures in place.	Health Equity	8	4	4	16	Explore the opportunity to fund associated staff post from core (Business as usual) funding from 1st April 2025	Lewis, Bethan	**Completed**	Opportunity fully explored and contingency in place to support funding of Band 7 post from existing core budget form 1st April 2025 with some impact across development of directorate team needs.	Strategic Development and Operational Delivery Committee	2	3	6	Treat	12-Dec-24
														Explore alternative sources of recurring funding streams, including core Public Health budgets, to maintain existing level of service delivery.	Williams, Ben	~~31/12/2024~~ ~~03/10/2024~~; ~~30/11/2024~~; 10/01/2025	ongoing work to identify alternative sources						

Risk Ref	Status of Risk	Domains of Quality	Directorate	Directorate lead	Management or service lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Detailed Risk Decision	Review date
							strategic groups, delivering a cluster-based approach to support primary school engagement with the WSAEMWB and develop pathways and support programmes available to young people (16-24 years) around their emotional and mental wellbeing. The lack of service provision will negatively impact the health and wellbeing of children and young people across the Hywel Dda region, as well as negatively impacting the Health Board's finances and reputation. Risk location, Health Board wide.							Develop contingency plans for alternative operational delivery in the event of reduced capacity within the service.	Williams, Ben	~~31/12/2024~~ ~~03/10/2024~~; ~~30/11/2024~~; 10/01/2025	Ongoing work for operational delivery of priorities						
1931	Directorate Level Risk	Effective, Efficient, Equitable, Timely	Public Health	Lewis, Bethan	Lewis, Bethan	01-Aug-24	There is a risk of that funding allocated through ring fenced, grants, or core budgets for public health services that require a fluctuating approach to spending opportunities are not available following each monthly financial update. A further risk is that any of the funding from these budgets used in updating HDUHB financial recovery will have to be redressed. This is caused by the financial improvement measure whereby there will be a rebuttable presumption that any budget underspend realised in a given month will be recorded as a non-recurrent saving in that month and preventing a fluctuating approach to spending against demands in service delivery.	All service leads meet monthly with Finance Business Partner and ensure forecast spending is updated and relevant to needs of service. Review of service level finance meetings scrutinised by DPH / Interim Assistant Director PH to ensure forecast relevant and capture sufficient service demand impact.	Finance inc. claims	6	4	3	12	Explore the opportunity to include ring fenced and grant funded budgets onto the exclusion criteria for financial improvement measures for directorate.	Lewis, Bethan	**Completed**	Confirmation received by Director of Finance that budgets will be ring fenced and excluded from measures going forward for remainder of year post month 5.	Strategic Development and Operational Delivery Committee	2	3	6	Treat	12-Dec-24
														Review current detailed forecasting with each service lead and ensure robust approach in place for all budget allocation.	Lewis, Bethan	**Completed**	Review complete, additional spending plans and forecast in progress						

Risk Ref	Status of Risk	Domains of Quality	Directorate	Directorate lead	Management or service lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Detailed Risk Decision	Review date
							This will lead to an impact/affect on the ability of the Public Health Directorate to deliver on service areas under the relevant planning objectives, and will impend the ability of meeting the executive objectives. There are significant multiagency led workstreams affected, including: substance misuse, Healthy Schools and pre-schools, prevention including early years and health protection. On a number of these budgets the Health Board is only one of the partners for the funded project but acts as a 'bank' for the partnership, hence any underspent is subject to the partnership not just the UHB. The public health workforce budget is also ring fenced (under TUPE Oct 2022). There is also an impact on the reputation of the Health Board due to the multi agency approach to approval of spending areas across several of these funding streams and need for close monitoring of compliance to Welsh Government. Risk location, Health Board wide.						Review current detailed forecasting with regard to non-recurring amount identified against each budget and ring fenced funding up to month 5 to mitigate against spending lost.	Lewis, Bethan	~~30/10/2024~~ ~~29/11/2024~~; 12/02/2025	Review in progress						
340	Directorate Level Risk	Timely	Strategic Development and Operational Planning: Planning	Rosser, Eldeg	Stuart, Rachel	01-Sep-16	There is a risk of the development of business cases for priority projects not being funded within required timescales. This is caused by by the pressure on Discretionary Capital increasing due to the funding of Health Board backlog pressures. This will lead to an impact/affect on the Health Board possibly being unable to achieve those service improvements and developments included within the Annual Plan and or 3 year plan. Risk location, Health Board wide.	The Health Board is progressing with business cases within the constraints of DCP available. The prioritisation process for capital in 2024/25 has been undertaken and a report prepared for Executive Team in February 2024 and endorsed by SDODC in February 2024 and Board in March 2024. This will includes an allocation for the development of business cases Work continues with the Business Ops Team to prioritise estates improvement schemes. The cost of business case development will be included in the final costs of the business cases and thereby refund into the business case development allocation in the DCP if approved. An initial allocation of £200k has been allocated for business case development in 2024/25 with £100k of this earmarked to complete the SARC and Aseptic BJC.	Business objectives/projects	6	4	3	12	Continue to work with the Ops Team, Planning and CEIM&T Sub Committee to ensure the prioritisation process enables priority business cases to be progressed within the DCP constraints without substantial adverse impact on Estates, equipment and IM&T funding requirements.	Stuart, Rachel	**Completed**	Work continues with the Business Ops Team to prioritise estates improvement schemes.Agreed action and discussion with WG to secure approved business cases and thereby refund business case development costs into the DCP.The initial Discretionary Capital allocation for 22/23 has been allocated to specific schemes, equipment and IT replacement following a reduction in £1.8m. Opportunities are being explored with partners to access the Integration and Rebalancing Capital Fund to progress some of the Community Integrated Hub business cases.Currently risk tolerance score has been reviewed to reflect this. Completed.	Strategic Development and Operational Delivery Committee	2	3	6	Treat	23-Jan-25

Risk Ref	Status of Risk	Domains of Quality	Directorate	Directorate lead	Management or service lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Detailed Risk Decision	Review date
								Opportunities for IRCF funding is regularly explored. The UHB's Community Schemes are incorporated into the 10 Year Regional Capital Plan developed by the West Wales Regional Partnership Board. Additional DCP allocation for 25/26 will alleviate some of this pressure and the earmarking of TEF and Diagnostic Equipment allocations on an all Wales basis allows the UHB to direct further allocations towards business cases should it need to.					Business Case writers have been appointed for development of Primary and Community Care projects, following approval by Welsh Government.	Hughes, Samantha	Completed	Business Cases writers are appointed in line with relevant frameworks and governance structures for relevant Capital Projects. Completed.						
														Explore opportunities with partners to access the Integration and Rebalancing Capital Fund to progress some of the Community Integrated Hub's business cases.	Williams, Paul	Completed	Completed action- opportunities for IRCF funding is being regularly explored. Completed.						
														Explore utilisation of DCP for 2023/24 to enable the UHB to also progress community hub business cases and business continuity business cases.	Williams, Paul	Completed	We have appointed business case writers to enable the Health Board to progress the next tranch of community schemes. The two bids for funding support have been submitted to the ICRF at WG for consideration following the RPBs endorsement in April 2023 (this action is with the Head of Capital Planning to implement, however as their name is not yet available on the Datix system, this action has been assigned to the Assistance Director of Strategic Planning in the interim). Completed.						
														Submit paper to Executive Team in June 2023 to consider options available by the UHB to manage additional costs and re-prioritise the Capital allocation for 2023/24.	Rosser, Elderg	Completed	Paper being prepared following discussion at Capital Sub Committee. A paper was submitted to the Executive Team in June 2023 which reprioritised the DCP allocation for 2023/24 to enable the UHB to progress with the Fire Scheme in WGH and the RAAC surveys and remedial works in WGH. This will involve the slowing down of expenditure on the development of business cases. Paper submitted to July CSC						
														Maintain dialogue with WG around the funding possibility for WGH Fire Phase 1 and RAAC.	Williams, Paul	Completed	Estates to provide costs information on both schemes to WG. Estates provided costs information on both schemes to WG and WG funding is now confirmed for both.						
														Review the costs and schedule of business cases to be progresses in 2024/25.	Rosser, Elderg	Completed	Review completed. DCP allocations amended to reflect the current position.						

Risk Ref	Status of Risk	Domains of Quality	Directorate	Directorate lead	Management or service lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Detailed Risk Decision	Review date
1844	Directorate Level Risk	Effective, Equitable	Public Health	Lewis, Bethan	Davies, Raymond	01-May-24	There is a risk of that the Hywel Dda Public Health Team will be unable to effectively support the Health board to deliver its priorities, as set out in the Health Board's Annual Plan 2024/25, and its public health responsibilities, including its statutory functions, such as responding effectively to any acute outbreaks adequately. This is caused by limited capacity within the Public Health Team with only one of four consultants in post. This will lead to an impact/affect on the oversight in relevant areas to improve health, prevent ill health and slow down on the long-term trends of increasing burden of ill health on the Health Board, poorly designed services that do not improve outcomes for individuals and communities, reduction of public confidence, increased scrutiny from media, regulators and WG. This will also result in challenges in managing the day-to-day activity and the line management arrangements within the Local Public Health Team. Risk location, Health Board wide.	Public Health function to be delivered by Dr Ardiana Gjini, Director of Public Health and Dr Michael Thomas, Consultant in Public Health Medicine. Workplan developed aligned to annual planning priorities delivery with key senior and extended leadership identified to lead within directorate. Deputised roles identified across all senior team members with oversight provided through Senior Leadership Team meetings weekly / fortnightly.	Service/Business interruption/disruption	6	3	4	12	Prioritise 'go live' with recruitment of substantive Consultant roles	Lewis, Bethan	Completed	Process commenced with vacancy request applications, hoping to go live with recruitment of substantive Consultant in Health Protection Post by end of week. Went live to advert 26.7.2024	Strategic Development and Operational Delivery Committee	2	3	6	Treat	12-Dec-24
														Explore fast track locum recruitment approach to recruiting to provide rapid cover whilst substantive recruitment running.	Lewis, Bethan	Completed	Process commenced with vacancy requests for locum cover, approval received and process of go live with advertisement to fill Locum/Fixed Term posts will commence this week. One Locum post recruited to start once checks complete and 1 locum via bank for rapid appointment achieved						
														Monitoring of planning objectives with team members assigned as leads to ensure timely escalation of any movement anticipate on achieving plan targets.	Lewis, Bethan	~~30/06/2024~~ ~~30/09/2024~~; ~~30/11/2024~~; 12/02/2025	Monitoring to review actions undertaken at end of each quarter and is currently on track.						

Risk Ref	Status of Risk	Domains of Quality	Directorate	Directorate lead	Management or service lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Detailed Risk Decision	Review date
1301	Directorate Level Risk	Effective	Strategic Development and Operational Planning: Planning	Ayres, Shaun	Ayres, Shaun	01-Jun-21	There is a risk of insufficient capacity within the existing Planning Team to deliver Health Board objectives with regard to strategic, operational and capital plans. This is caused by the scope and extent of the planning function as being exceptionally large given the scale of the change programme required for the organisation to deliver its objectives. A review of capacity to meet National and Board objectives is required to support this. This will lead to an impact/affect on delivering objectives as agreed in the Annual Plan/IMTP; Health Board/Regional/National Planning; support for Operational teams and Business Cases; and being able to provide sufficient project/programme support and providing a sufficient level of governance and scrutiny to the planning cycle, providing commissioning support and compliance with best practice standards.	Deputy Director of Operational Planning and Commissioning commenced January 2023. The Planning Directorate continue to work with other corporate teams, in particular Finance and Workforce, to develop the content of IMTPs/Annual plans. Utilised Head of Commissioning to support Annual plan submission 23/24, due to limited resources to draw upon. Annual plan is reported to SDODC, SRC and ratified at Public Board. The Transformation Programme Office (TPO) now sits under the Deputy Director of Operational Planning and Commissioning and are supporting both the Annual Plan and the Medium Term direction through the Clinical Service Plan.	Business objectives/projects	6	3	3	9	Agree staffing resource required for strategic, operational and commissioning planning team.	Ayres, Shaun	**Completed**	In response to our organisation's escalated status requiring targeted intervention, it has not been feasible to expand the Strategic and Operational Planning Team as initially envisioned. However, we have implemented an organisational response that involves assembling a centralised team drawn from various sectors across the Health Board. The expectation is that this team will operate under a Project Management Office (PMO) style approach, this approach is vital in supporting the delivery of the annual plan and going further where possible to support the de-escalation of the Health Board. This structure ensures that the plan is not only delivered but also supported by adequately resourced and agile response capabilities, enabling dynamic allocation of resources and prompt addressal of emergent issues.	Strategic Development and Operational Delivery Committee	2	3	6	Treat	08-Jan-25

Risk Ref	Status of Risk	Domains of Quality	Directorate	Directorate lead	Management or service lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Detailed Risk Decision	Review date
							Risk location, Health Board wide.							Utilise existing vacancy to enhance team to support work on Targeted Intervention.	Ayres, Shaun	~~31/10/2024~~ 31/12/2024 31/03/2025	In response to our organisation's escalated status requiring targeted intervention, it has not been feasible to expand the Strategic and Operational Planning Team as initially envisioned. However, we have implemented an organisational response that involves assembling a centralised team drawn from various sectors across the Health Board. The expectation is that this team will operate under a Project Management Office (PMO) style approach, this approach is vital in supporting the delivery of the annual plan and going further where possible to support the de-escalation of the Health Board. This structure ensures that the plan is not only delivered but also supported by adequately resourced and agile response capabilities, enabling the dynamic allocation of resources and prompt addressing of emergent issues. As of January 2024, the structure is planned for review but work remains ongoing at this time.						

1.7

09:50, 5 Mins

1.7 - Monitoring Welsh Health Circulars (WHCs)

Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health)

For assurance

Attachments

1.7.1 SDODC - WHC February 2025 FINAL.pdf

1.7.2 Appendix 1 - WHC Tracker February 2025.pdf

CYFARFOD BWRDD PRIFYSGOL IECHYD
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 February 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Monitoring of Welsh Health Circulars (WHCs)
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Dr Ardiana Gjini, Director of Public Health
SWYDDOG ADRODD: **REPORTING OFFICER:**	Rachel Williams, Head of Assurance and Risk

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report to the Strategic Development and Operational Delivery Committee (SDODC) includes updates on progress in relation to the implementation of Welsh Health Circulars (WHCs), which come under the remit of SDODC and its Sub-Committee structure. The Committee is requested to receive assurance from the Lead Executive / Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.

Cefndir / Background

WHCs provide a streamlined, transparent and traceable method of communication between NHS Wales and NHS organisations relating to different areas such as estates, finance, governance, health professional letters, information governance, quality and safety, legislation, planning, performance and delivery, policy, public health, research, science, and workforce. WHCs are published on the Welsh Government website.

The Board has requested that WHCs that have not been implemented by the stated timescales should be closely monitored by its Committee structure, to provide assurance on the compliance and delivery of the outstanding WHC, in addition to an understanding of the impacts resulting from late/non-delivery.

Asesiad / Assessment

Where WHCs are not clear in terms of implementation timescales, leads are requested to provide the planned date for implementation by the Health Board. The following RAG status is applied to WHCs, and monitored via the Audit Management and Tracking (AMaT) system:

- **Red** = behind schedule to the timescale provided by the Lead officer, or a plan (with date for implementation) is not yet in place
- **Amber** = a plan is in place and on schedule to be completed by the timescale provided by the Lead Officer

- **Green** = completed
- **Blue** = External i.e., the means to achieve compliance is currently outside the gift of the Health Board

An update from each Supporting Officer, in respect of the WHCs that fall under the remit of SDODC, is attached at Appendix 1.

The following WHCs have been received and confirmed as having a plan in place and being on schedule to be completed by the timescale provided (Amber RAG status):

WHC Ref	Name of WHC	Date Issued	Lead Executive /Director	Progress Update	Health Board Completion Date
043-24	Pertussis Vaccine Offer for Healthcare Workers	14/11/24	Director of Public Health	Occupational Health will lead the delivery of this WHC, with oversight monitoring undertaken through the Immunisation Oversight Group, and Health Protection Co-ordination and Oversight Group.	Mar-25
046-24	Influenza (flu) Vaccination Programme deployment 'mop up' 2024- 2025	04/12/24	Director of Public Health	Plans are in progress to facilitate influenza (flu) vaccination mop ups with Primary Care services. Planned delivery is in progress. Awaiting final plan from Head of Nursing Public Health.	Feb-25
047-24	COVID-19 spring vaccination programme 2025	18/12/24	Director of Public Health	Planning cycle has been well developed and is underway, with commissioning arrangements being finalised with Primary Care. Final plan to be ratified by mid-February 2025.	Mar-25

WHCs which have been completed (Green RAG status):

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director	Progress Update
032-24	Introduction of new NHS Wales vaccination programmes against respiratory	24/06/24	Director of Public Health	The WHC has been confirmed as implemented by the Interim Assistant Director of Public Health and shared appropriately across the Health Board.

	syncytial virus (RSV)			
037-24	Winter Respiratory Framework 2024 to 2025	29/04/24	Director of Public Health	The WHC has been confirmed as implemented by the Interim Assistant Director of Public Health and shared appropriately across the Health Board.

A review of governance arrangements has been undertaken to improve the alignment of the Health Board's Committees to the six domains of targeted intervention as outlined by Welsh Government to strengthen the Health Board's focus on digital, finance, performance and strategic planning. The Board agreed the revision of governance arrangements at its meeting on 30 January 2025. With the disestablishment of SDODC from 31 March 2025, and the establishment of a new Digital, Data and Innovation Committee, Strategy and Planning Committee and Finance and Performance Committee, WHCs within this report will be re-aligned to the new Committees, as appropriate.

Argymhelliad / Recommendation

The Committee is requested to:

- **NOTE** the re-alignment of WHCs currently reportable to SDODC in line with revised governance arrangements as approved by Board at its meeting on 30 January 2025; and
- **RECEIVE ASSURANCE**, or otherwise, from the Lead Executive / Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Underpinning WHC actions on the WHC Tracker from across HDdUHB's services reviewed by the lead Executive/Director or Supporting Officer.
Rhestr Termau: Glossary of Terms:	Not Applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Relevant Lead Executives/Lead Directors or Supporting Officers.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report however organisations are expected to have effective monitoring systems in place and take steps to ensure actions are delivered effectively.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report however organisations are expected to have effective monitoring systems in place and take steps to ensure actions are delivered effectively.
Gweithlu: Workforce:	No direct impacts from report however organisations are expected to have effective monitoring systems in place and take steps to ensure actions are delivered effectively.
Risg: Risk:	No direct impacts from report however organisations are expected to have effective audit and assurance mechanisms in place, along with risk management systems in place for any associated risks.
Cyfreithiol: Legal:	No direct impacts from report.
Enw Da: Reputational:	Poor management of WHCs can lead to loss of stakeholder confidence. Organisations are expected to have effective monitoring systems in place and take steps to ensure actions are delivered effectively.
Gyfrinachedd: Privacy:	No direct impacts from report.
Cydraddoldeb: Equality:	No direct impacts from report however each action is outlined in description of overarching actions required.

WHC No	Name of WHC	Link to WHC	Date Issued	Status	Category	Overarching Actions Required	Lead Director	Lead Officer	Date of Expiry / Review	Action required from	Action required by	Status RAG: R - behind schedule/ A - on schedule/ G - Completed	Formal Update	Lead Service / Directorate	UHB implement ation date
032-24	Introduction of new NHS Wales vaccination programmes against respiratory syncytial virus (RSV)	https://www.gov.wales/introduction-rsv-vaccination-programme-2024-whc2024032	24/06/2024	Action	Public Health	This WHC is aimed at health professionals who are responsible for commissioning and delivering the RSV vaccination programme in Wales	Director of Public Health	Glenna Jones	N/A	Chief Executives, Health Boards/Trusts Immunisation Leads, Health Boards/Trusts Immunisation Coordinators, Health Boards Vaccination Operational Leads, Health Boards/Trusts COVID-19 Vaccination Leads, Health Boards/Trusts Medical Directors, Health Boards/Trusts Directors of Primary Care, Health Boards/Trusts Nurse Executive Directors, Health Boards/Trusts Chief Pharmacists, Health Boards/Trusts Directors of Public Health, Health Boards/Trusts Executive Director of Public Health, Public Health Wales Head Vaccine Preventable Disease Programme, Public Health Wales Director of Planning, Vaccination Programme Wales, NHS Executive Community Pharmacy Wales General Practitioner Committee, Wales General practitioners Community pharmacists	N/A	Green	WHC has been shared with all key team members and planning commenced for both programmes. The Health Board implementation date has been agreed for 1st September 2024 although delivery will continue thereafter.	Public Health	Sep-24
037-24	Winter Respiratory Framework 2024 to 2025	https://www.gov.wales/winter-respiratory-framework-2024-2025-whc2024037	24/09/2024	Action	Health Protection Strategy and Response	The purpose of this framework is to: • Set out the public health context as we move into autumn and winter. • Highlight priority areas of focus to help mitigate the acute system pressures from respiratory viruses that can be exacerbated during the winter months. • Set out clear expectations of the health and social care system in responding to respiratory viruses. • Summarise modelling for respiratory viruses this winter	Director of Public Health	Bethan Lewis	Sep-25	All Health Boards and Trusts	Immediate	Green	Confirmation received from Interim Assistant Director of Public Health that WHC has been implemented.	Public Health	Sep-24
043-24	Pertussis Vaccine Offer for Healthcare Workers	https://www.gov.wales/vaccination-healthcare-staff-protect-against-measles-whc2023043	14/11/2024	Compliance/Action	Public Health	This WHC is to provide clarity on the occupational offer of pertussis vaccine to NHS Wales Healthcare workers (HCWs).	Director of Public Health	Karen Ryan	NA	Chief Executives, Health Boards/Trusts Immunisation Leads, Health Boards/Trusts Immunisation Coordinators, Health Boards Vaccination Operational Leads, Health Boards/Trusts Medical Directors, Health Boards/Trusts Directors of Primary Care, Health Boards/Trusts Nurse Executive Directors, Health Boards/Trusts	NA	Amber	New WHC received, outlining Pertussis Immunisation Programme for healthcare workers. Occupational Health will lead delivery, with oversight monitoring through the Immunisation Oversight Group and the Health Protection Co-ordination and Oversight Group.	Public Health	Mar-25

046-24	Influenza (flu) Vaccination Programme deployment 'mop up' 2024- 2025	https://www.gov.wales/change-influenza-vaccination-programme-2024-2025-whc2024046	04/12/2024	Action	Public Health	WG are asking health boards to support Primary Care services with targeted flu 'mop up' work. The intention is to maximise uptake in all adult groups, particularly those in a clinical risk group.	Director of Public Health	Glenna Jones	NA	Chief Executives, Health Boards/Trusts Immunisation Leads, Health Boards/Trusts Immunisation Coordinators, Health Boards Flu Leads, Trusts Medical Directors, Health Boards/Trusts Directors of Primary Care, Health Boards/Trusts Nurse Executive Directors, Health Boards/Trusts Executive Directors Therapies and Health Science Chief Pharmacists, Health Boards/Trusts Directors of Public Health, Health Boards/Trusts Executive Director of Public Health, Public Health Wales Head Vaccine Preventable Disease Programme, Public Health Wales Director of Vaccination Delivery, NHS Wales Executive General Practitioner Council, Wales General Practitioners Vaccination Programme Wales, NHS Wales Executive Community Pharmacy Wales Community Pharmacists	NA	Amber	New WHC received and Lead identified. Plans are in progress to facilitate influenza (flu) vaccination mop ups with Primary Care services. Awaiting final plan.	Public Health	Feb-25
047-24	COVID-19 spring vaccination programme 2025	https://www.gov.wales/covid-19-spring-vaccination-programme-2025-whc2024047	18/12/2024	Action	Public Health	The Welsh Government has accepted the latest advice from the Joint Committee on Vaccination and Immunisation (JCVI), which has advised a spring COVID-19 vaccination should be offered to our most vulnerable citizens in 2025. This letter is aimed at health professionals who are responsible for commissioning and delivering the COVID-19 vaccination programme in Wales. We encourage you to share this guidance with all those involved in delivering the programme in your area.	Director of Public Health	Bethan Lewis	N/A	Chief Executives, Health Boards/Trusts Immunisation Leads, Health Boards/Trusts Immunisation Coordinators, Health Boards Vaccination Operational Leads, Health Boards/Trusts COVID-19 Vaccination Leads, Health Boards/Trusts Medical Directors, Health Boards/Trusts Directors of Primary Care, Health Boards/Trusts Nurse Executive Directors, Health Boards/Trusts Chief Pharmacists, Health Boards/Trusts Directors of Public Health, Health Boards/Trusts Executive Director of Public Health, Public Health Wales Head Vaccine Preventable Disease Programme, Public Health Wales Director of Vaccination Delivery, Vaccination Programme Wales, NHS Executive Community Pharmacy Wales General Practitioner Council, Wales General practitioners Community pharmacists	31/03/2025	Amber	Planning is underway. Finalising commissioning arrangements with Primary Care.	Public Health	31/03/2025

1.8

09:55, 5 Mins

1.8 - Ministerial Directions (MDs)

Jill Paterson (Hywel Dda Health Board - Director of Primary Care, Community and Long Term Care)

For assurance

Attachments

1.8 SDODC- Ministerial Directions February 2025 FINAL v2.pdf

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 February 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Monitoring of Ministerial Directions
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: **REPORTING OFFICER:**	Rachel Williams, Head of Assurance and Risk

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide the Sustainable Resources Committee (SRC) with a status update and assurance that all NHS Non-Statutory Instruments, otherwise known as Ministerial Directions (MDs), received from Welsh Government (WG) have been implemented/adopted by Hywel Dda University Health Board (HDdUHB).

Cefndir / Background

Acts of Parliament, Acts of Senedd Cymru, Assembly Measures and Assembly Acts enable Welsh Ministers to develop more detailed legislation, known as secondary or subordinate legislation, usually by means of Statutory Instruments (SI).

Non-Statutory Instruments (NSI) are legislative in character; they alter legal rights and duties, however they are not SIs. NSIs, which are issued by Welsh Ministers, include codes of practice and guidance.

In complying with the requirements of various governance codes and the Annual Governance Statement requirements, HDdUHB has a duty to provide assurance of compliance with the NSIs.

During the review of the Annual Governance Statement, the Audit and Risk Assurance Committee (ARAC) requested that the internal assurance process regarding the adoption of and actions in response to, these requirements be strengthened. As MDs potentially form part of the process of how the Health Board delivers its services, the Strategic Development and Operational Delivery Committee will receive a regular assurance report on compliance.

Asesiad / Assessment

The table below details the MD aligned to SDODC which relates to the National Health Service and was issued on 27 September 2024. Appendix 1 confirms that the MD has now been successfully implemented and adopted by HDdUHB.

The following RAG status is now applied to MDs:

- **Green** = completed
- **Amber** = a plan is in place and on schedule to be completed by the timescale provided by the Lead Officer
- **Red** = behind schedule to the timescale provided by the Lead officer, or a plan (with date for implementation) is not yet in place
- **Blue** = External i.e., the means to achieve compliance is currently outside the gift of the Health Board

Since the previous report to SDODC, the following MD has now been implemented by the Health Board:

Direction Number	Name of Direction	Lead Director	Update
2024. No 42	The Pharmaceutical Services (Clinical Services) (Wales) (Amendment) Directions 2024	Director of Primary Care, Community and Long Term Care	Confirmation of compliance received from the service. The MD was implemented on 08 January 2025.

An update from the Supporting Officer, in respect of the MD that falls under the remit of SDODC, is attached at Appendix 1.

A review of governance arrangements has been undertaken to improve the alignment of the Health Board's Committees to the six domains of targeted intervention as outlined by Welsh Government to strengthen the Health Board's focus on digital, finance, performance and strategic planning. The Board agreed the revision of governance arrangements at its meeting on 30 January 2025. With the disestablishment of SDODC from 31 March 2025, and the establishment of three new Committees, Ministerial Directions will be re-aligned to the new Committee structures as appropriate.

Argymhelliad / Recommendation

The SDODC is requested to:

- **NOTE** the re-alignment of Ministerial Directions currently reportable to SDODC in line with revised governance arrangements as approved by Board at its meeting on 30 January 2025; and
- **RECEIVE ASSURANCE** that HDdUHB is compliant with the NSIs (MDs) issued by WG between 1 September 2024 and 31 January 2025.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Not applicable
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained within Appendix 1 if applicable
Parthau Ansawdd: Domains of Quality	7. All apply

Quality and Engagement Act (sharepoint.com)	
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Ministerial Directions
Rhestr Termau: Glossary of Terms:	Incorporated within the main body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Relevant Lead Executives/Lead Directors or Supporting Officers

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Non-statutory Instruments are legal tools which often have a financial impact on the organisation.
Ansawdd / Gofal Claf: Quality / Patient Care:	Non-statutory Instruments are legal tools which can impact patient care
Gweithlu: Workforce:	Not applicable
Risg: Risk:	Non-Statutory Instruments are legislative in character, they alter legal rights and duties and must be implemented by the Health Board.
Cyfreithiol: Legal:	Non implementation of Non-Statutory Instruments may result in the Health Board being less likely to defend itself in a legal challenge which could lead to fines/ penalties and damage to reputation.

Enw Da: **Reputational:**	Non implementation of Non-Statutory Instruments may result in the Health Board being less likely to defend itself in a legal challenge which could lead to fines/ penalties and damage to reputation.
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Not applicable

Appendix 1 – Ministerial Directions

Direction Number	Name of Direction	Date Issued	Lead Director	Description	Progress on Implementation	RAG Status	HDdUHB implementation date
2024. No 42	The Pharmaceutical Services (Clinical Services) (Wales) (Amendment) Directions 2024	27/09/24	Director of Primary Care, Community and Long Term Care	Amendments to the directions to Local Health Boards and NHS Trusts on Pharmaceutical Services for 2024 including the need to make arrangements for the provision of the Seasonal Influenza Vaccination Service, issued by the Welsh Ministers on 27 September 2024, and which came into force on 1 October 2024.	MD acknowledged by service and compliance confirmed.	Green	08/01/2025

1.9

10:00, 10 Mins

1.9 - Targeted Intervention

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Shaun Ayres (Hywel Dda UHB - Deputy Director of Operational Planning and Commissioning)

For information

Attachments

1.9.1 SDODC - TI Report - FEB 25.pdf

1.9.2 SDODC TI Reporting Framework Tracker.pdf

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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Targeted Intervention Update
Shaun Ayres

09:30 – 12:30, 27 February 2025, Microsoft Teams

Introduction

This report provides an update on the Health Board's performance against the Targeted Intervention (TI) criteria, reflecting the current planning framework's requirements for financial discipline, operational effectiveness, and service quality. The primary focus is to align all improvement activities with the overarching vision A Healthier Mid and West Wales (AHMWW) , ensuring each service area progresses towards de-escalation under the TI regime. The update draws on evidence gathered through the TI Coordination Group, the Strategic Development and Operational Delivery Committee (SDODC), the Business Executive Team (BET), and Board-level reviews, thus offering a rounded view of the Health Board's achievements, challenges, and next steps.

A significant emphasis has been placed on improving financial control, reducing reliance on agency staffing, and demonstrating clear trajectories in areas such as cancer performance, urgent and emergency care (UEC), and planned care waiting times. The Health Board has made notable strides in achieving the financial control total for 2024/25 (reducing the projected deficit from £31.5m to £28m) and has indicated an ability to continue on track through to 2025/26. Furthermore, mental health services have consistently exceeded core performance targets, and some progress is evident in areas like infection control, with noticeable reductions in Clostridioides difficile and E.coli infection rates.

However, the focus of this paper is on the remaining high-risk or significantly pressured areas that continue to carry an Alert status. These criteria present the most pressing challenges for the Health Board, require targeted interventions, and must be prioritised to move into either an Advise or Assure category in future review cycles. In many of these Alert domains there are external and internal factors such as workforce shortages, winter pressures, and capital investment constraints. This report details the key points for each Alert criterion, outlining the actions taken, and any known risks.

The ultimate goal is to ensure that through robust planning, transparent governance, and sustained leadership engagement, each of these Alert areas can demonstrate meaningful improvement over the coming months. As the Health Board refines its 2025/26 Annual Plan and advances its Clinical Services Plan (CSP), there is an opportunity to tackle these persistent challenges by embedding learning from successful areas, strengthening local and regional partnerships, and making strategic decisions about service sustainability and modernisation. This introduction thus sets the context for the detailed update below, which highlights the Alert criteria requiring the Committee's closest attention and resources.

9 Alerts

Alert Status (9 criteria):

1. Criteria 6 - Board clarity on the strategic vision
2. Criteria 8 - Delivery of commitments in the Annual Plan
3. Criteria 13 - 60% performance maintained for three months against the Single Cancer Pathway (SCP) target
4. Criteria 17 - 15% reduction in delayed follow-up appointments
5. Criteria 18 - R1 ophthalmology patient pathways
6. Criteria 24 - Reduction in ambulance handovers over an hour
7. Criteria 25 - Reduction in patients waiting over 12 hours in Emergency Department (ED)
8. Criteria 26 - Median time to assessment in ED
9. Criteria 27 - Reduction in delayed pathways of care

Criteria 4 - Submission of an Acceptable Annual Plan – Advise (From Alert)

- The action under this criterion is to submit an annual plan that meets the financial control total and aligns with Welsh Government's planning framework. The TI Coordination Group oversees progress, reporting to the Strategic Development and Operational Delivery Committee (SDODC). The current status is Advise, having moved from Alert to Advise on the basis that the Health Board reduced its projected deficit from £31.5m to £28m for 2024/25 and is on track to deliver control totals again in 2025/26. Lee Davies is the Executive Lead, and the shift in status reflects Welsh Government's acknowledgement of positive financial improvements and the Health Board's commitment to break even over three years.
- In terms of the summary of the current status, Welsh Government has highlighted reduced reliance on agency staffing and the fact that out of the initial financial actions identified under Targeted Intervention, only five remain open. The Health Board has also demonstrated improving cancer performance (reaching 59.2% in December) and reduced rates of healthcare-acquired infections such as C.diff and E.coli. However, gynaecology cancer performance, diagnostics, ophthalmology waits, and urgent and emergency care pressures remain challenging.
- The Executive Lead's response indicates that the Health Board intends to develop the 2025/26 plan through robust internal and external engagement, including formal Executive reviews, Board Seminars, and Public Board sign-off in March 2025. This process will ensure that financial and service delivery priorities are fully triangulated. A structured timeline is in place to consolidate Directorate plans (January–February 2025), refine a draft plan (mid-February–early March 2025), present it to Board Seminar and Public Board (early–mid March 2025), and submit it to Welsh Government by 31 March 2025.
- In terms of actions outstanding, the Health Board must embed improvement plans for cancer, diagnostics, urgent care, and workforce in the final 2025/26 submission. Evidence and assurance will be provided through monthly Executive Team reviews, ongoing reports to SDODC, quarterly updates to Public Board, and formal governance structures for monitoring financial and performance progress. There is a continued risk that financial and performance expectations in the planning framework may not be fully deliverable within the designated budgets, although current trajectories indicate the Health Board is moving in the right direction.

Criteria 6 - Board Clarity on the Strategic Vision - Alert

Descriptor: Board clarity on the strategic vision for the organisation.
Status: Alert
Reporting Group: AHMWW
Committee: SDODC
Executive Lead: Lee Davies

Overview and Key Issues:

Preliminary Board discussions in November and December 2024 highlighted significant gaps in the current A Healthier Mid and West Wales strategy. Delays in planned capital programmes, such as major infrastructure and estate developments, plus changes in demand patterns (both demographically and post-pandemic), mean that the initial strategy must be refreshed. Multiple Clinical Directorates and corporate services have reported that, without a more coherent and updated strategic vision, efforts to modernise service delivery risk becoming fragmented. Additionally, the absence of a formally ratified refreshed plan can cause confusion when prioritising projects, making it harder to align operational decisions with overall strategic goals. Welsh Government expectations around future focused, medium-term strategic planning also require the Health Board to demonstrate a clear direction of travel for the next three to five years.

Actions Underway:

A Strategic Refresh Working Group has been established under the AHMWW programme, chaired by the Executive Director of Strategy and Planning. This group is mapping out the essential components of the revised strategic framework—purpose, vision, objectives, and critical success factors—and developing a robust engagement plan involving staff, patients, the Local Authority, and third-sector partners. The Health Board is reviewing regional demographics, undertaking a deep dive into population health data, and assessing current service configuration to produce an evidence-based strategy proposal. The intention is to integrate the refreshed strategic aims into the 2025/26 Annual Plan, ensuring that each operational plan at Directorate level has a direct line of sight to the overall organisational goals. A series of Board Seminars will scrutinise draft proposals before formal adoption, and specific workshops with Welsh Government will ensure alignment with national po[illegible]ves.

Criteria 6 - Board Clarity on the Strategic Vision - Alert

Next Steps and Risks

Moving from Alert to Advise requires a clear Board-approved strategy refresh timetable with clear milestones. The next step to move to Assure may provide early evidence that the organisation is mobilising around this new framework—for instance, by adapting operational plans and investment decisions to reflect strategic priorities. Furthermore, there is a risk of stakeholder disengagement if the plan is not sufficiently co-produced with local communities and staff, hence the focus on a robust consultation process. The Health Board will continue to track and report progress through Strategy & Planning Committee (SPC), aiming to demonstrate clear progress by mid-2025.

Criteria 8 - Delivery of Commitments in the Annual Plan - Alert

Descriptor: Delivery of commitments set out within the Annual Plan, particularly in relation to the Ministerial Priorities.
Status: Alert
Reporting Group: IQFPD
Committee: SDODC
Executive Lead: Andrew Carruthers

Overview and Key Issues:

Although the Health Board has successfully achieved the financial control total for 2024/25, several other areas within the Annual Plan continue to fall short of Ministerial Priorities. Notably, diagnostics remain a bottleneck, with waiting times for endoscopy, Magnetic Resonance Imaging (MRI), and some ultrasound modalities exceeding the intended targets. Cancer performance, urgent care (including ambulance handovers), and follow-up waiting lists all require improvement if the Health Board is to evidence sustained compliance with the commitments in the Annual Plan. Winter pressures have exacerbated these operational challenges, testing the resilience of front-door services and intensifying demand for diagnostics. Performance reviews show that, while pockets of local improvement exist—for instance, targeted success in some specialties at Withybush Hospital wider system-level issues persist across the Health Board footprint.

Actions Underway:

To address diagnostic delays, the Health Board has implemented extended working hours in endoscopy and imaging, supported by outsourcing arrangements. This includes using independent sector providers for overflow scanning and routine endoscopy sessions where in-house capacity is limited. For urgent care, initiatives under the 50-Day Challenge are underway, focusing on enhanced flow, earlier discharge, and improved community response services to prevent avoidable ED attendances. A strengthened performance management approach has been introduced, with monthly directorate-level accountability meetings tracking progress on each priority. These meetings align with SDODC oversight, providing a direct link between operational performance, executive oversight, and Board scrutiny.

Criteria 8 - Delivery of Commitments in the Annual Plan - Alert

Next Steps and Risks:

Maintaining or improving compliance in these Ministerial Priorities (or likely Targeted Intervention requirements for 2025/26) throughout the year is essential for moving this criterion away from Alert. Key risks include any inability to sustain additional or extended diagnostic sessions (owing to staff shortages or resource constraints) and the potential for emergency pressures or elective demand surges to overwhelm improvements. The Health Board will continue to submit regular updates to Welsh Government on key performance measures, seeking additional support or policy flexibilities where appropriate (within the TI expectations).

Criteria 13 - Single Cancer Pathway Performance

Descriptor: 60% performance maintained for 3 months against the SCP target.
Status: Alert
Reporting Group: IQFPD
Committee: SDODC
Executive Lead: Andrew Carruthers

Overview and Key Issues:

Cancer performance under the Single Cancer Pathway has climbed from 40% to the high 50% range (59.2% in December), but the Health Board has yet to achieve 60% for three consecutive months. Lower Gastrointestinal (LGI) and urology remain the most pressured tumour sites, reflecting shortages in diagnostic capacity (especially endoscopy and MRI) and theatre availability. These high-demand pathways often involve complex multi-step diagnostics, and any backlog in one step creates a ripple effect that leads to breaches.

Actions Underway:

The Health Board is using extended evening and weekend theatre sessions to target bottlenecks, focusing first on tumour types with the highest breach volume. Outsourcing is utilised for specific diagnostic elements, such as routine endoscopy and MRI scans, providing short-term relief. Tumour-site huddles, held weekly or bi-weekly, review each patient's status, escalate high-risk cases, and coordinate the early ordering of diagnostic tests or operating slots. The 2025/26 Annual Plan will feature a dedicated cancer improvement workstream to consolidate these measures. The Health Board aims to expand advanced practitioner roles (eg, nurse endoscopists, radiography-led clinics) in tumour pathways with particularly acute workforce gaps. Progress updates are reported through SDODC and the Executive Team, creating a chain of accountability across clinical services, finance, and workforce leads.

Criteria 13 - Single Cancer Pathway Performance

Next Steps and Risks:

Once 60% compliance is achieved for three consecutive months, the criterion can be reclassified to Advise. Risks include ongoing recruitment challenges especially in rural settings and fluctuations in referral patterns, which may strain capacity. The Health Board is also mindful that merely hitting 60% does not guarantee longer-term stability if workforce or equipment constraints persist and the expectation is the Health Board needs to be achieving 80% by March 2026.

Criteria 17 - Reduction in Delayed Follow-Up Appointments

Descriptor: 15% reduction in the number of patients delayed by 100% for their follow-up appointment in three consecutive months and maintained for three months (Based on the November 2023 baseline).
Status: Alert
Reporting Group: IQFPD
Committee: SDODC
Executive Lead: Andrew Carruthers

Overview and Key Issues:
Against a November 2023 baseline of 15,419 patients, the Health Board aimed to reduce follow-up delays by 15%. Current data hover around 16,000 patients overdue, indicating no net progress despite weekend clinics, extra validation, and increased virtual consultations. Referral rates in certain specialties continue to grow faster than the Health Board can absorb with existing clinical capacity (when balancing how this capacity is deployed to all other performance targets ie 52 Weeks).

Actions Underway:
Specialities are rolling out patient-initiated follow-up (PIFU) for stable or long-term conditions, hoping to release capacity for urgent cases. Administrative processes are being streamlined; for instance, digital validation tools are being upgraded to identify inactive cases or those who can be safely removed from lists. Some specialties have begun specialty-focused “backlog blitz” clinics, offering intensified sessions over a short period to reduce large groups of overdue appointments. Weekly data reviews with senior managers highlight any specialty that shows a rising follow-up queue, triggering immediate escalation to the Executive Team if improvements remain stagnant. The Health Board is also exploring cross-site clinician rotation to share the workload, although sustaining these rotations depends on securing resources.

Criteria 17 - Reduction in Delayed Follow-Up Appointments

Next Steps and Risks:

A consistent and verifiable backlog reduction sustained over three months—remains essential for de-escalation. Risks include limited consultant availability, especially for high-demand specialties like ear, nose and throat (ENT) and ophthalmology, as well as potential funding constraints for running weekend or evening sessions over long periods. The Health Board's ambition is to reach meaningful backlog reduction by the end of the 2024/25 cycle, factoring this into the 2025/26 Annual Plan trajectories.

Criteria 18 - R1 Ophthalmology Patient Pathways

Descriptor: 65% of R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment and maintained for thre months.
Status: Alert
Reporting Group: IQFPD
Committee: SDODC
Executive Lead: Andrew Carruthers

Overview and Key Issues:

R1 ophthalmology performance is around 36–37%, well below the 65% target. High volumes of glaucoma and intravitreal therapy (IVT) patients, combined with limited equipment and specialist staff, create persistent backlogs. Demand often rises due to regular follow-up regimens required for chronic ophthalmic conditions, meaning any capacity shortfall leads to recurring delays.

Actions Underway:

Weekend IVT clinics continue as an immediate measure. Community optometry schemes are being scaled to handle routine checks, thereby freeing in-hospital capacity for those most at risk of vision deterioration. The Health Board is investing in training non-medical injectors to increase IVT capacity, alongside exploring more advanced roles for ophthalmic nurses and optometrists to manage stable or less complex cases. Discussions with neighbouring Health Boards include the possibility of centralising some specialist ophthalmic activity to reduce duplication and improve throughput. Additionally, the organisation is reviewing the digital infrastructure that supports booking and patient tracking in ophthalmology, aiming for better real-time visibility of who needs urgent follow-up.

Criteria 18 - R1 Ophthalmology Patient Pathways

Next Steps and Risks:

Improving monthly R1 compliance above 65% will require a sustained increase in clinical output, especially for IVT and specialist glaucoma clinics. Should recruitment fall behind schedule or capital funding for necessary equipment be withheld, progress may stall. Once monthly data show consistent improvement over a three-month window, the criterion will be ready to move from Alert to Advise.

Criteria 24, 25 and 26 - Urgent and Emergency Care Performance: Ambulance Handovers, 12-Hour Waits, and ED Assessment Times

Descriptor: A continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for 3 months (Based on the Oct-Dec 2023 baseline -680).
Status: Alert
Reporting Group: IQFPD
Committee: SDODC
Executive Lead: Andrew Carruthers

Overview and Key Issues:

December 2024 data revealed 1,153 one-hour-plus handovers, surpassing the target of 839 and undermining earlier improvements. January 2024 shows a marginally improved position of 1,117, reflecting ongoing urgent care pressures, high ED attendances, and bed capacity issues. Despite some site-specific progress at Glangwili Hospital (and Wthybush Hospital (WGH)), the wider system remains under strain.

Actions Underway:

The Health Board is applying lessons from previous improvement cycles to re-emphasise patient flow, particularly through initiatives like the 50-Day Challenge (focusing on timely discharge, weekend ward rounds, and community support). Local site teams have strengthened escalation triggers; if ambulance queues grow, ED and site managers can rapidly redeploy clinicians or open additional assessment areas if staffing allows. Paramedics and ED teams are collaborating to pilot direct-to-ward or direct-to-SDEC pathways for low-acuity cases, reducing unnecessary ED handovers. Data dashboards offer real-time visibility of offload delays, enabling site managers to intervene promptly.

Next Steps and Risks:

The Health Board must sustain an 11% reduction in one-hour [illegible]overs for three consecutive months to reclassify to Advise. If

Criteria 24, 25 and 26 - Urgent and Emergency Care Performance: Ambulance Handovers, 12-Hour Waits, and ED Assessment Times

Descriptor: Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across the Health Board.
Status: Alert
Reporting Group: IQFPD
Committee: SDODC
Executive Lead: Andrew Carruthers

Overview and Key Issues:
In December 2024 around 11.7% of attendances waited more than 12 hours in ED, exceeding the 7% target. GGH remains particularly pressured, although other sites also saw an uptick as winter admissions rose. System feedback indicates that a consistent throughput challenge exists at discharge, leading to ED overcrowding when inpatient beds are not freed promptly. January 2025 indicates a small improvement of 11.1%.

Actions Underway:
The Health Board is utilising a £2.5m winter resilience fund for measures such as seven-day working (ward rounds and therapies), extended SDEC capacity to avoid unnecessary admissions, and improved discharge lounges to facilitate earlier patient transfers. GGH's 12-week plan, reviewed fortnightly, includes additional board rounds, structured "Big Room" staff engagements, and a targeted approach to Criteria Led Discharge (CLD). Site leads are also encouraged to apply Red2Green daily, identifying barriers (eg, awaiting diagnostics, social care package) to each patient's discharge. This real-time approach helps direct immediate remedial actions for instance, rescheduling scans or escalating social work referrals.

Next Steps and Risks:
To move from Alert to Advise,' the Health Board must show a downward trend in 12-hour breaches across all sites, stabilising at or under 7% for three consecutive months. If Local Authority care packages or community rehabilitation capacity remain limited, timely discharge will remain problematic. The Health Board will close daily breach data to understand whether this winter's

Criteria 24, 25 and 26 - Urgent and Emergency Care Performance: Ambulance Handovers, 12-Hour Waits, and ED Assessment Times

Descriptor: Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes.
Status: Alert
Reporting Group: IQFPD
Committee: SDODC
Executive Lead: Andrew Carruthers

Overview and Key Issues:

Although the baseline hovered near 58 minutes, December 2024 saw the median assessment time climb to 89 minutes, with an average of around 72 minutes. This slowdown is attributed to spikes in ED attendance, resource constraints and delays in transferring admitted patients to inpatient beds. Once EDs become congested, triage and initial assessment capacity becomes constrained. There was a positive improvement to 70 minutes in January.

Actions Underway:

Teams are standardising triage procedures, implementing quick triage for minor injuries/illnesses, and holding regular safety huddles to prioritise the sickest patients. GGH's 12-week plan includes an immediate expansion of SDEC, allowing certain ambulatory or stable medical cases to bypass the main ED queue. Other hospitals, including Prince Philip and Bronglais, are replicating successful approaches like scheduled "rapid assessment" slots during peak arrival times. The Health Board has also increased communication with paramedic leads, aiming to fast-track patients who have already been assessed by ambulance clinicians and can be safely directed to alternative pathways.

Next Steps and Risks:

Once median assessment times remain at or below 60 minute consecutive months, the criterion can be reclassified. Risks

Criteria 27 - Reduction in Delayed Pathways of Care

Descriptor: A continuous reduction in delayed pathways of care of 5% for three consecutive months and then maintained for three months (Based on Oct-Dec 2023 baseline).
Status: Alert
Reporting Group: IQFPD
Committee: SDODC
Executive Lead: Andrew Carruthers

Overview and Key Issues:
From an October–December 2023 baseline of 203 delayed pathways, the Health Board's objective was to reduce this figure to around 174; instead, it remains at approximately 204. Complex discharge requirements—particularly for older patients needing social care or rehabilitation input—create system-wide gridlock. Directorates also cite late-day discharges and weekend capacity shortages as aggravating factors.

Actions Underway:
Red2Green methodologies are being rolled out on every ward, aiming to ensure that each patient's next steps are actioned promptly (eg, scheduling follow-up scans, arranging allied health professional assessments). The Discharge to Recover then Assess (D2RA) model is being reinforced with additional social care and therapy support on weekends, funded by the £2.5m winter allocation. Weekly long-stay reviews target patients over 21 days in hospital, identifying blocks and solutions on a case-by-case basis. Site-based operational managers coordinate with community services for supported discharges, aiming to shift lower-acuity patients to step-down facilities or home-based care sooner. Data from these weekly reviews feed into escalation processes at SDODC, ensuring executive-level awareness of persistent pressures.

Next Steps and Risks:
Sustained improvement over three consecutive months (reducing the delayed pathways figure by at least 5%) is required before the criterion moves from Alert to Advise. Risks include limited don

e capacity, especially if demand spikes in the community, and

Conclusion

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Closing Note

In examining the contents of this pack, it is clear that multiple factors - ranging from urgent care capacity to diagnostic wait times contribute to the current Alert designations. Some domains have demonstrated tangible progress, reflecting the impact of initiatives already in place. Others continue to experience significant operational and strategic pressures. The details of how each directorate plans to overcome these pressures, including specific actions, resources, and timeframes, should therefore be sourced directly from the appropriate Executive Lead and the TI spreadsheet (Appendix 1), where the most up-to-date evidence and milestones are recorded.

These slides seek to provide a consolidated view of the situation as it currently stands, linking performance metrics to the improvement actions underway. They are offered for the Committee's assurance and to facilitate strategic oversight. Where further detail is required particularly around deadlines, additional mitigations, or the precise scope of workstreams further consultation with the relevant directorate and executive lead may be necessary. This approach allows for a clear division of responsibilities: the Lead Executives oversee the comprehensive plans and their implementation, while these slides help the Health Board monitor and direct attention to areas needing continued focus to move out of Alert' status.

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Criteria	Action	Reporting Group	Committee	Status	Executive Lead	Summary of Current Status	Lead Executive Response (if applicable)	Documented Plan and Dates for Delivery (Evidence)	Actions Outstanding	Evidence and Assurance	Risk
4	Submission of an acceptable annual plan in line with the current planning framework.	TI coordination group	SDODC	Advise	Lee Davies	**Rationale for Status Change from Alert to Advise** **1.Acceptable Annual Plan Focus** -Under the current planning framework, the Health Board must submit a plan that meets the financial control total. Having achieved the 2024/25 control total (improving the projected deficit from £31.5m to £28m) and being on track to deliver again in 2025/26, the Health Board has demonstrated sufficient progress to transition from 'Alert' to 'Advise'. -Three-Year Break-Even Commitment: Welsh Government acknowledges the statutory requirement for Health Boards to break even. The organisation is committed to working over the next three years to achieve full financial balance, but the immediate criterion centres on delivering an acceptable one-year plan in line with the planning framework. **2.Positive Developments from Welsh Government Letter:** -Financial Deficit Reduction: Welsh Government highlighted good progress in reducing the financial deficit, aided by reduced reliance on agency staffing. -TI Action Plan: Of the initial financial actions identified in Targeted Intervention, only five remain, indicating momentum towards addressing the 56 de-escalation criteria overall. **Improving Performance in Key Areas:** -Cancer Pathway: Performance improvements have been noted (from 40% to 56% and 59.2% in December), with a goal of reaching 70% by March 2025. -Healthcare-Acquired Infections: C. diff and E. coli rates have improved to meet de-escalation targets; attention remains on Staph aureus. -Innovations in Urgent Care: The streaming hub at Bronglais Hospital and the Cardigan SDEC model are effectively reducing admissions and emergency department pressures. - Organisational Change: Recruitment is progressing well for senior leadership roles (Medical Director, Director of Nursing), and a strategic partner for digital transformation is now in place. **3.Ongoing Pressures** -Performance Sustainability: Areas such as gynaecology cancer (currently below 20%), diagnostics, and ophthalmology need significant attention to meet longer-term targets. -Urgent & Emergency Care: Despite some positive local initiatives, ambulance handovers and long ED waits remain a concern, especially through winter pressures. -Workforce Challenges: Rising sickness rates and hard-to-recruit roles may impact service stability and financial plans.	The development of the plan for 2025/26 and key decisions relating to it will be closely monitored through the Executive Team and overseen by SDOD, Board Seminars and Public Board.	**Documented Plan and Dates for Delivery** **1. January–February 2025: Directorate Submissions and Triangulation** - Directorate Plans Finalised: By late January, each Directorate is expected to have refined its integrated plans (finance, workforce, quality and performance). - Triangulation & Consolidation: Throughout February, the Executive Team will review Directorate submissions to ensure alignment between financial, workforce, and performance objectives. This process will include validating assumptions around capacity, recurrent/non-recurrent savings, and compliance with the Welsh Government's planning framework. **2. Mid-February – Early March 2025: Draft Plan Refinement** - Executive Review and Sign-Off: A draft version of the Health Board's overarching annual plan will be discussed at Formal Executive Team and Business Executive Team (BET) meetings. Any significant risks—such as diagnostic backlogs, gynaecology cancer performance, or urgent/emergency care pressures—will be highlighted, with corresponding mitigation actions built into the plan. - Stakeholder Engagement: Targeted discussions will take place with key internal and external stakeholders (e.g., clinical leads, finance leads, partnership forums) to verify the feasibility of proposed actions and to incorporate feedback in advance of formal Board scrutiny. **3. Early–Mid March 2025: Board Seminar and Public Board Review** - Board Seminar: A dedicated session with Board members will allow for detailed dialogue on the draft plan's risks, deliverables, and resource requirements. This ensures that any final amendments can be incorporated before formal approval. - Public Board Approval: The revised plan will be presented for sign-off at a Public Board meeting in mid-to-late March. This meeting will confirm the Health Board's commitment to delivering the financial control total, ensuring progress on ministerial priority areas, and outlining a pathway towards statutory break-even over the three-year horizon. **4. By 31 March 2025: Submission to Welsh Government** - Formal Submission: Following Public Board approval, the finalised annual plan will be submitted to Welsh Government by the statutory deadline of 31 March 2025. - Feedback and Confirmation: Welsh Government may provide feedback or require clarifications. The Health Board will address any queries promptly to secure formal acceptance of the annual plan. **5. Post-Submission (April 2025 onwards): Implementation and Monitoring** **-** Operational Launch: Directorates and services will begin implementation of the agreed actions from April. Teams will track performance against the plan's milestones and key targets (e.g., reducing waiting lists, meeting cancer trajectory commitments, maintaining financial discipline). **Monitoring & Reporting:** Formal Executive Team & Business Executive Team: Monthly reviews of performance and finance data, tracking spend against the control total and highlighting any slippage against objectives. - SDODC & TI Coordination Group: Ongoing oversight of outstanding financial and operational actions tied to the Targeted Intervention de-escalation criteria (56 in total). - Public Board & Board Seminars: Quarterly updates will summarise progress on major deliverables, risks to achieving plan objectives, and any necessary revisions or additional controls. **6. Key Deliverables & Milestones Within the Plan** - Cancer Performance Improvements: Progressing towards 80% compliance by March 2026, with further trajectory improvements beyond this date. - Diagnostics and Long-Wait Eradication: Targeted action to reduce backlogs and secure sustainable capacity solutions, especially in orthopaedics and ophthalmology. - Urgent & Emergency Care: Strengthening existing initiatives (e.g., Bronglais Streaming Hub, Cardigan SDEC) and scaling them where evidence demonstrates positive impact on flow and patient outcomes. - Workforce Stabilisation: Addressing short-term and long-term sickness rates, continuing to reduce agency reliance, and embedding organisational development activities to support staff well-being and retention. In summary, this structured timeline ensures that all necessary governance steps are completed from the early consolidation of Directorate plans through to robust Board-level scrutiny and onward submission to Welsh Government while maintaining clear accountability and			Risks: - Financial plan to achieve control total - Performance expectations in planning framework not deliverable within finanical plan
5	Evidence of integrated planning across the organisation which supports the development of a coherent and deliverable annual plan.	TI coordination group	SDODC	Advise	Lee Davies	The annual planning process for 2025-26 has been structured to ensure co-production across all senior leaders, both managerial and clinical, within the organisation. To support alignment with the Targeted Intervention (TI) de-escalation criteria, several key points have now been clarified to eliminate confusion between the annual plan, the Clinical Services Plan, and the wider strategic refresh. Additionally, the teams now have clarity on the parameters that define how they must balance resources across workforce, finance, performance, and management. A clear descriptor has been developed, explicitly linking the plan to the 55 de-escalation criteria (orginally 56, however, one was removed due to it being duplicative in nature), with an aim to achieve full compliance by March 2026. To ensure maximum engagement and co-production, clinical leads have been invited to participate in the planning workshops. Furthermore, the Medical Leadership Forum has been engaged, with clear requests for ideas to support the plan's development conveyed during these sessions. This approach ensures that all contributions are aligned with the overarching goal of achieving de-escalation by March 2026 across all relevant domains, with clearly defined roles and responsibilities for all contributors.	As above	As above			No risk identified
6	Board clarity on the strategic vision for the organisation.	AHMWW	SDODC	Alert	Lee Davies		This was discussed in detail at the Board Seminar in October and a paper is being presented to the November Public Board.	**Evidence of Actions to Date** Whilst this cirteria is an alert, assurance to the alert can be sort by the positive actions undertaken by the Exexcutive Lead to date, which include: 1. The SBAR report and associated Board papers from November 2024 and January 2025 provide clear evidence of early progress, including detailed discussions on the need to update the AHMWW framework and the initiation of preparatory work for a strategic refresh. 2. The Health Board's scheduled attendance at the Welsh Government Infrastructure Investment Board on 23rd January 2025 was a critical milestone, reinforcing our commitment to securing external validation and aligning the AHMWW Strategic Outline Case with emerging capital investment opportunities. 3. Revised governance arrangements have been documented, with the Strategy and Planning Committee set to assume oversight from April 2025. This structured approach confirms that robust monitoring and accountability mechanisms are in place to guide the strategic refresh. 4. Formal endorsement of the revised purpose statement and strategic objectives for inclusion in the 2025/26 Annual Plan is a key documented milestone. This endorsement, supported by the evidence in the board papers, marks a significant step towards embedding a refreshed approach that prioritises sustainability and enhanced utilisation of services. 5. The initiation of a dedicated workstream under the AHMWW group, chaired by the Executive Director of Strategy and Planning, provides further documented evidence of active steps being taken to develop a detailed strategic refresh plan, ensuring that all subsequent activities will be aligned with our long-term objectives. 6. The launch of the Clinical Services Plan (CSP) consultation project plan, as noted in the SBAR report, demonstrates ongoing engagement with stakeholders and confirms that the broader strategic refresh is progressing through structured, measurable phases. Next Actions 1. Obtain formal Board endorsement of the revised purpose statement and strategic objectives for inclusion in the 2025/26 Annual Plan, thereby solidifying the refreshed vision under the theme "Healthier Lives, Well Led." 2. Establish a dedicated workstream under the AHMWW group, chaired by the Executive Director of Strategy and Planning, to drive the strategic refresh process and oversee all subsequent activities. 3. Undertake a comprehensive review of the current strategic framework, focusing on addressing the unsustainable elements—such as over-reliance on hospital services and under-developed digital capabilitiesand realigning the planning objectives towards sustainable service delivery and enhanced utilisation. 4. Initiate a structured stakeholder engagement programme, including consultations with internal staff, external partners, and the community, to refine the scope and approach of both the strategic refresh and the Clinical Services Plan (CSP). 5. Develop a detailed strategic refresh plan that incorporates a rigorous risk assessment, clear indicators, and defined milestones to facilitate the transition from Alert to Advise and ultimately to Assure, ensuring the plan reflects the realities outlined in the SBAR report. 6. Establish robust governance and monitoring mechanisms—commencing with the Strategy and Planning Committee from April 2025—alongside regular progress reporting and evidence gathering, to provide ongoing assurance of the plan's successful phased implementation and sustainable outcomes.		The evidence required is and will be satisfied by the steps as set out in "Documented Plan and Evidence for Delivery"	No risk identified
7	Evidence of a clear roadmap and implementation of the health board's Clinical Services Plan.	AHMWW	SDODC	Advise	Lee Davies	Criterion 7 centres on demonstrating a clear roadmap for implementing the Health Board's Clinical Services Plan. Following completion of Phase 2 (options development) in November 2024, the Board approved a shortlist of service reconfiguration proposals in nine key areas—Critical Care, Dermatology, Emergency General Surgery, Endoscopy, Radiology, Ophthalmology, Orthopaedics, Stroke, and Urology. In January 2025, a detailed consultation project plan was presented to the Public Board, setting out how Phase 3 (public consultation and engagement) will unfold through 2025. This plan commits the Health Board to meaningful involvement of patients, staff, and stakeholders in shaping the next phase of service changes. Once the consultation concludes in November 2025, Phase 4 (implementation) will commence, prioritising short- and medium-term improvements where current budgets and workforce permit, alongside longer-term solutions requiring capital investment and possible regional collaborations. Oversight and assurance will be provided via the Strategy, Development and Operational Delivery Committee (SDODC), Board Seminars, and bi-monthly Public Board meetings.	This was discussed in detail at the Board Seminar in October and papers have been presented to the November and January Public Board Meetings.	Completion of Phase 2 (Options Development). Phase 2 concluded in November 2024, with the Board approving a shortlist of options for the nine services within the Clinical Services Plan. A closing report confirming readiness to proceed into Phase 3 was presented at the November 2024 Public Board. Phase 3 (Public Consultation and Engagement – January to November 2025). A Consultation Project Plan was brought to the Public Board on 30 January 2025, setting out the scope, timeline, and resources for a formal public consultation on proposed reconfigurations across Critical Care, Dermatology, Emergency General Surgery, Endoscopy, Radiology, Ophthalmology, Orthopaedics, Stroke, and Urology. Between January and May 2025, the Health Board will complete detailed stakeholder mapping, finalise equality impact assessments, and develop consultation materials (including various accessible versions). In May 2025, the Public Board will formally launch the consultation, which is scheduled to run for around 12 weeks until August. There will be a mid-point review (during weeks 4–6) to assess public uptake and identify any gaps in participation. Analysis and conscientious consideration of feedback will follow between August and October 2025, drawing on an independent partner to collate responses and produce a draft output report. In November 2025, the Public Board will receive the final outcome of the consultation, along with recommended service configurations for phased implementation in Phase 4. Phase 4 (Implementation Planning and Delivery – From November 2025 onwards). Implementation will be staged according to immediate (0–2 years), medium-term (2–4 years), and longer-term (beyond 4 years) needs. Early changes will focus on existing workforce and budgets to mitigate urgent fragilities. Longer-term solutions (including capital investments and regional planning) will be delivered in line with the 'A Healthier Mid and West Wales' strategy. The Transformation Programme Office will coordinate these efforts, while regular updates will be presented to the Strategy, Development and Operational Delivery Committee (SDODC), Board Seminars, and Public Board meetings for governance and assurance. Governance and Oversight. Board Seminars, held quarterly, will explore emerging risks, financial constraints, and workforce plans in detail. Public Board meetings, which take place bi-monthly, will receive progress reports and consider any key decisions that arise. The SDODC will continue to monitor alignment with Welsh Government requirements and the Health Board's long-term strategic vision. Key Deliverables and Milestones within the Plan. January 2025 marks the approval of the Consultation Project Plan, with detailed consultation preparations commencing thereafter. In May 2025, the finalised service options are released for formal consultation. The consultation ends in August 2025, after which data are analysed independently. In November 2025, the Public Board will make the definitive decision on final reconfigurations, triggering Phase 4 implementation. From 2026 to 2029, these changes will be rolled out as funding, workforce availability, and capital developments permit. No Risk Identified. There are no additional high-level risks specifically against Criterion 7, although potential financial, workforce, and capital constraints will be tracked as part of Clinical Services Plan implementation.			No risk identified

8	Delivery of commitments set out within the annual plan particularly in relation to the ministerial priorities.	IQFPD	SDODC	Alert	Andrew Carruthers	In terms of delivering the commitments outlined in the annual plan, diagnostics and cancer performance currently represent significant challenges, with projected outcomes falling well below target. Even with ongoing recovery efforts, meeting the annual plan's commitments—particularly achieving three consecutive months of 60%—appears unfeasible within this financial year. Additionally, ambulance handovers within one hour and timely patient assessment in ED remain critical pressure points, with urgent care performance facing substantial challenges at this stage.					1032 1843 1664 1350 1027 1708
9	Significant progress on a clinical services plan.	AHMWW	SDODC	Advise	Lee Davies	Criterion 9 focuses on evidence of significant progress in formulating and advancing the Clinical Services Plan. Building on the initial vision set out in the 'A Healthier Mid and West Wales' strategy, the Health Board has taken concrete steps to develop short- and medium-term solutions that respond to service fragility. Significant progress is illustrated through the successful completion of Phase 2 and the readiness to undertake a formal public consultation (Phase 3) in 2025. Milestones such as independent review of options, rigorous option appraisal, and active engagement with the Welsh Government underscore the CSP's momentum. Upon final Board decisions (expected in November 2025), Phase 4 will drive phased implementation to address urgent needs as well as shape longer-term service delivery models.	As above	Because Criterion 9 aligns closely with Criterion 7, the same roadmap applies. However, the following paragraphs highlight the key steps demonstrating significant progress in developing and operationalising the Clinical Services Plan. Phase 2 of the Plan formally closed in November 2024, when the Board accepted a shortlist of service options. This milestone triggered Phase 3, with a public consultation scheduled between January and November 2025. Detailed planning and consultation preparations run from January to May 2025, followed by a 12-week consultation from May through August 2025, enabling the Health Board to collect wide-ranging feedback. In August, the consultation concludes and responses are analysed independently, leading to final recommendations. In November 2025, the Public Board will consider the consultation outputs and decide which configuration options to implement. "Significant progress" will be demonstrated through tangible milestones. Firstly, the Health Board plans to address urgent service fragilities within the initial two-year period by focusing on solutions deliverable with existing budgets and workforce. Medium-term adjustments, requiring additional funding or regional collaboration, will be implemented over two to four years. Longer-term service shifts, linked to major capital investments, will extend beyond four years. The Transformation Programme Office will oversee each workstream and provide regular updates to the Board and SDODC to maintain momentum and ensure alignment with the overarching 'A Healthier Mid and West Wales' strategy. No Risk Identified. There are no specific risks highlighted under Criterion 9, although vigilance remains crucial regarding workforce and financial constraints that could affect the final timelines.			No risk identified
10	Sustained improvements in delivery of the plan throughout the year.	IQFPD	SDODC	Advise	Andrew Carruthers	Throughout the year, financial targets have been met; however, performance has varied, especially in diagnostics and cancer services. Urgent care remains challenged, though improvements are evident in areas such as Withybush and the Pembrokeshire system. Mental health targets have shown strong results, exceeding the 80% benchmark in some areas. Progress has also been observed in infection control, with reductions in C. diff and Staph aureus infections, although some metrics, like hospital-onset infections, are just above target. These areas of improvement reflect positive strides while acknowledging the challenges in sustaining consistent delivery.					1032 1843 1664 1350 1027 1708
11	Welsh Government's confidence in delivery based on an assessment against the planning maturity matrix and planning quadrant.	TI coordination group	SDODC	Advise	Lee Davies	The upcoming quarter four update to the maturity matrix and planning quadrant will assess the progress made with the ongoing efforts to develop plans which respond to all domains within the TI framework. While delivery of key objectives during 2024-25 strengthens confidence (in particular financial savings), achieving the necessary improvement in performance and quality remains a longer-term aim. The progress made this year is positive in the approach to planning, though further developments are needed to reach the higher levels of the maturity matrix.	A further assessment will be made following the completion of the annual for 2025-26	Updated assessment against the matrurity matrix will be presented to SDOD following completion of 2025/26 planning round.			No risk identified
13	60% performance maintained for 3 months against the SCP target.	IQFPD	SDODC	Alert	Andrew Carruthers	SCP performance improved from 40% in September to 56% in November, but the requirement of 60% compliance for three consecutive months has not yet been met. The main contributors to breaches are Urology and Lower GI, which account for around 45% of overall breaches. Diagnostic capacity, particularly endoscopy and MRI, is constrained by both workforce and estates issues, and pathway complexity across multiple sites adds further delays. Focused improvement plans include additional theatre sessions and outsourcing (for endoscopy and imaging), alongside weekly or bi-weekly tumour-site huddles to identify and escalate cases at risk of breaching. The approach aims to align services with National Optimal Pathways, but ongoing recruitment challenges, limited capital resources, and the risk of continued high demand could impede sustained progress. Mitigating actions Targeted backlog reduction - including additional clinics and theatre sessions: Focused on the highest-pressure tumour sites (Urology, Lower GI) to expedite patient pathways. Outsourcing: Specific outsourcing arrangements to address overflow in diagnostics (endoscopy/imaging) and high-volume treatments (where feasible). Diagnostics and pathway optimisation extended Endoscopy sessions - Weekend/evening capacity where staffing allows, aiming to reduce wait times for Lower GI. Radiology Expansion: Exploring mobile MRI or outsourced scanning to relieve bottlenecks.		The plan centres on targeted backlog reduction through weekend and evening clinics, with outsourcing arrangements to help tackle the highest-volume tumour specialties. Diagnostic expansion is being explored, including extended endoscopy sessions (where staffing is available) and the potential use of mobile MRI or additional outsourced scanning. Performance is reviewed through regular tumour-site huddles, monthly or bi-monthly cancer performance reports, and updates to SDODC and the Board. Any significant delay in securing workforce or financial resources may prevent consistent achievement of the 60% target over three consecutive months, placing overall SCP improvement at risk.			1350
14	100% of open outpatient pathways to be waiting less than 52 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Andrew Carruthers	The Health Board is currently achieving around 95–96% of patients seen within 52 weeks, which is higher than the 94% baseline but still below the 100% target. The remaining backlog is concentrated in specialties such as ENT and Trauma & Orthopaedics. Ensuring sufficient capacity in these areas will be key to closing the final gap. Initiatives to expand capacity include the use of weekend or evening clinics and virtual appointments, together with more robust administrative validation to address DNAs and maintain accurate waiting lists		Plans involve targeted specialty pressure clinics in ENT and T&O, offered during weekends or evenings, and increased use of remote consultation for suitable cases. Administrative validation is being strengthened to remove patients who no longer require appointments and to minimise no-shows. The Health Board is tracking the impact of these measures weekly, and any significant improvements will be reported to SDODC and the Board. Achieving 100% remains challenging, particularly if referral demand surges or if staffing availability for extended sessions fluctuates.			1843
15	100% of open pathways to be waiting less than 104 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Andrew Carruthers	Approximately 98% of patients are currently within 104 weeks, close to the 100% target. The remaining two-year waiters are mostly in T&O, ENT, and Urology, and complex cases in these areas require additional capacity in theatres and specialised staff. Daily validation processes are in place to prioritise those nearing the 104-week mark, and a combination of outsourcing and expanded in-house lists is used to clear the backlog. Workforce availability and theatre capacity continue to be potential constraints.	WG monies	The plan relies on outsourcing high-volume orthopaedic and ENT cases where in-house theatre availability is limited, supplemented by weekend and evening sessions for T&O, ENT, and Urology. Daily validation ensures near-breach cases are identified and expedited. A detailed timeline for reaching and then maintaining 100% compliance is under development and will be monitored through RTT dashboards and SDODC governance routes. Continuous outsourcing is not financially viable and the timing of any allocations may limit the extent of outsourcing, so sustainability of this model over the longer term remains an ongoing consideration.			1843
16	80% of open pathways to be waiting less than 52 weeks and maintained for 3 months.	IQFPD	SDODC	Assure	Andrew Carruthers	This target has been met and exceeded consistently since July, with performance around 84–85%. The early milestones of 83.7% in August and 84.9% in September reinforce the likelihood of de-escalation, barring any significant reversals. Service leads continue to use weekend clinics and ongoing validation to mitigate minor dips.		Regular validation of waiting lists is central to maintaining performance above 80%. Additional evening and weekend clinics support capacity, particularly in high-demand specialities. Performance data is reviewed weekly, with escalation triggers if percentages approach the 80% threshold. Next steps may involve formal consideration of de-escalation, pending SDODC and Board approval, especially if performance remains consistently above target in the forthcoming months.			1843
17	15% reduction in the number of patients delayed by 100% for their follow-up appointment in three consecutive months and maintained for 3 months (Based on the November 2023 baseline.)	IQFPD	SDODC	Alert	Andrew Carruthers	The target aims for a 15% reduction from the November 2023 baseline of 15,419, which would bring the total to approximately 13,100 or fewer delayed patients. Current data show a static or slightly increased average of around 16,000 delayed by over 100%, indicating that the various initiatives have not meaningfully reduced the backlog to date. There is a renewed focus on reducing these follow-up delays through specialty-specific clinics, enhanced validation, and virtual appointments for suitable cases.		Teams are increasing weekend or evening follow-up clinics for longest-wait patients in high-demand specialties. Virtual follow-ups are being deployed where clinically appropriate, freeing up in-person capacity for more complex cases. Administrative automation and frequent data validation aim to remove any unnecessary follow-ups from the list. The ultimate goal is to see a measurable and sustained decline towards the 15% reduction target, tracked via monthly directorate-level data and escalated to SDODC if improvements remain insufficient.			1843 (C)
18	65% R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment and maintained for 3 months.	IQFPD	SDODC	Alert	Andrew Carruthers	Performance for R1 ophthalmology patients stands at around 36–37%, well below the 65% target. Persistent workforce shortages, limited equipment, and multiple site constraints hamper efforts to expand capacity for conditions such as glaucoma and intravitreal therapies. Initiatives such as weekend IVT clinics, community optometry schemes, and the recruitment of non-medical injectors have begun, but further action, including potential service reconfiguration under the Clinical Services Plan, is needed to achieve sustainable improvement.		Enhanced capacity through weekend/evening sessions, equipment upgrades (slit lamps, scanners, lasers), and community optometry involvement form the main elements of the plan. The Health Board is also assessing the benefit of concentrating certain ophthalmic services to reduce duplication across sites. Evidence of progress will be gathered from monthly R1 compliance dashboards and reported to SDODC, alongside ongoing quality oversight to ensure patient safety and timely care.			1664 (C)

19	80% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Andrew Carruthers	Overall diagnostic performance remains below 80%, though endoscopy (covered separately under Criterion 20) has shown notable improvement. Radiology continues to face significant workforce shortages, ageing equipment, and rising demand, particularly for urgent and suspected cancer referrals. Plans to extend scanning hours and outsource some MRI and CT capacity are being developed, and a dedicated Radiology paper is forthcoming to address the fundamental issues of staffing levels and capital investment.		Extended or weekend sessions are underway in radiology and endoscopy, subject to staffing constraints, with outsourcing to independent providers arranged to tackle immediate capacity gaps. A strategic capacity review is included within the Clinical Services Plan to identify long-term solutions for the shortfall in imaging. Directors are providing monthly updates on waiting times at the site and modality levels, with ongoing monitoring through SDODC to ensure alignment with broader 2025/26 planning requirements			1843 (C) 1547 (D)
20	80% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Andrew Carruthers	Endoscopy performance has shown improvement, achieving 64% in December 24, up from the baseline of 28%. While this indicates positive progress, it remains below the target of 80%, highlighting the need for continued focus to bring performance closer to expectations. Key Challenges: **Endoscopist Shortages**: Recruitment and retention of consultants and non-medical endoscopists remain problematic. **Limited Suite Availability**: Scheduling constraints and reliance on additional sessions (including weekends) to increase capacity. **High GI Demand:** Screening programmes (such as Bowel Screening Wales) and urgent referrals drive increasing volumes.		**Mobile Endoscopy and In-House Sessions**- Deploy mobile units at high-pressure sites if staffing is available; Expand evening/weekend in-house capacity to expedite backlog clearance. **Outsourcing Arrangements** - Engage with independent sector providers for routine or lower-complexity endoscopy procedures when internal capacity is limited. **Service Optimisation** - Standardise booking and triage processes for urgent/suspicious cases; Identify potential for additional nurse endoscopists or advanced practitioners to augment consultant-led sessions.			1628 (S) 1580 (S) 1628 (S)
21	80% of patients waiting for a NOUS and non-cardiac MRI to be waiting less than 8 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Andrew Carruthers	For non-obstetric ultrasound, the three-month average stands at 79.3%, with performance slipping below the 80% target in the past two months. Cardiac MRI performance currently averages 58.8%, which remains below both the baseline of 75% and the Targeted Intervention target of 80%. These figures indicate a need for continued improvement in both areas to reach the desired levels of performance. **Staffing Shortages** – Radiology (sonographers, radiographers) and endoscopy (endoscopists, nursing staff). **Equipment Constraints** – Limited scanning capacity (e.g. MRI, ultrasound) and ageing infrastructure. **High Demand** – Ongoing backlog and increasing referrals, particularly for cancer pathways and urgent diagnostics.		Multiple initiatives are in progress, including extended scanning hours, outsourcing arrangements (MRI, CT), and a strategic review of diagnostic capacity under the 2025/26 Annual Plan. Recognising the fragility within Radiology, a dedicated paper is being developed to detail the longer-term investments, staffing models, and phased improvements necessary to meet growing demand sustainably. This paper will clarify key risks if funding is not secured in full and provide milestones for tracking capacity gains. Documented Plan and Dates for Delivery (Evidence) **Extended or Weekend Session**s - Radiology (ultrasound, MRI, CT) and endoscopy: evening/weekend slots to maximise throughput where staffing is available. **Outsourcing** - Collaborations with independent providers to address peaks in demand and reduce lengthy waits. **Strategic Capacity Review** - Part of the Clinical Services Plan (CSP) and central to the forthcoming Radiology paper, examining long-term solutions such as additional scanners, mobile units, or service reconfiguration.	**Quantifying Impact** - A robust breakdown of how many additional slots or scans each intervention will create per month, and how this translates into achieving 80%. **Workforce & Training -** Securing and retaining specialist staff required to deliver extended hours; upskilling or introducing new roles where possible.		797 (C) 1349 (D) 1936 (D)
22	85% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Andrew Carruthers	Therapy waiting times have shown a modest improvement from approximately 75% to about 77.2%, short of the 85% target. Staffing deficits in physiotherapy, occupational therapy, and speech & language therapy, along with rising community and inpatient referral demand, continue to challenge service delivery. Plans involve extending working hours, harnessing virtual or group-based therapy models, and refining triage to ensure timely appointments for priority cases.		Teams are establishing weekend or evening sessions for core therapy services, piloting remote and group-based solutions (such as digital physiotherapy classes), and introducing administrative changes to reduce DNAs and accelerate rebooking. Monthly performance dashboards will track therapy waiting times across sites and specialities, while directorates progress with recruitment and skill-mix initiatives to strengthen capacity. The Health Board aims to close the gap to 85% by ensuring adequate financial and workforce support for these expansion measures.			1766 (D) 736 (S) 1517 (S) 1661 (S)
24	A continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for 3 months (Based on the Oct-Dec 2023 baseline).	IQFPD	SDODC	Alert	Andrew Carruthers	December 2024 data show 1,153 handovers taking longer than one hour, exceeding the revised monthly target of 839 and indicating a short-term reversal of previous gains. Over the past year, January 2024 has been the highest-reported month with 1,245 delayed handovers. Glangwili General Hospital (GGH) did see a modest percentage improvement (from 57.3% in November to 56.5% in December of handovers taking over an hour); however, system-wide pressures remain significant at other sites.		Provide regular updates to QSEC/Board.			1027 (C) 1210 (D) 1115 (D) 750 (D)
25	Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across the health board.	IQFPD	SDODC	Alert	Andrew Carruthers	In December 2024, 1,543 patients waited more than 12 hours in ED (target: 1,137), averaging around 10%—above the 7% goal. Glangwili General Hospital (GGH) remains the most pressured site, although other sites also saw an uptick due to winter demand.		**Key Improvement Actions** **50-Day Challenge & Winter Planning** Dedicated funding - £2.5m) - used to enhance weekend discharge (7-day H&SC working), expand community falls response, and embed the Optimal Hospital Flow Framework (Red2Green, D2RA). **Local Site Initiatives** GGH 12-week plan - Fortnightly reviews, weekly "Big Room" staff engagement, and an expanded SDEC model are all in place to address ED congestion. Other sites (Bronglais, Prince Philip, Withybush) refining boarding protocols and improving discharge lounge use to ease ED pressures. 6 Goals for Urgent and Emergency Care Goal 3 (SDEC Expansion) - Aims to reduce non-urgent ED admissions. Goal 5 (Optimal Flow)- Reinforces Criteria Led Discharge and earlier identification of medically optimised patients. **Forward Outlook** Sustained delivery of these interventions is expected to reduce 12-hour waits closer to the 7% target. Performance is tracked through weekly UEC governance, with continued alignment to the 50-Day Challenge, winter resilience initiatives, and the 6 Goals framework to ensure the necessary improvements are actioned promptly.			1027 (C) 1210 (D) 1115 (D) 750 (D)
26	Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes.	IQFPD	SDODC	Alert	Andrew Carruthers	Baseline: 58 minutes; Target: 60 minutes. Three-Month Average: 72 minutes, with December 2024 peaking at 89 minutes—the highest in the last 12 months. Rising attendances, winter pressures, and workforce constraints are inflating the initial assessment backlog. ED congestion is compounded by upstream factors such as delayed discharges and surges in ambulance offloads, diverting clinical resources away from immediate assessment.		**Key Improvement Actions** EDQS Action Group: Standardises triage, introduces routine safety huddles, and applies the National Six Goals Team's ED Improvement Toolkit to redirect non-urgent attendances. 50-Day Challenge & Winter Measures: Embedding the Optimal Flow Framework (Schemes 1 & 2) and community-based responses (Schemes 6 & 10) to reduce front-door pressures. Local Site Plans: Glangwili's 12-week plan (SDEC expansion, Criteria Led Discharge) and site-specific rostering/boarding adjustments in Bronglais, Prince Philip, and Withybush aim to cut ED crowding. **Forward Outlook** Sustaining performance at or below 60 minutes requires continued optimisation of SDEC, effective discharge arrangements, and robust community pathways to avoid unnecessary ED use. Progress is tracked via weekly UEC governance meetings, with escalation procedures in place for surges or staffing shortages. The Health Board remains focused on stabilising ED flows and regaining compliance with this important timeliness measure.			1027 (C) 1210 (D) 1115 (D) 750 (D)

27	A continuous reduction in delayed pathways of care of 5% for three consecutive months and then maintained for three months (based on Oct-Dec 2023 baseline).	IQFPD	SDODC	Alert	Andrew Carruthers	**Baseline: 203; Target: 174.** Three-Month Average: 204, reflecting a steady decline from the baseline yet still above the target (208 in December 24). Winter pressures, complex discharge arrangements (e.g., social care packages), and bed constraints continue to shape the pace of progress. A multi-agency approach involving community, social care, and therapy services remains essential to mitigate lengthy hospital stays and free capacity.		**Key Improvement Actions** 50-Day Challenge & Winter Planning Embedding the Optimal Hospital Flow Framework (Red2Green, D2RA) across weekdays and weekends (7-day working) to expedite discharges. Weekly review of long-stay patients (over 21 days) and top 20 longest-stay cases for targeted action. **Local Site Plans** GGH 12-week plan: Same Day Emergency Care (SDEC) expansion to reduce unnecessary admissions, plus improved daily discharge coordination ("Big Room" sessions). Other sites (Bronglais, Prince Philip, Withybush) enhancing discharge lounges, boarding protocols, and multi-agency referrals to reduce delay points. **Forward Outlook** Sustaining the downward trend toward 174 hinges on maintaining robust discharge practices, optimising weekend capacity, and leveraging winter resilience funding (£2.5m) to alleviate pressures. Performance is closely monitored through weekly governance huddles, ensuring prompt intervention for any emerging bottlenecks			1027 (C) 1078 (D) 1231 D) 572 (D) 695 (S)
28	Improving ratings from service user feedback experience responses and evidence of use of Datix and CIVICA data to inform quality improvement processes and the experience of patients and their families.	IQFPD	SDODC	Advice	Sharon Daniel	Efforts are underway to incorporate patient experience data more systematically across the organisation. This data, now feeding into escalation meetings and being linked with updates on the patient safety dashboard, aims to enhance quality improvement by providing directorates with greater visibility into feedback trends. Although the roll-out has been slower than anticipated, this month marks the start of broader inclusion in directorate packs for escalation and improvement meetings. As the data becomes embedded in these processes, we expect it will strengthen our ability to respond to service user feedback and drive improvement initiatives effectively.	Duplication	SA= we can amalgamate with 23 and close them down subject to the evidence and move to assure			1184 (P)
29	80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral.	IQFPD	SDODC	Assure	Andrew Carruthers	This measure has consistently met and exceeded target performance, achieving 91% against a goal of 80% over June, July, and August, with sustained delivery over the past 18 months. We have seen sustained delivery and performance; therefore, this criterion is no longer subject to escalation.					No risk identified
30	65% of therapeutic interventions started within 28 days following an assessment by LPMHSS.	IQFPD	SDODC	Assure	Andrew Carruthers	Performance has consistently met and exceeded the target, with an average of 83.1% against a 65% goal, showing sustained delivery over the past 11 months. We have seen sustained delivery and performance; therefore, this criterion is no longer subject to escalation.					No risk identified
31	80% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan.	IQFPD	SDODC	Assure	Andrew Carruthers	This criterion has consistently met and exceeded target performance, achieving 92.1% against an 80% target, with sustained delivery over the past 20 months. We have seen sustained delivery and performance; therefore, this criterion is no longer subject to escalation.					No risk identified
46	Whether the people who use services, the public, staff, and external partners are engaged and involved to support high quality sustainable services demonstrated by local surveys showing increasing confidence in the leadership and awareness of strategies.	TI coordination group	SDODC	Assure	Lisa Gostling	The health board has made progress in engaging staff and stakeholders to support high-quality sustainable services. Key metrics for 2024 include an average of 22% of leavers completing exit interviews and a 73% average engagement score within the board outcome survey. In addition over 1050 staff have completed the Hywel Dda Culture Survey which enbables development of localised people cultrue plans for Directorates. Speak Up - make meaningful change was launched October 2024 with a wide array of communications, that will support the workforce. The communication strategy also includes: - Bespoke posters which will include a QR code for staff with limited digital access - Toolkits for Speak Up Guardians - Education sessions included into Leadership Development Programmes - A dedicated video with colleagues de-stigmatising Speak Up - Devoted Sharepoint pages where all information is housed The organisation has developed an in-depth escalation process for any concern that cannot be resolved at the point of contact. This includes a Voices Network as a first point of escalation, which includes key stakeholders for all directorates, then Executive colleagues and finally Chief Executive and Chair.					1185 (P)

2

10:10, 0 Mins

2 - POPULATION HEALTH, PRIMARY & COMMUNITY

2.1

10:10, 10 Mins

2.1 - Community & Long Term Care Quarterly Service Report

Jill Paterson (Hywel Dda Health Board - Director of Primary Care, Community and Long Term Care), Elaine Kent (Hywel Dda Health Board - Senior Nurse)

For assurance

Attachments

2.1 FINAL Q3 SDODC Long Term Care Performance Report - Feb 2025.pdf

CYFARFOD BWRDD PRIFYSGOL IECHYD
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 February 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Long Term Care Performance Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jill Paterson, Director of Primary Care, Community & Long Term Care
SWYDDOG ADRODD: **REPORTING OFFICER:**	Julia McCarthy, Head of Long Term Care

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides an update on the Quarter 3 (Q3) activity and highlights areas of relevance to the performance management of Continuing NHS Funded Continuing Care (CHC) and Funded Nursing Care (FNC) within Long Term Care.

Cefndir / Background

The revised National Framework for Continuing Health Care (CHC) was implemented on 1April 2022.

As part of the Framework, Boards are required to receive a quarterly report on CHC, and this paper fulfils that requirement. Its intention is to inform the Board of developments and current issues relevant to CHC, both nationally and locally.

Asesiad / Assessment

Care Homes

The table below outlines the Older Adults Care Home Sector across West Wales and bed capacity. There are currently 21 Nursing Homes providing a mix of General and Dementia nursing care and residential/residential dementia care. These Care Homes have a potential capacity of 1063 beds (nursing & residential beds combined). There are also four Specialist Nursing Homes across the region.

Carmarthenshire	Pembrokeshire	Ceredigion
Blaenos 38	Meadows 59	Plas Cwmcynfelin 53
Allt Y Mynydd 44	Fairfield 43	Brondesbury Lodge 32
Hafan y Coed 107	Ashdale 43	

Plas y Dderwen 69	Belmont Court 29	
Affalon 46	Brooklands 40	
Parc Wern 59	Park House Court 97	
Cartreff Annwyl Fan 70	Parc y Llyn 50	
Glasfryn 24	Rickeston Mill 28	
Ty Mair 74	Williamston 34	
	Woodfield 24	

(Hywel Dda University health Board (HDdUHB) is currently commissioning 545 residents in Nursing Homes. These residents are funded via CHC, FNC and Section 117 (S117).

Care Home Residents				
County	**CHC**	**FNC**	**S117**	**Total**
Carmarthenshire	70	139	33	**242**
Ceredigion	34	55	11	**100**
Pembrokeshire	73	93	37	**203**
Total	**177**	**287**	**81**	**545**

Escalating Concerns

One nursing home within Hywel Dda came out of 'Performance Management' during Quarter 3. No homes were under Escalating Concerns.

Sustainability in the Care Home Sector

Older adult Care Homes across the region remain at risk from a financial perspective. Care Home providers have expressed concerns to commissioners about the current cost of living crisis and the impact this is having upon their financial sustainability. Care Home fees have significantly increased over recent years in recognition of the increased costs of food, fuel and inflation; however, one provider remains unwilling to accept the Health Board fee rates.

The demand for high cost placements for individuals with complex behaviours/health needs is also increasing. Coupled with the increase in the ageing population, it is anticipated that there will be further demand for care and support services including a range of housing options. The complexity of need will also continue to grow as the number of people living with dementia and multiple co-morbidities increases. A continuing shift towards more specialist residential and nursing care is required but in current conditions it is difficult to see the Market delivering that at sufficient pace or scale.

Recruitment and retention of staff is a key challenge, and this is impacting upon both domiciliary and residential care.

The Sector remains fragile and the impact which rising costs has on sustainability of services is a national concern.

Recent Developments

Further discussions are ongoing between Carmarthen Local Authority and Hywel Dda University Health Board regarding an 84 bed dementia nursing/residential home in Carmarthen with the aim to open in Spring 2025. This provider has also purchased land in Cross Hands, with the aim to build a further 65 bed dementia nursing/residential home during late 2025.

A 74 bedded Residential Care Home in Ammanford has recently re-registered as a nursing service, in order to provide dementia nursing care. The intention is for the Care Home to provide dementia residential and dementia nursing care and nursing upgrades for current residents is underway.

The Regional Partnership Board (RPB) continues to explore the possibility of a public sector Nursing Home based at Pentre Awel, Llanelli as well as a 60 bedded home (Plas Y Bryn) in Carmarthen, aiming to be operational by 2027/28.

Discharge to Assess (D2A) Pathway

The Long Term Care D2A Pathway is for individuals with nursing needs, who would transfer into a Nursing Home, with the expectation that a CHC Assessment would be undertaken within 2 weeks. The D2A Pathway is not suitable for Individuals transferring into a Residential Home. There is also a Discharge to Recover and Assess Pathway (D2RA) process for individuals who do not require a Nursing Home placement and can transfer back to their own home but may require some domiciliary support. This is separate to the D2A Pathway.

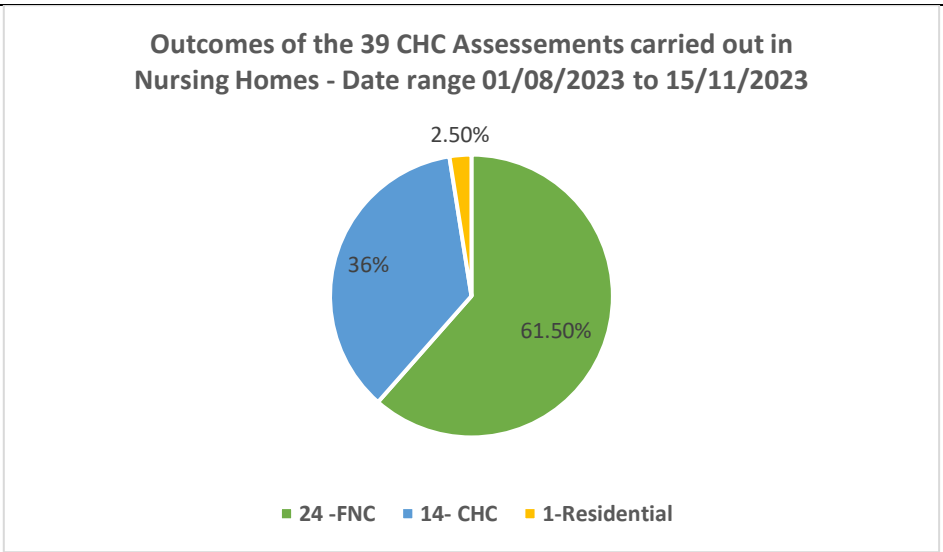
The Pathway Team work across the hospital sites with the aim to support ward staff with the early identification of patients with nursing needs and to expedite patient flow.

Data shared within a previous SDODC report indicated that the Health Board were fully funding individuals for a prolonged period of time, despite the agreement to fund for a maximum of 2 weeks. Between 1 October 2023 – 31 March 2024 the average number of weeks from discharge to CHC Assessment is 13 weeks in Pembroke, five weeks in Carmarthen and eight weeks in Ceredigion. The delay was predominantly due to a delay in awaiting social worker allocation, in order to complete the CHC Assessment. Furthermore, only 30% of patients discharged under the D2A Pathway were eligible for CHC and should be fully funded by the Health Board.

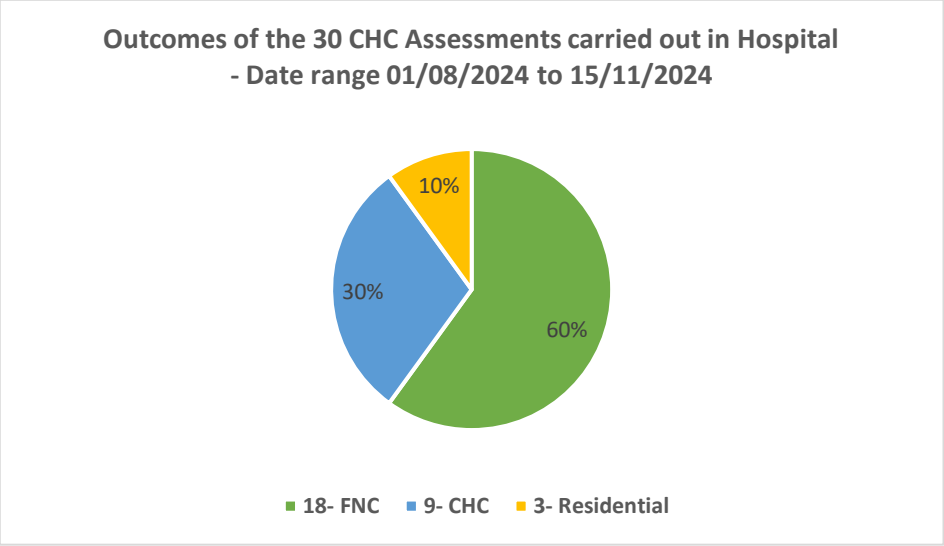
Given the prolonged delays and the significant financial implications for the Health Board, a four month pilot commenced on 1August 2024 during which time CHC Assessments were undertaken in hospital prior to discharge, for individuals with nursing needs as opposed to the situation described above where individuals were discharged and placed within a Nursing Home prior to any assessment for CHC.

The data below compares the referrals and outcomes for the same time period in 2023 when D2A was operational, and again in 2024 during the Pilot:

D2A

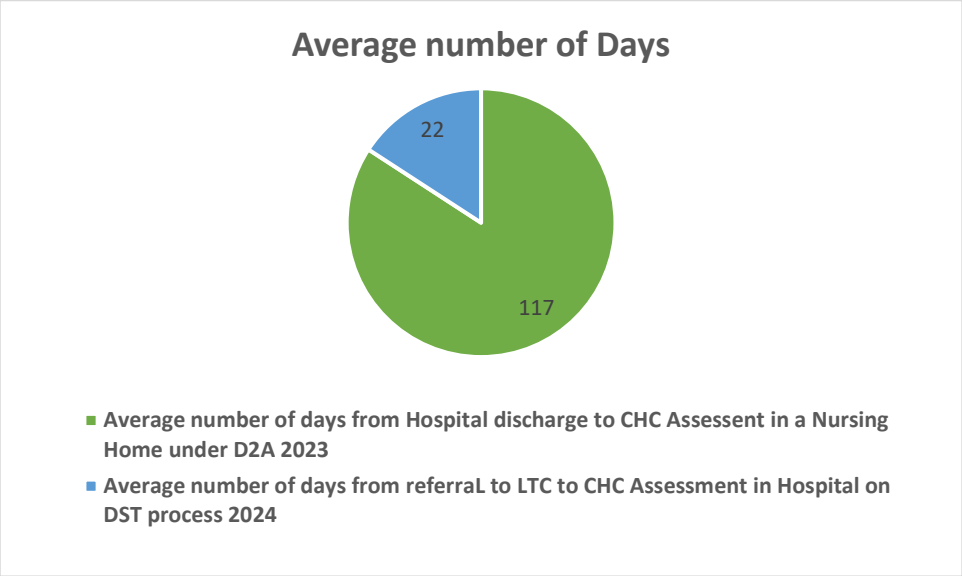


PILOT



The data shows that during 2023, 39 CHC Assessments were undertaken in a nursing home and the outcomes were 24 FNC (61.5%), 14 CHC (36%) and one Residential (2.5%). Whilst in 2024, 30 CHC Assessments were undertaken in hospital during the Pilot and the outcomes were 18 FNC (60%), nine CHC (30%) and three Residential (10%).

The data therefore suggests that the outcomes of the CHC assessments were not affected when undertaken in the hospital environment.



When considering the number of days waiting for the assessment to take place the above data shows that the average number of days from hospital discharge to CHC Assessment in a nursing home (D2A) in 2023, was 117 days, where delays occurred due to social worker availability to participate in the assessment process. This can be compared to the average number of days from referral to Long Term Care to CHC Assessment in hospital (Pilot) in 2024, which was 22 days and would suggest that there is a more timely focus on the assessment of individual patients as they remain a priority for ward staff and Social Care teams than there appears to be for individuals waiting for prolonged periods of time for assessment once they are moved out of the Acute setting. This should indeed support an improvement in the time from assessment to placement, but for the reasons listed below, and in particular, Home of Choice, the discharge was, in a number of cases delayed.

Despite the improvement in assessment timelines, and the confirmation of the fact that the change in process itself during the pilot stage has had no material impact upon the outcome of the assessment, feedback from the Acute sites regarding the Pilot suggested:

- There was an increase in the delayed transfers of care (prior to referring to LTC and awaiting Care Home of Choice)
- Increased work for ward staff in completing a nursing assessment
- Ward nurses lack confidence and competence to complete a nursing assessment
- Junior workforce who are unfamiliar with completing detailed assessments
- Lack of awareness of the new process at ward level

However, as the Pilot has shown, changing the point of assessment in the discharge process is not in itself the reason for delay, but other factors such as Home of Choice and family issues do appear to be leading to a delay and need to be addressed.

In December 2024, Welsh Government announced additional funding until 31 March 2025 to all Health Boards in Wales to support patient flow. This funding is non-recurrent and is part of the 50 Day Integrated Care Winter Challenge. The purpose of the 50 Day Challenge is to bring a collective and consistent approach across Wales to improve hospital discharge procedures and to build community capacity in order to ease winter pressures on the NHS and social care systems.

Therefore, this funding has enabled the D2A Pathway to re-commence with the aim to move assessments for individuals with complex needs/CHC out of hospital beds and into community settings, such as nursing homes. However, funding is only available for this financial year.

These assessment beds are monitored and reported to Welsh Government on a weekly basis The data below shows the number of beds commissioned within nursing homes to date since re-commencing the D2A Pathway in mid-December 2024:

Reporting week commencing date (Monday)	Numbers of step-down beds admitted from hospital	Numbers of step-up beds admitted from the community	Number of bed days procured from 50 day funding per week
16/12/2024	2	0	12
23/12/2024	1	1	14
30/12/2024	1	1	34
06/01/2025	3	2	74
13/01/2025	4	0	88
20/01/2025	4	0	98
27/01/2025	4	1	103
Total LTC and ICB	19	5	103

Capacity within the nursing home sector remains a challenge, particularly over the Christmas period. However, since mid-December, 23 individuals have transferred into a nursing home for a CHC Assessment and out of these 23, six CHC Assessments have been undertaken and two were assessed as being eligible for CHC.

Given the temporary funding from Welsh Government and the current financial climate, a revised agreement is required that is financially sustainable to all organisations and ensures that the patient remains central to our decision making. Therefore, the ongoing funding of the D2A Assessment beds for individuals with nursing needs requiring long term placement from 1 April 2025 needs to be agreed and this will be discussed further at Integrated Executive Group (IEG).

The pathway team also process Fast Track referrals from the hospital settings. There were 81 Fast Track patients during Quarter 3

Hospital	Number
AVH	0
GGH	16
PPH	14
BGH	9
WGH	33
Llandovery	1
SPH	4
TCW	2

Plus 2 Fast Tracks were approved from Morriston and Singleton.

Number of individuals receiving care at home

Q3 2024/2025

County	Total Number of Patients during period	Total Number of hours this period with agency	Total Number of hours this period with Health Board Team	Average hours of care/person/week
Carmarthenshire	62	14,682.41	4536.5	23.84
Ceredigion	21	4403.5	812	19.10
Pembrokeshire	53	19,004.29	4585	34.24
Hywel Dda Total	136	38,090.20	9933.5	27.2

Hywel Dda University Health Board commissioned packages of care for 136 individuals within their own home in Q3.

Appeals

The opportunity to challenge a CHC assessment is via the Appeals process. This enables individuals and/or their family members, or representatives to challenge decisions made by the Eligibility Panel. Such challenges may be based on either:

- The procedure followed by the Panel when making their decision on the patient's eligibility for CHC, or
- The application of the Primary Health Need (PHN) consideration by the Multi-Disciplinary Team (MDT).

There were two appeals submitted in Quarter 3

Disputes

Disputes are formal challenges by other statutory organisations, i.e., Local Authorities, regarding eligibility for Continuing NHS Healthcare.

One Dispute was submitted in Quarter 3

Retrospective Reviews

The retrospective claims process for the organisation is managed through the Long Term Care Team. The process enables individuals to claim for retrospective CHC funding should they believe they were eligible for CHC funding for past care needs.

Eight Retrospective Reviews were submitted in Quarter 3. All activated retrospective claims are completed within the six month timescale and no Ombudsman enquiries/complaints relating to retrospective claims were received in this Quarter.

Court of Protection

The Long Term Care Team continue to support an increasing number of Court of Protection cases, these can take a significant amount of time due to the complexity of such cases. This is a national concern, shared amongst all Health Boards.

Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** the content of this report
- **RECEIVE ASSURANCE** from the information provided.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	3.6 Seek assurances on the development and implementation of a comprehensive approach to performance delivery and quality management, to incorporate all performance requirements set by the Board, WG, regulators and inspectors, that enables all staff with managerial responsibility to strive for excellence whilst effectively delivering the basics.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	7 Primary and community strategic plan 10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	**Continuing NHS Healthcare (CHC)** A complete package of ongoing care arranged and funded solely by the NHS, where it has been assessed that the individual's primary need is a health need. Continuing NHS healthcare can be provided in any setting. In a person's own home, it means that the NHS funds all the care that is required to meet their

assessed health social care needs to the extent that this is considered appropriate as part of the health service. This does not include the cost of accommodation, food or general household support. In care homes, it means that the NHS also makes a contract with the care home and pays the full fees for the person's accommodation as well as their care.

Decision Support Tool
The Decision Support Tool (DST) is designed to support the decision-making process. The tool must only be used following a comprehensive assessment of an individual's care needs. It is not an assessment in itself and it does not replace professional judgement in determining eligibility. It is simply a means of recording the rationale and facilitating logical and consistent decision-making. The DST is designed to ensure that the full range of factors that have a bearing on an individual's eligibility are taken into account in reaching the decision, irrespective of client group or diagnosis. It provides practitioners with a method of bringing together and recording the various needs in 12 'care domains' (see below), or generic areas of need. Each domain is broken down into a number of levels of severity.

Deprivation of Liberty Safeguards (DoLS)
The Mental Capacity Act 2005 contains provisions that apply to a person who lacks capacity and where care arrangements amount to a deprivation of their liberty

NHS Funded Nursing Care (FNC)
The provision of NHS Funded Nursing Care derives from Section 49 of the Health and Social Care Act, 2001 (now replaced, in relation to Wales, by Section 47(4) and (5) of the Social Services and Well-being (Wales) Act 2014), which excludes nursing care by a registered nurse from the services which can be provided by local authorities. NHS Funded Nursing Care applies to all those persons currently assessed as requiring care by a registered nurse in care homes. The decision on eligibility for NHS Funded Nursing Care should only be taken when it is considered that the person does not fall within the eligibility criteria for CHC.

Primary Health Need
An individual is deemed to be eligible for CHC when their primary need is a health need: ''the primary health need approach'. This is determined by consideration of the four key characteristics of need: nature, intensity, complexity and unpredictability.

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Risk of financial implications should reviews not be undertaken in the timeframe allowed
Ansawdd / Gofal Claf: Quality / Patient Care:	No impact
Gweithlu: Workforce:	No workforce issues identified
Risg: Risk:	Risk of challenge from the Ombudsman for non-compliance with framework
Cyfreithiol: Legal:	The Health Board could be put at risk of legal challenge from patients, their family members, and Social Care colleagues (among others) if the processes are not followed
Enw Da: Reputational:	The Health Board could be put at risk of reputational damage if the Health Board does not follow processes
Gyfrinachedd: Privacy:	No privacy issues identified

Cydraddoldeb: Equality:	No equality issues identified

2.2

10:20, 15 Mins

2.2 - Deep Dive PO7: Primary Care & Community Strategic Plan

Jill Paterson (Hywel Dda Health Board - Director of Primary Care, Community and Long Term Care), Sarah Bolton (Hywel Dda UHB - Head of Primary Care Transformation)

For assurance

Attachments

2.2 Primary Care and Community Strategic Plan- SDOC February 2025.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 February 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Primary Care and Community Strategic Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson – Director of Primary Care, Community and Long-Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Rhian Bond – Assistant Director of Primary Care

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Hywel Dda University Health Board (HDdUHB) is committed to developing a Primary and Community Services Strategic Plan that supports the shift left of services and resources, bringing care closer to home for our residents.

Following a presentation to the Executive Team on 11 December 2024 it was agreed that a further iteration of the model for Primary Care and Community Services should be considered at a Board Seminar on 20 February 2025.

Cefndir / Background

Since May 2024 work on developing a Primary and Community Services Strategic Plan has included the development of both a Primary Care and a separate Community Services Issues report, as well as both public and workforce engagement.

Themes from the Primary Care issues paper included:

- The structure of Primary Care within the wider health service e.g. recognising the independent contractor status and the contractual Regulations that need to be adhered to.
- Funding: the framework, constraints, and drivers for the four contractor services and the impact they can have on wider service delivery and commissioning.
- Workforce: the lack of consistent and reliable data on the Primary Care workforce, and the challenges inherent in understanding, and addressing the current and future requirements for our population.
- Outcomes and experience measures: the scarce amount of patient level outcomes and experience data sets to help inform an assessment of quality is not included in the contractual Regulations.
- Estate: the poor condition of accommodation for Primary Care services, both for independent contractor GP Practices as well as Health Board Managed Practices. Estates information on contractors other than GP Practices is limited.

Themes from the Community issues paper included:

Finance: *understanding the Community Services funding over time, including the main external funding available to Community Services:*

- The overall financial picture for Community Service in scope for this issued paper shows a clear split in spend between pay related and non-pay related costs.
- Overall cumulative underspend against allocated budgets is wholly a result of pay related budgets being under-utilised. The shift from variable pay and the increase in spend in relative terms to pay-related posts does suggest that there is an increase in recruitment overall, but there remains a challenge to recruit sufficient staff to the service
- Non-pay related spend has been consistently over budget. The areas in question are most impacted by inflationary pressures and market force.
- Continuing Healthcare Care is a large proportion of the total budget and as a statutory duty is challenging in terms of meeting service demand whilst operating in a market driven sector.
- Drugs, clinical supplies and service-related expenses – including community staff travel mileage expenses – are directly correlated to the acuity of the patients in need of care and the length of time people are cared for in their own home or in a placement. The shift left – to care closer to home and instead of care within an acute setting will challenge the budgets accordingly.

Workforce: *who works to deliver Community Services:*

- There is a challenge for the Health Board to ensure that long term sustainable funding is identified to support the development and modernisation of the Community Services workforce. The Regional Integrated Fund (RIF) funding (due to end in 2027) currently supports 146 posts within the Community Services workforce, however plans are in place through the County teams to ensure that the budgetary position takes these posts into account.
- There is a challenge in recruiting to vacant posts with the Community Services workforce and has the potential to impact further progress towards moving away from acute service provision, to providing more services within the community setting.
- Over a quarter of the Community workforce is projected to retire within the next decade. Most potential retirees work within the nursing and midwifery services; both of which form the main staffing cohort of Community Services.

Estate: *where Community Services are delivered in Health Board premises:*

- The desire to work with Primary Care services – GMS in particular – is negatively impacted by the poor conditions noted in the Primary Care Issues Paper.
- There is varying reliance on acute and community hospital sites depending on the current Health Board stock. Any changes to acute settings will have an impact on Community Services that are provided from the acute settings and should be factored into any developments on site use.
- The Health Board services a relatively small population, spread across a large and rural landmass. The desire to provide care closer to home and or in the home must factor in the travel costs and travel time for the workforce and the accessibility challenges of a deeply rural population.

The Primary Care and Community Services Strategy Development Group has been meeting on a monthly basis and has received the reports of the working groups that supported in developing the information packs prior to the engagement events. As the work to develop the Strategic Plan is now moving into a new phase of development, the meeting structure has been

redrafted to support the direction of travel; this will be reviewed and agreed by the Group when it meets in February 2025.

The Primary Care and Community Services Strategy Development Group reports into A Mid and West Wales Working Group and provides assurance reports into Strategic Development and Operational Delivery Committee (SDODC) as required. The work being undertaken aligns to the national focus on a refresh of the Primary Care Model for Wales which is being led by the Strategic Programme for Primary Care. It is however important to note that contract negotiations across the four professional groups continue to be undertaken on a rolling basis and as such there remains a requirement for the Health Board to commission and deliver services in line with Directions and Regulations.

Asesiad / Assessment

Following a discussion with the Executive Team in December 2024, a further report will be presented to a Board Seminar on 20 February 2025 setting out the vision for the future development of Primary and Community Services which has been developed and refined through a series of discussions and meetings as well as taking into account the feedback from the public and workforce engagement.

To support this vision a Clinical Reference Group (CRG) will be established. The CRG will be tasked with a series of questions to test out the potential scope and scale of services that could be commissioned or delivered differently in a Primary Care or Community setting.

The areas for **public and workforce engagement** will focus on:

- The provision of sustainable General Medical Services, supporting the further development and implementation of the Primary Care Model for Wales and following the principles of delivering Care Closer to Home
- Expanding the provision of services available at Community Pharmacies
- Investment of the General Dental Services budget to improve access to routine care and the oral health preventative agenda
- Support the transformation of eye care services making the most of the opportunities to shift care into Optometric Practices
- Working in a cohesive way across traditional “in hours” care, Community Services and the Out of Hours service to streamline working systems to move to a 24/7 model

The **Primary and Community Services Clinical Reference Group** will be asked to:

- Consider which clinical areas where care has traditionally been provided in Secondary Care can be pulled into Primary and/or Community Service delivery
- Consider the services traditionally delivered in GMS that can be moved out to other contractors with their agreement to expand the range of services delivered across professional groups
- Consider the chronic disease management pathways and how best GP Practices and Community Pharmacies can deliver planned and cohesive care to patients that improves clinical outcomes
- The specialist services that could be commissioned and delivered at Cluster level (remembering that Cluster services span health and social care) evidencing the impact that this would have on population health
- The scope and range of services that could be commissioned through Personal Dental Services Agreements with the Community Dental Service to improve accessibility to routine and preventative dental care

The scope and extent of clinical pathways that can be developed in Optometric practices or through the establishment of outreach clinics
Argymhelliad / Recommendation Members are asked to: • **NOTE** the report for information as work progresses to develop a Primary and Community Services Strategic Plan

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.6 Seek assurances on the development and implementation of a comprehensive approach to performance delivery and quality management, to incorporate all performance requirements set by the Board, WG, regulators and inspectors, that enables all staff with managerial responsibility to strive for excellence whilst effectively delivering the basics.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	7 Primary and community strategic plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Not applicable

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Executive Team Board Seminar AMWWG

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	Not applicable
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Not applicable
Gweithlu: **Workforce:**	Not applicable
Risg: **Risk:**	Not applicable
Cyfreithiol: **Legal:**	Not applicable
Enw Da: **Reputational:**	Not applicable
Gyfrinachedd: **Privacy:**	Not applicable

Cydraddoldeb: Equality:	Not applicable

2.3 **10:35, 10 Mins**

2.3 - Primary Care IMTP (AKA Cluster Projects)

Jill Paterson (Hywel Dda Health Board - Director of Primary Care, Community and Long Term Care), Julia Chambers (Hywel Dda UHB - Primary Care Manager – Business / Service Improvement)

For assurance

Attachments

2.3.1 SDODC SBAR Cluster Integrated Medium Term Plan (IMTP) Monitoring Q3 2~.pdf

2.3.2 Cluster Project Data Pack Q3 24-25 280125.pdf

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 February 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Cluster Integrated Medium Term Plan (IMTP) Monitoring Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: **REPORTING OFFICER:**	Laura Lloyd Davies, Cluster Development Manager

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Historically there was a contractual requirement for GP Practices to participate in the development of Cluster level Integrated Medium-Term Plans (IMTPs).

With the introduction of The National Health Service (General Medical Services Contracts) (Wales) Regulations 2023 in October 2023 the contractual requirement has changed.

Cefndir / Background

There are seven Primary Care Clusters in Hywel Dda University Health Board (HDdUHB) working across the three Counties, namely Amman Gwendraeth Cluster (AG), Llanelli Cluster (LL) and Tywi/Taf Cluster (2Ts) in Carmarthenshire, South Ceredigion Cluster (SC) and North Ceredigion Cluster (NC) in Ceredigion and South Pembrokeshire Cluster (SP) and North Pembrokeshire Cluster (NP) in Pembrokeshire.

Each Cluster has historically had an IMTP, however as these were due for refresh in 2023/24 and the revised General Medical Services Regulations were issued to support the implementation of the Unified Contract, Plans on a Page (POP) were developed as a high-level summary of the population health needs of each Cluster alongside their priorities and a summary of key projects.

Across the seven Clusters, there were fifty-three projects identified for quarterly monitoring. Progress on Cluster projects is discussed at each quarterly Cluster meeting and through the monthly Locality Leads meeting.

Part 7, Schedule 3, Paragraphs 17 -19 of The National Health Service (General Medical Services Contracts) (Wales) Regulations 2023 sees the inclusion of GP Collaborative membership and the contribution to Clusters and Collaboratives being included within the core General Medical Services contract.

Asesiad / Assessment

Cluster IMTP
For the period 2021 to 2023 each Cluster produced a detailed three-year IMTP. The Locality Lead and Primary Care Service Manager (PCSM) worked with the Cluster members to assess the local population health need data (provided by Public Health Wales), determined any gap in service and identified Cluster priorities. The IMTP reported on all Cluster projects over that time and were incorporated into the County Plans via the County Locality Managers and County leadership meetings.

In recognising the need to refresh the data whilst considering the revised contractual requirements (for delivery by March 2025) the current Cluster Plan is displayed as a Plan on a Page (*Appendix A*). Each Cluster has worked in conjunction with their respective GP, Optometry and Community Pharmacy Collaborative Leads alongside members of the Primary Care Cluster to established three priority areas that will inform and guide the Cluster in determining future projects and opportunities.

The Plan on a Page is currently being reviewed for 2024/25. Clusters have also been invited to participate in the development of a Cluster Yearbook which is being produced by the Strategic Programme for Primary Care.

GP Collaborative IMTP
The introduction of the Unified Contract has meant that the contractual requirements, as set out above have changed the required reporting from GP Practices. Each GP Practice (contractor) is required to identify one health care professional who is required to attend at least four meetings of the Collaborative in each financial year. They need to demonstrate how they have engaged in planning and delivery of local services and contribute to delivering specific Cluster determined outcomes. Specifically, the GP Collaborative is required to undertake a population needs assessment of its patients, by analysing current service provision to identify any gaps, analysing the current numbers and skills of the workforce and their development needs and provide evidence of a demand and capacity assessment.

Cluster Projects
In looking at the current Cluster projects the Cluster data pack is central to the monitoring of Cluster project progression and is therefore key to future planning and service design (*Appendix B*). The Cluster data pack is presented quarterly at Locality Leads and is available to all Cluster Leads to support discussions on projects at Cluster meetings. The data is presented to offer assurance and to demonstrate project success as well as highlighting areas of concern.

All seven Clusters have engaged in a Trial Without Catheter (TWOC) project, six of the seven Clusters have one or more Mental Health projects ongoing and five of the Clusters have purchased more specialised Optometry equipment and have a First Contact Practitioner Physiotherapy Service (FCP). Other projects to note are Women's Health Clinics, Persistent Pain, Spirometry and Frailty.

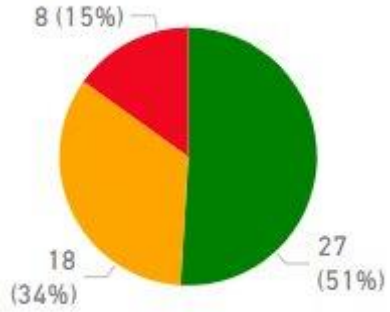
The following information summarises these fifty-three projects initiated and managed by Clusters and is the current position in Quarter 3 for 2024/25.

Three projects First Contact Physiotherapy, Children and Younger Persons Mental Health and Persistent Pain are being developed into business cases for consideration of scale up and roll out and will be considered by IQFPD in March 2025. There is a risk that without a commitment to continue to progress with this work outside of the Cluster funding then notice could be served by the Clusters to allow them to test other models of care and service innovation.

Target

Across the seven Clusters, 53 Cluster projects are being monitored. A significant proportion of these (51%, 27 projects) are reporting on target (green) to achieve the outcomes identified.

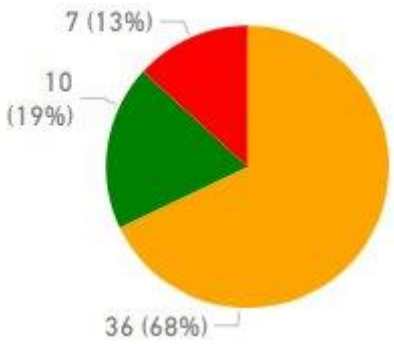
34% of projects (18) are of concern (amber) and 15% of projects (8) are of significant concern (red).



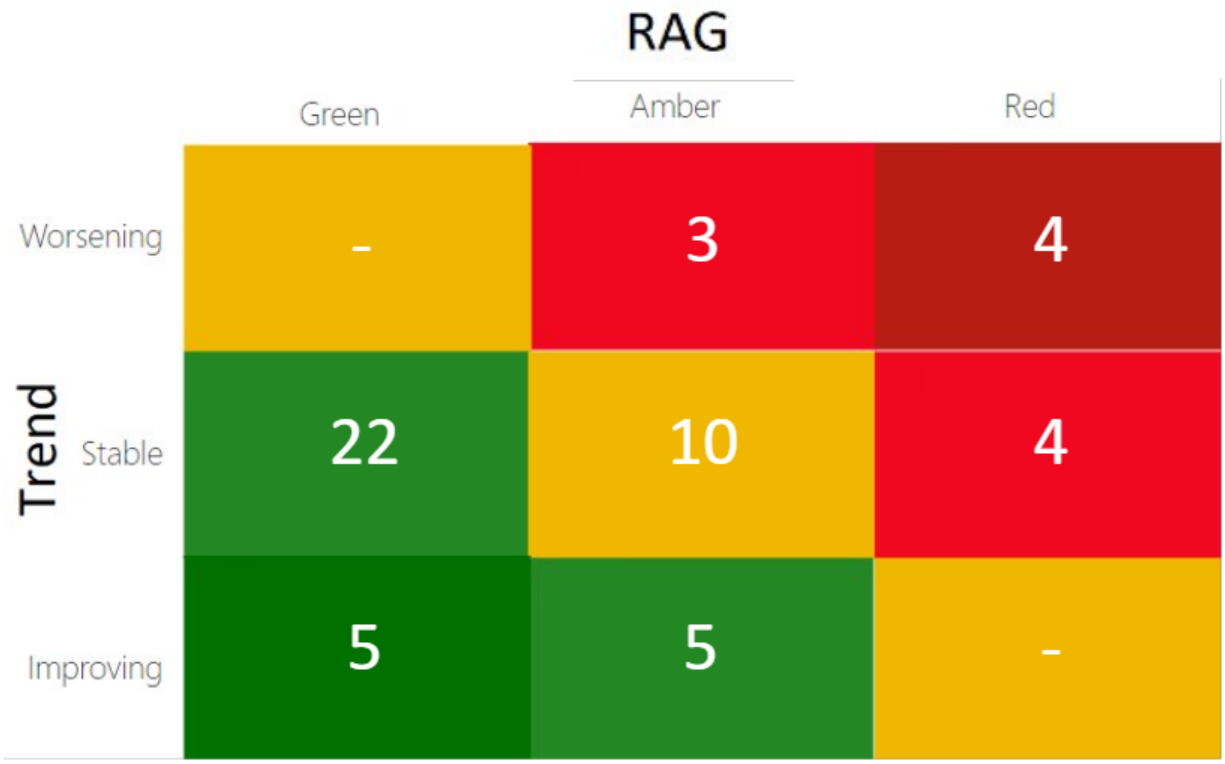
RAG Status	Status Indicates
Red	A red indicator usually means one or more of the following: -Significantly off target -A significant forecast overspend against budget of more than 5% -Delays against critical milestones of more than 4 weeks. -Significant problems with quality and expected benefits won't be realised -Significant lack of resources which cannot be resolved by the lead / service -Dissatisfaction or resistance from stakeholders
Amber	An amber indicator usually means one or more of the following: -Within 5% of target -A forecast overspend against the budget of no more than 5% -Delays against critical milestones of more than 2 weeks -Problems with quality, but in the main expected benefits will be realised -Lack of resources which can be resolved by the lead / service -Dissatisfaction or resistance from stakeholders, but this can addressed by the lead /
Green	A green indicator usually means one or more of the following: -On or above target -Forecast expenditure is on budget -Project on plan to complete on time -Quality at expected levels, the vast majority of expected benefits will be realised -No resource problems -Stakeholders engaged and satisfied

Trend

19% of projects (10) have an improving trend (green). 68% of projects (36) are stable (amber). Only 13% of projects (seven) are deteriorating / worsening (red).



The trend and target (RAG) information will be used to plot objectives on a risk grid (see below). This is used to identify where focused performance conversations are needed. For example, those falling within the green areas are progressing well and no attention is needed. However, those that fall within the red areas should be discussed and assessed to identify what resources / interventions are needed, or indeed if projects should continue if there is no feasibility of achieving their outcomes.



The following have been flagged for attention:

Red – of concern
Dermatology Non-pigmented Lesion Clinic / Diagnostic Uncertainty (AG) – project started in 2019. Project continues without Service Level Agreement (SLA) or robust data collection (AG slide 8).
Optom Equipment (LL slide 32, NC slide 69, SC slide 88) – data not provided.
Physician Associate (NC slide 64-66) – Cluster has advised project will cease from November 2025.

Grey – projects finished
No projects have completed this quarter. However, the Trial without Catheter service is due to finalise in February 2025 for AG, LL, NC, SC, NP and SP (TT does not finalise until May 2025).

Yellow – projects to be reviewed at Integrated Quality, Finance and Performance Delivery (IQFPD) Group
Children & Young People Mental Health Service including Jac Lewis Foundation (AG slide 9), Mind Llanelli (LL slide 22), Connecting Youth, Children & Adults (LL slide 23), PAPYRUS (TT slide 38, NC slide 70), Area 43 (NC slide 54, SC slide 75).

Generic Community Occupational Therapy / Physiotherapy Technician (AG slide 10, TT slide 51) and First Contact Practitioner Physiotherapy (LL slide 20-21, NC slide 55-56, SC slide 73-74, NC slide 97-98, SC slide 116-117).

Persistent Pain Service (AG slide 12-15, NC slide 58).

Blue – projects ongoing
Projects which are ongoing and not identified for discussion at IQFPD are listed below. These projects are being routinely funded from Cluster budget. The group is asked to determine if this extension is appropriate.

Cluster Pharmacist (AG slide 11, TT slide 50, NP slide 92).
Community Catheter Clinics (NC slide 57) – project started in February 2022.
Frailty Team (SC slide 76-77) – project started in 2019.

Integrated Community Network (SP slide 113-115) – project started in August 2022.

2024/25 Cluster Financial Position

Each Cluster is allocated an annual budget based on the population size to be utilised on local population needs and service provision. The Primary Care Service Managers (PCSMs) routinely monitor the cluster budget position and meet monthly with their allocated Finance Business Partner. The table below sets out the annual budget allocated, and the predicted end of year spend as at Month 9. Both the Llanelli and South Pembrokeshire Cluster have since progressed work to ensure that they are not overspent at year end.

Cluster	2024/25 Budget	Predicted EoY Spend
Amman Gwendraeth	£435,999	£418,741
Llanelli	£469,377	£479,943
Tywi/ Taf	£449,333	£422,668
North Pembrokeshire	£531,475	£522,429
South Pembrokeshire	£430,716	£449,769
North Ceredigion	£336,230	£329,767
South Ceredigion	£363,051	£356,927

Finance Data
This is the second quarter where finance data has been integrated with Cluster project reporting and as such, reporting is still being finessed. Several Clusters have monies that are unallocated to specific projects, which are therefore recorded as 'Spend Unknown'. These should be reviewed and updated with the Finance Business Partner.

Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** the former process for developing the Cluster IMTPs
- **RECEIVE ASSURANCE** regarding the process being taken to ensure progress of Cluster projects through the monitoring and evaluation process
- **NOTE** the new process of reporting finance data

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1 Seek assurance on delivery against all Planning Objectives aligned to the Committee (see Appendix 1), considering, and scrutinising the plans and

	programmes that are developed and implemented, supporting and endorsing these as appropriate.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 5. Offer a diverse range of employment opportunities which support people to fulfill their potential 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Not Applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Cluster Meetings Locality Leads

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Please refer to paper

Ansawdd / Gofal Claf: **Quality / Patient Care:**	Please refer to paper
Gweithlu: **Workforce:**	Please refer to paper
Risg: **Risk:**	Risks will be assessed as part of the ongoing monitoring of the cluster IMTPs.
Cyfreithiol: **Legal:**	As Above
Enw Da: **Reputational:**	Hywel Dda University Health Board needs to meet the targets set in order to maintain a good reputation with Welsh Government, together with our stakeholders, including our staff
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Consideration of Equality legislation and impact is a fundamental part of the planning of service delivery changes and improvements.

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

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Cluster Plans 2024/25

Annex A

Amman Gwendraeth

Our goal within the Amman Gwendraeth Cluster is to identify local population needs and innovate to link extant and de novo projects we believe will meet those nee ds. Providing social prescribers, additional services from third sector agencies and connecting people to Local Authority social care and leisure services will improve the availability and visibility of health and social care infrastructure on our doorstep, leading to acceptable and popular wellbeing opportunities available to all. We aim to connect all four primary care statutory services and integrate and co -ordinate community -based service provision by working with community partners, utilising Welsh Senedd money wisely.

About our Population

Males – **48.9**%
Females – **51.1**%

Aged 65+ – **23.9**%
Aged 85+ – **2.8**%

44.3% of people are in very good general health

PREVALENCE OF CHRONIC CONDITIONS			RISK FACTORS		IMMUNISATION UPTAKE
CHD (SECONDARY PREVENTION) 4.45% ↓	CANCER 3.23% ↑		ACTIVE FOR <30 MINUTES/ WEEK 22% ↓		UP TO DATE WITH CHILDHOOD VACCINES BY AGE FOUR 89.37%
ASTHMA 7.91% ↑	HYPERTENSION 16.42% ↑	DIABETES (17+ Population) 9.05% ↑	CURRENT SMOKER 16.0% ↑	ALCOHOL CONSUMPTION 15.0% ↓	
COPD 2.61% ↓	MENTAL HEALTH 1.07 ↑	STROKE 2.42% ↑	CHILDHOOD OBESITY* (BMI >30) 14.9%-16.5% ↑	E-CIGARETTE USER 6.0% ↑	INFLUENZA 65+ 74.67%
ATRIAL FIBRILLATION 3.10% ↑	HEART FAILURE 1.41% ↑	DEMENTIA 0.92% ↑	OVERWEIGHT OR OBESE (Adults 16+ BMI >25) 68.0% ↑	FEWER THAN 2 HEALTHY BEHAVIOURS 8.0% ↓	INFLUENZA (At risk 6 mths to 64 yrs) 51.51%
SCREENING UPTAKE	BOWEL 69.5% ↑	CERVICAL 68.9% ↓	BREAST 74.2% →	AAA 73.0% →	INFLUENZA 2-3 YEAR OLDS 65.50%

About our Services

- **8** GP Practices with **7** Branch Surgeries
- **4** Dental Practices and **0** Orthodontic Practice
- **16** Community Pharmacies
- **5** Optometry Practices
- **1** Community Hospital
- **12** Nursing and Residential Homes
- 1 Community Resource Team

Between 1st April 2022 and 31st March 2023:

- There were **425,370** GP appointments of which **45**% were face to face
- **39**% of the appointments were urgent
- There were **3,240** consultations in the PIPs service for common ailments
- **1,752,978** items were dispensed by Pharmacies
- **587** people were seen by the Independent Prescribing Optometry Service

Cluster Budget (Recurrent)

- Spend for 2023/24 is **£537k**
- Budget for 2024/25 is **£444k**

Cluster Priorities 2023/24

1) Improved access to **low level – medium Mental Health services** for the population that includes CBT, Counselling, EMDR & other psychotherapeutic approaches for adults and younger people.
2) **Chronic Pain** is a common but extremely complex issue the development of a pathway in primary care to support the biopsychosocial management of persistent pain through pain education and management interventions, working in a multidisciplinary way ..
3) **Dermatology Service** - GPwSI practitioners are able to contribute positively by managing the workload and reduce the burden on mainstream dermatology services through timely access to specialist diagnostic skills and minor surgery for patients presenting with dermatological disease , such as non-pigmented lesions.

Cluster Priorities 2024/25

1) To continue to improve access to **mental health services** for those with low – medium mental health issues, who would otherwise not meet the criteria ..
2) The continuation of the **Chronic Pain service** through an MDT approach and , empowering patients to make better lifestyle choices by getting to the root of their pain.
3) Develop the **integration of the optometry and pharmacy collaboratives** and ensuring they are being supported at a cluster level. The Cluster would like to support the Optometry collaboratives in funding for new equipment in 2024/25, in particular mobile slit lamps to improve access for patients in the community, which will help to reduce the number of referrals made to Ophthalmology within secondary care, through providing care in Optometric practices.

Annex A

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

Llanelli

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Llanelli Cluster's priorities are steered towards helping the population become more resilient and concentrate on improving p eople's health and wellbeing. The ultimate aim will be to have a population accessing services less, engaging with their communities more and taking a more active role in their own health and wellbeing needs. The wide varying range of professionals engaged with Cluster projects, including social prescribers, Nurses, Therapists and Counsellors all currently contribute to make Primary Care a more sustain able and integrated model. Our aim in the Llanelli Cluster is one of partnership, supporting people to have better health and wellbeing throughout their whole lives.

About our Population

Males – **48.5**%
Females – **51.5**%

Aged 65+ – **21.8**%
Aged 85+ – **3.0**%

44.1% of people are in very good general health

PREVALENCE OF CHRONIC CONDITIONS			RISK FACTORS		IMMUNISATION UPTAKE
	CHD (SECONDARY PREVENTION) 4.03% ↓	CANCER 3.64% ↑		ACTIVE FOR <30 MINUTES/ WEEK 22% ↓	UP TO DATE WITH CHILDHOOD VACCINES BY AGE FOUR 93.01%
ASTHMA 7.73% ↑	HYPERTENSION 16.31% ↑	DIABETES (17+ Population) 8.62% ↑	CURRENT SMOKER 16.0% ↑	ALCOHOL CONSUMPTION ABOVE GUIDELINES 15.0% ↓	
COPD 2.22% ↓	MENTAL HEALTH 1.04 ↑	STROKE 2.39% ↑	CHILDHOOD OBESITY * 16.5%-18.1% ↑	E-CIGARETTE USER 6.0% ↑	INFLUENZA 65+ 79.61%
ATRIAL FIBRILLATION 2.82% ↑	HEART FAILURE 2.82% ↑	DEMENTIA 0.84% ↑	OVERWEIGHT OR OBESE (BMI >25) 68.0% ↑	FEWER THAN 2 HEALTHY BEHAVIOURS 8.0% ↓	INFLUENZA (At risk 6 mths to 64 yrs) 45.43%
SCREENING UPTAKE	BOWEL 66.4% ↑	CERVICAL 64.5% ↓	BREAST 70.5% ↓	AAA 75.6% →	INFLUENZA 2-3 YEAR OLDS 37.76%

About our Services

- **7** GP Practices with **1** Branch Surgery
- **7** Dental Practices and **1** Orthodontic Practice
- **13** Community Pharmacies
- **5** Optometry Practices
- **1** Hospital (Prince Phillip)
- **1** Community Clinic (Elizabeth Williams)
- **14** Nursing and Residential Homes
- **1** Community Resource Team

Between 1st April 2022 and 31st March 2023:

- There were **401,776** GP appointments of which **53**% were face to face
- **26**% of the appointments were urgent
- There were **798** consultations in the PIPs service for common ailments
- **1,953,510** items were dispensed by Pharmacies
- **567** people were seen by the Independent Prescribing Optometry Service

Cluster Budget (Recurrent)

- Spend for 2023/24 is **£446k**
- Budget for 2024/25 is **£454k**

Cluster Priorities 2023/24

- **Mental Health services** commissioned for adults and children and young people to have timely access to services for low to medium mental health concerns.
- **Dementia** mapping of available services to look to streamline pathways through working with the Memory Assessment Team with the view to exploring what services could be delivered by GP Practices.
- **Domestic Violence and Abuse Training** through working with IRISi to provide education and training to GP Practices that would support the identification of patients and supporting appropriate referral and support to the individuals affected by DVA.

Cluster Priorities 2024/25

- **Mental Health** services continues to be a priority for the Cluster however due to services being recommissioned 2024/25 will be an opportunity to take stock of what has previously been commissioned and map this across with other Mental Health services to ensure we are commissioning the right services for our patients.
- **Spirometry** testing and reporting through locally accessible clinics with the aim of clearing the current backlog and having no waiting list for future testing.
- **Improving signposting** for patients to support them to take control of their own health and wellbeing using the Cluster websites, improving accessibility to exercise etc. The Cluster aim is to have all care providers working together as an inclusive team to promote self -care and well-being.

Annex A

Tywi / Taf

Tywi Taf works to develop an integrated system of primary, community and social care where patients are able to flow through the sectors as needed during their journey based on pathways for different conditions. We aim to support our local population to remain in their own home; with an emphasis on population wellbeing and community connection by establishing greater links with partner services. We aim for a fully integrated Locality with a greater emphasis on joining up services and focussing on anticipatory and preventative care to improve the support provided for people who use services, their carers and their families to manage their own health and well-being in line with "A Healthier Wales: our Plan for Health and Social Care"

About our Population

Males – **49.0**%
Females – **51.0**%

Aged 65+ – **26.4**%
Aged 85+ – **3.2**%

46.7% of people are in very good general health

PREVALENCE OF CHRONIC CONDITIONS			RISK FACTORS		IMMUNISATION UPTAKE
CHD (SECONDARY PREVENTION) 4.07% ↓	CANCER 3.91% ↑		ACTIVE FOR <30 MINUTES/ WEEK 22% ↓		UP TO DATE WITH CHILDHOOD VACCINES BY AGE FOUR 88.11%
ASTHMA 6.87% ↑	HYPERTENSION 16.38% ↑	DIABETES (17+ Population) 8.00% ↑	CURRENT SMOKER 16.0% ↑	ALCOHOL CONSUMPTION 15.0% ↓	
COPD 1.75% ↓	MENTAL HEALTH 1.09 ↑	STROKE 2.62% ↑	CHILDHOOD OBESITY* 13% ↑	E-CIGARETTE USER 6.0% ↑	INFLUENZA 65+ 76.68%
ATRIAL FIBRILLATION 3.28% ↑	HEART FAILURE 1.45% ↑	DEMENTIA 0.75% ↑	OVERWEIGHT OR OBESE (Adults 16+ BMI >25) 68.0% ↑	FEWER THAN 2 HEALTHY BEHAVIOURS 8.0% ↓	INFLUENZA (At risk 6 mths to 64 yrs) 47.04%
SCREENING UPTAKE	BOWEL 70.0% ↑	CERVICAL 69.0% ↓	BREAST 74.6% →	AAA 66.2% →	INFLUENZA 2-3 YEAR OLDS 59.45%

About our Services

- **8** GP Practices with **2** Branch Surgeries
- **7** Dental Practices and **1** Orthodontic Practice
- **13** Community Pharmacies
- **11** Optometry Practices
- **1** Hospital (Glangwili)
- **1** Community Hospital (Llandovery)
- **11** Nursing and Residential Homes
- 1 Community Resource Team

Between 1st April 2022 and 31st March 2023:

- There were **475,372** GP appointments of which **59**% were face to face
- **38**% of the appointments were urgent
- There were **408** consultations in the PIPs service for common ailments
- **1,360,389** items were dispensed by Pharmacies
- **400** people were seen by the Independent Prescribing Optometry Service

Cluster Budget (Recurrent)

- Spend for 2023/24 is **£475k**
- Budget for 2024/25 is **£435k**

Cluster Priorities 2023/24

- **Frailty** is the most significant area of increase in patient need within the Health Board and was identified as one of the main challenges for 2Ts. These are the patients most likely to be admitted and re-admitted to hospital. Managing these patients effectively and pro-actively in their own home will enhance their experience of care, improve their outcomes and reduce acute care costs and bed days.
- Improved access to low level, medium **Mental Health** services for the population.
- Enhance and continue to develop **MDT working** within GP Practices. The Locality MDT model is supporting close collaborative working between community and primary care. It is expected that this will have a positive impact on proactive case management for the frailer population within the community.

Cluster Priorities 2024/25

- **Frailty** is an ongoing priority, and our aim is to reduce emergency admissions and average length of stay in hospital .
- The Cluster are currently enrolled in an EQUiP project to identify, co-ordinate, plan and support for people at greater risk of needing **urgent or emergency care**
- The Cluster have recently re tendered and awarded a contract to MIND for their active monitoring services for low to medium **mental health** symptoms.

Annex A

Cluster Projects
Q3 2024/25

Purpose

The purpose of this document is to provide a quarterly update on progress of cluster projects in Primary Care. This report will be shared with Locality Leads and 6-monthly with the Strategic Development and Operational Delivery Committee (SDODC).

There are 2 reporting styles. The first (which is for older projects) provides an overall assessment of progress and details performance measures and actions. The second (for newer projects) provides an overall assessment and presents data in the form of a dashboard, in addition for the newer projects there is a LOGIC Model Assessment which provides a list of the measures identified from the original proposal, and an assessment based on actual provision of data to fulfil these.

Primary Care Service Managers (PCSMs) should be contacted for further information relating to individual projects. PCSM contact details are:

Amman Gwendraeth	- Gemma Evans
Llanelli	- Kristy Williams
Tywi / Taf	- Eleri Davies
North Ceredigion	- Geraint Scales
South Ceredigion	- Jackson Reynolds
North Pembrokeshire	- Bethan Merriman
South Pembrokeshire	- Lucie-Jane Whelan

Pages shaded as follows indicate:

Red	- Management attention is needed
Grey	- Project has ended this quarter
Blue	- Project has been extended

Key

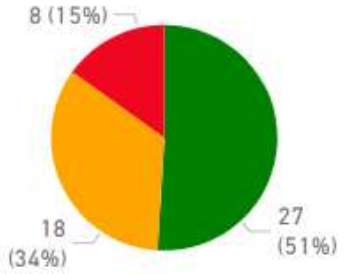
RAG Status	Status Indicates
Red	A red indicator usually means one or more of the following: -Significantly off target -A significant forecast overspend against budget of more than 5% -Delays against critical milestones of more than 4 weeks. -Significant problems with quality and expected benefits won't be realised -Significant lack of resources which cannot be resolved by the lead / service -Dissatisfaction or resistance from stakeholders
Amber	An amber indicator usually means one or more of the following: -Within 5% of target -A forecast overspend against the budget of no more than 5% -Delays against critical milestones of more than 2 weeks -Problems with quality, but in the main expected benefits will be realised -Lack of resources which can be resolved by the lead / service -Dissatisfaction or resistance from stakeholders, but this can addressed by the lead /
Green	A green indicator usually means one or more of the following: -On or above target -Forecast expenditure is on budget -Project on plan to complete on time -Quality at expected levels, the vast majority of expected benefits will be realised -No resource problems -Stakeholders engaged and satisfied

Trend Status	Status Indicates
Improving	Objective / Action / Measure has developed / improved since the last update
Stable	Objective / Action / Measure progress is stable
Worsening	Objective / Action / Measure is in a deteriorating / worsening position since the last update

PROMS – Patient related outcome measures
PREMS – Patient related experience measures

Target

Across the 7 clusters, 53 cluster projects are being monitored. A significant proportion of these (51%, 27 projects) are reporting on target (green) to achieve the outcomes identified.

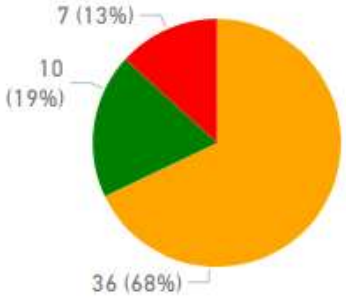


34% of projects (18) are of concern (amber) – see key on previous page.

15% of projects (8) are of significant concern (red) –see key on previous page.

Trend

19% of projects (10) have an improving trend (green). 68% of projects (36) are stable (amber). Only 13% of projects (7) are deteriorating / worsening (red).



Risk Grid

The trend and target (RAG) information will be used to plot objectives on a risk grid (see below). This is used to identify where focused performance conversations are needed. For example, those falling within the green areas are progressing well and no attention is needed. However, those that fall within the red areas should be discussed and assessed to identify what resources / interventions are needed, or indeed if projects should continue if there is no feasibility of achieving their outcomes.

RAG

Trend	Green	Amber	Red
Worsening	-	3	4
Stable	22	10	4
Improving	5	5	-

Flags

The following has been flagged for attention:

Finance Data
This is the second quarter where finance data has been integrated with cluster project reporting and as such, reporting is still being finessed. Several clusters have monies that are unallocated to specific projects, which are therefore recorded as 'Spend Unknown'. These should be reviewed and updated with the finance business partner.

Red – of concern

- Dermatology Non-pigmented Lesion Clinic / Diagnostic Uncertainty (AG) – project started in 2019. Project continues without SLA or robust data collection **(AG slide 8)**
- Optom Equipment **(LL slide 32**, **NC slide 69**, **SC slide 88)** – data not provided
- Physician Associate **(NC slide 64-66)** – cluster has advised project, and funding will cease from November 2025

Grey – projects finished
No projects have completed this quarter. However, the Trial without Catheter service is due to finalise in February for AG, LL, NC, SC, NP and SP (TT does not finalise until May).

Yellow – projects to be reviewed at Integrated Quality, Finance and Performance Delivery (IQFPD) Group

- Children & Young People Mental Health Service including Jac Lewis Foundation **(AG slide 9)**, Mind Llanelli **(LL slide 22)**, Connecting Youth, Children & Adults **(LL slide 23)**, PAPYRUS **(TT slide 38**, **NC slide 70)**, Area 43 **(NC slide 54, SC slide 75)**
- Generic Community Occupational Therapy / Physiotherapy Technician **(AG slide 10**, **TT slide 51)** and First Contact Practitioner Physiotherapy **(LL slide 20-21**, **NC slide 55-56**, **SC slide 73-74**, **NC slide 97-98**, **SC slide 116-117)**
- Persistent Pain Service **(AG slide 12-15**, **NC slide 58)**

Blue – projects ongoing
Projects which are ongoing and not identified for discussion at IQFPD are listed below. These projects are being routinely funded from cluster budget. The group is asked to determine if this extension is appropriate.

- Cluster Pharmacist **(AG slide 11**, **TT slide 50**, **NP slide 92)**.
- Community Catheter Clinics **(NC slide 57)** – project started in Feb 2022.
- Frailty Team **(SC slide 76-77)** – project started in 2019.
- Integrated Community Network **(SP slide 113-115)** – project started in Aug 2022

New Projects

The following projects have been approved and dashboards will begin development in preparation for ongoing reporting:

All Clusters

Amman Gwendraeth
- Jac Lewis – new style dashboard required due to recent project extension

Llanelli
No additional projects approved

Tywi / Taf
- PAPYRUS – new style dashboard required due to recent project extension

North Ceredigion
No additional projects approved

South Ceredigion
- Occupational Therapist relating to frailty

North Pembrokeshire
- ASD Family Help
- Community Pharmacy Health Pods
- Spirometry

South Pembrokeshire
- Spirometry

Amman Gwendraeth

Finance

Current Projects

Ref	Name	Reporting Period	Project RAG	Project Trend	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
AG0007	Dermatology Non-pigmented Lesion Clinic / Diagnostic Uncertainty	Q3 24/25	◆	↓	£27,444	£37,441		£37,441
AG0009	Jac Lewis Foundation	Q3 24/25	▲	↓	£56,250	£75,000		£75,000
AG0013	Generic Community Occupational Therapy / Physiotherapy Technician -	Q3 24/25	▲	→	£28,229	£37,535		£37,535
AG0014	Cluster Pharmacist	Q3 24/25	▲	→	£84,018	£112,068		£112,068
AG0015	Persistent Pain Service	Q3 24/25	▲	→	£113,794	£146,730		£146,730
Total					**£309,734**	**£408,774**		**£408,774**

Completed Projects / Other Spend

Ref	Name	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
AG Ad Hoc	Ad hoc spend	£817	£967		£967
AG????	Spend Unknown	£0		£9,300	£9,300
Total		**£817**	**£967**	**£9,300**	**£10,267**

Cluster Overview

Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend	Total Budget	Over / (under) spend
£310,551	£409,741	£9,300	£419,041	£435,999	-£16,958

Dermatology Non-pigmented Lesion Clinic / Diagnostic Uncertainty

Code	Name
AG0007	Dermatology Non-pigmented Lesion Clinic / Diagnostic Uncertainty

Baseline	Aim	Update as at	Commentary	RAG	Trend
Skin problems are common and Dermatology clinic waiting lists are long	To improve timely access to specialist diagnostic skills and minor surgery for patients presenting with dermatological disease	Jan 2025	This project is out of SLA. Although the Cluster have expressed in interest in extending, the lead GP Dr Scourfield has enquired about resigning as partner from Coalbrook. This would also mean stepping down from the Dermatology service. Although it is an enquiry at this stage and Dr Scourfield had provided assurance that the service can continue with another partner; he is less experienced and doesn't work within Dermatology in SC. We did consider utilising Dr Scourfield to train and mentor other GP's in HD, those who held the diploma, however this will now need to be reconsidered in the next Cluster meeting.		

Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
M00048	% of skin cancers detected and referred.		Mar 2023	Jan 2025	Not all histology results are yet confirmed, so far out of 58 patients, 6 cancers have been confirmed. Out of 58 patients, 57 of them DID NOT need a referral to SC and therefore were treated in the community and prevented from being referred to SC.	100.0%		
M00047	Number of treatments offered & undertaken.		Mar 2023	Jan 2025	58 referrals to the service in quarter 3. Quality of referrals have improved. Main referrers are still Coalbrook & Crosshands.	58		

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
AC00053	This will service the Cluster population and reduce the burden on mainstream dermatology services	March 2022	Jan 2025	This quarter the service saw ?? patients who would have otherwise been referred to SC. We know from colleagues in Derm that BCC's are waiting upto 18 months for their minor op to have the lesion(s) removed. Dr Scourfield is able to remove the lesion within the community, which is closer to home for the patient and prevent that referral.		

- Project Start Date: 2019
- Project End Date: Ongoing
- Narrative updated 27/01/2025

Jac Lewis Foundation

Code	Name
AG0009	Jac Lewis Foundation

Baseline	Aim	Update as at	Commentary	RAG	Trend
We recognise that there is enormous unmet need in patients with low level mental health issues, often presenting as a medical request for help. Children and the sequelae from psychological/emotional trauma are poorly provided for with slow statutory responses to help requests	We want to provide patients and their families with a real and constructive opportunity to receive appropriate mental health help in a helpful timeframe. We wanted more help for children and their families	Jan 2025	The contract award has now been issued and the service will continue. There have been some changes to the spec, including an increase in the amount of referrals seen per month, with no charge for DNA's. Due to the sporadic nature of the referrals, the team, in the past have found it difficult to control their waiting lists versus their finances, often seeing all of the patients in one month. After a discussion, they realise that they will need to traige the patient more carefully and better utilise external services. The the service will be closely managed for the first few months to ensure they remain on track.	▲	↓

Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
M00052	Number of referrals to JLF		Mar 2023	Jan 2025	44 referrals received this months with anxiety, depression and trauma being the three main reason for referral. The drop in numbers could be contributed to the project nearing the end of its term. The team were unsure of the future of the service and had to stop seeing patients to allow them to catch up with the backlog. On discussion, the referrals have still been accepted and the team have triaged and signposted where appropriate and possible. We expect to see this figure improve in the next quarter, although we do run the risk of a small waiting list which we are keen to avoid. Mobilisation meetings / contract management monthly meetings will be in place for approximately 6 months to ensure smooth transition and will hopefully be reduced to quarterly.	44	▲	↓
M00317	Annual Patient Feedback		Mar 2023	Jan 2025	Patient feedback questionnaires are completed throughout the various therapy programmes provided and are readily available.	100.0%	●	→

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
AC00056	We have successfully commissioned JLF to provide low level and step-up mental health support, psychological interventions, family and play therapy plus EMDR	April 2022	Jan 2025	JLF is now very well established within the Cluster with really good feedback to the point the Collaborative have voted for it to remain. This is complete and can be removed.	●	↑
AC00057	We plan to expand access to this initiative to support the growing need which is not successfully met within NHS mental health provision	April 2022	Jan 2025	This is complete and can be removed.	●	↑

- Project Start Date: 2020
- Project End Date: December 2023, however extended for 6 months until August / September 2024 for a procurement process. This is now complete and Jac Lewis have been awarded an additional three years.
- **Requested Action:** PCSM to provide business case (Logic model) to enable dashboard build for ongoing monitoring.
- Narrative updated 27/01/2025

Generic Community Occupational Therapy / Physiotherapy Technician

Code	Name
AG0013	Generic Community Occupational Therapy / Physiotherapy Technician -

Baseline	Aim	Update as at	Commentary	RAG	Trend
Improved community access to therapies and a desire to prolong safe and independent living matters to patients in our growing older population	To bring basic generic tech skills into primary care to help patients to maintain independent living	Jan 2025	Cluster have provisionally agreed to extend this for a further three years, however after a discussion with the lead, one more year should be adequate while they source permanent funding for the role. This will be communicated to the lead and will provide an update in the next Pan Meeting.	▲	→

Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
M00319	Reduction of waiting list for patients to be seen by the Generic Tech		Mar 2023	Jan 2025	7 /39 patient were discharged from Ieuan without the need for a qualified's opinion. They were also prevented from accessing SC. 21 /39 are awaiting Ieuan's services.	7	▲	→
M00318	Number of referrals received		Mar 2023	Jan 2025	The referrals have improved this quarter. The team have been asked to prepare a final evaluation of the service which will be presented to PCPG for a decision on whether or not it can be extended for a one year period to allow enough time for them to source permanent funding.	39	▲	↑

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
AC00068	Work with our colleagues in Local Authority social services to integrate generic OT/physio tech within the community resource team for direct intervention and signposting to agencies interested in promoting well-being of the older adult	April 2023	Jan 2025	Generic tech continues to be proactive and work with the CRT and actively takes patients from their waiting list when his referrals are low. New referral triage system implememted with OT and physio triaging together, re-directing to Tech. Ieuan works closely with other services such as the social prescribers and the pain service and signposts patients in need.	●	↑

- Project Start Date: March 2022
- Project End Date: March 2025
- Narrative updated 27/01/2025

Cluster Pharmacist

Code	Name
AG0014	Cluster Pharmacist

Baseline	Aim	Update as at	Commentary	RAG	Trend
Cluster Pharmacist in post, evaluation of change in project focus due to Covid ongoing	Rapid clinically safe reconciliation of discharge medication. Improved governance for repeat prescribing for those patients as seen under the project. Fast access to pharmaceutical advice for General Practitioners. Improved cross sector working	Jan 2025	There reamins some ambiguity around the role and some stakeholder dissatisfaction. During the last GP Collab, the group were asked if they agreed with Cluster funding the role, but felt they couldn't reach that decision without knowing which tasks the pharmacists could be assigned. They asked for a HB approved list and would then decide. RB was to speak to MM to draft this for future discussion. There may be a future project in which the cluster pharmacist could support and this will be discussed witht he lead and Rhian John.	▲	→

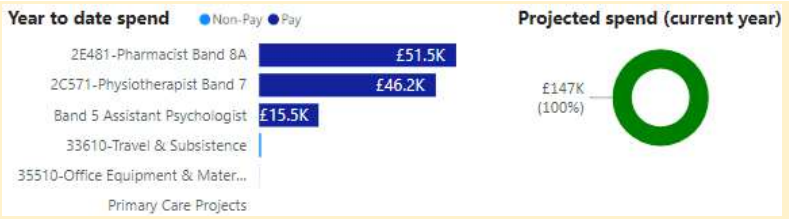
Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend

- Project Start Date: 2017
- Project End Date: Ongoing
- Measurement data not routinely reported. Matt McGivern undertook an evaluation of activity and long-term use. This report has been shared with cluster leads at the September Locality Leads meeting.
- Cluster Lead and PCSM to confirm ongoing pharmacist requirements and then dashboard monitoring to be put in place.
- Narrative updated 27/01/2025

Persistent Pain Service

[Page 1 of 4]

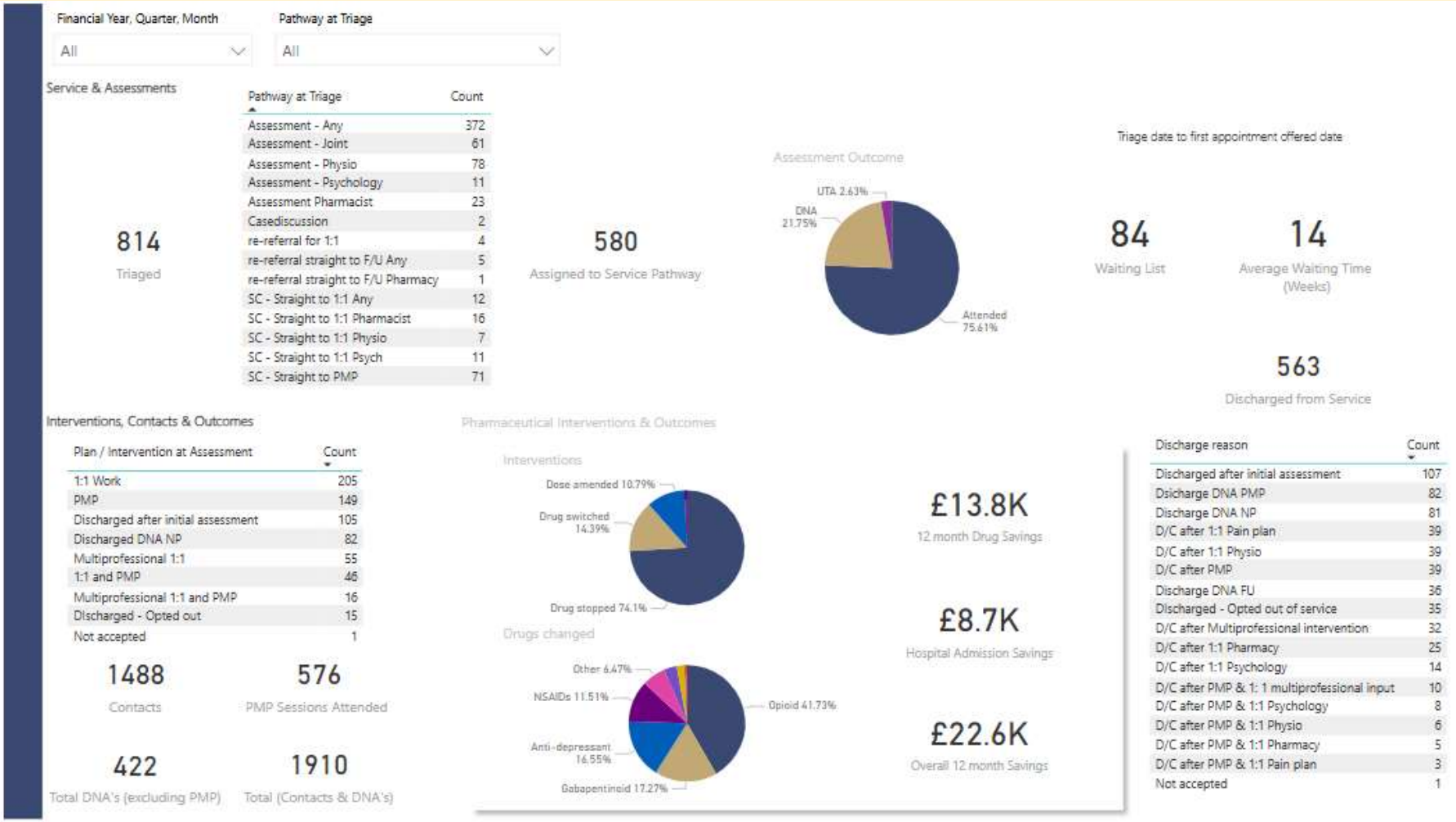


Project	Update as at	Commentary	RAG	Trend
Persistent Pain Service (AG0015)	January 2025	The project has been extended for a further 6 month period while the HB agrees to transfer the service from the Scheduled care budget wthin SC to PC. The service has lost the assistant psychologist and there have been a few instances of sick leave from the physiotherapist which has affected wait times. The service did start to reduce the amount of referrals it accepted to allow the backlog to be seen, but now that the service has been extended, this should improve. IQFPD is being held in February and an SBAR will need to be completed ahead of this in order for a decision to be made.	▲	→

- Project Start Date: March 2022
- Project End Date: September 2025
- Narrative updated 27/01/2025

Persistent Pain Service

[Page 2 of 4]



Persistent Pain Service

[Page 3 of 4]

PROMS

*Please note that the figures below only include those with completed pre & post outcome questionnaires.

Patient Health Questionnaire (PHQ)

This easy to use patient questionnaire is a self-administered version of the PRIME-MD diagnostic instrument for common mental disorders. The PHQ-9 is the depression module, which scores each of the nine DSM-IV criteria as "0" (not at all) to "3" (nearly every day). It has been validated for use in primary care.

Depression severity scale:	
0-4:	No depression
5-9:	Mild depression
10-14:	Moderate depression
15-19:	Moderately severe depression
20-27:	Severe depression

Generalised Anxiety Disorder (GAD)

This easy-to-use self-administered patient questionnaire is used as a screening tool and severity measure for generalised anxiety disorder (GAD).

Anxiety severity scale:	
0-4:	No anxiety
5-9:	Mild anxiety
10-14:	Moderate anxiety
15-21:	Severe anxiety

Pain Self-Efficacy Questionnaire (PSEQ)

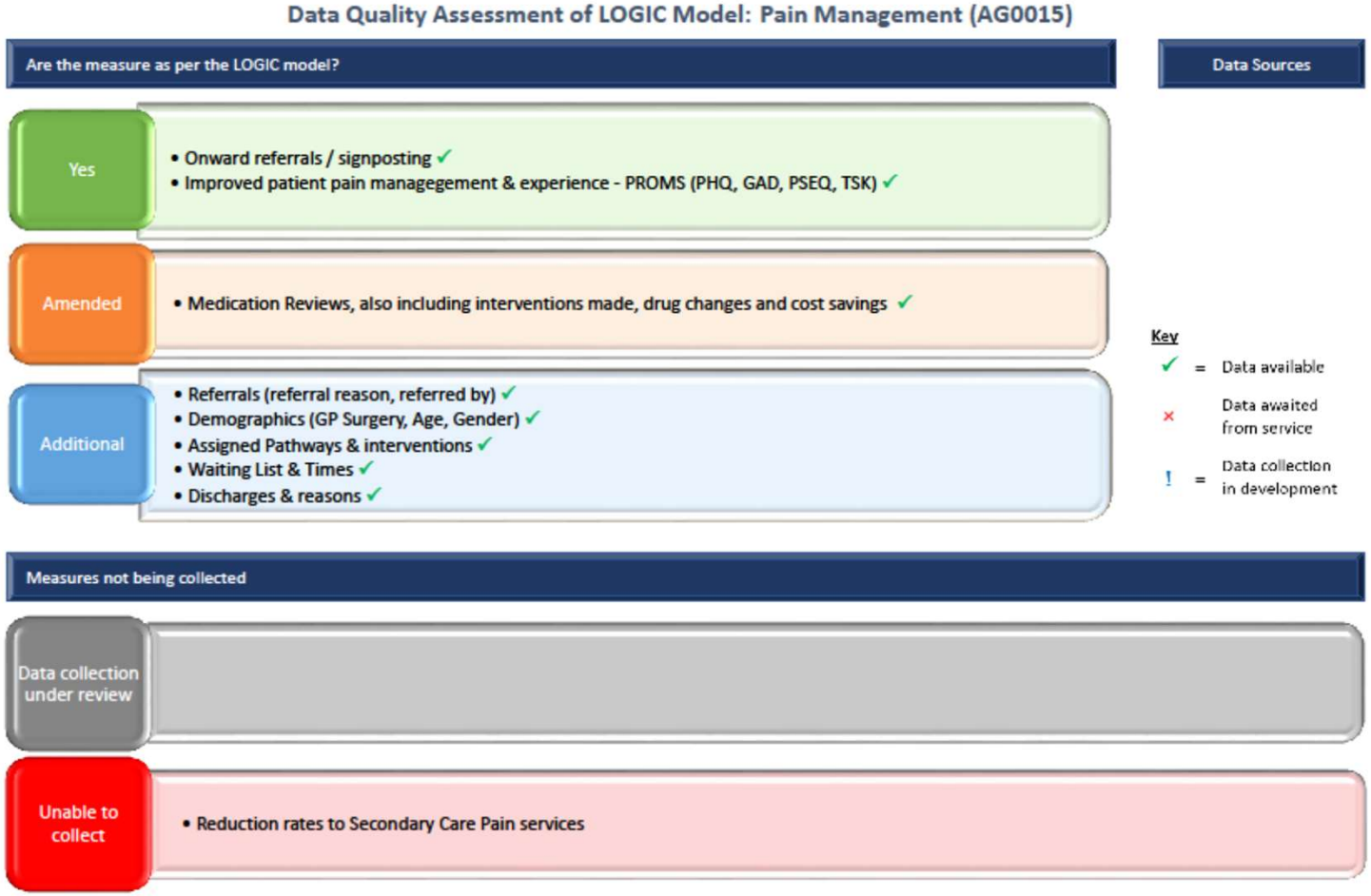
The Pain Self-Efficacy Questionnaire (PSEQ) is a 10-item questionnaire developed to assess the confidence people with ongoing pain have in performing activities while in pain, 0 being 'not at all confident' & 6 being 'completely confident'.

Tampa Scale of Kinesiophobia (TSK)

TSK is a self-reported questionnaire that quantifies fear of movement, or (re)injury. The 17 item TSK total scores range from 17 to 68 where the lowest 17 means no or negligible kinesiophobia, and the higher scores indicate an increasing degree of kinesiophobia.

Persistent Pain Services: Logic Model

[Page 4 of 4]

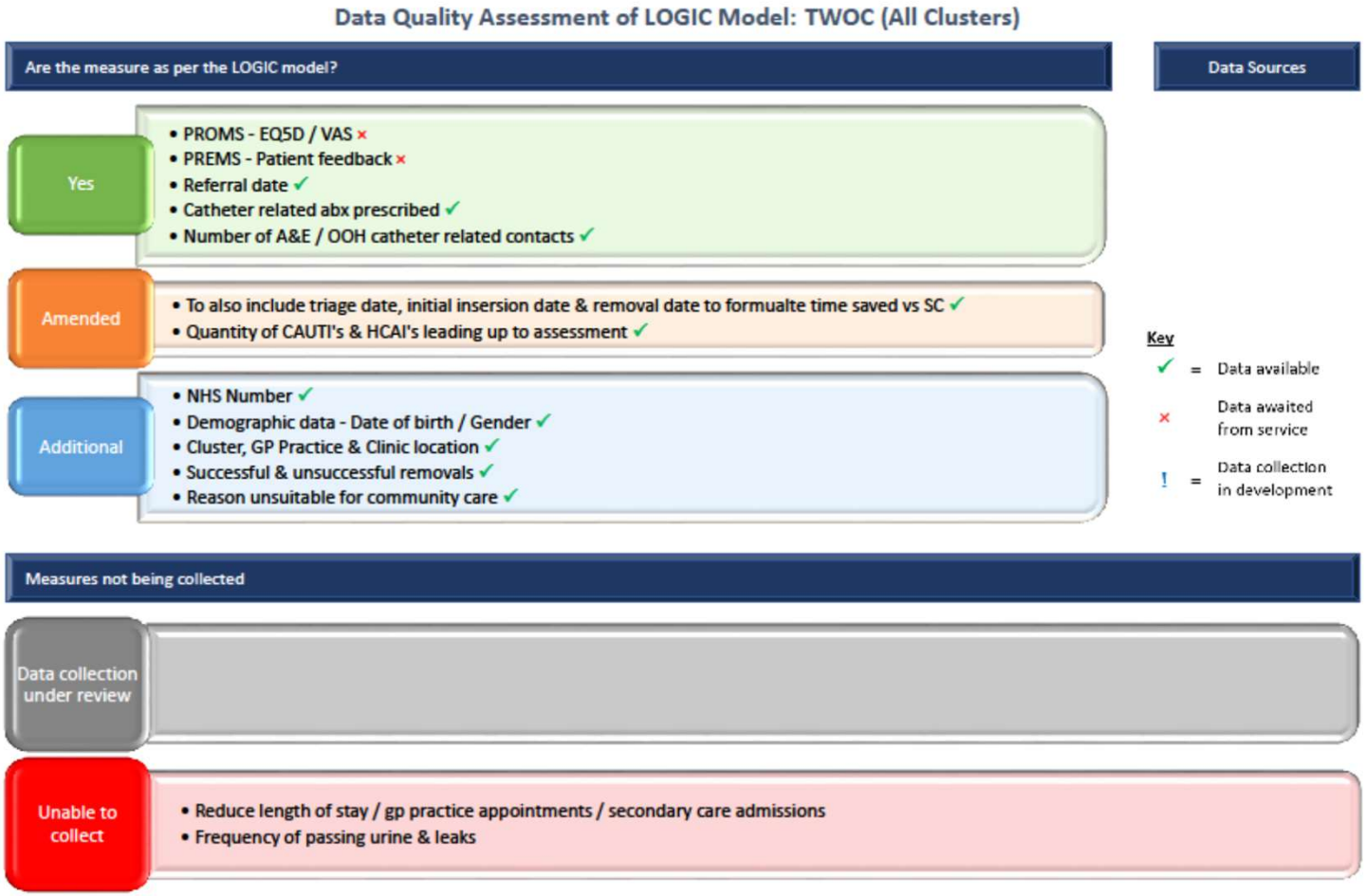


Trial without Catheter [Page 1 of 2]

No financial reporting

- Project Start Date: February 2024
- Project End Date: February 2025
- PROMS / PREMS data not provided.
- Narrative updated 27/01/2025

Trial without Catheter [Page 2 of 2]



Llanelli

Finance

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Current Projects

Ref	Name	Reporting Period	Project RAG	Project Trend	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
LL0005	Physiotherapy MSK project	Q3 24/25	◆	→	£89,538	£118,974		£118,974
LL0006	Mind Llanelli	Q3 24/25	▲	→	£89,449	£119,266		£119,266
LL0007	Family Wellbeing Service provided by Connecting Youth, Children and Adults (CYCA)	Q3 24/25	●	↑	£34,950	£46,650		£46,650
LL0018	Spirometry	Q3 24/25	▲	→	£38,724	£50,777		£50,777
LL0019	Diabetes HCSW	Q3 24/25	●	→	£24,669	£32,764	£2,263	£35,027
LL0020	Frailty HCSW	Q3 24/25	●	→	£26,134	£35,421	£2,263	£37,684
LL0021	Trial without Catheter (TWOC)	Q3 24/25	●	→	£5,783	£6,724		£6,724
LL0022	Optom Equipment	Q3 24/25	▲	→	£2,664	£2,664		£2,664
Total					**£311,913**	**£413,239**	**£4,526**	**£417,765**

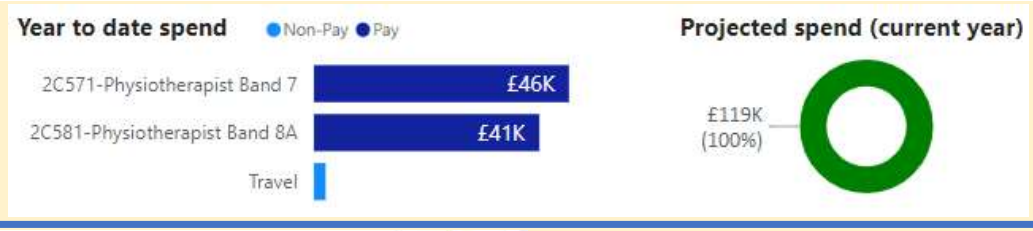
Completed Projects / Other Spend

Ref	Name	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
LL Ad Hoc	Ad hoc spend	£788	£1,088	£540	£1,628
LL????	Spend Unknown	£46,107	£57,601		£57,601
LL0004	IRISi Pilot Domestic Violence and Abuse Training	£2,950	£2,950		£2,950
Total		**£49,844**	**£61,638**	**£540**	**£62,178**

Cluster Overview

Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend	Total Budget	Over / (under) spend
£361,757	£474,877	£5,066	£479,943	£469,377	£10,566

First Contact Practitioner Physiotherapy Service [Page 1 of 2]

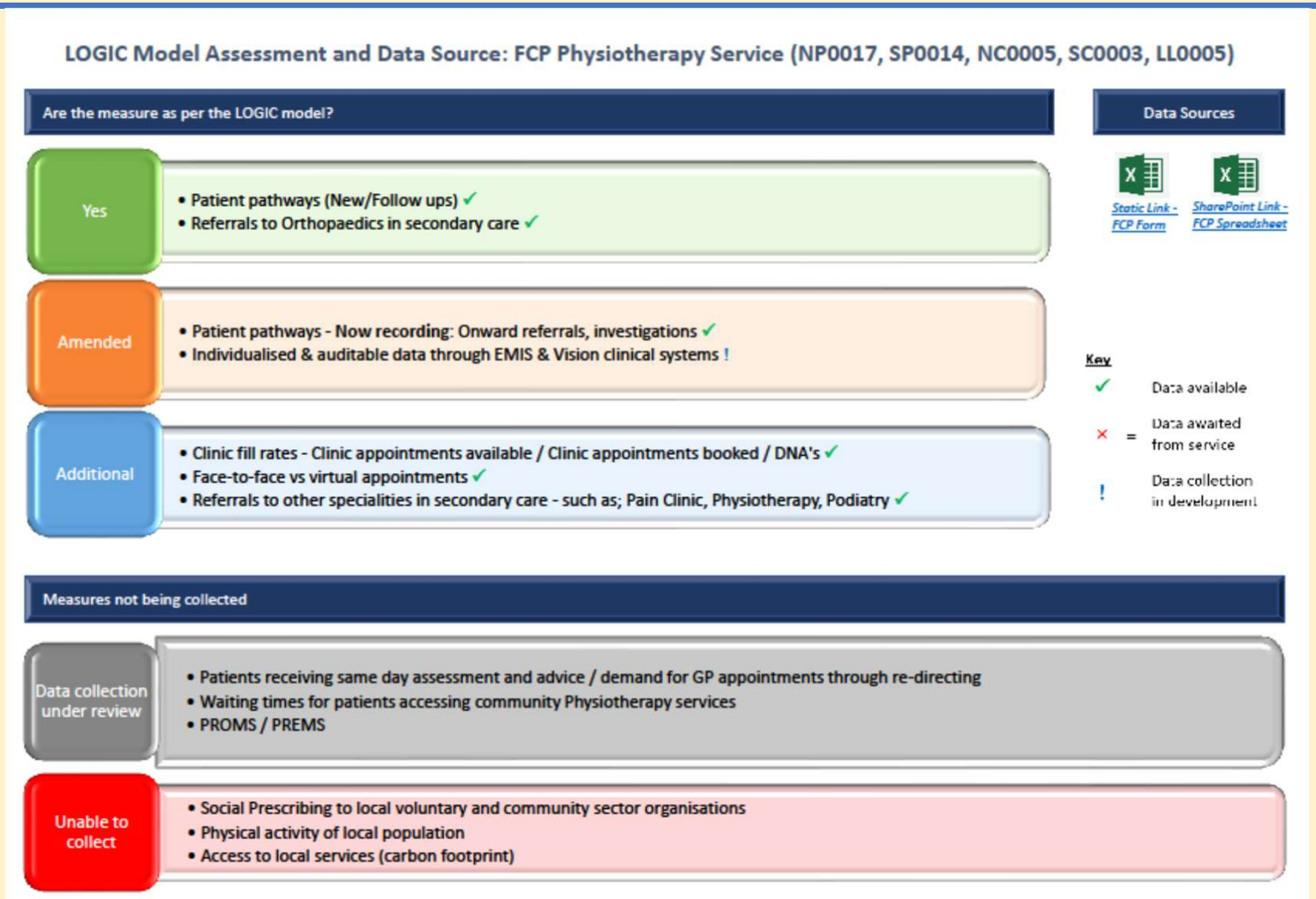


Project	Update as at	Commentary	RAG	Trend
Physiotherapy MSK project (LL0005)	January 2025	As per previous quarter reporting, a future plan is needed but there remains no update from the HoS since the Locality Leads meeting in March.		

Data Quality Risk

- Project Start Date: 2020
- Project End Date: Jan 2024, but still ongoing
- Data is being collated, however as auditable individualised data is not being collected, this has been flagged as a Data Quality Risk.
- New data extraction methods are being explored by the physio department (South Pembrokeshire cluster is supporting). However, these are yet to be agreed.
- Narrative updated 22/01/2025

First Contact Practitioner Physiotherapy: Logic Model [Page 2 of 2]



Mind Llanelli

Code	Name
LL0006	Mind Llanelli

Baseline	Aim	Update as at	Commentary	RAG	Trend
- Mind Llanelli provide appropriate and timely support for those with mental ill health to all 7 General Practices in the Cluster - Due to the pandemic there is a significant population demand for mental health support and counselling identified in the cluster - 136 referrals received April to June 2021 with 84 patients receiving direct counselling with the service.	Continued to provide an equitable service throughout the cluster Keep access and waiting times to a minimum	Jan 2025	Referrals have remained stable from last quarter, with the self-referral pilot having a positive impact. Procurement is due to start the tender process imminently.	▲	→

Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
M00012	Number of referrals to Mind Llanelli		Mar 2023	Jan 2025	67 referrals from GP's, 66 self referrals and 19 from social prescribers. One practice again made zero referrals but 7 self-referrals have been received this quarter from patients at this practice.	152	●	→

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
AC00019	Liaise with Health Board's Primary Care Mental Health team on the significant increase in patient referrals following on from Covid-19.		Jan 2025	TriTech completed their review and feedback at Locality Leads was that the purpose was possibly lost when the project manager role was taken over by Billy Woods. The review did not give the information requested around MH data. The implementation of 111 option 2 has improved access to MHS across the cluster though.	●	→

- Project Start Date: November 2018
- Project End Date: March 2024. However, a 12-month extension has been agreed pending the Mental Health service review
- Narrative updated 22/01/2025

Family Wellbeing Service provided by Connecting Youth, Children & Adults

Year to date spend ● Non-Pay ● Pay

55650-Primary Care Projects	£35K

Projected spend (current year)

Code	Name
LL0007	Family Wellbeing Service provided by Connecting Youth, Children and Adults (CYCA)

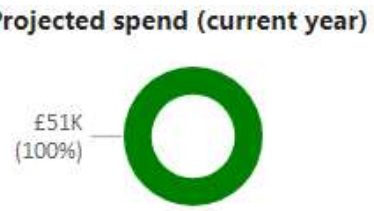
Baseline	Aim	Update as at	Commentary	RAG	Trend
This service is available to children aged 4 to 17 years and works alongside the child's parents/guardians and family offering mentorship and resilience strategies to combat emotional distress.	Continued to provide an equitable service throughout the cluster Keep access and waiting times to a minimum	Jan 2025	CYCA were successful at tender and are now contracted for a further 2 years (with an option to extend a further 3 years).	●	↑

Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
M00014	Number of referrals to CYCA		Mar 2023	Jan 2025	Referral numbers have increased slightly since Q2, but remain relatively stable and all GP practices report positively on the service when discussed at collaborative meetings.	24	●	→

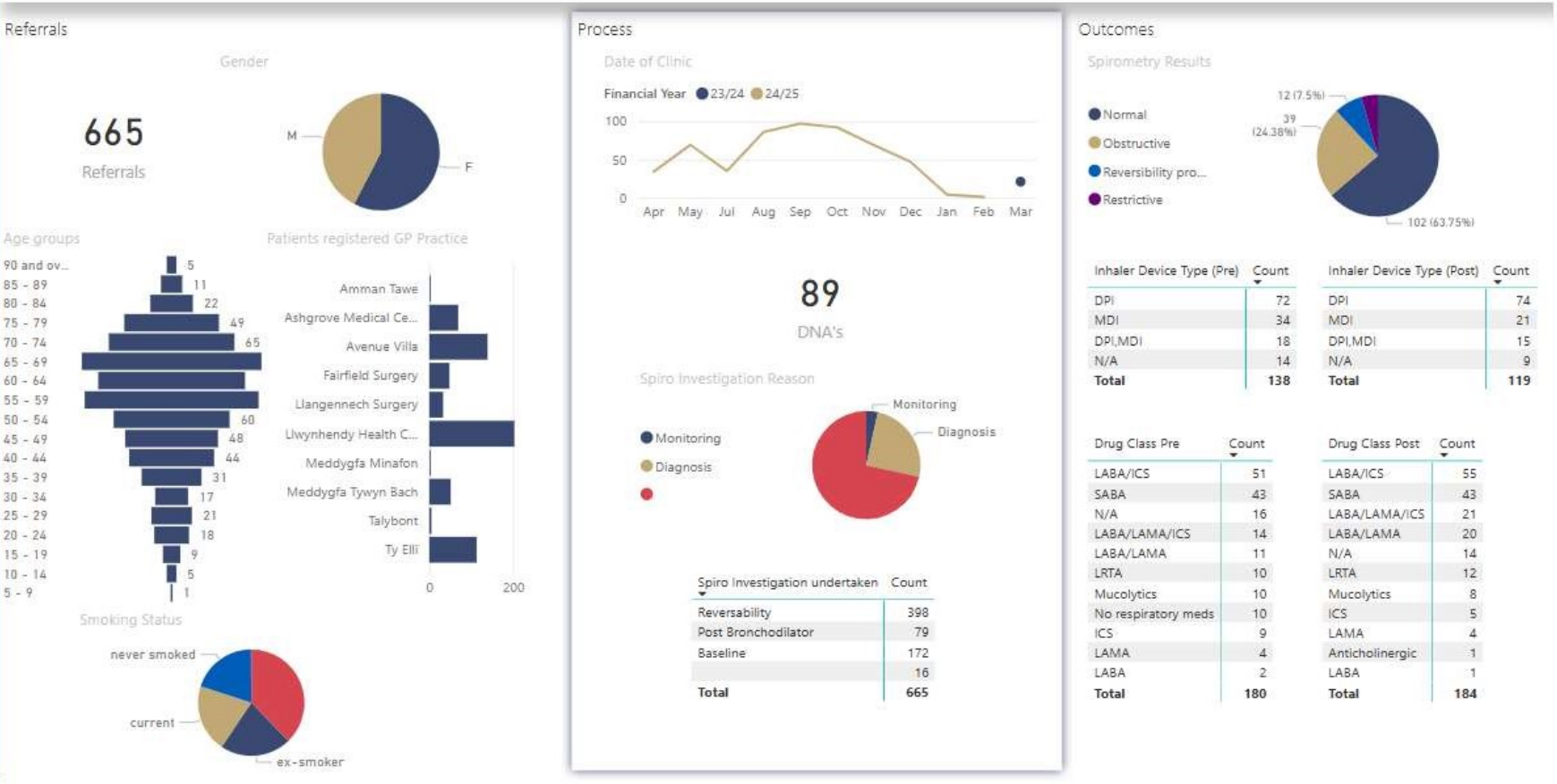
Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
AC00022	Liaise with Health Board's Primary Care Mental Health team on the significant increase in patient referrals following on from Covid-19.		Jan 2025	Although the review produced by TriTech did not provide the MH data requested, Childrens MHS is currently being looked at for potential upscaling. PCSM has requested data from the HB, core MHS and PC to look more closely at the data around referrals into SCAMHS and the childrens MH projects commissioned at cluster level.	▲	→

- Project Start Date: April 2019
- Project End Date: March 2024. However, a 12-month extension has been agreed pending the Mental Health service review.
- Narrative updated 22/01/2025

Spirometry [Page 1 of 2]



Project	Update as at	Commentary	RAG	Trend
Spirometry (LL0018)	January 2025	The service continues to run well from the respiratory hub in PPH, but due to an issue with the admin there is a significant data backlog. A new member of staff has now taken over the admin for this project and a plan is in place to resolve and improve the position.	▲	→



Spiro Investigation undertaken	Count
Reversability	398
Post Bronchodilator	79
Baseline	172	
	16
Total	**665**

Inhaler Device Type (Pre)	Count
DPI	72
MDI	34
DPI,MDI	18
N/A	14
Total	**138**

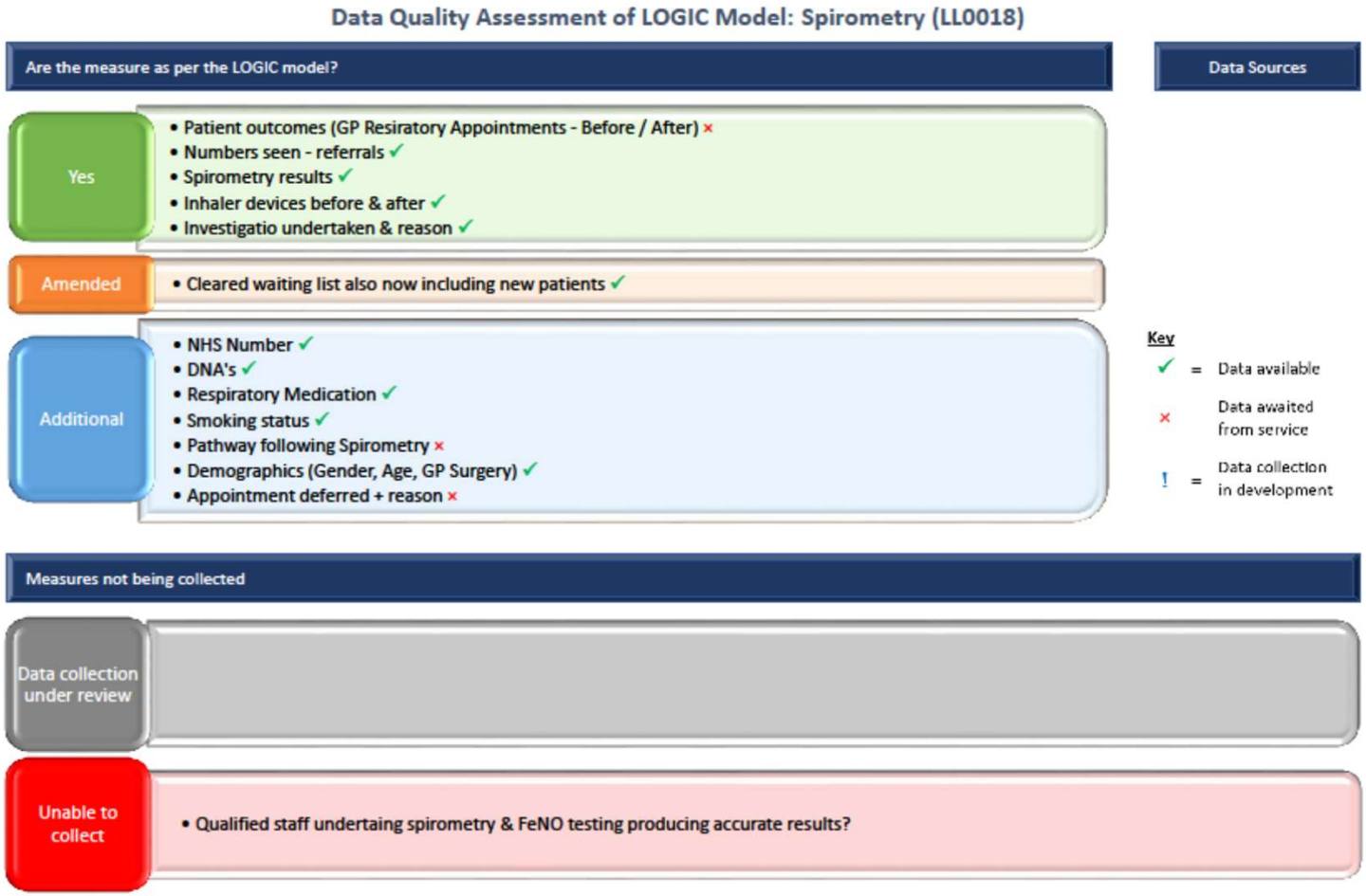
Inhaler Device Type (Post)	Count
DPI	74
MDI	21
DPI,MDI	15
N/A	9
Total	**119**

Drug Class Pre	Count
LABA/ICS	51
SABA	43
N/A	16
LABA/LAMA/ICS	14
LABA/LAMA	11
LRTA	10
Mucolytics	10
No respiratory meds	10
ICS	9
LAMA	4
LABA	2
Total	**180**

Drug Class Post	Count
LABA/ICS	55
SABA	43
LABA/LAMA/ICS	21
LABA/LAMA	20
N/A	14
LRTA	12
Mucolytics	8
ICS	5
LAMA	4
Anticholinergic	1
LABA	1
Total	**184**

- Project Start Date: March 2024
- Project End Date: March 2026
- Narrative updated 22/01/2025

Spirometry [Page 2 of 2]



Diabetes HCSW [Page 1 of 2]

Project	Update as at	Commentary	RAG	Trend
Diabetes HCSW (LL0019)	January 2025	Data collection is now in hand and the project is running well.		

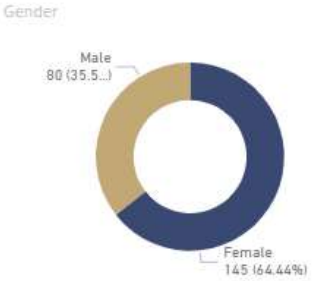
Referrals

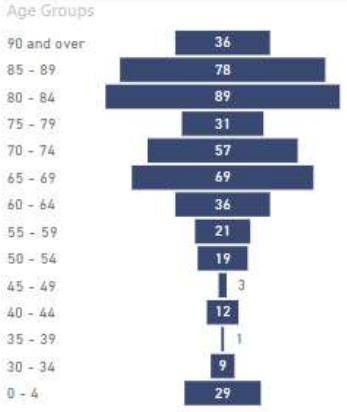
225

Referrals

Referred by	Count
	47
District Nurse	40
DSN	42
GP	15
Hospital	22
MDT	1
Nurse	55
Self referral	1
Social Worker	2
Total	**225**

Patient Demographics





Work Undertaken

Work undertaken by	Count
	21
HCSW	203
Specialist Nurse	1
Total	**225**

Work undertaken	Count
Monitor blood glucose	157
Libra download	60
Apply sensor	44
Telephone call	34
Full set of observations	29
Education advice	27
Foot Surveillance	27
Change sensor	26
Insulin Titration	23
	22
Intervention Libre change	19
Monitor Ketone	12
Blood Pressure	3
Diabetic review	3
HbA1c (Blood Test)	3
Medication review	1
Total	**490**

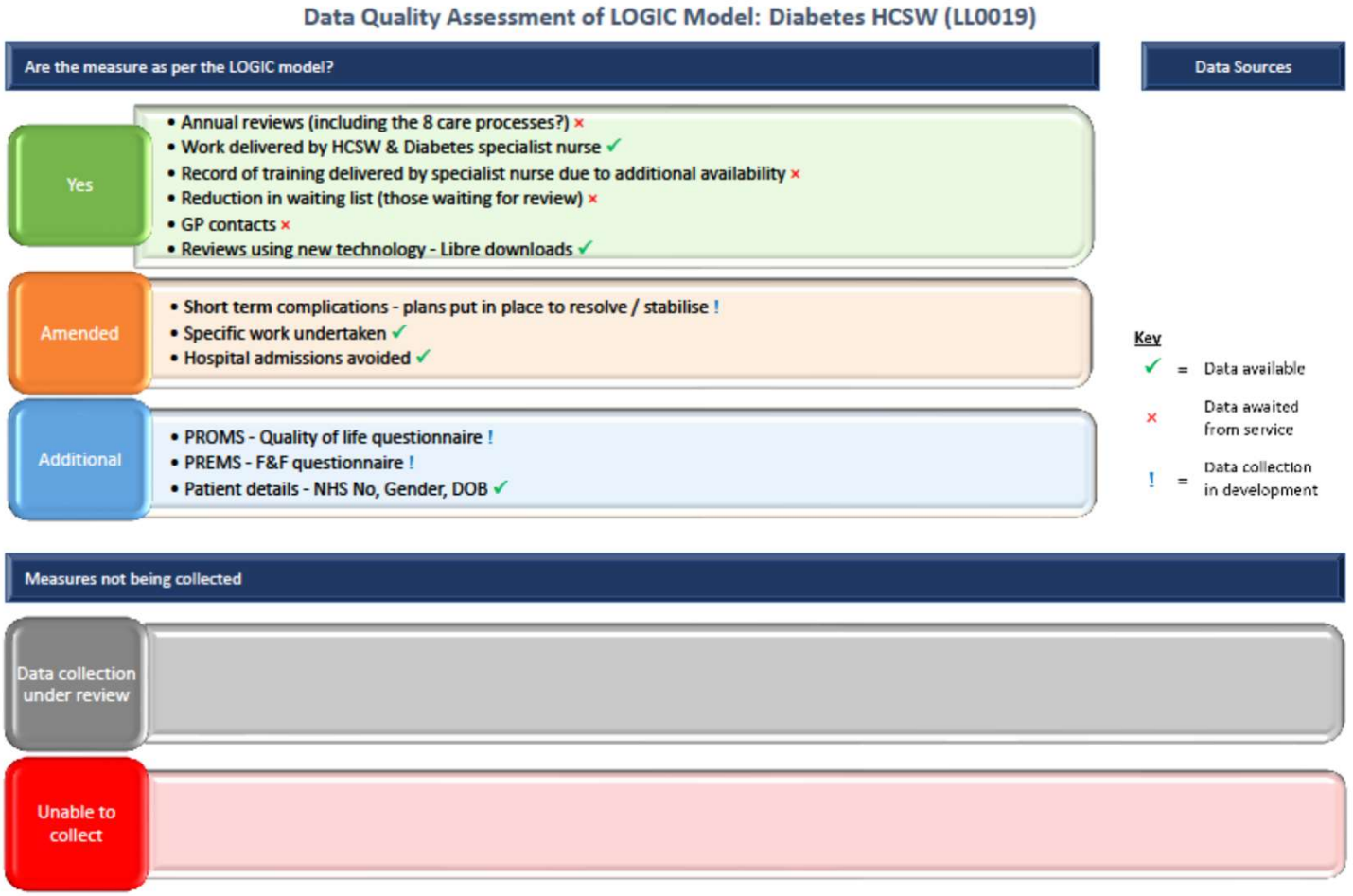
Outcomes

75

Hospital admission avoided

- Project Start Date: March 2024
- Project End Date: February 2026
- Action: PCSM to review dashboard and current data collection and decide whether it is sufficient.
- Narrative updated 22/01/2025

Diabetes HCSW [Page 2 of 2]



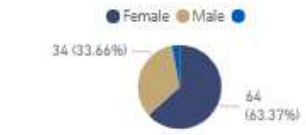
Frailty HCSW [Page 1 of 2]

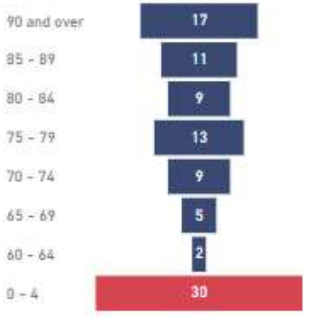
Project	Update as at	Commentary	RAG	Trend
Frailty HCSW (LL0020)	January 2025	Project is running well.		

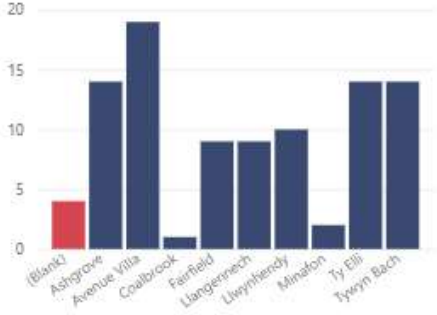
Referrals

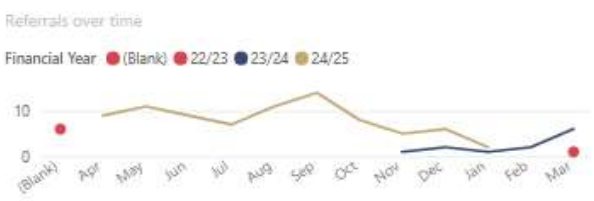
101
Referrals

96
Appropriate Referrals





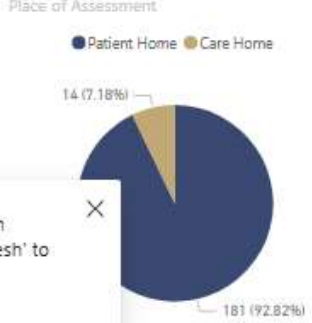


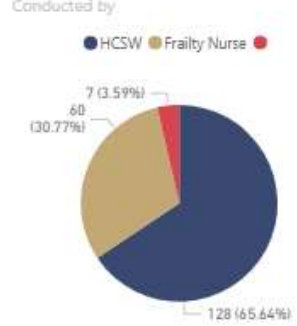


Presenting Problems	Count
Falls Risk	88
Frailty	53
Weight Loss	24
Total	**165**

Assessments & Outcomes

195
Assessments





Identified Problems	Count
Falls Risk	83
Frailty	60
Declining Function	53
Medication Changes	24
Memory	20
Weight Loss	16
Continence	15
Osteoporosis	15
Dementia	8
Syncope	6
Back Pain	5
Peripheral Oedema	5
Diabetes	4
Total	**314**

Clinical Tasks	Count
OBS	145
ECG	74
Weight	34
FRAX	21
VP / Bloods	16
Height	15
Clinical Frailty Scale	13
Fes-i	9
GAIT Time	6
AMTS Score	5
MOCA	5
Bladder Scan	3
Medication Review	2
Q.TUG	2
Well Check	2
Foot Check	1
Swabs	1
Total	**354**

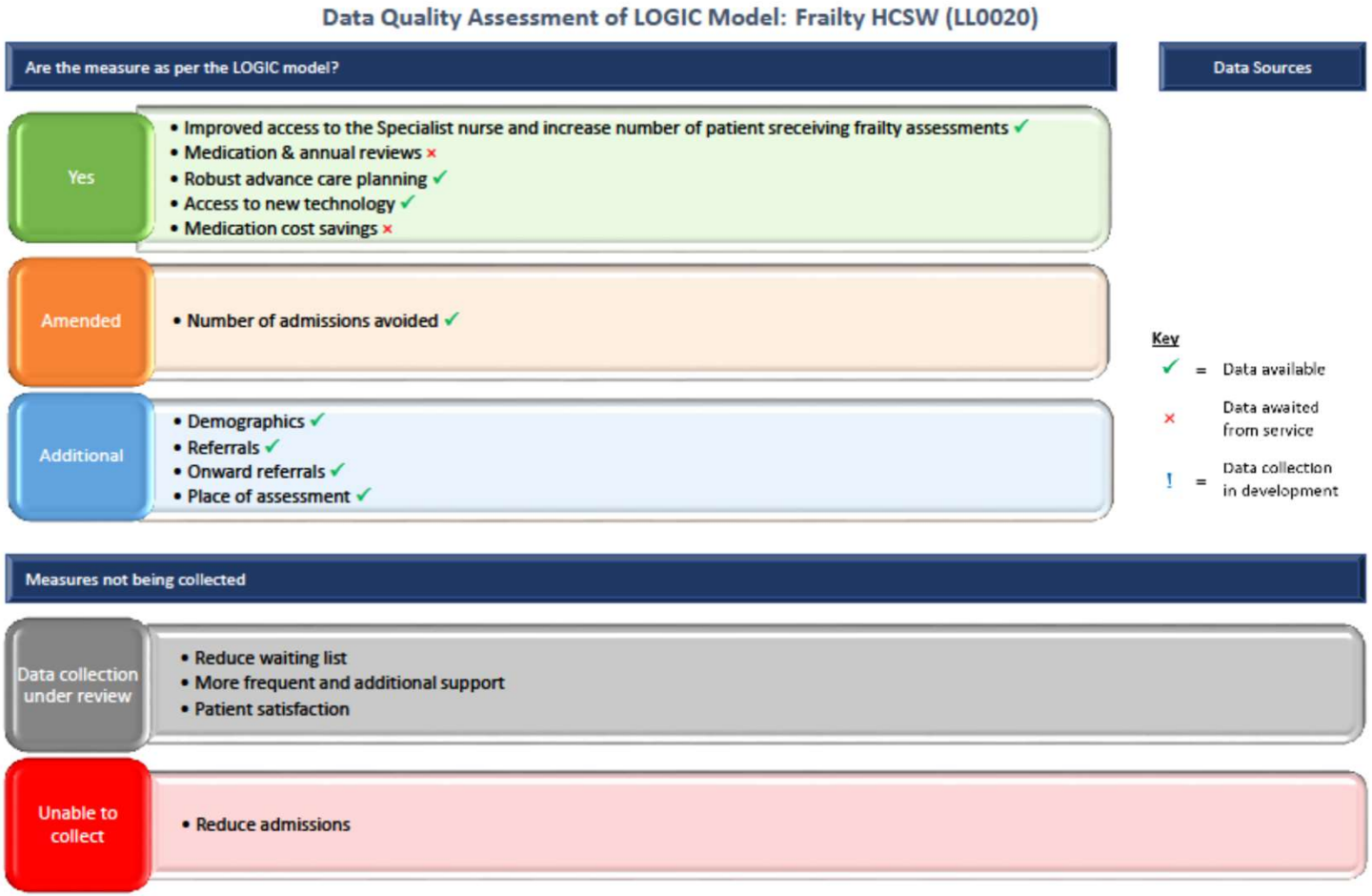
Referred to	Count
Community Occupational Therapist	44
Community Physiotherapist	40
Community Pharmacist	30
District Nurse	22
Dietician	19
NERS	19
General Practitioner	18
Social Worker	16
Telecare	13
Other	12
Specialist Nurse	8
Signposting	5
Third Sector	5
Partnership	3
Visual Impairment Officer	1
Total	**255**

The data in Power BI has been updated recently, select 'Refresh' to see it on your add-in.

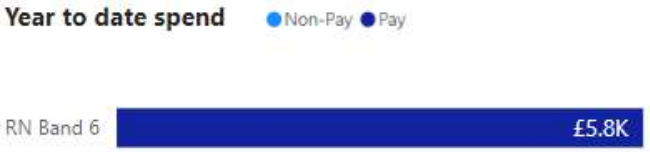
Refresh

- Project Start Date: March 2024
- Project End Date: March 2026
- Narrative updated 22/01/2025

Frailty HCSW [Page 2 of 2]



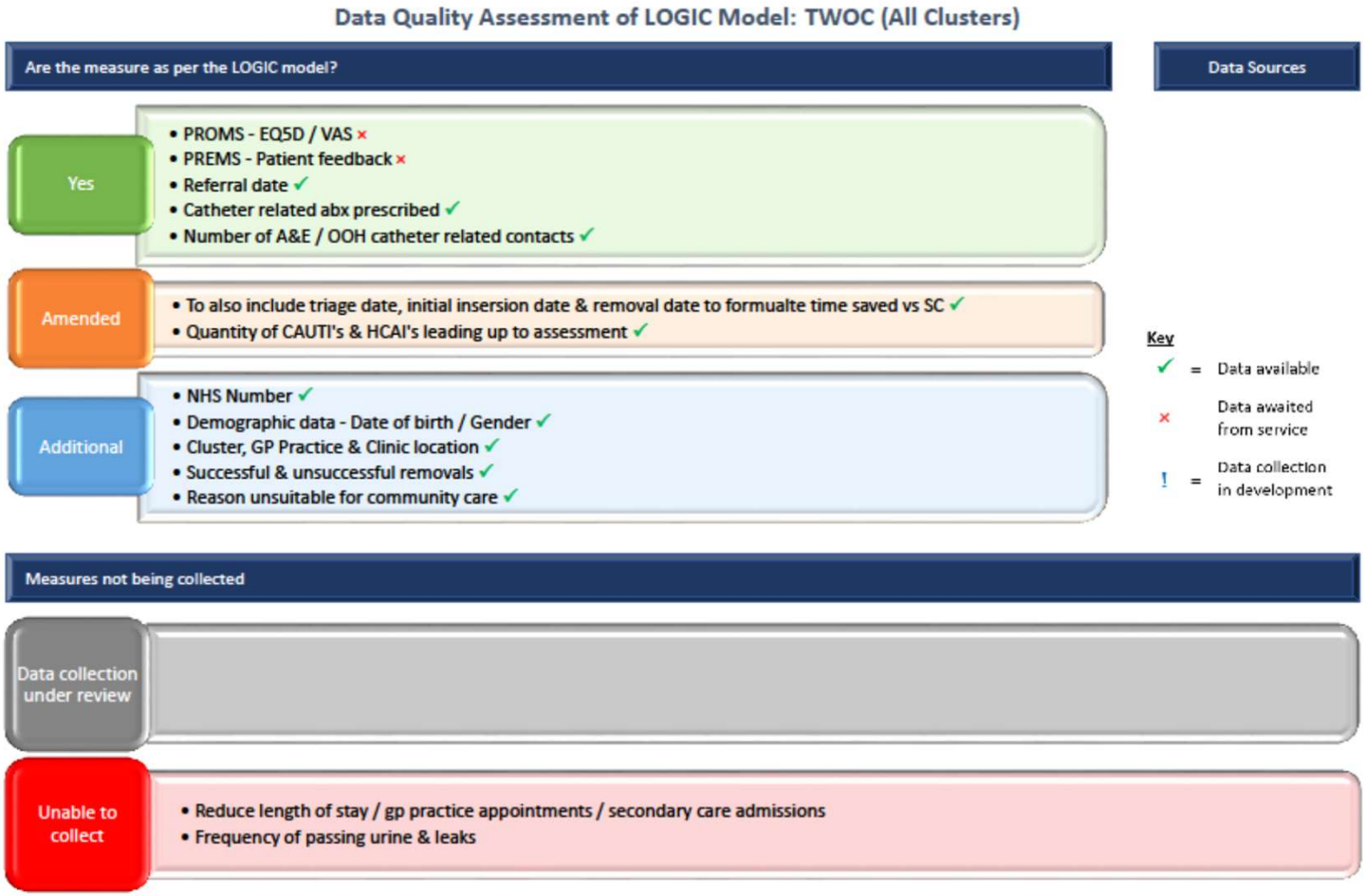
Trial without Catheter [Page 1 of 2]



Project	Update as at	Commentary	RAG	Trend
Trial without Catheter (TWOC) (LL0021)	January 2025	Clinics are running with no concerns raised. Cluster funding for this project stops 17/02/25.		

- Project Start Date: February 2024
- Project End Date: February 2025
- PROMS / PREMS data not provided.
- Narrative updated 22/01/2025

Trial without Catheter [Page 2 of 2]



Optom Equipment [Page 1 of 1]

Project	Update as at	Commentary	RAG	Trend
Optom Equipment (LL0022)	January 2025	Due to a change in Optom lead for the cluster the MS Form was not shared with practcies, PCSM has spoken with the new lead and asked that this be resolved urgently. PCSM attended Optom collab meeting and advised that this MS Form needs to be completed each time the equipment is used in order to facilitate data collection and monitor the project.	▲	→

Approved due to begin: March 2024

Project duration: 2 Years

Project Status: No Data

Data quality comments: No data yet collected

- Project Start Date: March 2024
- Project End Date: March 2026
- Data has not been provided.
- Narrative updated 22/01/2025

Tywi Taf

Finance

Current Projects

Ref	Name	Reporting Period	Project RAG	Project Trend	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
TT0001	Support Mental Health needs of our population	Q3 24/25	●	→	£36,720	£50,220		£50,220
TT0002	Delivery of Mental Health services for young people's mental health across the cluster area with focus on young suicide prevention	Q3 24/25	●	→	£32,233	£43,483		£43,483
TT0019	Advanced Care Planning (ACP)and Support in Care Homes/Communities	Q3 24/25	●	→	£46,500	£62,625		£62,625
TT0020	Women's Health Psychological Service	Q3 24/25	●	→	£32,809	£47,494		£47,494
TT0021	Trial without Catheter (TWOC)	Q3 24/25	●	→	£5,783	£6,762		£6,762
TT0023	Pharmacist	Q3 24/25	▲	↓	£112,389	£142,789		£142,789
TT0024	Generic tech (Physiotherapy)	Q3 24/25	●	→	£26,768	£36,701		£36,701
Total					**£293,203**	**£390,074**		**£390,074**

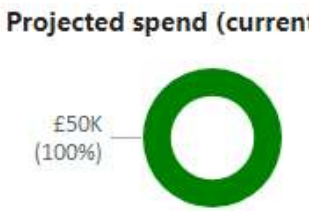
Completed Projects / Other Spend

Ref	Name	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
TT????	Spend Unknown	£12,730	£22,636	£9,366	£32,001
Total		**£12,730**	**£22,636**	**£9,366**	**£32,001**

Cluster Overview

Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend	Total Budget	Over / (under) spend
£305,934	£413,303	£9,366	£422,669	£449,333	-£26,665

MIND [Page 1 of 3]



Project	Update as at	Commentary	RAG	Trend
Support Mental Health needs of our population (TT0001)	January 2025	One Mental Health support project commissioned through Cluster. MIND active monitoring for Adults, well established within the cluster.		

- Project Start Date: December 2023
- Project End Date: December 2025
- The service has provided additional data backdating to 20/21 to provide more in-depth analysis outside the cluster project period.
- Narrative updated 22/01/2025

MIND [Page 2 of 3]

PROMs & PREMs

Patient Health Questionnaire (PHQ)

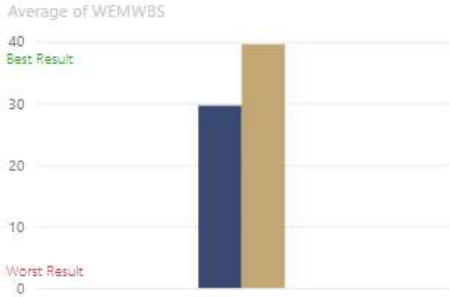
This easy to use patient questionnaire is a self-administered version of the PRIME-MD diagnostic instrument for common mental disorders. The PHQ-9 is the depression module, which scores each of the nine DSM-IV criteria as "0" (not at all) to "3" (nearly every day). It has been validated for use in primary care.

Generalised Anxiety Disorder (GAD)

This easy to use patient questionnaire is a self-administered questionnaire is used as a screening tool and severity measure for generalised anxiety disorder (GAD)

Warwick-Edinburgh Mental Wellbeing Scales (WEMWBS)

The Warwick-Edinburgh Mental Wellbeing Scales were developed to enable the measuring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. The 14-item scale WEMWBS has 5 response categories, summed to provide a single score.

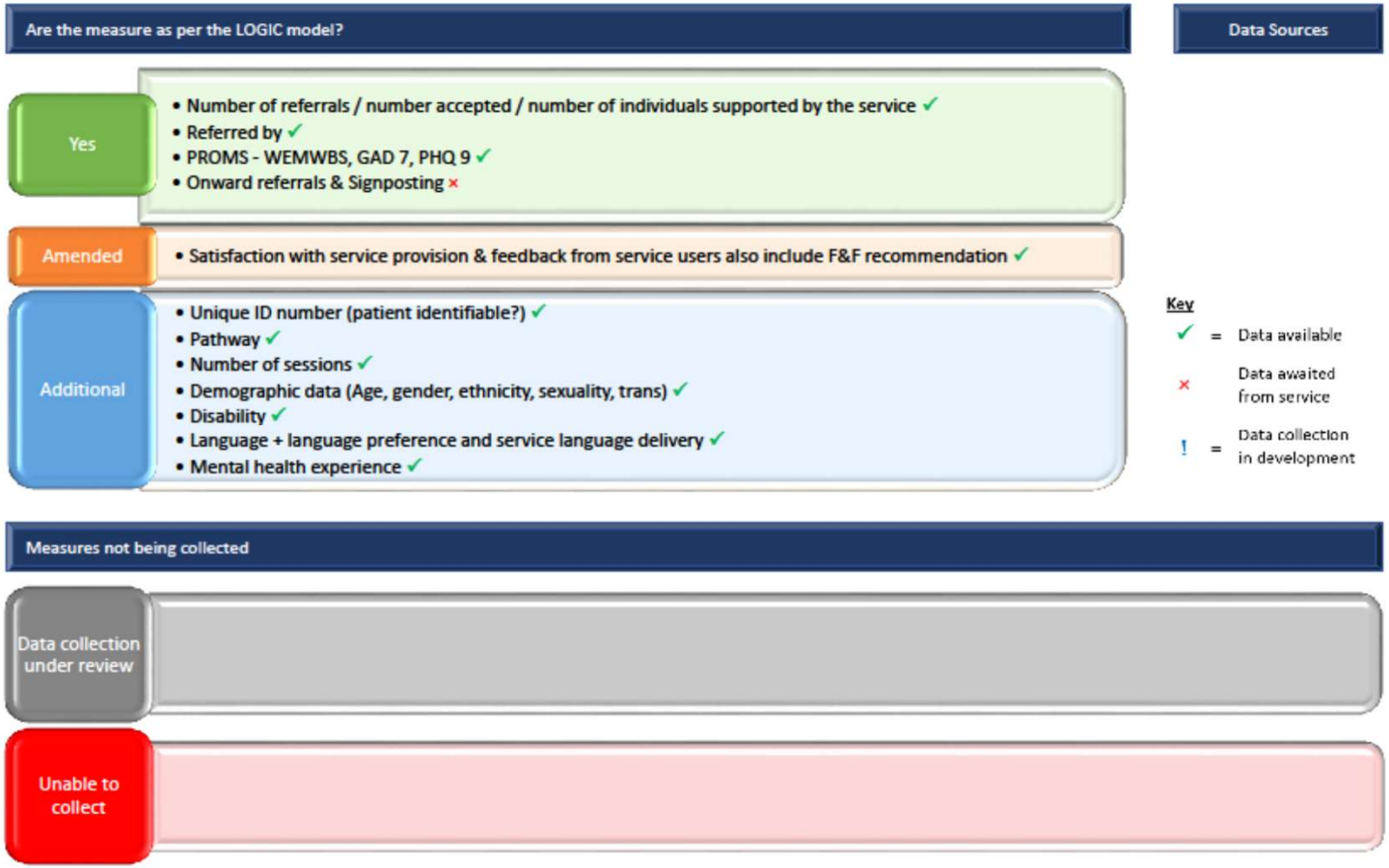


9.57
Average of Service Rating

99.56%
Would recommend

MIND [Page 3 of 3]

Data Quality Assessment of LOGIC Model: MIND (TT0001)



PAPYRUS – Delivery of Mental Health Services for Young People

Code	Name
TT0002	Delivery of Mental Health services for young people's mental health across the cluster area with focus on young suicide prevention

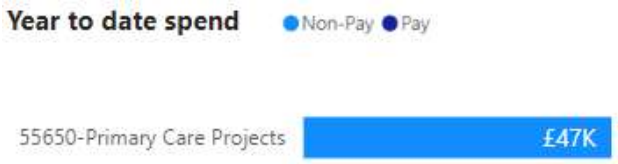
Baseline	Aim	Update as at	Commentary	RAG	Trend
Rates of presentation to CAMHS have increased during the COVID pandemic and there have been increased numbers of suicides of young people within our cluster area	Improve awareness, knowledge and understanding of suicide and self-harm amongst the public, individuals who frequently come into contact with people at risk of suicide and self-harm and professionals in Wales. Deliver appropriate responses to personal crises, early intervention and management of suicide and self-harm. Provide information and support for those bereaved or affected by suicide and self-harm. Continue to promote and support learning, information and monitoring systems and research to improve our understanding of suicide and self-harm in Wales and guide action	Jan 2025	Procurement exercise undertaken and contract issued from 1/11/24 to 31/03/26 with an option to extend a further 1 year with no commitment.		

Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
M00083	Feedback from Training of Staff		Mar 2023	Jan 2025	ALL practices have reported an improved understanding and knowledge about how to recognise the signs that someone may be struggling with suicidal ideations, more confidence in being able to ask the question about suicidal thoughts and also to keep someone safe, should they need to.	100.0 %		

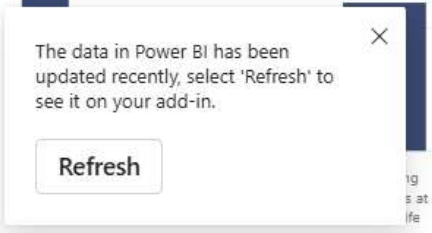
Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
AC00083	Provision of Helpline service and distribution of resources and information	April 2023	Jan 2025	Helpline operates 24/7 - community officers distribute to various organisational teams.		
AC00079	Delivery of suicide awareness sessions and suicide prevention training to all staff based at the 8 GP practices.	April 2023	Jan 2025	Practices have attended 2 PT4L Sessions to delivery this training. The profile of PAPYRUS continues to grow and the awareness of the services that we provide is now becoming more targeted, with a focus on preventative training being accessible to those who support or live with someone who has disclosed suicidal ideations or is a self-harmer. This is achieved through a programme that we have called 'Direct Links', which enables 'concerned others' to be linked to the PAPYRUS information and training programme, notably by GPs but also through other professionals.		
AC00078	Commission 3rd sector service for the employment of full time Community Development Officer	April 2023	Jan 2025	Tender process complete and contract issued from 1/11/24 until 31/03/26 with an option to extend for 1 year with no commitment.		
AC00081	Hosting of 2 focus groups with young people to gather their thoughts on mental health e.g. existing resources and help identify any gaps etc.	April 2023	Jan 2025	The focus groups have been developed with the help of one volunteers who is studying a Youth and Communities degree at UWTSD. It is a mixture of activities and discussion around what positive mental health looks like and who to turn to if they recognise either a decline in their own mental health, or a friend's mental health.		

- Project Start Date: project originally started in Apr-22. Project has been extended in Nov 2024
- Project End Date: Apr 2026
- **Requested Action:** PCSM to provide business case (Logic model) to enable dashboard build for ongoing monitoring.
- Narrative updated 22/01/2025

ACP & Support in Care Homes: Assessments [Page 1 of 4]



Project	Update as at	Commentary	RAG	Trend
Advanced Care Planning (ACP)and Support in Care Homes (TT0019)	Jan 2025	To provide additional support in care homes to upskill staff and provide care to prevent admissions to hospital or support discharge from an acute setting. Actively engaging with carehomes and community Hospitals. Extended for 1y to now work within the communities and with practices.		



- Project Start Date: June 2023
- Project End Date: May 2024
- There are 3 stages to this project, the 1st being assessment of Care Home needs, which completed in August '23. The 2nd being support sessions provided to staff, which are still taking place (see page 2 of 4), and the 3rd being the outcome (i.e. increase in number of ACP's). Additionally with visits to residents provided directly by the service itself.
- Narrative updated 22/01/2025

ACP & Support in Care Homes:
Support & ACPs Completed [Page 2 of 4]

Project	Update as at	Commentary	RAG	Trend
Advanced Care Planning (ACP)and Support in Care Homes (TT0019)	Jan 2025	To provide additional support in care homes to upskill staff and provide care to prevent admissions to hospital or support discharge from an acute setting. Actively engaging with carehomes and community Hospitals. Extended for 1y to now work within the communities and with practices.		

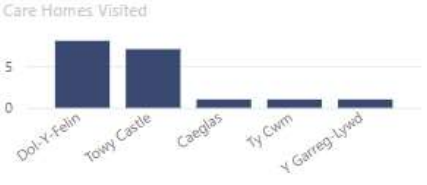
ACP & Support in Care Homes: Service Visits [Page 3 of 4]

Project	Update as at	Commentary	RAG	Trend
Advanced Care Planning (ACP)and Support in Care Homes (TT0019)	Jan 2025	To provide additional support in care homes to upskill staff and provide care to prevent admissions to hospital or support discharge from an acute setting. Actively engaging with carehomes and community Hospitals. Extended for 1y to now work within the communities and with practices.		

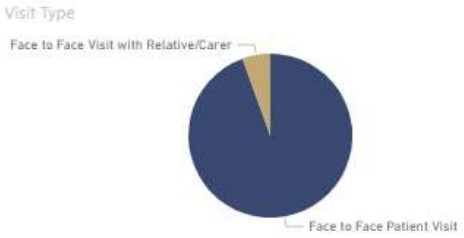
Service Visit Details

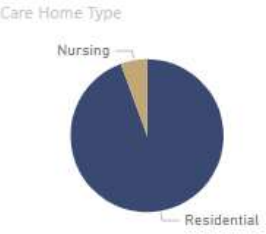
18
Visits to residents

70
Average Visit Duration (mins)

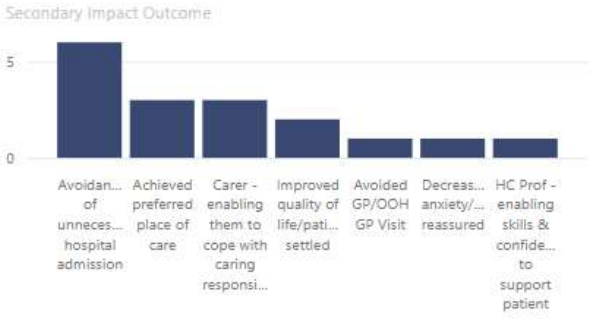


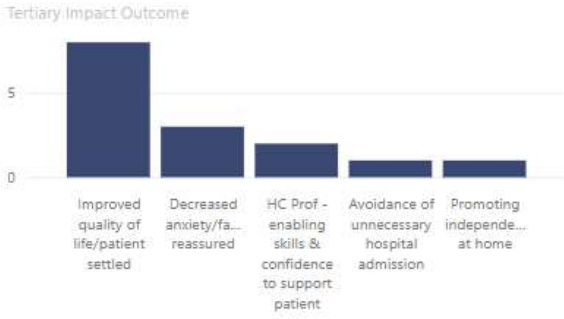
Top 10 Clinical Activities	Count
Advice/Support - Death and Dying Care Plans	5
Assessment - Initial Assessment	5
Care - Advance Care Plan completed	3
Care - Death and Dying Care Plans completed	2
Assessment - Reassessment	1
Care - Advance Care Plan updated	1
Care - Oral	1
Signposting - External - SALT	1
Signposting - External - Dietician	1
Signposting - External- SALT	1
Total	**21**





56
Total Count of Clinical Activities

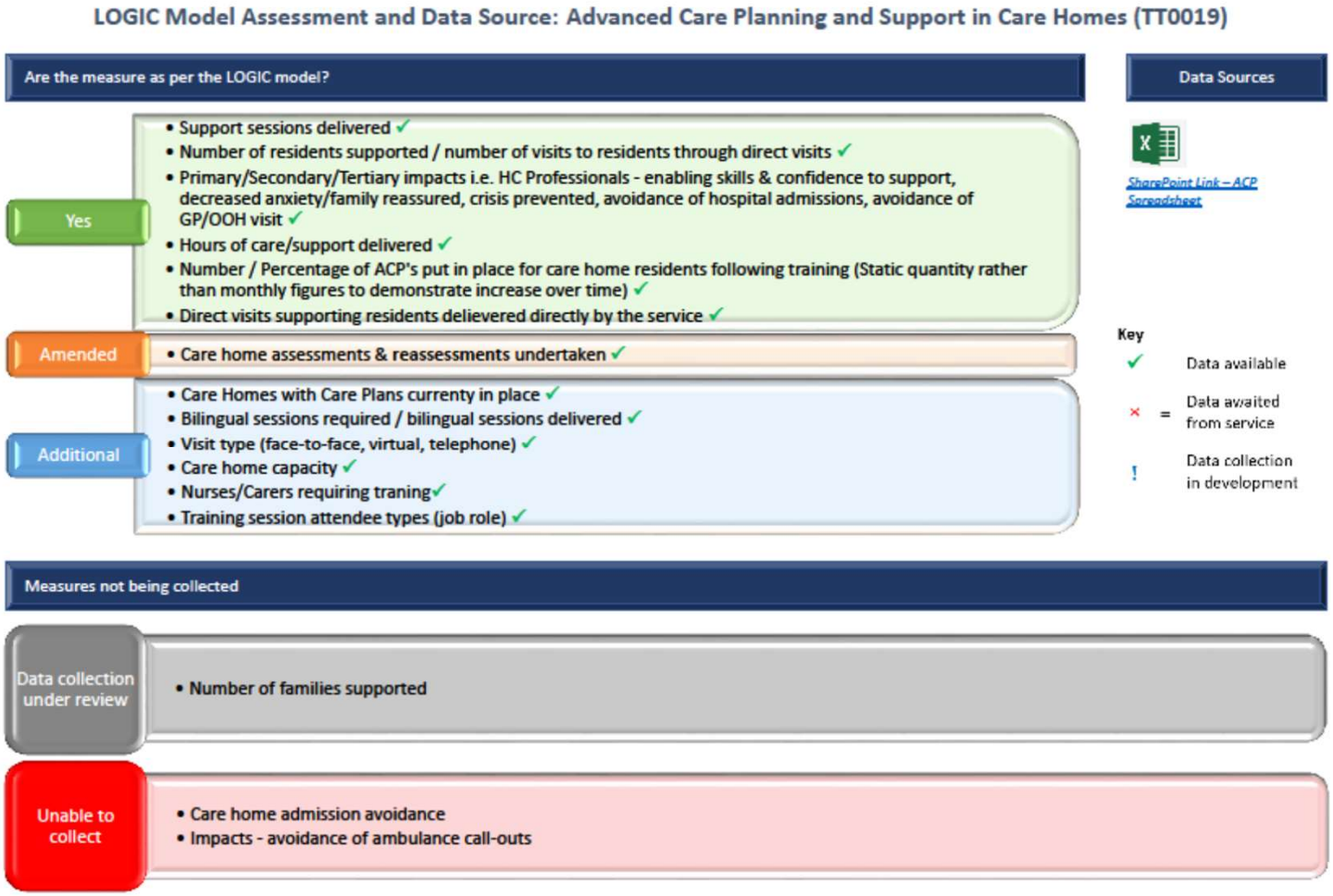




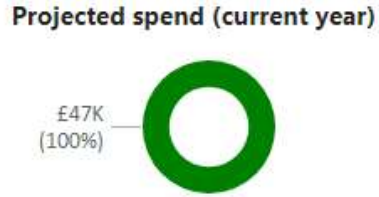
The data in Power BI has been updated recently, select 'Refresh' to see it on your add-in.

Refresh

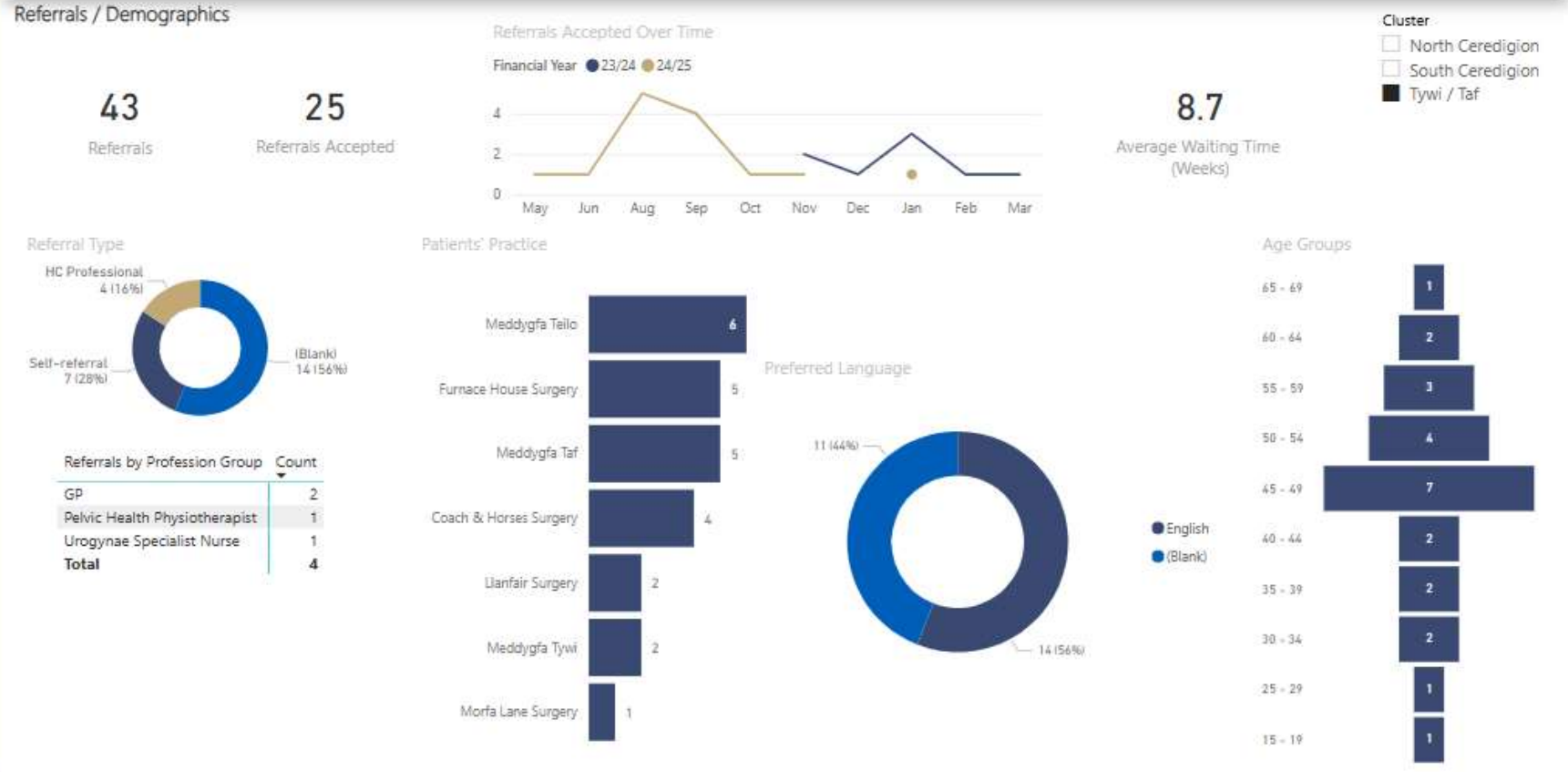
ACP and Support in Care Homes: Logic Model [Page 4 of 4]



Women's Health Psychological Service [Page 1 of 5]



Project	Update as at	Commentary	RAG	Trend
Women's Health Psychological Service (TT0020)	January 2025	Fully running. The project went live for referrals in November 2023 and we have been collecting the data accordingly across the three funding clusters (SC, NC, 2T's).		



- Project Start Date: November 2023
- Project End Date: September 2025
- Narrative updated 22/01/2025

Women's Health Psychological Service [Page 2 of 5]

Women's Health Psychological Service: PROMs (General) [Page 3 of 5]

Referral Form ID: All | Cluster: Tywi / Taf | Age Group: All

PROMs / PREMs - Page 1

2 Baseline Responses

2 Outcome Responses

Patient Health Questionnaire (PHQ)

This easy to use patient questionnaire is a self-administered version of the PRIME-MD diagnostic instrument for common mental disorders. The PHQ-9 is the depression module, which scores each of the nine DSM-IV criteria as "0" (not at all) to "3" (nearly every day). It has been validated for use in primary care.

Average of PHQ-9

Depression severity scale:

0-4:	No depression
5-9:	Mild depression
10-14:	Moderate depression
15-19:	Moderately severe depression
20-27:	Severe depression

Generalised Anxiety Disorder (GAD)

This easy-to-use self-administered patient questionnaire is used as a screening tool and severity measure for generalised anxiety disorder (GAD).

Average of GAD-7

Anxiety severity scale:

0-4:	No anxiety
5-9:	Mild anxiety
10-14:	Moderate anxiety
15-21:	Severe anxiety

EuroQol Visual Analogue Scale (EQ VAS)

The EQ VAS records the patient's self-rated health on a vertical visual analogue scale where the endpoints are labelled 'The best health you can image' (100) and 'The worst health you can image' (0). The VAS can be used as a quantitative measure of health outcome that reflects the patient's own judgement.

Average of EQ VAS

Pain Self-Efficacy Questionnaire (PSEQ)

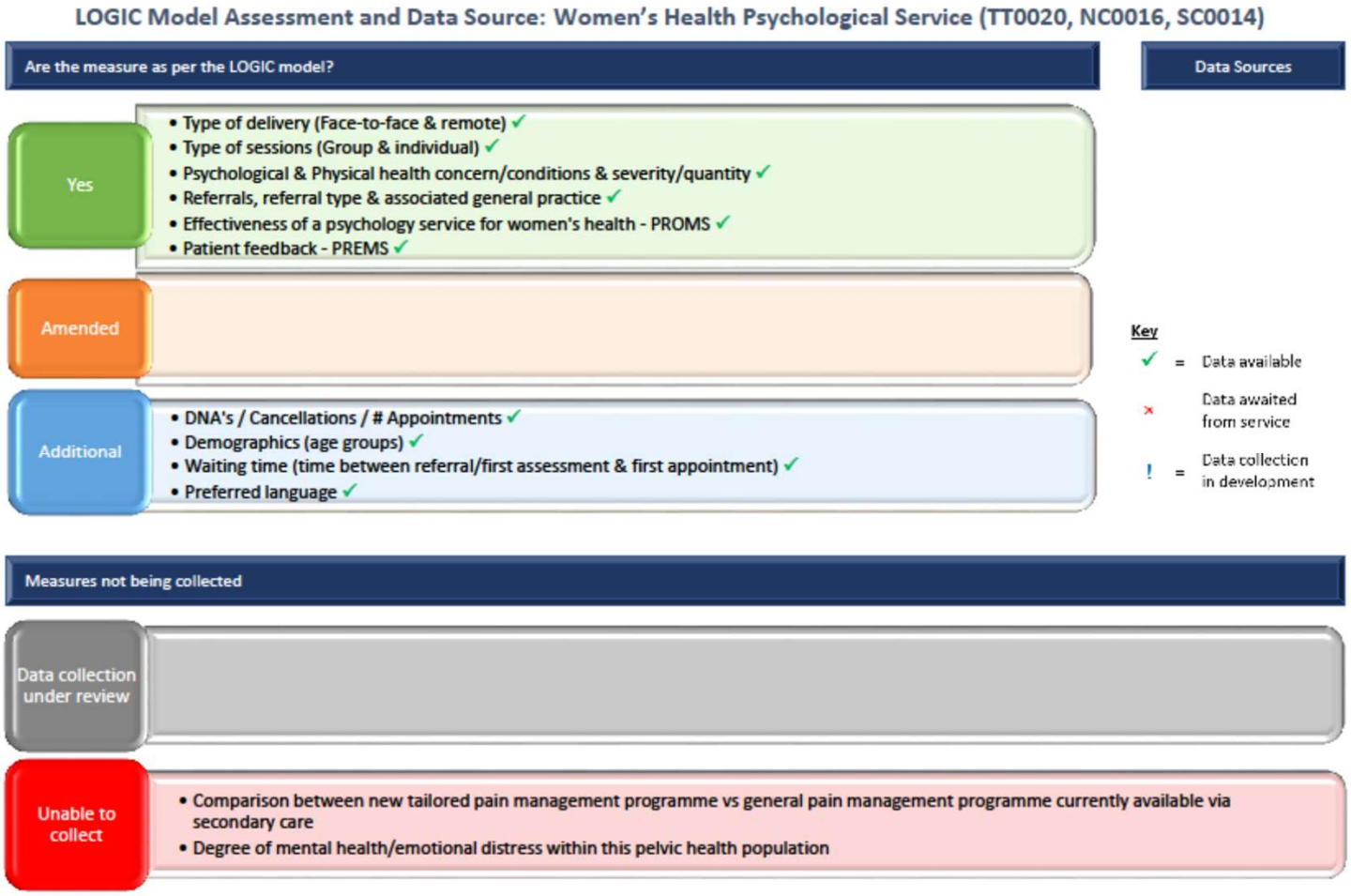
The Pain Self-Efficacy Questionnaire (PSEQ) is a 10-item questionnaire developed to assess the confidence people with ongoing pain have in performing activities while in pain, 0 being 'not at all confident' & 6 being 'completely confident'.

Average of PSEQ

How likely are you to recommend our service to friends and family if they needed similar care or treatment?

Women's Health Psychological Service: PROMs (EQ-5D-L) [Page 4 of 5]

Women's Health Psychological Service: Logic Model [Page 5 of 5]

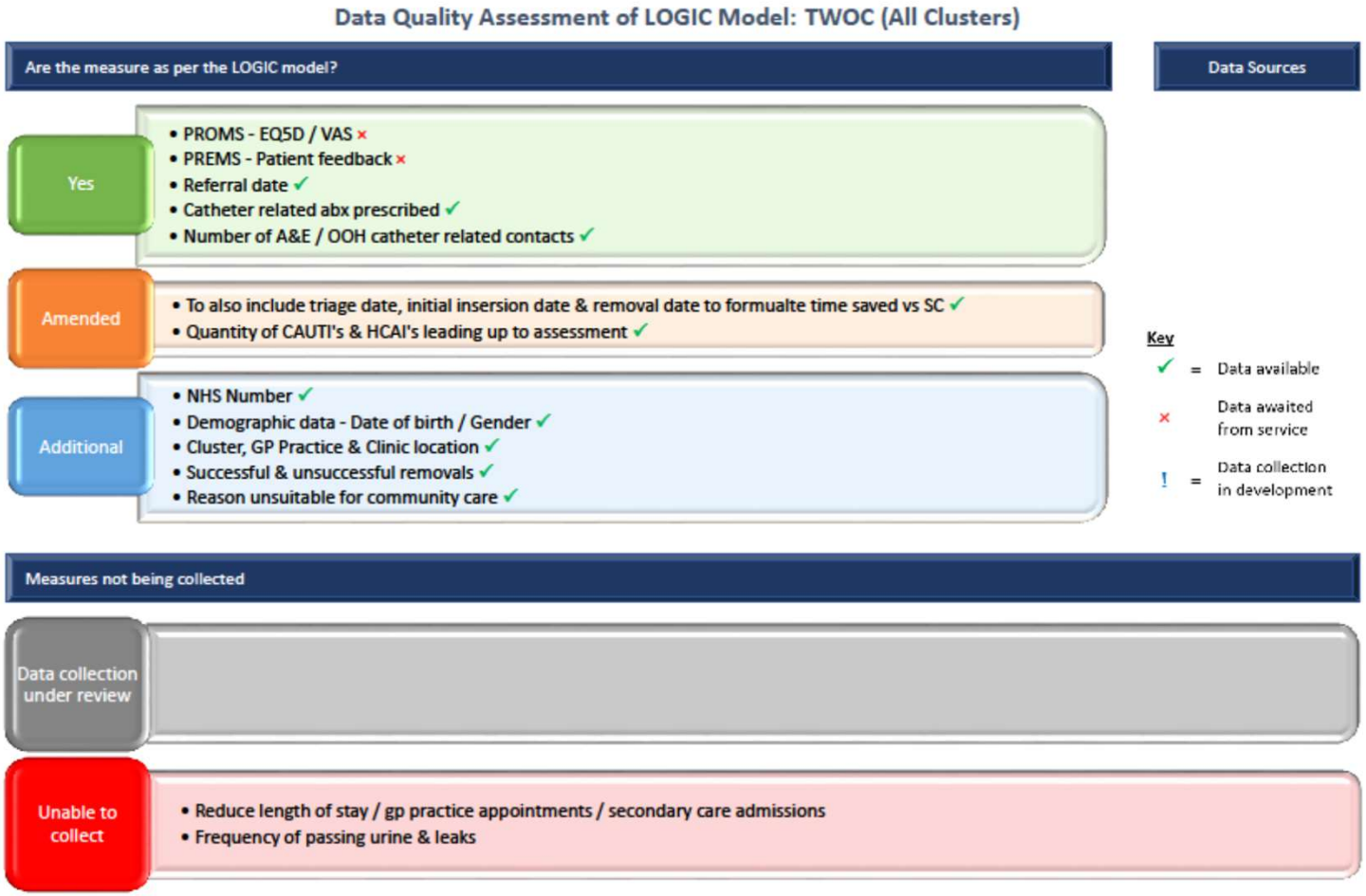


Trial without Catheter [Page 1 of 2]

Project	Update as at	Commentary	RAG	Trend
Trial without Catheter (TWOC) (TT0021)	January 2025	Clinics are running with no concerns raised. Cluster funding for this project stops 17/02/25.		

- Project Start Date: May 2024
- Project End Date: May 2025
- PROMS / PREMS data not provided.
- Narrative updated 22/01/2025

Trial without Catheter [Page 2 of 2]



Cluster Pharmacist

Code	Name
TT0023	Pharmacist

Baseline	Aim	Update as at	Commentary	RAG	Trend
		Jan 2025	1 of the cluster pharmacists has resigned from the position, leaving 2 pharmacists and 1 vacant post within the cluster.	▲	↓

Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend

- Project Start Date: TBA
- Project End Date: Ongoing
- Measurement data not routinely reported. Matt McGivern undertook an evaluation of activity and long-term use. This report has been shared with cluster leads at the September Locality Leads meeting.
- Cluster Lead and PCSM to confirm ongoing pharmacist requirements and then dashboard monitoring to be put in place.
- Narrative updated 22/01/2025

Generic Tech (Physiotherapy)

Code	Name
TT0024	Generic tech (Physiotherapy)

Baseline	Aim	Update as at	Commentary	RAG	Trend
		Jan 2025	The generic tech deals with referrals from MDTs for patients with mobility issues, and is embeded within the physiotherapy team.		

Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend

- Project Start Date: TBA
- Project End Date: Ongoing
- Narrative updated 22/01/2025

North Ceredigion

Finance

Current Projects

Ref	Name	Reporting Period	Project RAG	Project Trend	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
NC0001	To provide counselling services for children ages 13-17 & 18-30yrs	Q3 24/25			£26,250	£35,000		£35,000
NC0005	Continue to deliver Physiotherapy in General Practice	Q3 24/25			£45,794	£58,272		£58,272
NC0006	Set up and deliver Community Catheter Clinics	Q3 24/25			£2,433	£2,433		£2,433
NC0015	Psychology in Primary Care - Chronic pain management	Q3 24/25			£30,600	£44,301		£44,301
NC0016	Women's Health Psychological Service	Q3 24/25			£32,584	£44,175		£44,175
NC0017	Physician Associate	Q3 24/25			£56,560	£96,914		£96,914
NC0018	Trial without Catheter (TWOC)	Q3 24/25			£5,783	£6,736		£6,736
NC0020	PAPYRUS	Q3 24/25			£32,679	£39,941		£39,941
Total					**£232,684**	**£327,771**		**£327,771**

Completed Projects / Other Spend

Ref	Name	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
NC Ad Hoc	Ad hoc spend (cluster meetings, phones)	£205	£455		£455
NC????	Spend Unknown	£708	£708		£708
NC0014	Singing for lung health (Skylarks)	£833	£833		£833
Total		**£1,745**	**£1,995**		**£1,995**

Cluster Overview

Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend	Total Budget	Over / (under) spend
£234,429	£329,767		£329,767	£336,230	-£6,463

Area 43: Counselling services for children

Code	Name
NC0001	To provide counselling services for children ages 13-17 & 18-30yrs

Baseline	Aim	Update as at	Commentary	RAG	Trend
-Patients experiencing mental health and wellbeing issues are referred into existing NHS mental health services'	To provide counselling services for children and adults when they need it.	Jan 2025	The service is operating well across the county of Ceredigion, supported by both South and North Clusters. There are monthly reports and meetings in the diaries to discuss progress and evaluate the data reported. There is a current concern that due to the withdrawal of funding from HEFCU to support the University's contract with Area 43, that the organisation will experience an influx of patients that will need to be evaluated and treated under the much smaller element that is funded by Cluster funds; the PCSMs continue to work with the CEO of Area 43 to monitor this weekly and to mitigate any crushing demand as soon as possible. This has not materialised as expected, and so the Service is operating in a very stable manner currently, while the Service continues to become more widely known across the County. The PCSMs are helping to develop more granular data collection to understand the impact, the referral pathways, and the geographical sources of referrals so that the supporting efforts of the Health Board can be better tailored to avoid focusing on resources that don't return a great benefit.	▲	↑

Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
M00135	Reduction in the number of people needing secondary care intervention for deteriorating mental health and well-being		Mar 2023	Jan 2025	Not capturing this data, but we are redesigning the data capture to provide granular insights.		▲	↑
M00136	Numbers of people referred into the service		Mar 2023	Jan 2025	Granular data capture is being developed to better understand the cohort of patients using the Service.	208	▲	↑
M00137	Patient feedback		Mar 2023	Jan 2025	Told that additional positive feedback has been received by the Service, but is yet to be shared with the PCSMs.		●	↑

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
AC00118	Service to commence	April 2023	Jan 2025	The project went live for referrals on Dec 1st via a self-referral model.	●	→
AC00119	Practices and cluster to advertise start of service	April 2023	Jan 2025	Start date highlighted to practices and bilingual promotional materials have been supplied by Area43 and circulated.	●	→
AC00117	Contract awarded	April 2023	Jan 2025	Contract awarded and the project went live for referrals from Dec 1st 2023.	●	→

- Project Start Date: November 2023
- Project End Date: November 2025
- Narrative updated 27/01/2025

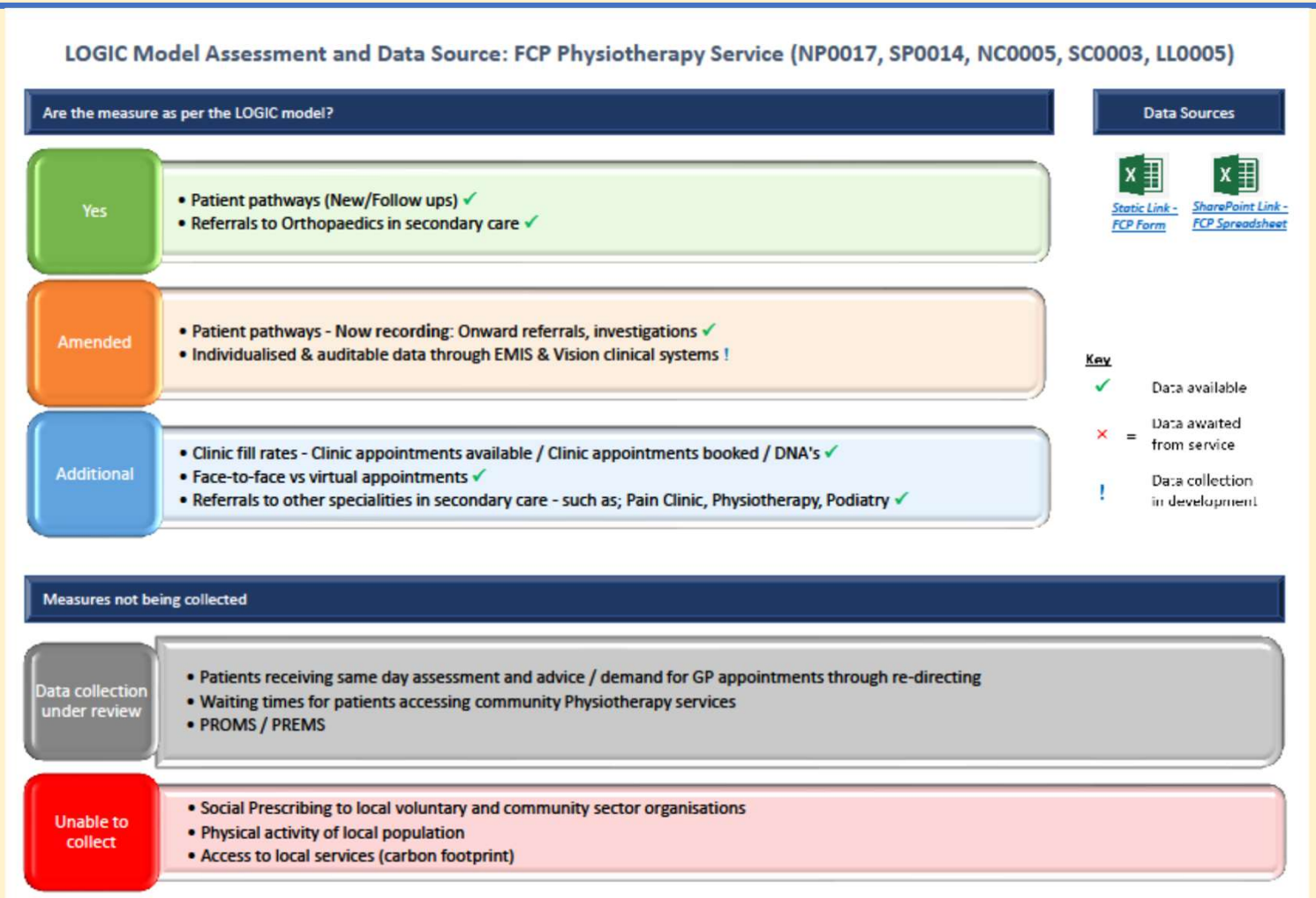
First Contact Practitioner Physiotherapy Service [Page 1 of 2]

Project	Update as at	Commentary	RAG	Trend
Continue to deliver Physiotherapy in General Practice (NC0005)	January 2025	Rajeev is progressing well in the North Ceredigion cluster, and will be undertaking non-medical imaging training in order to progress along his developmental pathway. This will also ensure that no GPs will be required to authorise his imaging requests, further streamlining the Cluster's ability to deliver treatment to patients in a timely manner. Despite being a stable service, this project has now long overrun a typical Cluster-funded project lifecycle. The expectation seems to be that Clusters will fund this service indefinitely, which contradicts the scrutiny applied to all other Cluster projects. We have other very succesful, very stable projects that are struggling to secure recurrent funding. This arrangement is currently being reviewed and will be taken to the Health Board for further advice and guidance.		

Data Quality Risk

- Project Start Date: 2020
- Project End Date: Jan 2024, but still ongoing
- Data is being collated, however as auditable individualised data is not being collected, this has been flagged as a Data Quality Risk.
- New data extraction methods are being explored by the physio department (South Pembrokeshire cluster is supporting). However, these are yet to be agreed.
- Narrative updated 27/01/2025

First Contact Practitioner Physiotherapy: Logic Model [Page 2 of 2]



Set up and deliver Community Catheter Clinics

Code	Name
NC0006	Set up and deliver Community Catheter Clinics

Baseline	Aim	Update as at	Commentary	RAG	Trend
-Project proposal approved. -SLA written. -Patients are not being seen post discharge from hospital in a timely manner	To set up the clinics in Aberaeron and Aberystwyth to serve the whole cluster population. To provide timely checks and intervention	Jan 2025	Catheter clinics continue to work will with the dedicated nurse that we employ for one day per week. The Health Board wide TWOC project should ensure that fewer patients will need to progress to Catheter Clinics if they are able to avoid long-term catheter use by appropriate and timely intervention.	▲	→

Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
M00150	Number of patients receiving care in the community		Mar 2023	Jan 2025	The Catheter Nurse is employed on a bank basis, and data capture is difficult due to her part-time employment, and transfer of information. I have asked the Practice to provide the patient numbers, as the new Clinical Lead for the Cluster wants to evaluate the Service with a view to possibly redesigning the delivery model.		●	↑
M00151	Number of patients attending catheter clinics		Mar 2023	Jan 2025	Number of patients varies due to demand at any given time.		●	→
M00152	Current average waiting time between hospital discharge and accessing service		Mar 2023	Jan 2025	Not gathered.		●	→
M00153	Patient satisfaction (percentage terms) from service		Mar 2023	Jan 2025	Not capturing this data.		●	→

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
AC00133	Ensure competencies are signed off	April 2023	Jan 2025	Yes - Ystwyth signs off service/HCSW	●	→
AC00134	Ensure supplies are available for service continuity	April 2023	Jan 2025	Supplies provided by Ystwyth as required.	●	→
AC00132	Appoint nurse	April 2023	Jan 2025	Practice nurse appointed.	●	→
AC00137	Obtain patient feedback	April 2023	Jan 2025	Patient feedback being collected - awaiting data set.	▲	↑
AC00135	Identify patients	April 2023	Jan 2025	Ongoing.	●	→
AC00136	Schedule clinics	April 2023	Jan 2025	Office manager scheduling clinics.	●	→

- Project Start Date: Feb 2022
- Project End Date: Ongoing
- Data Quality - Measurement data is technically available, but difficult to extract and not routinely collected.
- Narrative updated 27/01/2025

Early Intervention Pain Services

Code	Name
NC0015	Psychology in Primary Care - Chronic pain management

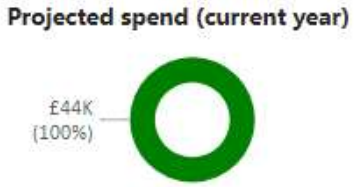
Baseline	Aim	Update as at	Commentary	RAG	Trend
Cluster has funded a psychology assistant to work within the pain management team	To support individuals with chronic pain to manage their pain through a bio-psycho-social model	Jan 2025	This Service continues to work extremely well. Following presentations at Locality Leads and GP and Cluster Collaborative groups in 2024, the possibility of mainstreaming this project has now accelerated and will be taken to the Health Board for consideration. The North Ceredigion and Amman Gwendraeth Clusters have agreed to temporarily extend the funding for the project to ensure no disruption to the Service is felt by patients or staff while this is being undertaken.		

Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
M00183	patients identified use of pain medication before & after participation on course		Mar 2023	Jan 2025	This data isn't captured - quantified feedback has been collected regarding the patients' moods before and after treatment via EIPS, as well as perceived levels of intervention. All positive.			
M00184	Patient satisfaction (percentage terms) from service		Mar 2023	Jan 2025	Excellent reported feedback from patients/referred individuals.	97.0%		
M00182	Numbers of patients referred to chronic pain management cllinic		Mar 2023	Jan 2025	Entire Service Data Pack is currently being prepared for presentation to the Health Board.			

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
AC00156	Cluster to engage with the psychology assistant	April 2023	Jan 2025	The Cluster engages extremely well with the psychology assistant, and has commented several times on how invaluable she is to our GMS Services.		
AC00155	Cluster to identify suitable individuals to attend sessions	April 2023	Jan 2025	Service continues to receive referrals, but currently ensuring that the cluster has adequate exposure to the project and to its benefits. Team attended collaborative meeting in September to present data and was very well received, fuelling discussions for extended funding beyond March 2025.		

- Project Start Date: 2020
- Project End Date: Ongoing
- Narrative updated 27/01/2025

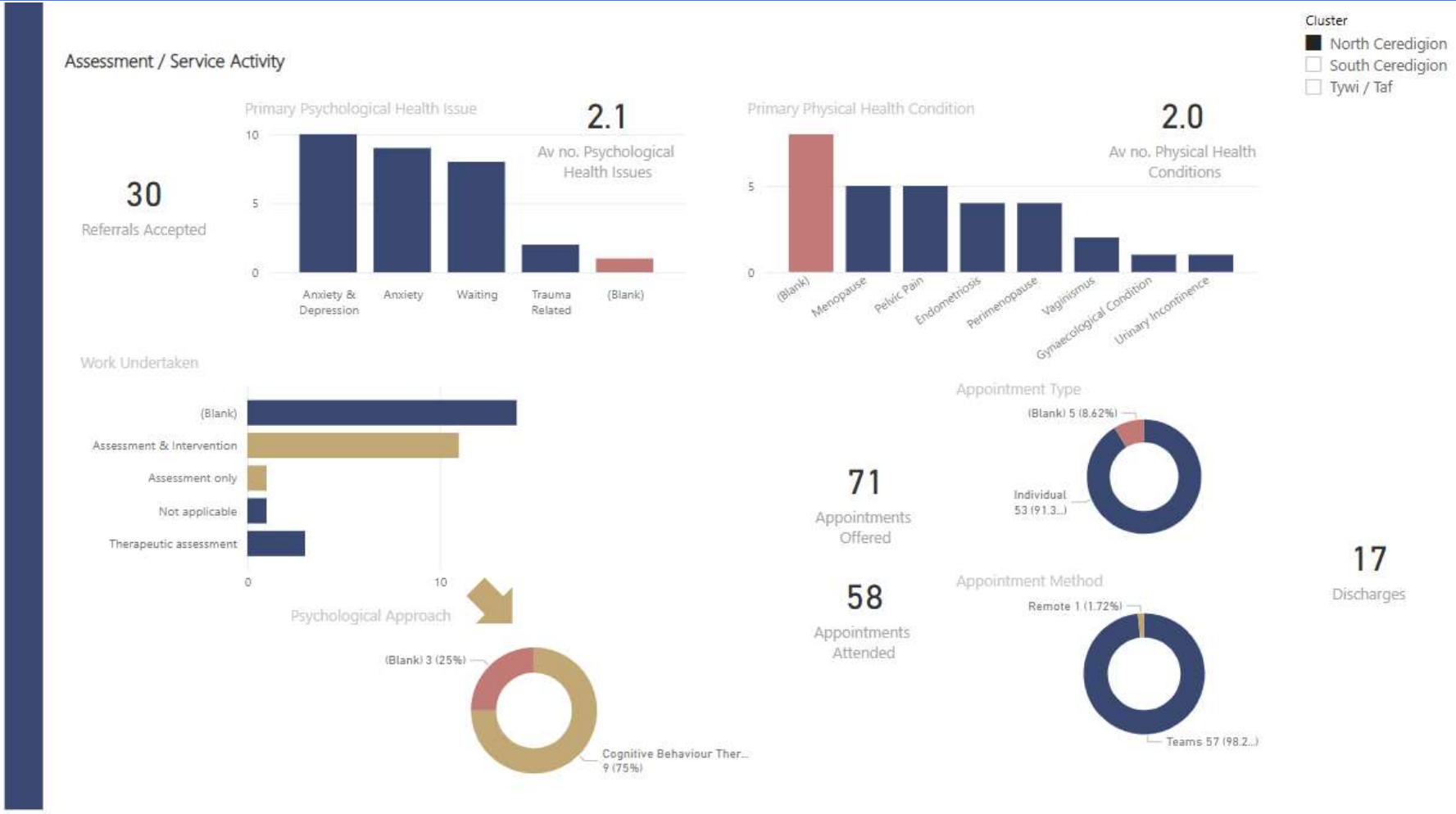
Women's Health Psychological Service [Page 1 of 5]



Project	Update as at	Commentary	RAG	Trend
Women's Health Psychological Service (NC0016)	January 2025	The service went live for referrals from mid November 2023, with approximately 30 patients having been referred through to date. The three funding clusters; South Ceredigion, North Ceredigion and 2T's have agreed to finance the backfill of maternity leave for the lead clinician to ensure the continuation of the project in Y2. Data will be reviewed at 18-month mark to evaluate possibility of a year's extension to strengthen possibility of mainstreaming. Maternity leave has commenced as of August 2024, and so the replacement Clinical Psychologist has begun to pick up this work now, and is extremely driven and enthusiastic about developing this Service as well and as much as possible. Considerable scrutiny and data reviews will be undertaken this year in the hope that this project will also be mainstreamed by the Health Board.		

- Project Start Date: November 2023
- Project End Date: September 2025
- Narrative updated 27/01/2025

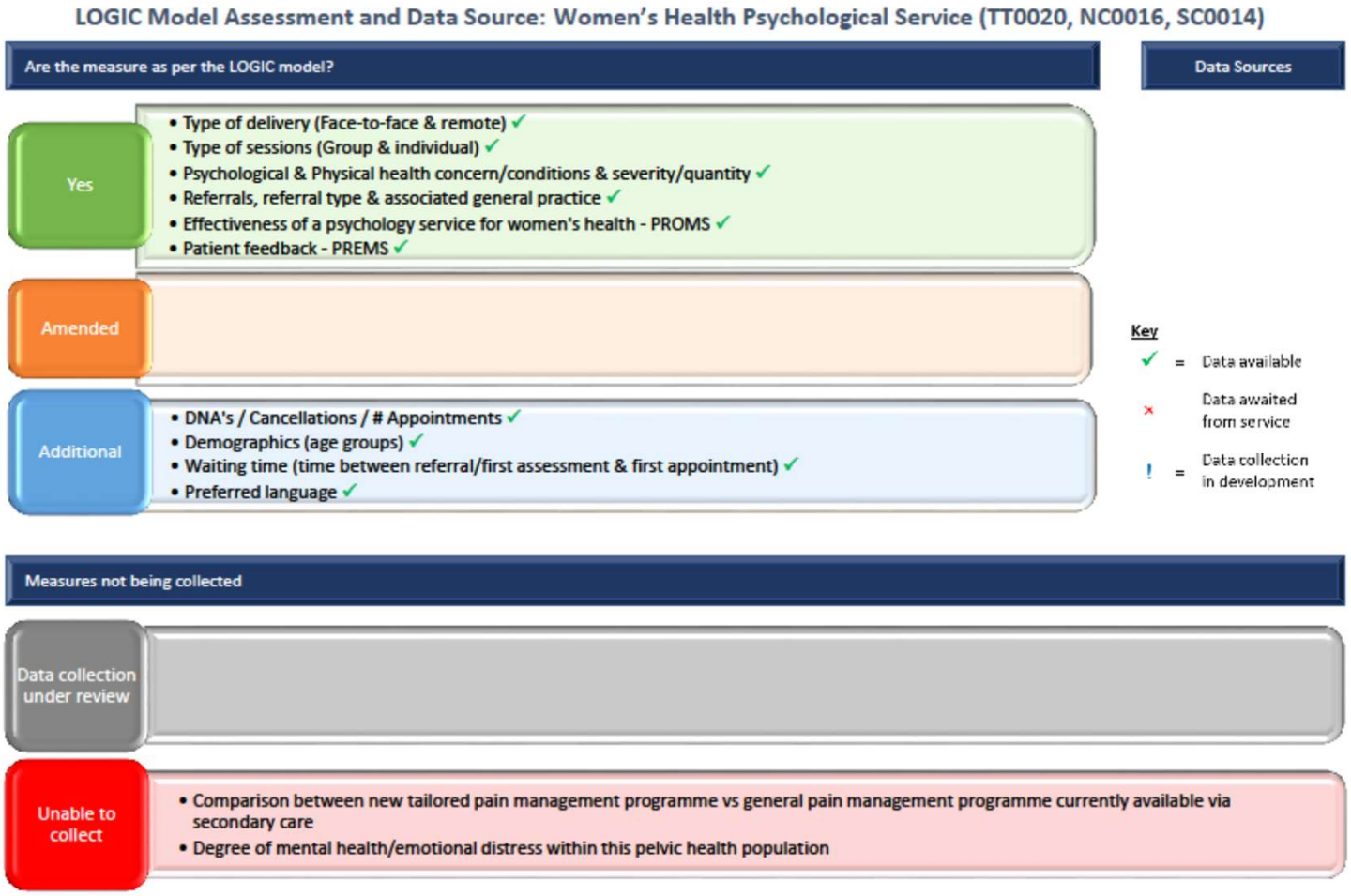
Women's Health Psychological Service [Page 2 of 5]



Women's Health Psychological Service: PROMs (General) [Page 3 of 5]

Women's Health Psychological Service: PROMs (EQ-5D-L) [Page 4 of 5]

Women's Health Psychological Service: Logic Model [Page 4 of 4]



Physician Associate [Page 1 of 2]

Project	Update as at	Commentary	RAG	Trend
Physician Associate (NC0017)	January 2025	The PA Development Manager has been working with the PC Academy staff, as well as Cluster clinicians in order to provide a retrospective analysis of the PAs working within the Health Board. There is currently one PA who is on rotation until November 2025, and the scrutiny of their perfomance will be more robust once an evaluation plan has been confirmed between the Senior Clinical Team members. This has nearly been finalised, among concerning guidance published by the RCGP this month regarding the viability of PAs as a long-term solution in General Practice. Necessary data inputs have been re-requested of the project from January 2025 in order that a full and proper evaluation can be undertaken for the Service. This project and subsequent Cluster funding will cease in November 2025.		

READ Code	Count
1N...00	135
6A...00	131
171..00	90
8H9..00	60
9N7..11	54
9n31.00 telephone	47
16..13	38
1J4..00	36
H27z.11	36
1C9..00	29
H05z.00	25
9N31.00	23
1B1G.00	17
H03..00	17
N142.11	16
1969.00	15
16C5.00 C/O Low back pain	12
1C...12	11
F501.00	11
H06z000 Chest infection	11
Total	**814**

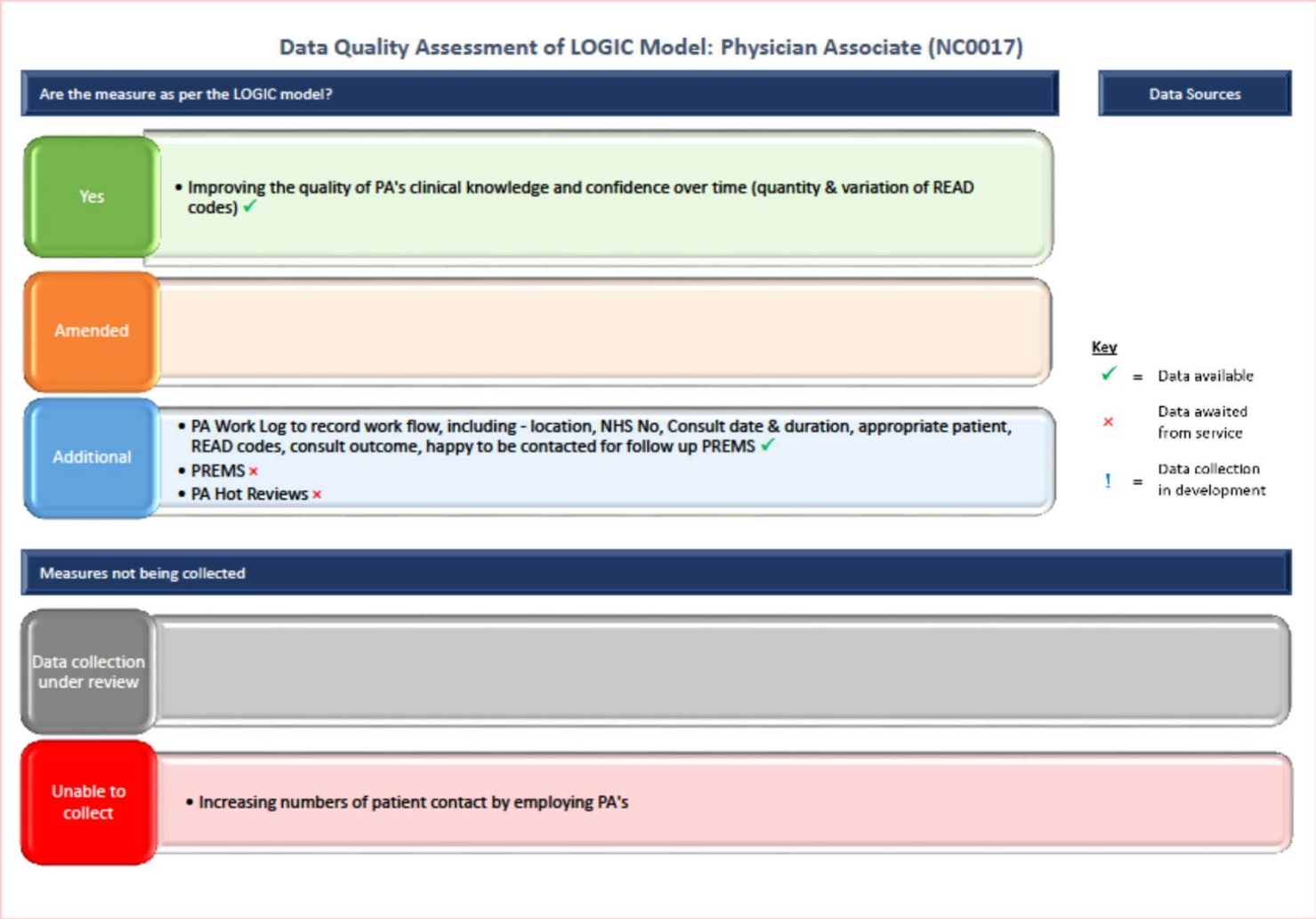
- Project Start Date: Apr 2022
- Project End Date: Ongoing
- Data input is ongoing but project still being developed - no data yet obtained regarding patient experience outcome measures.
- Narrative updated 27/01/2025

Physician Associate [Page 1 of 2]

Project	Update as at	Commentary	RAG	Trend
Physician Associate (NC0017)	January 2025	The PA Development Manager has been working with the PC Academy staff, as well as Cluster clinicians in order to provide a retrospective analysis of the PAs working within the Health Board. There is currently one PA who is on rotation until November 2025, and the scrutiny of their perfomance will be more robust once an evaluation plan has been confirmed between the Senior Clinical Team members. This has nearly been finalised, among concerning guidance published by the RCGP this month regarding the viability of PAs as a long-term solution in General Practice. Necessary data inputs have been re-requested of the project from January 2025 in order that a full and proper evaluation can be undertaken for the Service. This project and subsequent Cluster funding will cease in November 2025.		

No feedback has been collected.

Physician Associate [Page 2 of 2]

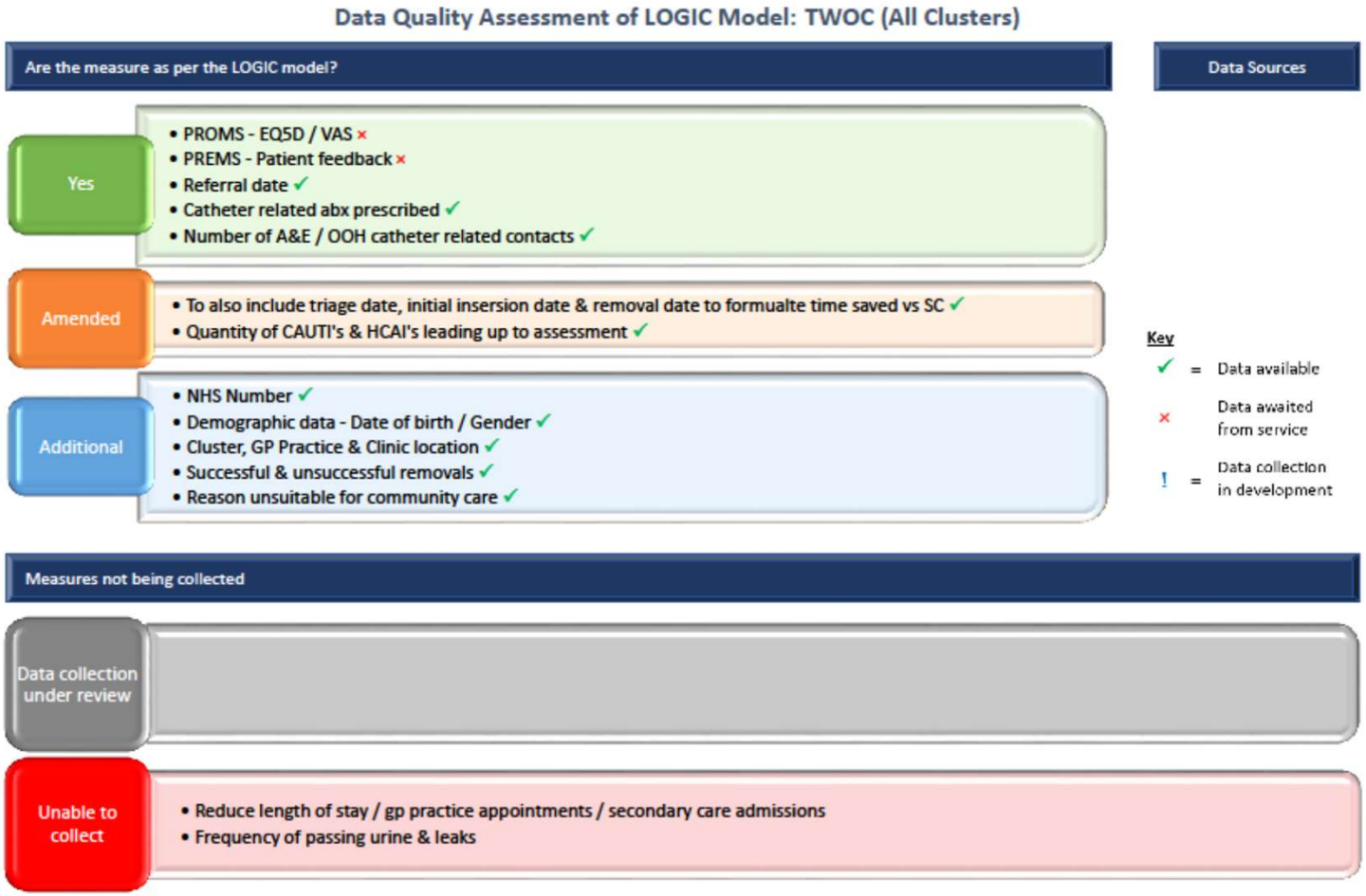


Trial without Catheter [Page 1 of 2]

Project	Update as at	Commentary	RAG	Trend
Trial without Catheter (TWOC) (NC0018)	January 2025	This service has endured a few changing tides within its first few months of operation. Replacement staff have needed to be recruited, which has now been done. No regular Service data is provided by TWOC, and it's Cluster funding will cease in February 2025 bringing the project to an end.	▲	↓

- Project Start Date: February 2024
- Project End Date: February 2025
- PROMS / PREMS data not provided.
- Narrative updated 27/01/2025

Trial without Catheter [Page 2 of 2]



Optom Equipment [Page 1 of 1]

No financial reporting

Project	Update as at	Commentary	RAG	Trend
Optom Equipment (NC0019)	January 2025	Equipment has been delivered this year to all Optometry Practices, and feedback forms have been developed for introduction to the practices. This will allow us to evaluate the efficiency of the funded equipment, and what number of admission avoidances the equipment provides.	▲	↑

Approved due to begin: March 2024

Project duration: 2 Years

Project Status: No Data

Data quality comments: No data yet collected

- Project Start Date: March 2024
- Project End Date: March 2026
- Data has not been provided.
- Narrative updated 27/01/2025

PAPYRUS

Code	Name
NC0020	PAPYRUS

Baseline	Aim	Update as at	Commentary	RAG	Trend
		Jan 2025	Papyrus was commissioned in February 2023 to provide sucide prevention training to all GP practice staff in North Ceredigion. To date only 1 training session has gone ahead and this didn't deliver the expected outcomes. Other training sessions have been delivered to community organisations. Concerns have been escalated to the Chief Exec of Papyrus and we continue to wait for a meeting to discuss these.		

Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend

- Project Start Date: Feb-23
- Project End Date: Feb-25
- Narrative updated 27/01/2025

South Ceredigion

Finance

Current Projects

Ref	Name	Reporting Period	Project RAG	Project Trend	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
SC0003	Physiotherapy in General Practice	Q3 24/25	◆	→	£47,426	£62,272		£62,272
SC0009	Area 43 Online Counselling Service for 13 – 30 year olds	Q3 24/25		→	£26,250	£35,000		£35,000
SC0010	Frailty Team	Q3 24/25	●	→	£111,894	£150,635	£2,268	£152,903
SC0012	National Exercise Referral Scheme (NERS)	Q3 24/25	●	→	£24,000	£32,000		£32,000
SC0014	Women's Health Psychological Service	Q3 24/25	●	→	£33,211	£46,201		£46,201
SC0015	Trial without Catheter (TWOC)	Q3 24/25	●	↑	£5,783	£6,736		£6,736
SC0017	Occupational Therapist relating to Frailty	Q3 24/25				£20,504		£20,504
Total					**£248,565**	**£353,349**	**£2,268**	**£355,617**

Completed Projects / Other Spend

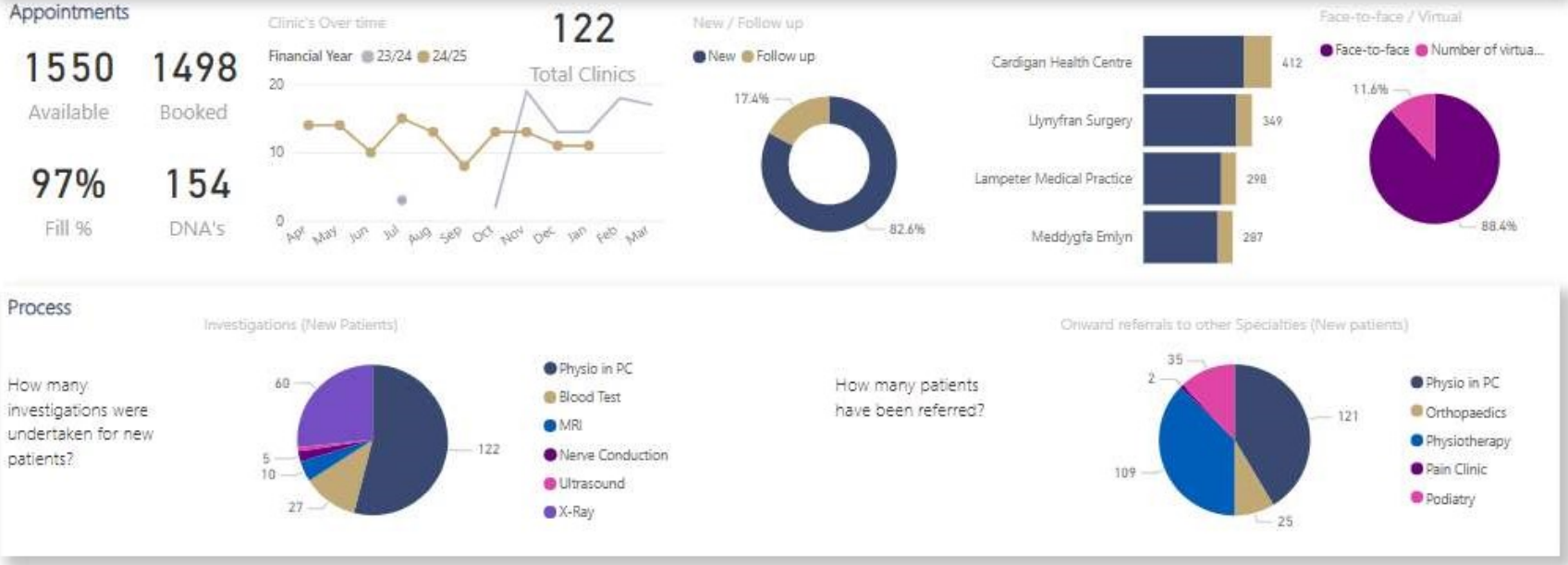
Ref	Name	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
SC Ad Hoc	Ad hoc spend (cluster meetings, phones)	£310	£310		£310
SC????	Spend Unknown	£1,001	£1,001		£1,001
Total		**£1,311**	**£1,311**		**£1,311**

Cluster Overview

Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend	Total Budget	Over / (under) spend
£249,876	£354,659	£2,268	£356,927	£363,051	-£6,124

First Contact Practitioner Physiotherapy Service [Page 1 of 2]

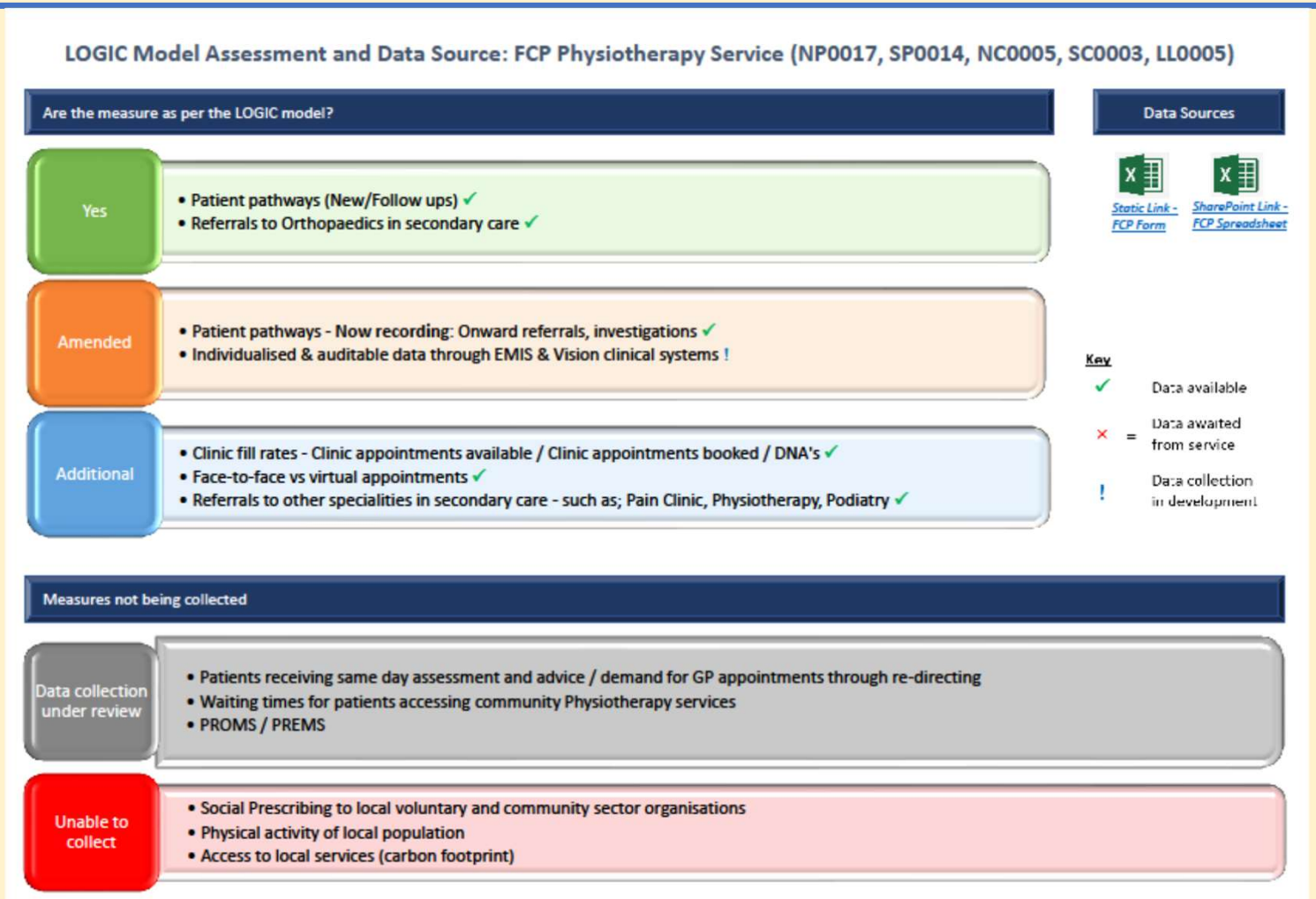
Project	Update as at	Commentary	RAG	Trend
Physiotherapy in General Practice (SC0003)	January 2025	This project has been RAG rated as red due to continuing issues around the data quality that is being collected, although there is a plan to rectify this in the immediate future. The cluster has four months left of the SLA unless the project is extended for a further term.		



Data Quality Risk

- Project Start Date: 2020
- Project End Date: Jan 2024, but still ongoing
- Data is being collated, however as auditable individualised data is not being collected, this has been flagged as a Data Quality Risk.
- New data extraction methods are being explored by the physio department (South Pembrokeshire cluster is supporting). However, these are yet to be agreed.
- Narrative updated 27/01/2025

First Contact Practitioner Physiotherapy: Logic Model [Page 2 of 2]



Area 43 Online Counselling Service

Code	Name
SC0009	Area 43 Online Counselling Service for 16 – 25 year olds

Baseline	Aim	Update as at	Commentary	RAG	Trend
To provide short term, online remote access to professional counselling services for young people aged 16 – 30 years old in the South Ceredigion GP cluster area.	Area 43 provide an ongoing service which is supported by all five practices	Jan 2025	The slots are all being filled by Area43 who recruited more conunsellers to cope with the above concern. PROMS / PREMS are positive for both clusters. A43 have been given an action plan to boost referals in South Ceredigion which includes forming partnerships with Ceredigion College and UWTSD.	▲	→

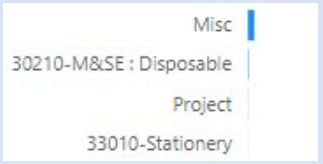
Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
M00323	No. of referrals to Area 43 Online Counselling Service		Mar 2023	Jan 2025	Referral rates have picked up as students have come back from the summer break.	40	●	→
M00324	Patient feedback		Mar 2023	Jan 2025	Feedback is positive, patients generally would like more sessions (after the 6) and also longer sessions were mentioned, which would not be feasible. Patients can in some cases, have two additional sessions if the counsellers feel it would be appropriate.	25	●	→

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend

- Project Start Date: November 2023
- Project End Date: November 2025
- Narrative updated 27/01/2025

Frailty Team

[Page 1 of 2]



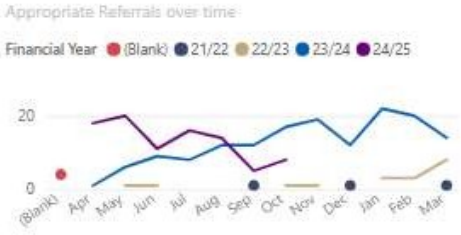
Project	Update as at	Commentary	RAG	Trend
Frailty Team (SC0010)	January 2025	Two new HCSW's have been recruited after lengthy delays in the process. One will begin in the team in Feb 2025 and the other in March 2025. The team have also had support from Heads of Community Nursing in Ceredigion to run a caseload audit, which has led to a reduction in their list and provided insight into how to better manage the caseload going forward.		

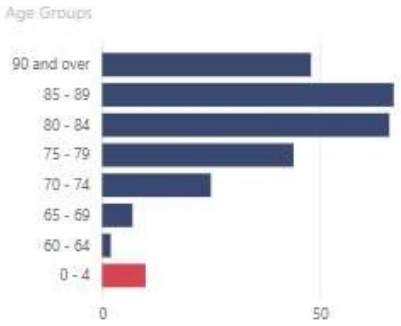
Referrals & Assessments

284
Referrals

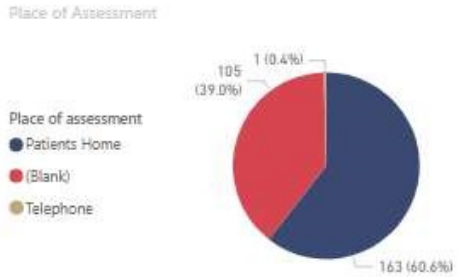
269
Appropriate Referrals

Referred by	Count
GP	156
Practice Nurse	40
MDT	36
ANP	9
ners	3
NOK	2
PHYSIO	2
PN	2
WAST	2
2ts	1
DN	1
ESDEC	1
Heart Failure Nurse	1
HF Nurse	1
Hospital	1
MIU	1
Practice Manager	1
SDEC	1
SW	1
Total	**262**





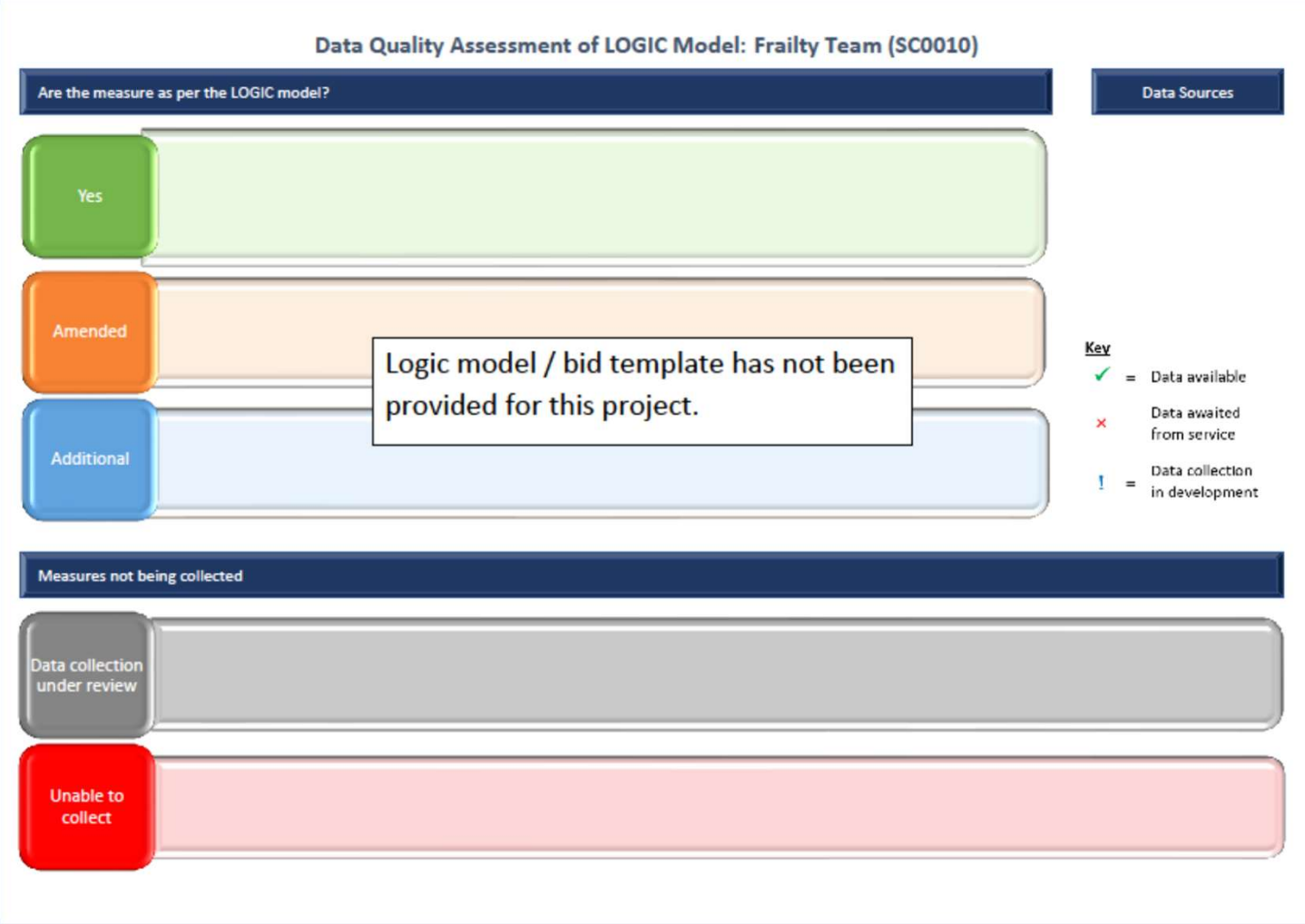
Presenting problem	Count
Functional independence	55
Functional performance	55
General Health Status	38
Cognition	8
Cognitive decline	3
Mood	2
Medication use	1
Unable to stand, needs urgent interim care bed to prevent hospital admission	1
Total	**163**



- Project Start Date: November 2019, however, data analytical support commenced November 2023
- Project End Date: Ongoing
- No project bid has been supplied and therefore no logic model assessment.
- New data collection method has been introduced to capture more robust data – this dashboard will be available for next quarter.
- Narrative updated 27/01/2025

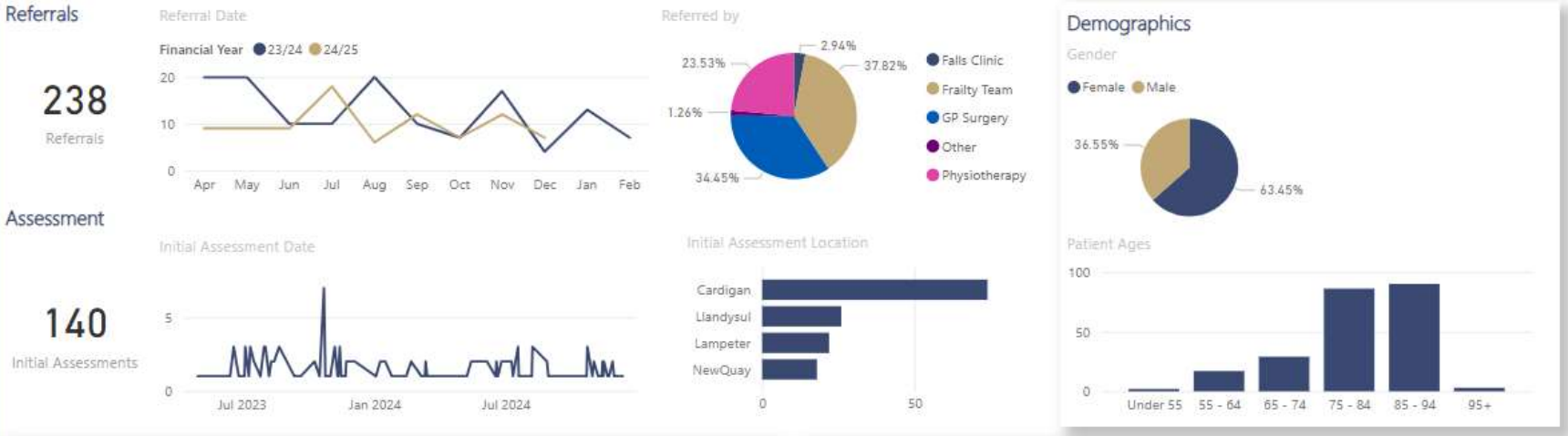
Frailty Team

[Page 2 of 2]



National Exercise Referral Scheme [Page 1 of 3]

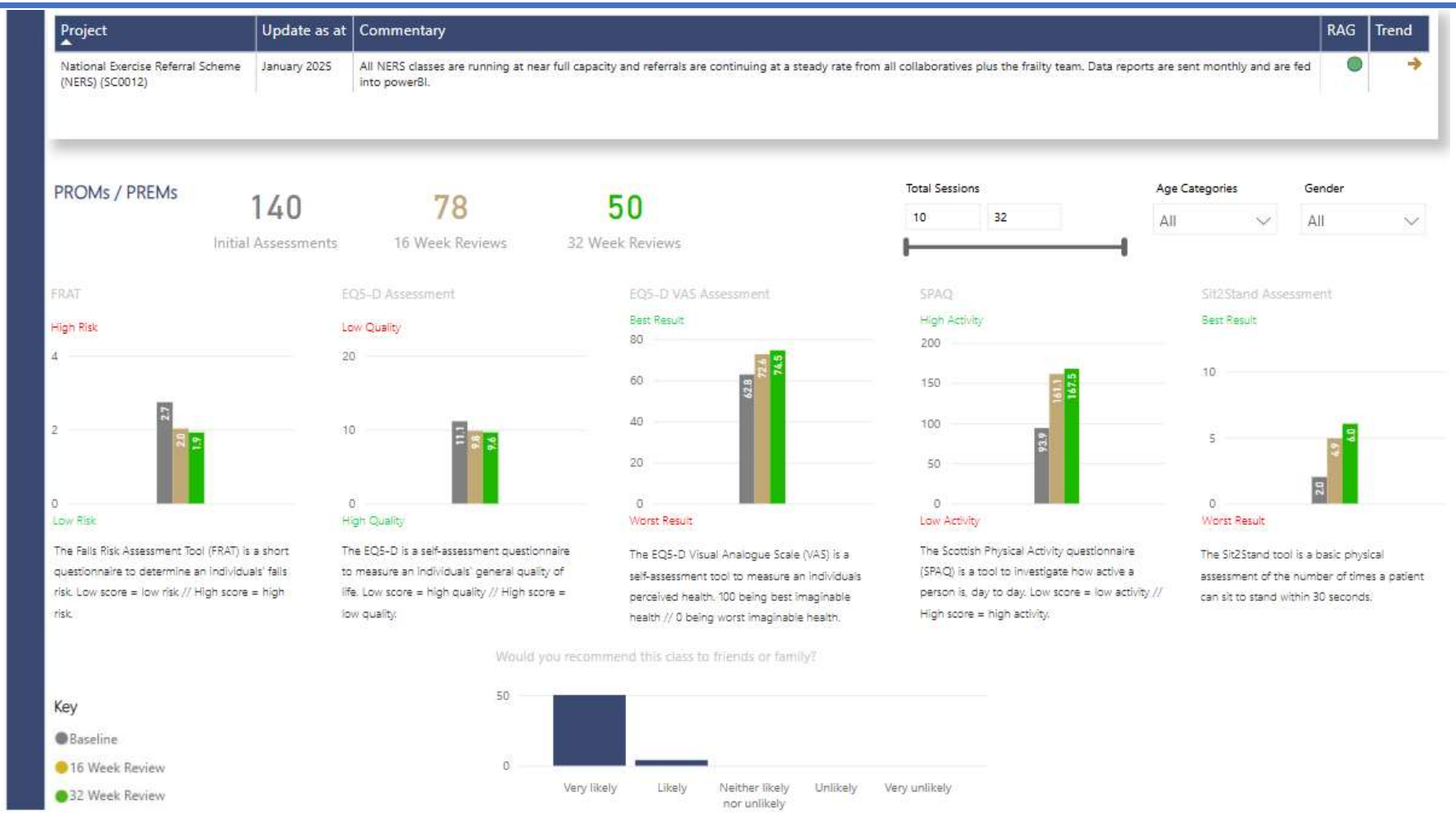
Project	Update as at	Commentary	RAG	Trend
National Exercise Referral Scheme (NERS) (SC0012)	January 2025	All NERS classes are running at near full capacity and referrals are continuing at a steady rate from all collaboratives plus the frailty team. Data reports are sent monthly and are fed into powerBI.		



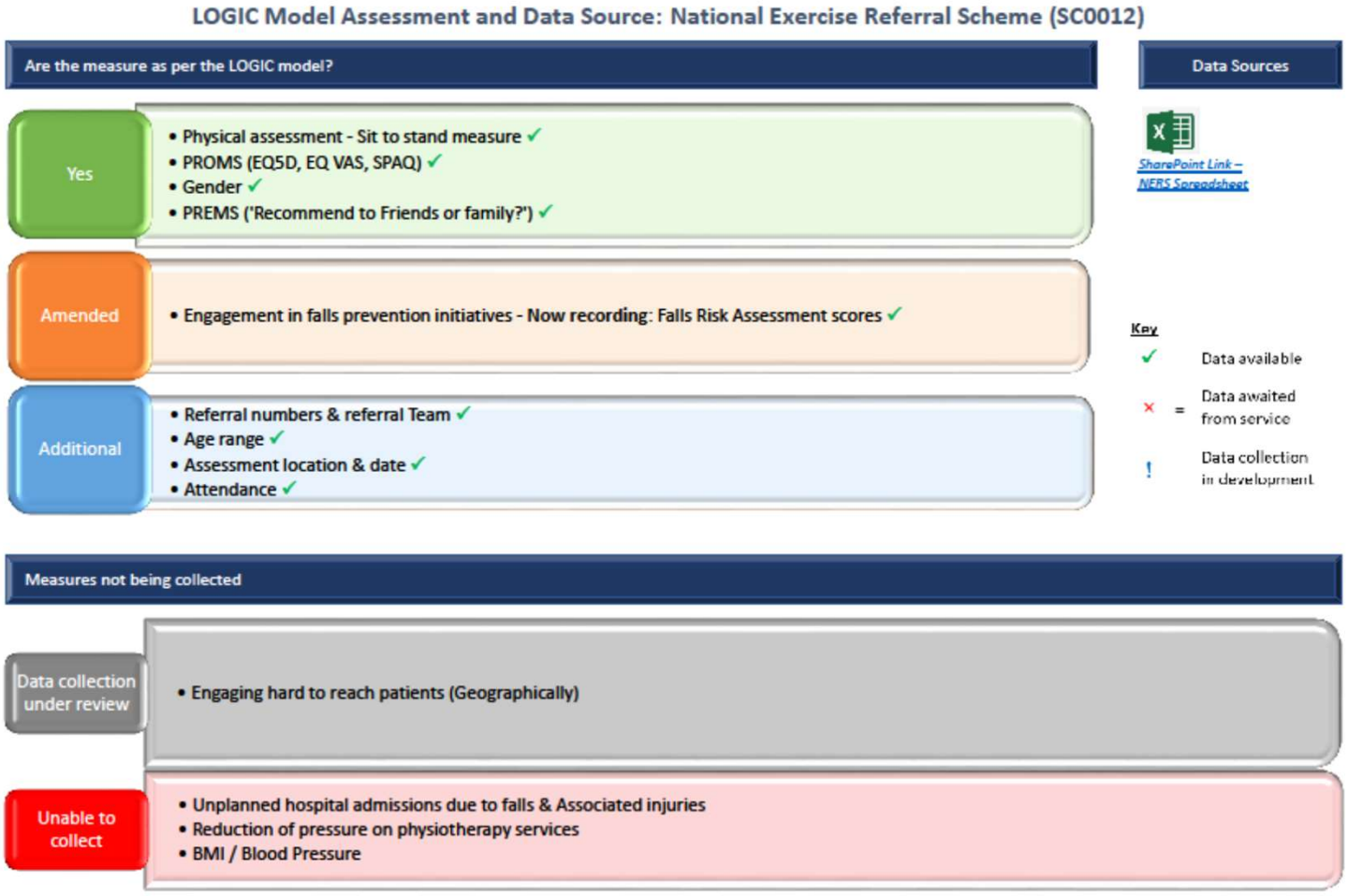
- Project Start Date: April 2022, but delayed to April 2023
- Project End Date: April 2025
- Narrative updated 27/01/2025

National Exercise Referral Scheme: PROMS & PREMS [Page 2 of 3]

Project	Update as at	Commentary	RAG	Trend
National Exercise Referral Scheme (NERS) (SC0012)	January 2025	All NERS classes are running at near full capacity and referrals are continuing at a steady rate from all collaboratives plus the frailty team. Data reports are sent monthly and are fed into powerBI.		



National Exercise Referral Scheme: Logic Model [Page 3 of 3]



Women's Health Psychological Service [Page 1 of 5]

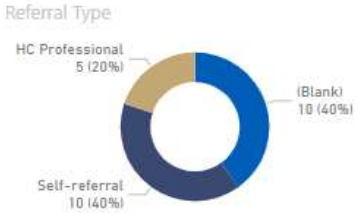
Project	Update as at	Commentary	RAG	Trend
Women's Health Psychological Service (SC0014)	January 2025	The project continues to see referrals from GP practices in the cluster. Rachel Herrick (clinical psychologist) has attended practice meetings at all practices in SC and cluster meetings to discuss referral criteria and raise the profile of the project. The project is currently on the Bevan Commission for 24/25.		

Referrals / Demographics

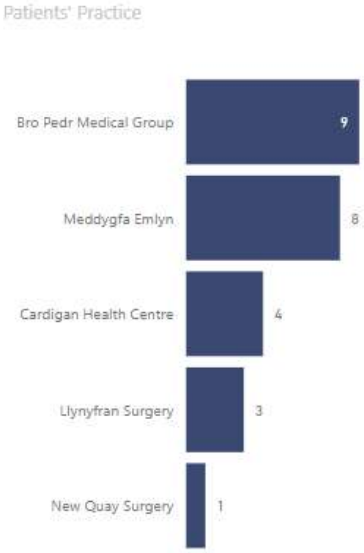
36
Referrals

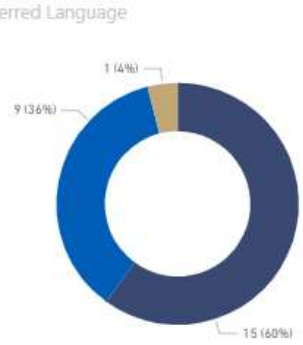
25
Referrals Accepted

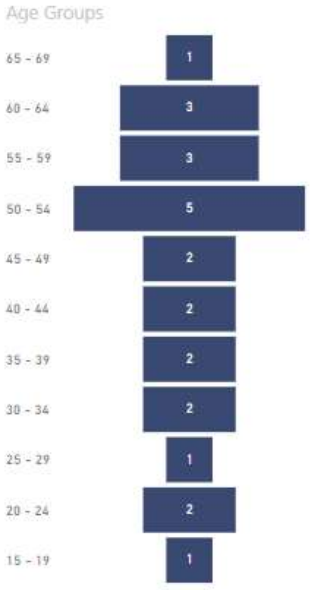
10.5
Average Waiting Time (Weeks)



Referrals by Profession Group	Count
	1
Enhanced Gynaecology Nurse	1
Medical Secretary	1
Pelvic Health Physiotherapist	1
Senior mental health practioner	1
Total	**5**







- Project Start Date: November 2023
- Project End Date: September 2025
- Narrative updated 27/01/2025

Women's Health Psychological Service [Page 2 of 5]

Women's Health Psychological Service: PROMs / PREMs (General) [Page 3 of 5]

Referral Form ID: All | Cluster: South Ceredigi... | Age Group: All

PROMs / PREMs - Page 1

3 Baseline Responses

3 Outcome Responses

Patient Health Questionnaire (PHQ)

This easy to use patient questionnaire is a self-administered version of the PRIME-MD diagnostic instrument for common mental disorders. The PHQ-9 is the depression module, which scores each of the nine DSM-IV criteria as "0" (not at all) to "3" (nearly every day). It has been validated for use in primary care.

Average of PHQ-9

Depression severity scale:

0-4:	No depression
5-9:	Mild depression
10-14:	Moderate depression
15-19:	Moderately severe depression
20-27:	Severe depression

Generalised Anxiety Disorder (GAD)

This easy-to-use self-administered patient questionnaire is used as a screening tool and severity measure for generalised anxiety disorder (GAD).

Average of GAD-7

Anxiety severity scale:

0-4:	No anxiety
5-9:	Mild anxiety
10-14:	Moderate anxiety
15-21:	Severe anxiety

EuroQol Visual Analogue Scale (EQ VAS)

The EQ VAS records the patient's self-rated health on a vertical visual analogue scale where the endpoints are labelled 'The best health you can image' (100) and 'The worst health you can image' (0). The VAS can be used as a quantitative measure of health outcome that reflects the patient's own judgement.

Average of EQ VAS

Pain Self-Efficacy Questionnaire (PSEQ)

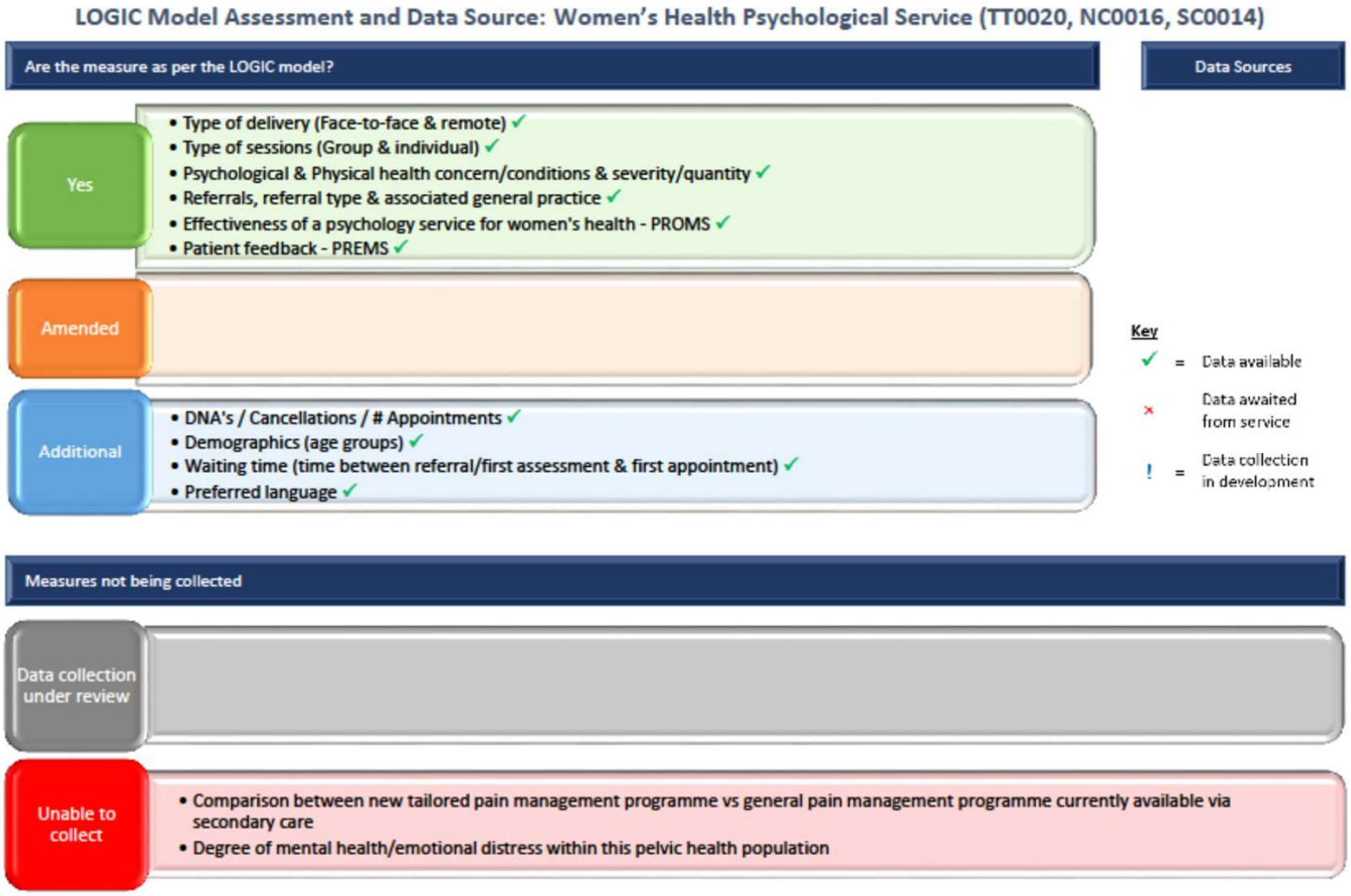
The Pain Self-Efficacy Questionnaire (PSEQ) is a 10-item questionnaire developed to assess the confidence people with ongoing pain have in performing activities while in pain, 0 being 'not at all confident' & 6 being 'completely confident'.

Average of PSEQ

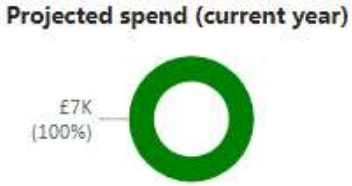
How likely are you to recommend our service to friends and family if they needed similar care or treatment?

Women's Health Psychological Service: PROMs (EQ-5D-L) [Page 4 of 5]

Women's Health Psychological Service: Logic Model [Page 5 of 5]



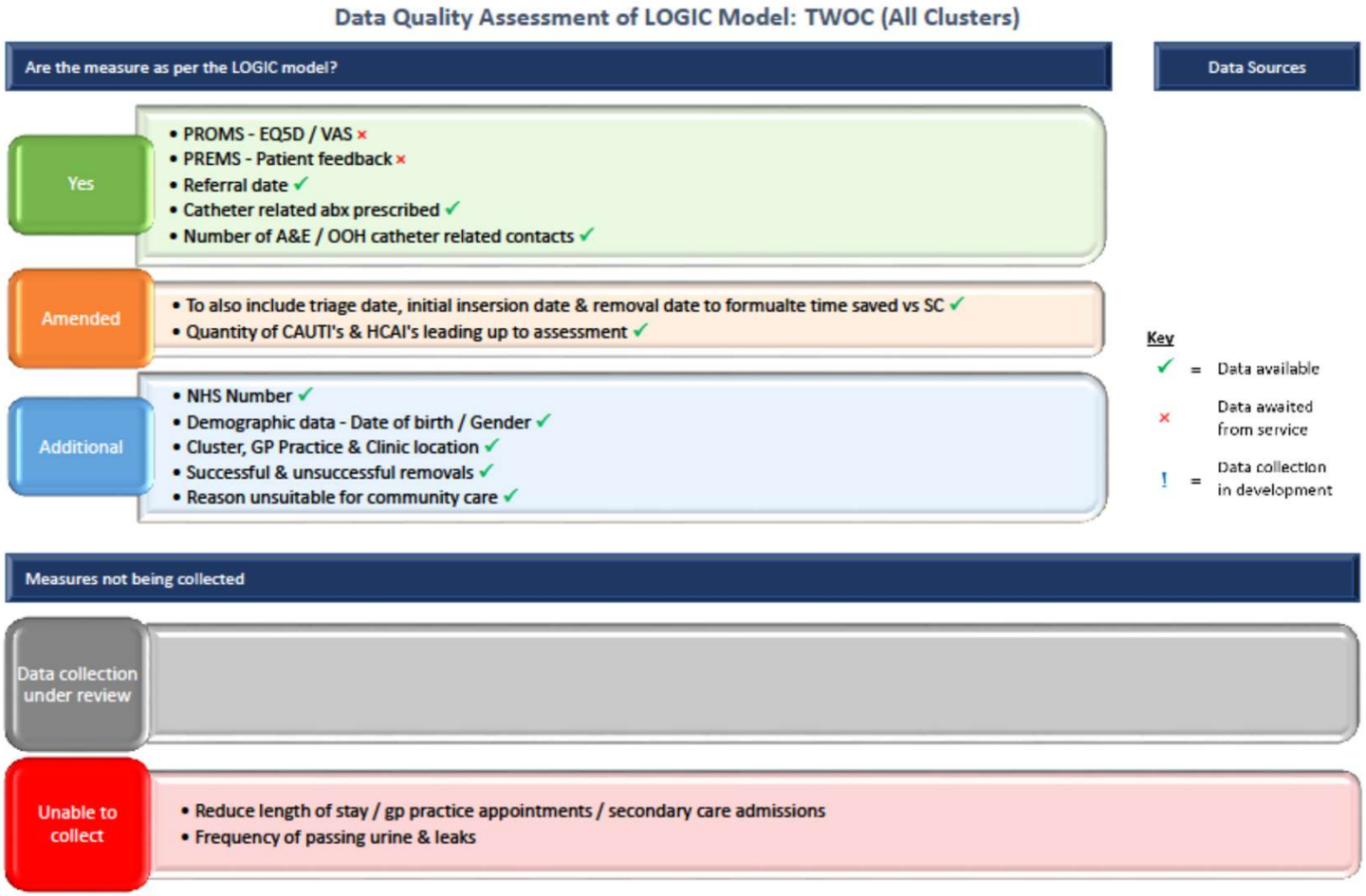
Trial without Catheter [Page 1 of 2]



Project	Update as at	Commentary	RAG	Trend
Trial without Catheter (TWOC) (SC0015)	January 2025	TWOC clinics remain up and running but the project will be ending in Feb 2025.		

- Project Start Date: February 2024
- Project End Date: February 2025
- PROMS / PREMS data not provided.
- Narrative updated 27/01/2025

Trial without Catheter [Page 2 of 2]



Optom Equipment [Page 1 of 1]

No financial reporting

Project	Update as at	Commentary	RAG	Trend
Optom Equipment (SC0016)	January 2025	Equipment being used by all practices, no issues reported and MS form developed to capture the impact across all clusters.		

Approved due to begin: March 2024

Project duration: 2 Years

Project Status: No Data

Data quality comments: No data yet collected

- Project Start Date: March 2024
- Project End Date: March 2026
- Data has not been provided.
- Narrative updated 27/01/2025

North Pembrokeshire

Finance

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Current Projects

Ref	Name	Reporting Period	Project RAG	Project Trend	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
NP0001	Cluster Pharmacist	Q3 24/25	●	↑	£46,264	£61,715		£61,715
NP0003	Improved Multi Disciplinary Team working through employment of Care Co-ordinators	Q3 24/25	●	↑	£68,074	£89,556		£89,556
NP0017	First Contact Practitioner Physiotheraphy Service (FCP)	Q3 24/25	●	→	£117,961	£155,946		£155,946
NP0018	Pembrokeshire Primary School Asthma Review / Respiratory Asthma Pharmacist	Q3 24/25	●	→	£43,201	£67,357		£67,357
NP0019	Trial without Catheter (TWOC)	Q3 24/25	▲	→	£5,783	£6,736		£6,736
NP0020	Diabetic Foot health	Q3 24/25	▲	↑	£0	£41,676	£4,000	£45,676
NP0021	Optom Equipment	Q3 24/25				£7,777		£7,777
PX0017	Partners for the journey	Q3 24/25	●	→	£30,000	£40,000		£40,000
SP0004	Cluster Youth Resilience Project Children aged 8 to 18 years of age	Q3 24/25	●	↑	£2,887	£11,550		£11,550
Total					**£314,171**	**£482,312**	**£4,000**	**£486,312**

Completed Projects / Other Spend

Ref	Name	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
NP????	Spend Unknown	£2,387	£9,687	£26,430	£36,117
Total		**£2,387**	**£9,687**	**£26,430**	**£36,117**

Cluster Overview

Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend	Total Budget	Over / (under) spend
£316,558	£491,999	£30,430	£522,429	£531,475	-£9,046

Partners for the Journey (Mind and CAB)

Code	Name
PX0017	Partners for the journey

Update as at	Commentary	RAG	Trend
Jan 2025	Project supported by both Pembrokeshire Clusters and RIF Funding continues to deliver support from both Mind and CAB. We are having monthly meetings with the team as working group. The North and South Pembrokeshire Clusters will not be be matching funding this project from April 25. The match funding has been source via another funding stream and the project will contine to be RIF funding for another year april 25 to March 26 with the ambtion to be a mainstreamed.		

Ref	Measure Description	Update as at	Commentary	Value	RAG	Trend
M00336	Total number of clients helped	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	175		
M00337	Clients seen by Citizens Advice	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	145		
M00338	Clients seen by Mind	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	86		
M00339	Number of clients worked with collaboratively	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	32		
M00340	Total number of clients whos issues were resolved (Citizens Advice)	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	69		
M00341	% of clients whos issues were resolved (Citizens Advice)	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis.	89.0%		
M00342	Total number of clients with Benefit & Tax Credit Queries	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	82		
M00343	Total number of Benefit and tax queries resolved	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	75		
M00344	% of cases benefit and tax cases resolved	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	100.0%		
M00345	Total number of clients with Debt Queries	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	41		
M00346	Total number of Debt queries resolved	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	18		
M00347	% of cases Debt cases resolved	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	96.0%		
M00348	Value of income gained	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	£220,569		
M00349	Value of Debt written off	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	£3,000		
M00350	Total number of clients MIND referred to Active Monitoring	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	22		
M00351	% number of Mind clients seeing an improvement in their well being measures (comprising of SWEMWBS, PHQ9 & GAD7)	Jan 2025	The project continues to operate at full capacity and is supporting the patient population in the cost of living crisis	100.0%		

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
AC00256	Case Studies and Evaluation of the project May 2022	May 2023	Jan 2025	These case studies will contuine and the evualtion will be provided in April 2025		
AC00254	Commission Partners for the Journey to extend the joint project between MIND Pembrokeshire & Citizen's Advice Bureau including access to Active Monitoring	May 2023	Jan 2025	Completed. This is now main part of the project service delivery		
AC00255	Liaise with Health Board's Primary Care Mental Health team on the significant increase in patient referrals following on from Covid-19	May 2023	Jan 2025	Completed. The team are now doing outreach work in the Pembrokeshire Clusters.		

- Project Start Date: 2020
- Project End Date: Apr 2025
- Narrative updated 27/01/2025

Cluster Pharmacist

Code	Name
NP0001	Cluster Pharmacist

Baseline	Aim	Update as at	Commentary	RAG	Trend
Cluster Pharmacist in post, evaluation of change in project focus due to Covid ongoing	Rapid clinically safe reconciliation of discharge medication. -Improved governance for repeat prescribing for those patients as seen under the project. Fast access to pharmaceutical advice for General Practitioners. Improved cross sector working	Jan 2025	Band 8a Cluster Pharmacist continues to discharge high priority patients.		

Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
M00361	Patient discharge summary reviews undertaken			Jan 2025	Cluster Pharmacist has delivered 29 (10 home visits) discharge summary reviews this quarter.	29		
M00362	Number of Intermediate Care MDT meetings supported			Jan 2025	Cluster Pharmacist has supported 64 Intermediate Care MDT meetings as part of an integrated approach to working across the cluster.	64		
M00363	Clinical upskilling activity undertaken to increase capacity in Community Pharmacy			Jan 2025	Re-enrolled with Cardiff Uni, University induction and Module introduction completed (15 hours), meetings with OOH to support examination skills experience – sessions to be arranged.	2		

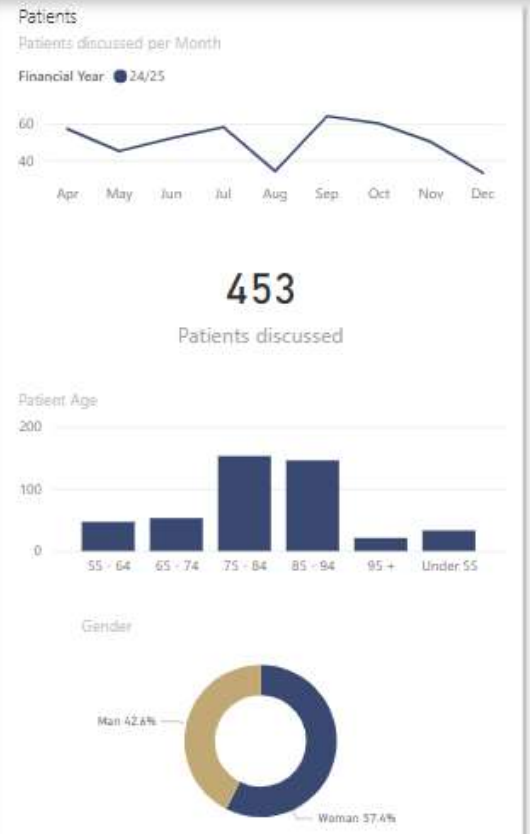
Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
AC00173	Presentation to the Cluster on findings	April 2023	Jan 2025	Presentation to the cluster on findings as not yet been completed.		
AC00174	Evaluation of project to date	April 2023	Jan 2025	No further update following last quarter.		
AC00175	Consider development of the current project to increase Pharmacist support and capacity.	April 2023	Jan 2025	Cluster Pharmasist has continued to support new and existing cluster project proposal.		
AC00176	Explore the potential to develop additional support for targeted patients identified as high risk during the discharge process	April 2023	Jan 2025	No further update following last quarter.		

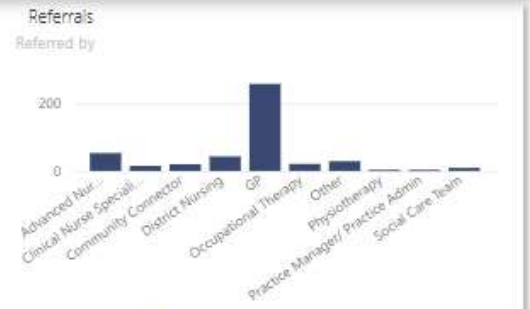
- Project Start Date: 2017
- Project End Date: Ongoing (Permanent employment)
- Measurement data not routinely reported. Matt McGivern undertook an evaluation of activity and long-term use. This report has been shared with cluster leads at the September Locality Leads meeting.
- Cluster Lead and PCSM to confirm ongoing pharmacist requirements and then dashboard monitoring to be put in place.
- Narrative updated 27/01/2025

Improved Multi-disciplinary Team working through employment of Care Co-ordinators

Project	Update as at	Commentary	RAG	Trend
Improved Multi Disciplinary Team working through employment of Care Co-ordinators (NP0003)	January 2025	The Care Coordinators continue to work across the 8 practices across the Cluster and monthly MDT meetings are operating sufficiently. The Risk Stratification toolkit roll out has begun with EMIS Practices.		

MDT Attendance	Count
Admiral Nurse	2
Advanced Nurse Practitioner	10
Care Co-ordinator	59
Clinical Nurse Specialist Community Long Term Conditions	15
Community Connector	55
Community Policing	2
District Nursing	40
Falls Team	19
GP	42
HDUHB Occupational Therapist	57
HDUHB Physiotherapist	5
Mental Health Support Team	19
N/A	220
Other	23
Practice Manager/ Practice Admin	13
Social Care Team	50
Total	**631**





Reason for Referral	Count
Advice/ Information sharing	39
Anxiety	12
Behavioural Changes	31
Bereavement	1
Carer - help needed with caring/ respite	44
Chronic Condition	155
Dementia/Parkinsons	50
Fire Service	1
Frailty/Falls/Mobility	157
Frequent attendance A&E/ Hospital	5
Incontinence	6
Mental Health	39
Occupational Therapy	10
Other	54
Physiotherapy	3
Safeguarding	11
Social / Housing	35
Social / Nursing / Care Home	5
Social Isolation / Lives alone	56
Social/Equipment	12
Struggling with Care - Family	109
Total	**835**

- Project Start Date: 2022/23
- Project End Date: August 25
- Narrative updated 27/01/2025

Improved Multi-disciplinary Team working through employment of Care Co-ordinators

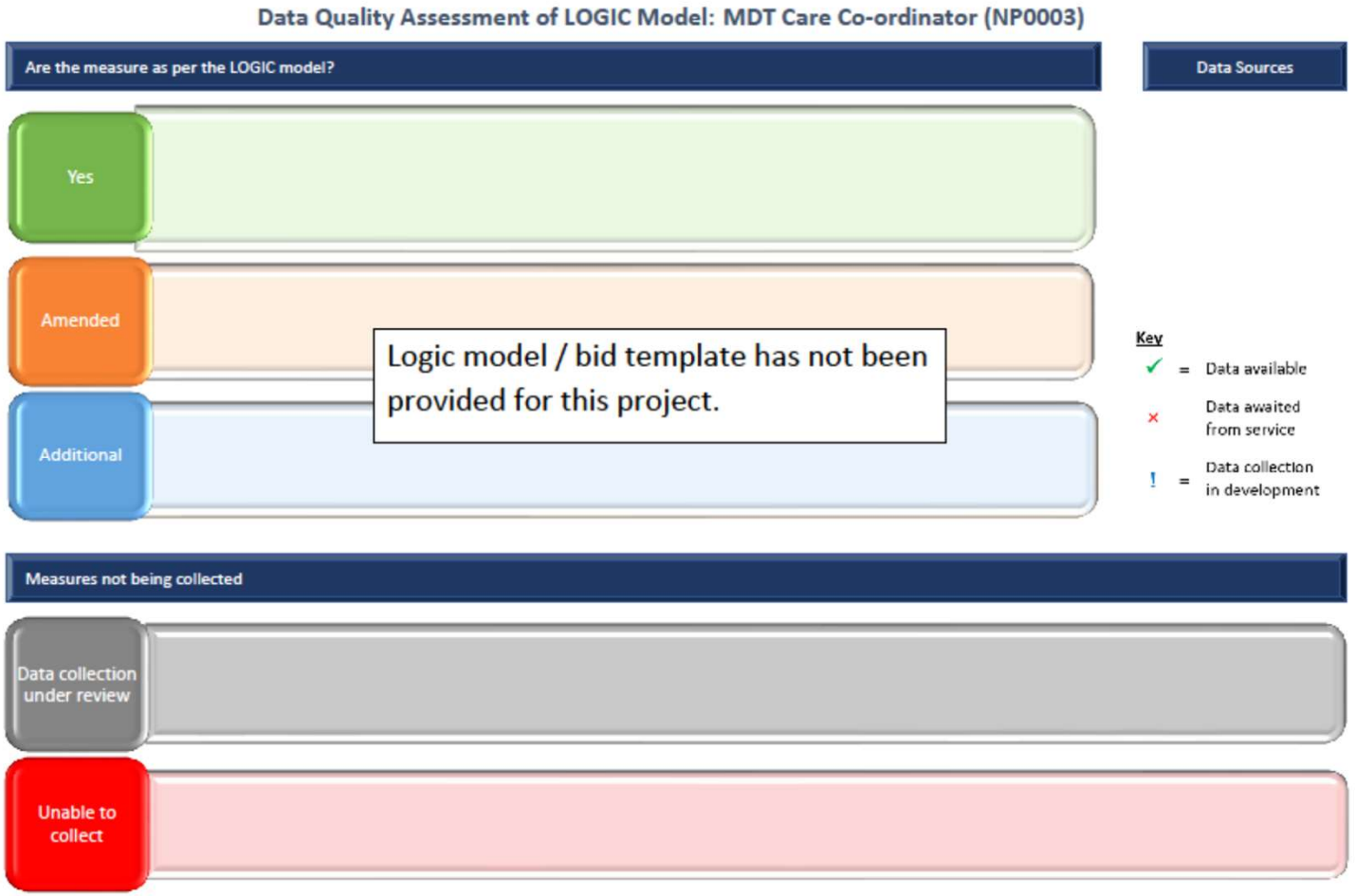
Project	Update as at	Commentary	RAG	Trend
Improved Multi Disciplinary Team working through employment of Care Co-ordinators (NP0003)	January 2025	The Care Coordinators continue to work across the 8 practices across the Cluster and monthly MDT meetings are operating sufficiently. The Risk Stratification toolkit roll out has begun with EMIS Practices.		

Problems Identified	Count
Carer/ Patient is a Carer	1
Dementia/Altzeimers	1
Loneliness/Isolation	1
Self Neglect	1
Carer/ Patient is a Carer	68
Carer/Patient is a Carer	1
Chronic Condition Management	147
Dementia/Altzeimers	46
Environment	35
EnvironmentSelf Neglect	1
Frailty	137
Loneliness/Isolation	44
Mental Health/Low Mood	71
Other	77
Patient declined intervention	14
Self Neglect	38
Total	**683**

Follow up actions	Count
Admiral Nurse	4
Advanced care planning (ACP)	21
Comm Long Term Conditions Nurse	24
Community Connector	96
Community Heart Failure CNS	3
Community Hub	5
Community Psychiatric Nurse/MHS	18
District Nursing Team	66
Falls Team	22
Fire Service	1
GP	62
Occupational Therapy	149
Other	81
Paul Sartori	7
Physiotherapy	18
PIVOT	2
Shalom	1
Social/ Housing/Care	209
Total	**789**

Outcomes	Count
Discharged from MDT	1
Onward Referral to Therapies	1
Other	2
Admission to Care Home/Sheltered Housing	8
Admission to Hospital	27
Admission to Hosptial	1
Advanced Care Planning discussion	37
Awaiting allocation within Social Services	1
awaiting MRI	1
Awaiting MRI for diagnosis	1
BIM due	1
Care call request going to Panel	1
Deceased	4
Discharge from MDT	152
Discharged from MDT	12
Due to be seen by OT	1
GP appointment	1
GP to review	1
Issue resolved	1
Limited input able to be provided due to housing conditions	1
Memory Assessment to be completed	1
Microenterprise started	1
Moving out of area	1
MRI due for diagnosis	1
Neuro physiotherapist to revisit	1
Neuro Team	1
OAMH	14
Onward Referral for Carers to relevant organisation	27
Onward Referral to Therapies	123
Other	25
Palliative Care Team	1
Patient declined intervention	25
Reduce Carers burden with ongoing support and options	38
Total	**759**

Improved Multi-disciplinary Team working through employment of Care Co-ordinators



Increase access to defibrillators within the Community

No financial reporting

Code	Name
NP0011	Increase access to defibrillators within the Community

Baseline	Aim	Update as at	Commentary	RAG	Trend
Cluster proposal approved to purchase defibrillators to be held in Community Optometry Practices	Each Primary Care Optometry Practice within the North Pembrokeshire Cluster will be equipped with an Automated External Defibrillator with up to 4 people from each practice attending hands-on basic life support / CPR training event which includes use of AED's.	Jan 2025	Order has been placed for 7 defibillators.	▲	↑

Ref	Measure Description	Target	Target Date	Update as at	Commentary	Value	RAG	Trend
M00240	Purchase of Defibrillators for Primary Care Optometry Practices via Procurement		Mar 2023	Jan 2025	An order has been placed for 7 defibrillators.	7	▲	↑
M00241	Training for staff		Mar 2023	Jan 2025	Training will be delviered once the defibrillators have been received.	0	▲	→

Ref	Activity / Project	Due Date	Update as at	Commentary	RAG	Trend
AC00202	Purchase of Defibrillators for Primary Care Optometry Practices via Procurement	April 2022	Jan 2025	Order has been placed for 7 defibrillators.	▲	↑
AC00203	Training for staff	April 2022	Jan 2025	Unable to deliver training until the equipment has been delivered.	▲	↑
AC00204	Communication to the public on the availability of the defibrillators	April 2022	Jan 2025	Awaiting the delivery of the equipment.	◆	↓

- Project Start Date: Apr 2024
- Project End Date: Sep 2024. Project extended to Sep 2025 due to issues
- Narrative updated 27/01/2025

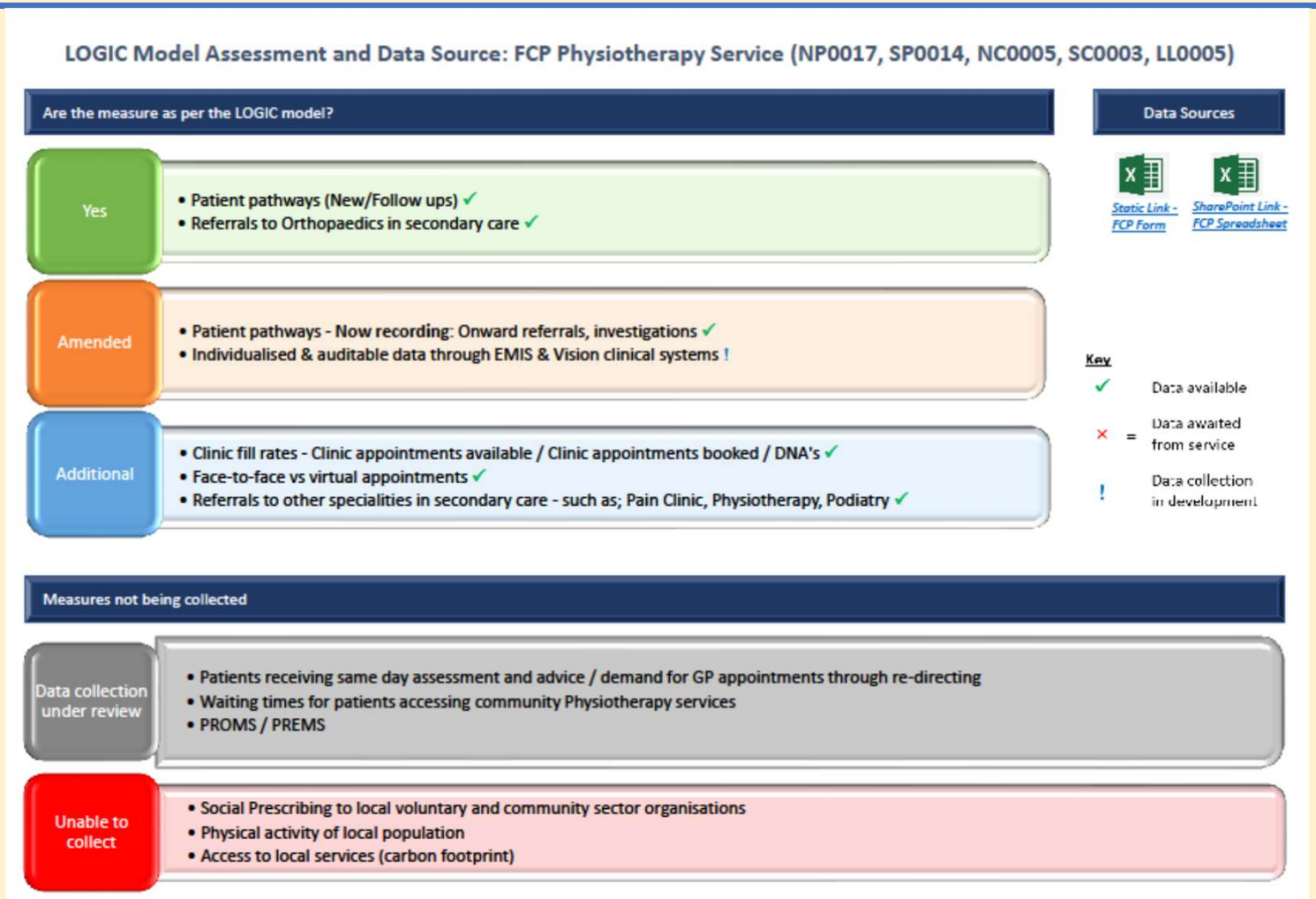
First Contact Practitioner Physiotherapy Service [Page 1 of 2]

Project	Update as at	Commentary	RAG	Trend
First Contact Practitioner Physiotheraphy Service (FCP) (NP0017)	January 2025	Full team of Physiotherapists working across the 8 practices. Service feedback questionnaires have been collated and the data reviewed.		

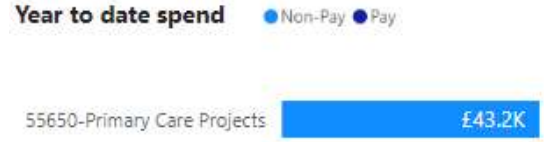
Data Quality Risk

- Project Start Date: 2020
- Project End Date: Jan 2024, but still ongoing
- Data is being collated, however as auditable individualised data is not being collected, this has been flagged as a Data Quality Risk.
- New data extraction methods are being explored by the physio department (South Pembrokeshire cluster is supporting). However, these are yet to be agreed.
- Narrative updated 27/01/2025

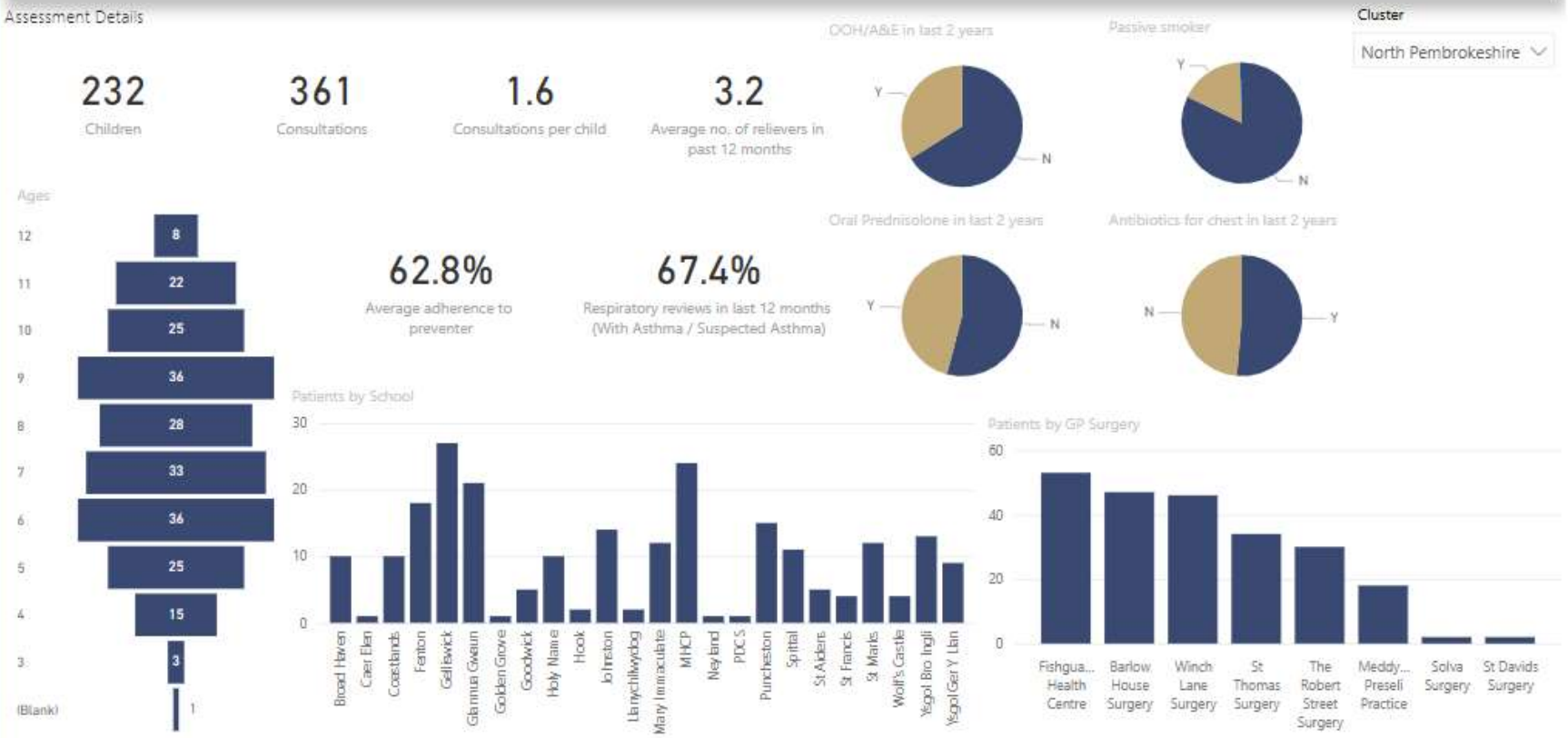
First Contact Practitioner Physiotherapy: Logic Model [Page 2 of 2]



Primary School Respiratory Review: Assessment Details [Page 1 of 4]



Project	Update as at	Commentary	RAG	Trend
Pembrokeshire Primary School Asthma Review / Respiratory Asthma Pharmacist (NP0018)	January 2025	The Project is in second year of delivery across the Pembrokeshire Clusters. We have won two awards for person centred approach with children witht he project and service. We are seeing some very impactful outcomes for children and the green agenda. We are currently linking in with GGH consultants around the drop of children being admitted with respiratory condtions over the last 6mths from Pembrokeshire. The project will contuine until Dec 25 to alloow the Service provider to run the project in the previous schools who where not enagaging. We are engaging with Respiratory Wales and Public Health to support the project with reasearch regarding the encominc value of the project.		

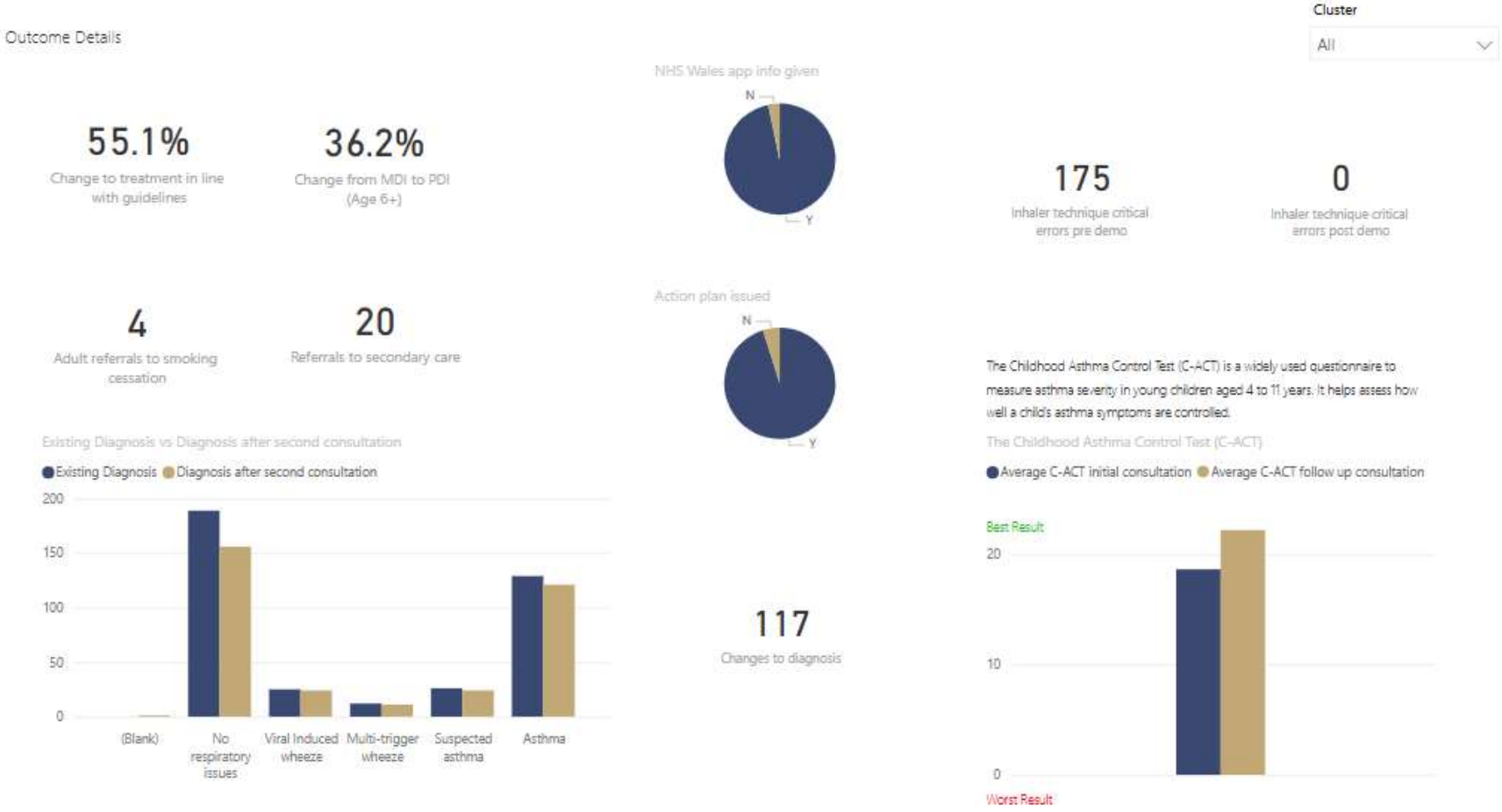


- Project Start Date: September 2023
- Project End Date: August 2025
- Data is being collected consistently – awaiting service to complete further respiratory assessments
- Termly timetable for school visits:

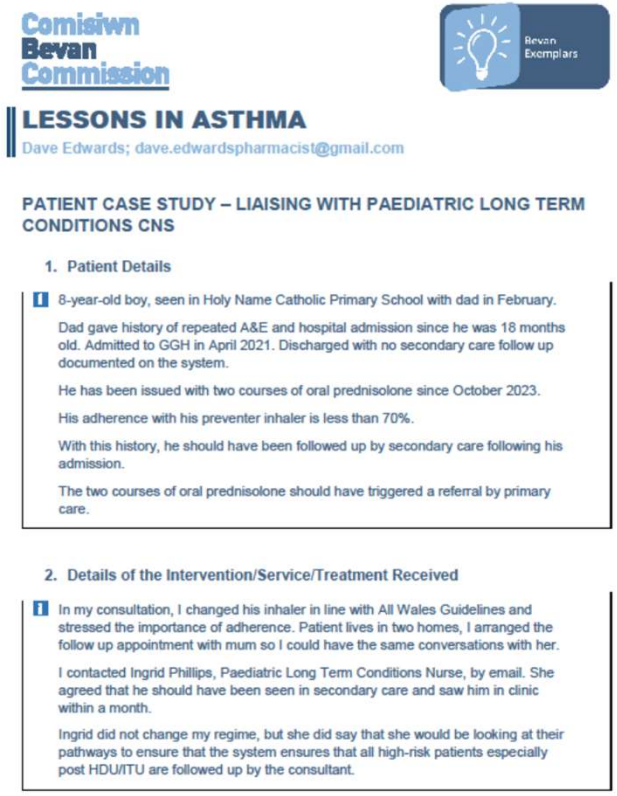
  Autumn 23: Milford Haven
  Spring 24: Fishguard / Bro Gwaun
  Summer 24: Pembroke
  Autumn 24: Haverfordwest
  Spring 25: Preseli
  Summer 25: Tenby

- Narrative updated 27/01/2025

Primary School Respiratory Review: Outcome Details [Page 2 of 4]



Primary School Respiratory Review: Case Study [Page 3 of 4]



Comisiwn Bevan Commission

Bevan Exemplars

LESSONS IN ASTHMA

Dave Edwards; dave.edwardspharmacist@gmail.com

PATIENT CASE STUDY – LIAISING WITH PAEDIATRIC LONG TERM CONDITIONS CNS

1. Patient Details

8-year-old boy, seen in Holy Name Catholic Primary School with dad in February.

Dad gave history of repeated A&E and hospital admission since he was 18 months old. Admitted to GGH in April 2021. Discharged with no secondary care follow up documented on the system.

He has been issued with two courses of oral prednisolone since October 2023.

His adherence with his preventer inhaler is less than 70%.

With this history, he should have been followed up by secondary care following his admission.

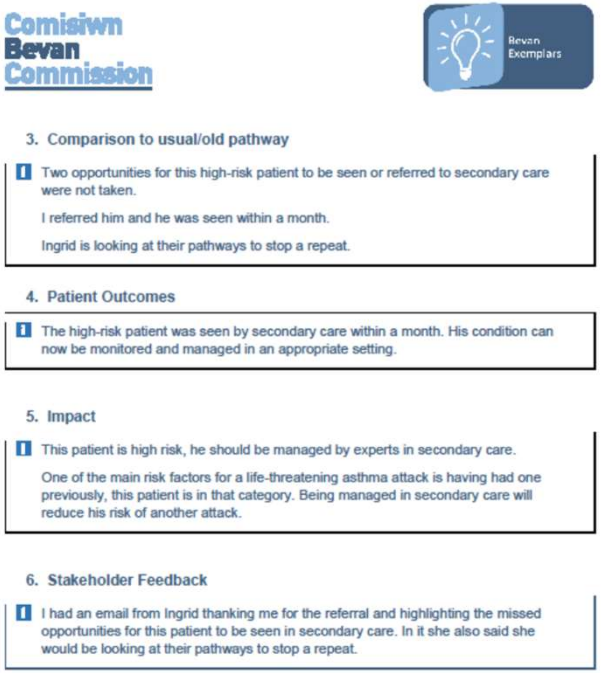
The two courses of oral prednisolone should have triggered a referral by primary care.

2. Details of the Intervention/Service/Treatment Received

In my consultation, I changed his inhaler in line with All Wales Guidelines and stressed the importance of adherence. Patient lives in two homes, I arranged the follow up appointment with mum so I could have the same conversations with her.

I contacted Ingrid Phillips, Paediatric Long Term Conditions Nurse, by email. She agreed that he should have been seen in secondary care and saw him in clinic within a month.

Ingrid did not change my regime, but she did say that she would be looking at their pathways to ensure that the system ensures that all high-risk patients especially post HDU/ITU are followed up by the consultant.



Comisiwn Bevan Commission

Bevan Exemplars

3. Comparison to usual/old pathway

Two opportunities for this high-risk patient to be seen or referred to secondary care were not taken.

I referred him and he was seen within a month.

Ingrid is looking at their pathways to stop a repeat.

4. Patient Outcomes

The high-risk patient was seen by secondary care within a month. His condition can now be monitored and managed in an appropriate setting.

5. Impact

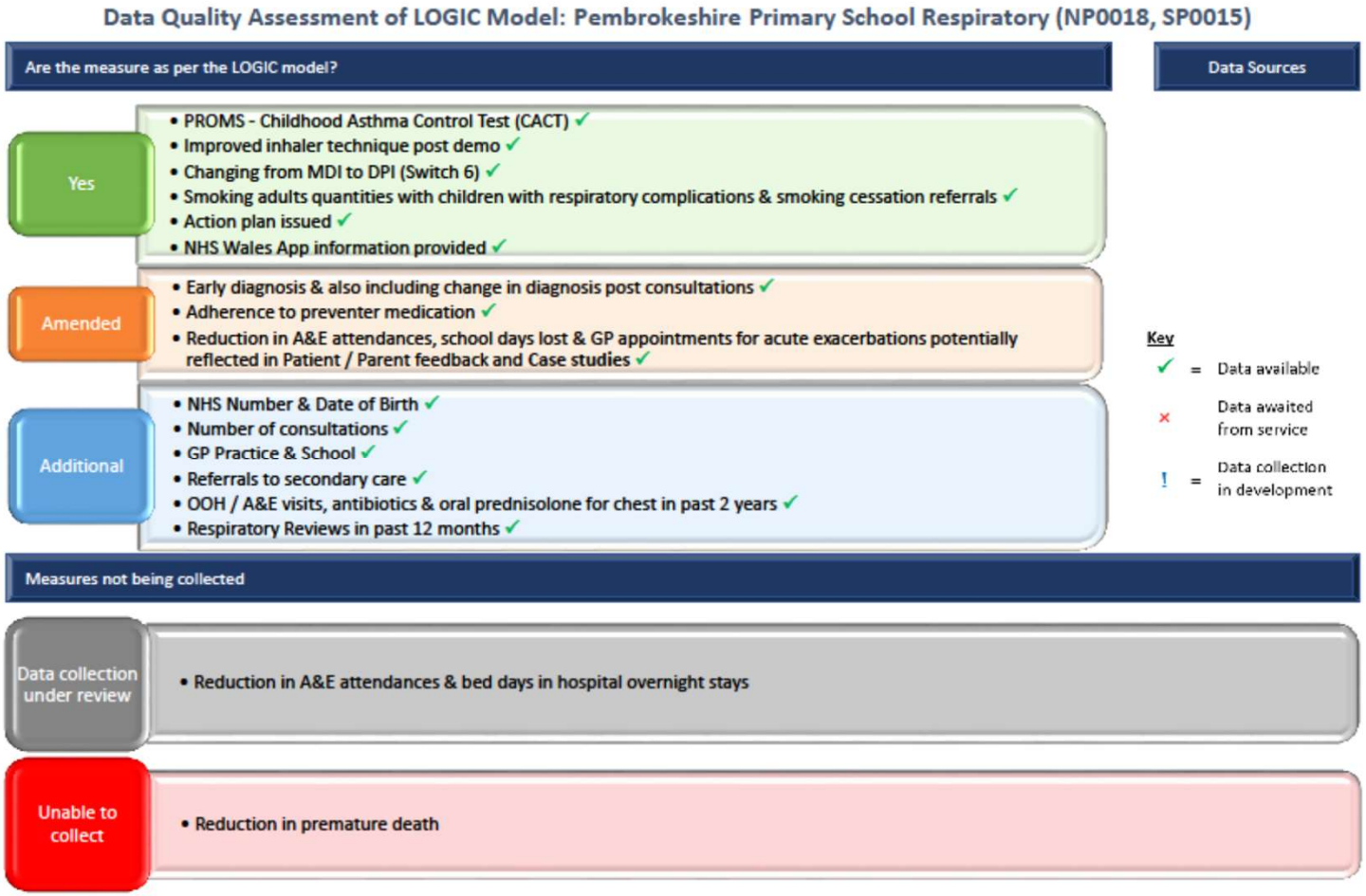
This patient is high risk, he should be managed by experts in secondary care.

One of the main risk factors for a life-threatening asthma attack is having had one previously, this patient is in that category. Being managed in secondary care will reduce his risk of another attack.

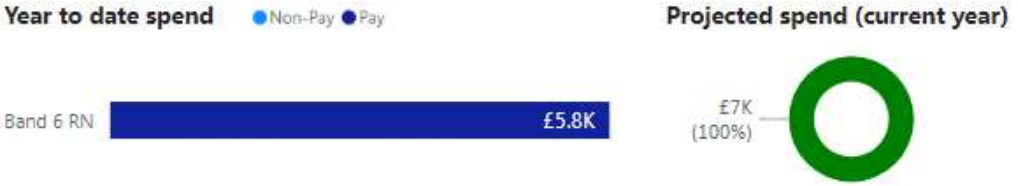
6. Stakeholder Feedback

I had an email from Ingrid thanking me for the referral and highlighting the missed opportunities for this patient to be seen in secondary care. In it she also said she would be looking at their pathways to stop a repeat.

Primary School Respiratory Review: Logic Model [Page 4 of 4]



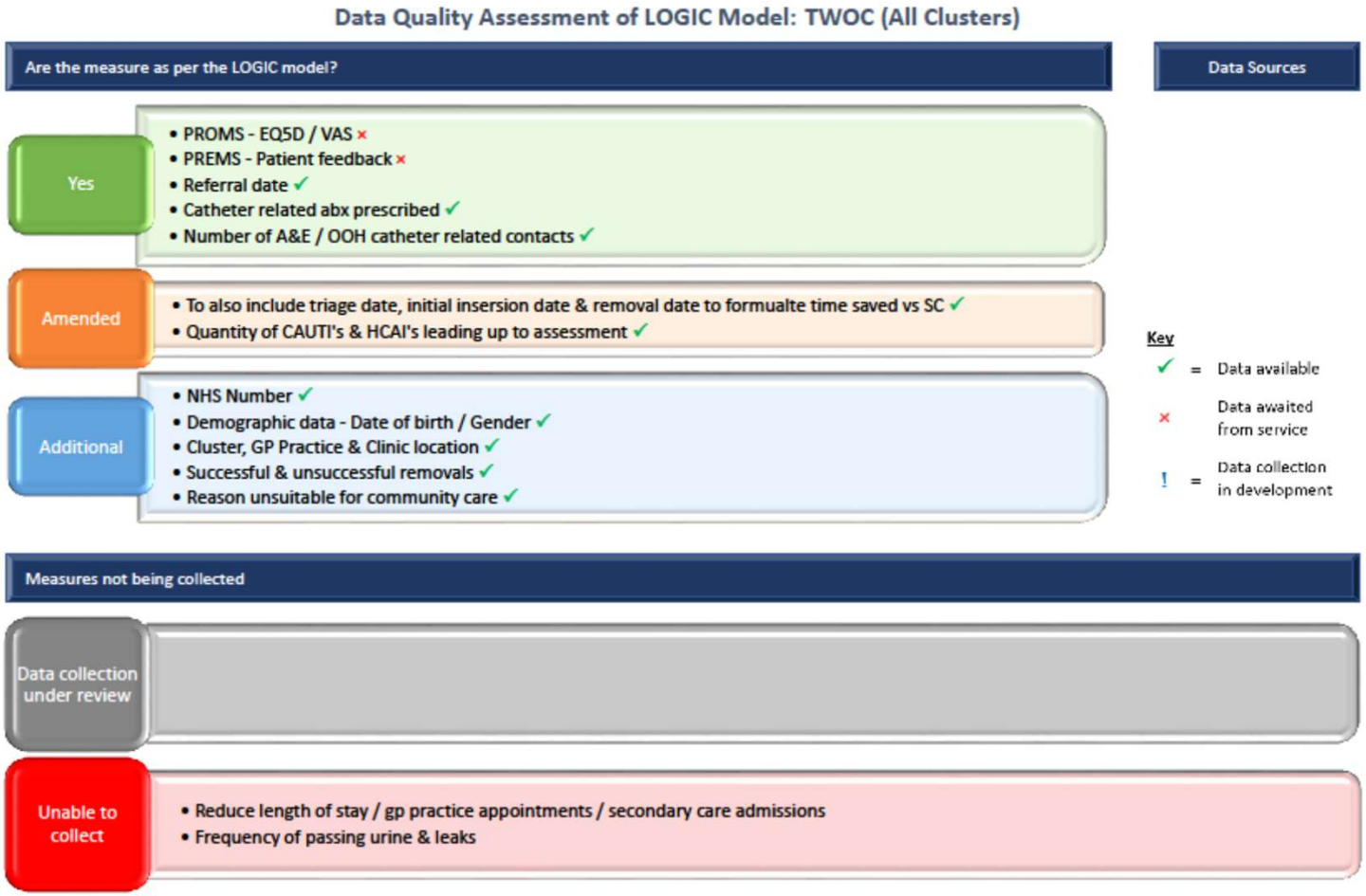
Trial without Catheter [Page 1 of 2]



Project	Update as at	Commentary	RAG	Trend
Trial without Catheter (TWOC) (NP0019)	January 2025	Clinics are working well with a 64% success rate on referrals.	▲	→

- Project Start Date: February 2024
- Project End Date: February 2025
- PROMS / PREMS data not provided.
- Narrative updated 27/01/2025

Trial without Catheter [Page 2 of 2]

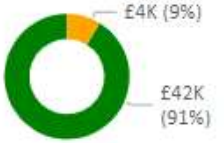


Diabetic Foot Health

Year to date spend ● Non-Pay ● Pay

55650-Primary Care Projects

Projected spend (current year)



Project	Update as at	Commentary	RAG	Trend
Diabetic Foot health (NP0020)	January 2025	Staff are in post and the project has begun accepting referrals.	▲	↑

Approved due to begin: TBC

Project duration: 2 years

Project Status: Recruitment now successful and data collection discussions to begin.

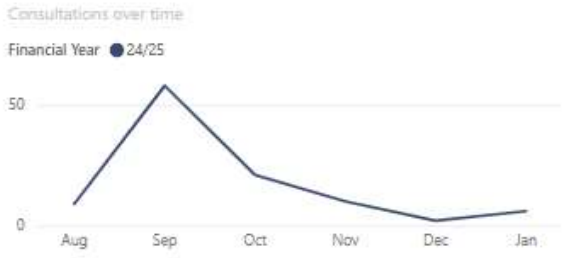
Data quality comments: No data collected

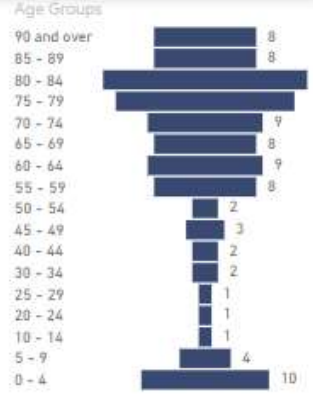
- Project Start Date: Oct-24
- Project End Date: Sep-26
- Recruitment now successful & plans in place to discuss project actions.
- Narrative updated 13/01/2025

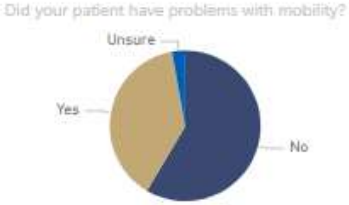
Optom Equipment [Page 1 of 1]

No financial reporting

Project	Update as at	Commentary	RAG	Trend
Optom Equipment (NP0021)	January 2025	Equipment is being used and the data is highlighting that there is a reduction in Secondary Care referrals as a result.		

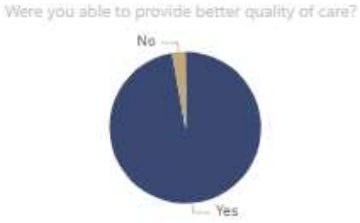






Equipment Used	Count
VOLK Bio Lens	56
Headset BIO	43
Perkins Tonometer	36
Handheld slit lamps	26
Gonioscopy Lens	13
Total	**174**

Consultation Outcome	Count
Managed in-practice	78
Referred to secondary care (ophthalmology - planned care)	15
Referred to secondary care (ophthalmology)	10
Referred to GP	2
Referred to secondary care (ophthalmology - urgent care)	1
Total	**106**



- Project Start Date: March 2024
- Project End Date: March 2026
- Narrative updated 27/01/2025

Youth Resilience Project [Page 1 of 1]

No financial reporting

Project	Update as at	Commentary	RAG	Trend
Cluster Youth Resilience Project Children aged 8 to 18 years of age (NP0023)	January 2025	Project has commenced following approval at HPSG on the 19th November 2024.		

Approved due to begin: January 2025

Project duration: 2 years

Project Status: Newly added project as extension to South Pembrokeshire project.

Data quality comments: No data currently collected

- Project Start Date: Jan 2025
- Project End Date: July 2025
- Narrative updated 27/01/2025

South Pembrokeshire

Finance

Current Projects

Ref	Name	Reporting Period	Project RAG	Project Trend	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
SP0004	Cluster Youth Resilience Project Children aged 8 to 18 years of age	Q3 24/25			£48,178	£57,125		£57,125
SP0009	Cluster South Pembrokeshire Integrated Community Team Building Capacity	Q3 24/25			£173,548	£223,048		£223,048
SP0014	First Contact Practitioner Physiotherapy Service (FCP)	Q3 24/25			£106,376	£148,157		£148,157
SP0015	Pembrokeshire Primary School Asthma Review / Respiratory Asthma Pharmacist	Q3 24/25			£0	£0		£0
SP0018	Trial without Catheter (TWOC)	Q3 24/25			£6,313	£7,527		£7,527
Total					**£334,414**	**£435,857**		**£435,857**

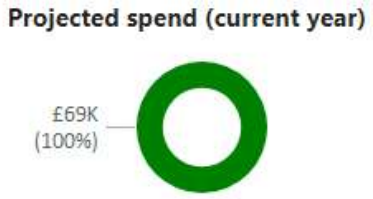
Completed Projects / Other Spend

Ref	Name	Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend
SP????	Spend Unknown	£9,315	£17,221	£2,680	£19,901
Total		**£9,315**	**£17,221**	**£2,680**	**£19,901**

Cluster Overview

Spend to Date	Green RAG Projected Spend	Amber RAG Projected Spend	Projected Total Spend	Total Budget	Over / (under) spend
£343,729	£453,078	£2,680	£455,758	£430,716	£25,041

Youth Resilience Project [Page 1 of 3]



Project	Update as at	Commentary	RAG	Trend
Cluster Youth Resilience Project Children aged 8 to 18 years of age (SP0004)	January 2025	Project is fully supported by the 5 GP practices in South Pembrokeshire Cluster and the project is working in a collabaortive approach of Mental Health, Childrens Services and Education and School Services within Pembrokeshire County Council. The 6mths proposal was approved at HPSG in November 24 for the funding from North Pembrokeshire Cluster to support a whole pembrokeshire cluster approach for the Youth Project. We are currently having RIF conversations around the model of children and youth services across Pembrokeshire Locality. The aged range for the project is now covering age 5 to 18 years of age.		

Area	Count
CAMHS	14
EHWT	6
KOOTH	5
Neurodevelopment Team	3
School / College Counsellor	3
TAF	3
YOTS	1
Youth Services	1
Total	**36**

Difficulty / Reason	Count
Anxiety	51
Low mood	23
Anger	21
Behaviour	21
School based anxiety	19
Family dynamics	12
Bullying	10
Bereavement	9
ASD	7
Meltdown	7
Self-harm	7
Social communication difficulties	7
Poor sleep	6
Total	**217**

Difficulty	Count
Anxiety	58
Anger	30
Family Dynamics	28
Low mood	28
Social communication difficulties	25
Behaviour	24
School based anxiety	24
Self Esteem	23
Poor sleep	21
ASD	19
Bullying	13
Bereavement	8
Meltdown	8
Total	**355**

- Project Start Date: July 2023
- Project End Date: July 2025
- Three pages provided – Pages 1 & 2 include data provided by the Health Board regarding referrals, assessment and outcomes. Page 3 includes data provided by Pembrokeshire County Council regarding the work undertaken from Youth workers.
- Action: BST to provide Logic model assessment to be provided to PCSM mid-November.
- Narrative updated 27/01/2025

Youth Resilience Project [Page 2 of 3]

Project	Update as at	Commentary	RAG	Trend
Cluster Youth Resilience Project Children aged 8 to 18 years of age (SP0004)	January 2025	Project is fully supported by the 5 GP practices in South Pembrokeshire Cluster and the project is working in a collabaortive approach of Mental Health, Childrens Services and Education and School Services within Pembrokeshire County Council. The 6mths proposal was approved at HPSG in November 24 for the funding from North Pembrokeshire Cluster to support a whole pembrokeshire cluster approach for the Youth Project. We are currently having RIF conversations around the model of children and youth services across Pembrokeshire Locality. The aged range for the project is now covering age 5 to 18 years of age.		

Health Board Data

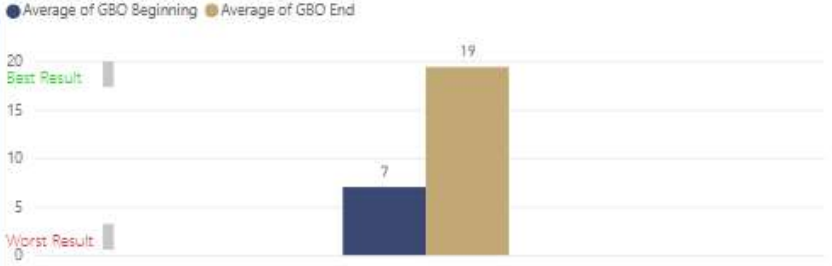
Outcomes

Goal Based Outcomes (GBO's)

The GBO tool is a way of evaluating progress towards goals in clinical work with children, young people, and their families and carers. The GBO compares how far a child or young person feels they have moved towards reaching a goal that they have set for themselves at the beginning of an intervention, on a scale between 0 and 10.

Recording the rating on a scale from zero to ten where 'zero' means the goal is not met in any way, 'ten' means the goal is met completely and a rating of 'five' means they are half way to reaching the goal.

GBO Start vs End Comparisons



Strength & Difficulties Questionnaire (SDQ's)

The Strengths and Difficulties Questionnaire (SDQ) is a brief emotional and behavioural screening questionnaire for children and young people. The tool can capture the perspective of children and young people, their parents and teachers.

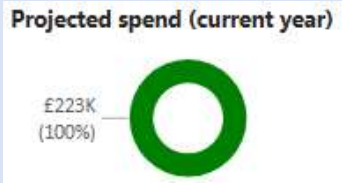
SDQ Start vs End Comparisons

Youth Resilience Project [Page 3 of 3]

Project	Update as at	Commentary	RAG	Trend
Cluster Youth Resilience Project Children aged 8 to 18 years of age (SP0004)	January 2025	Project is fully supported by the 5 GP practices in South Pembrokeshire Cluster and the project is working in a collabaortive approach of Mental Health, Childrens Services and Education and School Services within Pembrokeshire County Council. The 6mths proposal was approved at HPSG in November 24 for the funding from North Pembrokeshire Cluster to support a whole pembrokeshire cluster approach for the Youth Project. We are currently having RIF conversations around the model of children and youth services across Pembrokeshire Locality. The aged range for the project is now covering age 5 to 18 years of age.		

Integrated Community Network

[Page 1 of 3]



Project	Update as at	Commentary	RAG	Trend
Cluster South Pembrokeshire Integrated Community Team Building Capacity (SP0009)	January 2025	A well establish team with a mix of clinical and non-clinical staff groups. All 5 GP practices have CRT and MDTs in place and linking in with e proactive Care Planning and linking in with Frequent Attenders meetings within Pembrokeshire the whole seamless approach to supporting the patient.		

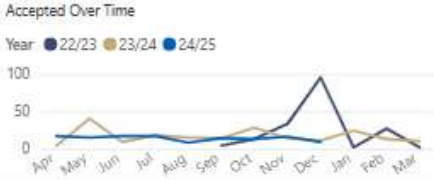
Referrals

502
Referrals

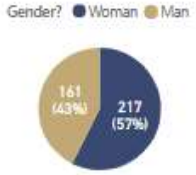
Top 5 Reasons for Referral	No.
Chronic Condition Management	36
Frailty	116
Medication Compliance / Review	74
Medication Compliance / Review;	38
Other	57
Struggling to cope at home	36

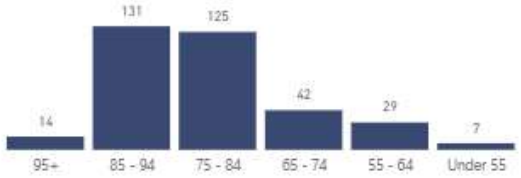
Referral Accepted or Rejected?	No.
No - Inappropriate referral	6
No - Other services involved	4
No - Patient declined when contacted	14
Yes - Accepted	478

478 (95%)
Referrals Accepted

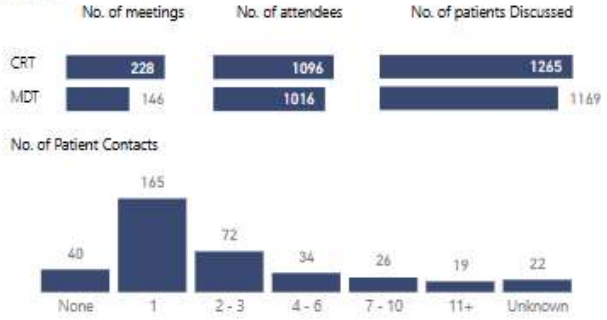


Demographics





Process & Contacts



Onward Referrals	No.
None	199
Back to CRT	101
Other Health Board Department	68
Third Sector	66
Other	65
Community Connectors	22
CMHT	5

Top 10 Problems Identified

Problem Identified	Count
	69
Carer/ Patient is a Carer	2
Chronic Condition Management	1
Dementia/Altzeimers	2
Frailty	44
Low Mood	8
Medication Compliance/ Review	47
Other	51
Self Neglect	8
Total	232

- Project Start Date: August 2022
- Project End Date: Ongoing
- Psychology data provided, but not to standard required to include within dashboard – clinical psychologist has since left post.
- Risk Stratification Toolkit purchased to support ICN and CRT working. Currently no data provided supporting patient identification through Toolkit.
- Narrative updated 27/01/2025

Integrated Community Network

[Page 2 of 3]

Project	Update as at	Commentary	RAG	Trend
Cluster South Pembrokeshire Integrated Community Team Building Capacity (SP0009)	January 2025	A well establish team with a mix of clinical and non-clinical staff groups. All 5 GP practices have CRT and MDTs in place and linking in with e proactive Care Planning and linking in with Frequent Attenders meetings within Pembrokeshire the whole seamless approach to supporting the patient.		

Med Optimise

118
Patient Reviews

355
Interventions

Intervention Type	Count
Administrative	125
Drug monitoring	92
Drug stopped	54
Waste identified	32
Drug switched	18
Drug added	12
	9
Dose amended	6
Drugs not issued as patient has excess	5
Drug quantities aligned	2
Total	**355**

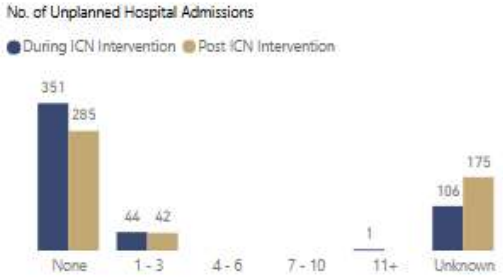
Med Optimise Outcomes

£2.04K
12 month Drug Savings

£11.28K
Overall 12 month Savings

£9.25K
Hospital Admission Savings

Service Outcomes



Top 10 Outcomes

Outcome	Count
Other	78
Medication Compliance Completed	37
Medication Change GP request	15
Referral Social Services/Third Sector	12
Advanced Care Planning discussion	5
EQ5	4
Reduce Carers burden with ongoing support and options	3
Self Neglect - Education	3
Self Neglect - Family dynamics/Social	3
Medication Compliance not resolved onward referral	2
Total	**162**

Integrated Community Network: Logic Model [Page 3 of 3]

LOGIC Model Assessment and Data Source: Integrated Community Network (SP0009)

Are the measure as per the LOGIC model?		Data Sources
Yes	• Case Stories - Number of referrals / reason for referral / onward referrals ✓ • PROMS (Psychology & Pharmacy) ✓ • PREMS !	SharePoint Link – ICN Spreadsheet
Amended	• Cluster maturity through enhanced system working, co-ordination & collaboration - Now recording: quantity of CRT & MDT meetings, attendees and patients discussed ✓ • Unscheduled care admission from care homes - Now recording: unplanned hospital admissions ✓	SharePoint Link – IMTP Spreadsheet
Additional	• Number of patient contacts / number of GP contacts ✓ • Gender & Age ✓	

Key

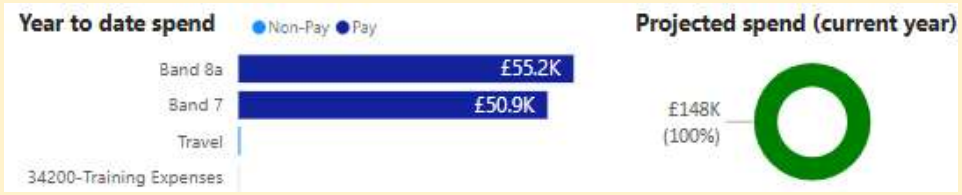
✓ = Data available

× Data awaited from service

! = Data collection in development

Measures not being collected	
Data collection under review	• Immunisations & vaccination rates (further discussions need to be had to understand whether it will be part of core GMS service vs cluster funded implementation)
Unable to collect	• Number of people with a Stay Well plan • WAST attendances to Care Homes

First Contact Practitioner Physiotherapy Service [Page 1 of 2]

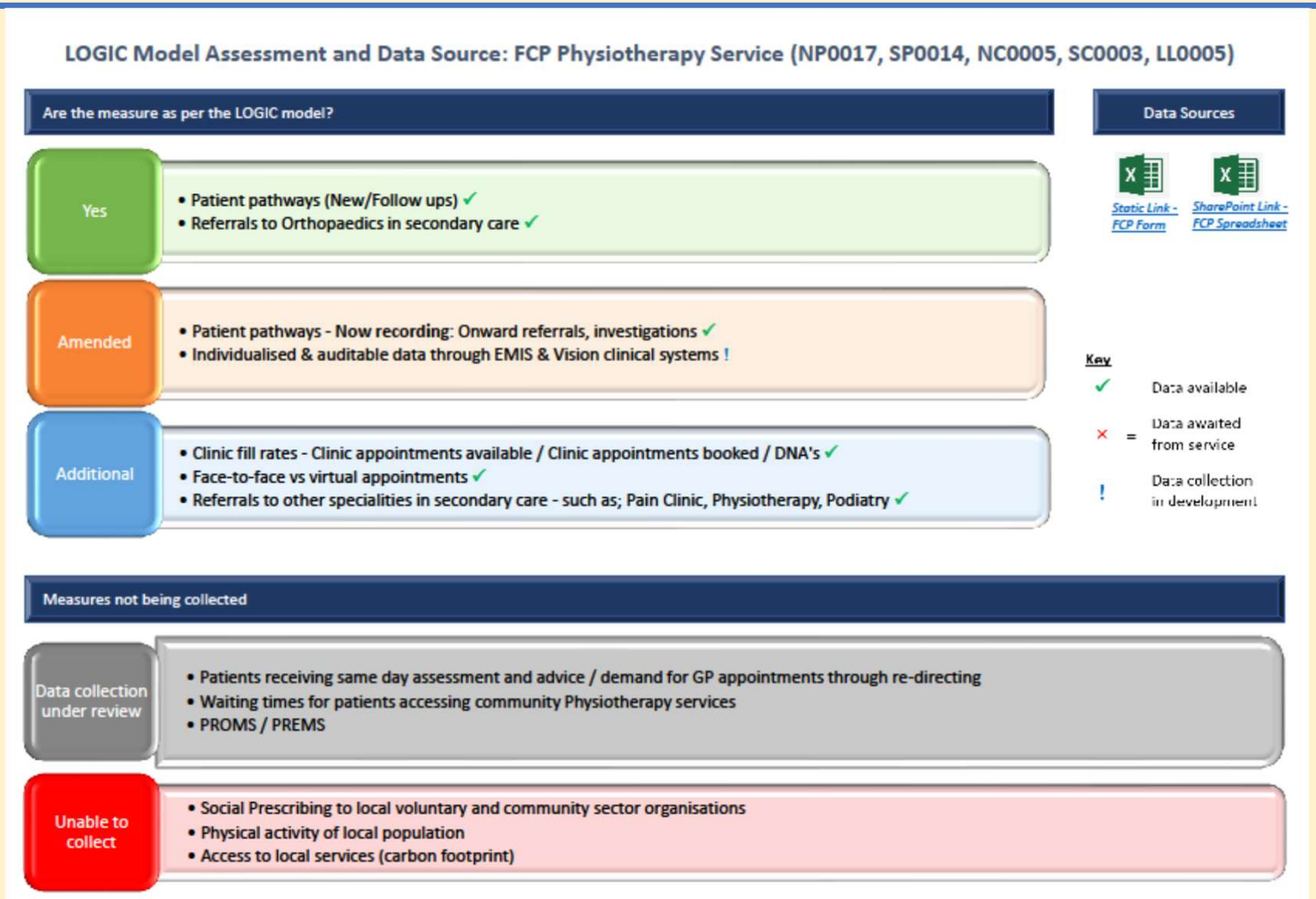


Project	Update as at	Commentary	RAG	Trend
First Contact Practitioner Physiotherapy Service (FCP) (SP0014)	January 2025	A future plan is needed but there remains no update from the HoS since the Locality Leads meeting in March. SLA is currently out of date but the FCP service contuines to run smoothly across South Pembrokeshire		

Data Quality Risk

- Project Start Date: 2020
- Project End Date: Jan 2024, but still ongoing
- Data is being collated, however as auditable individualised data is not being collected, this has been flagged as a Data Quality Risk.
- New data extraction methods are being explored by the physio department (South Pembrokeshire cluster is supporting). However, these are yet to be agreed.
- Narrative updated 27/01/2025

First Contact Practitioner Physiotherapy: Logic Model [Page 2 of 2]



Primary School Respiratory Review: Assessment Details [Page 1 of 4]

No financial reporting

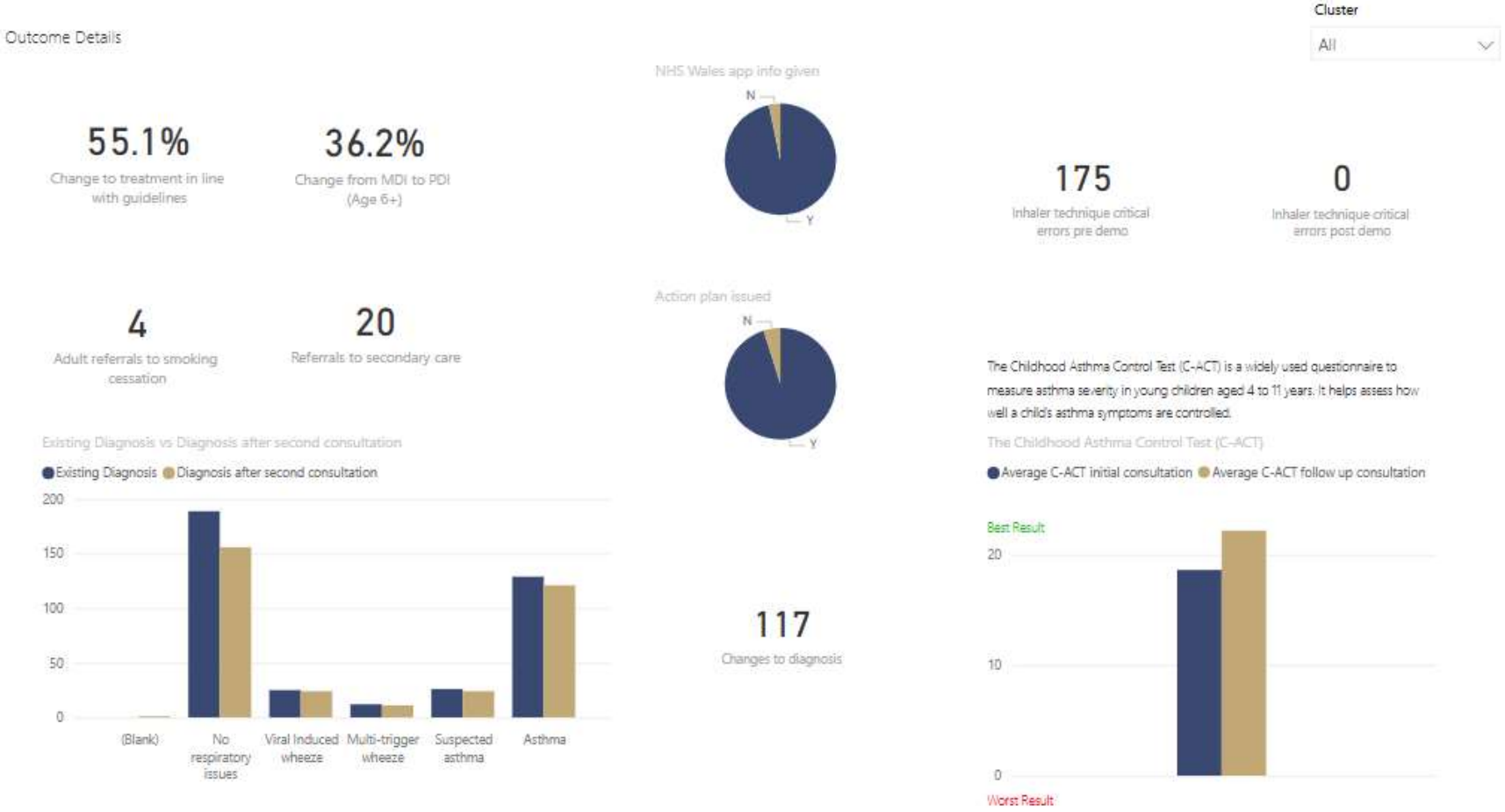
Project	Update as at	Commentary	RAG	Trend
Pembrokeshire Primary School Asthma Review / Respiratory Asthma Pharmacist (SP0015)	January 2025	The Project is in second year of delivery across the Pembrokeshire Clusters. We have won two awards for person centred approach with children witht he project and service. We are seeing some very impactful outcomes for children and the green agenda. We are currently linking in with GGH consultants around the drop of children being admitted with respiratory condtions over the last 6mths from Pembrokeshire. The project will contuine until Dec 25 to alloow the Service provider to run the project in the previous schools who where not enagaging. We are engaging with Respiratory Wales and Public Health to support the project with reasearch regarding the encominc value of the project.		

- Project Start Date: September 2023
- Project End Date: August 2025
- Data is being collected consistently – awaiting service to complete further respiratory assessments and send through updated data in December 24.
- Termly timetable for school visits:

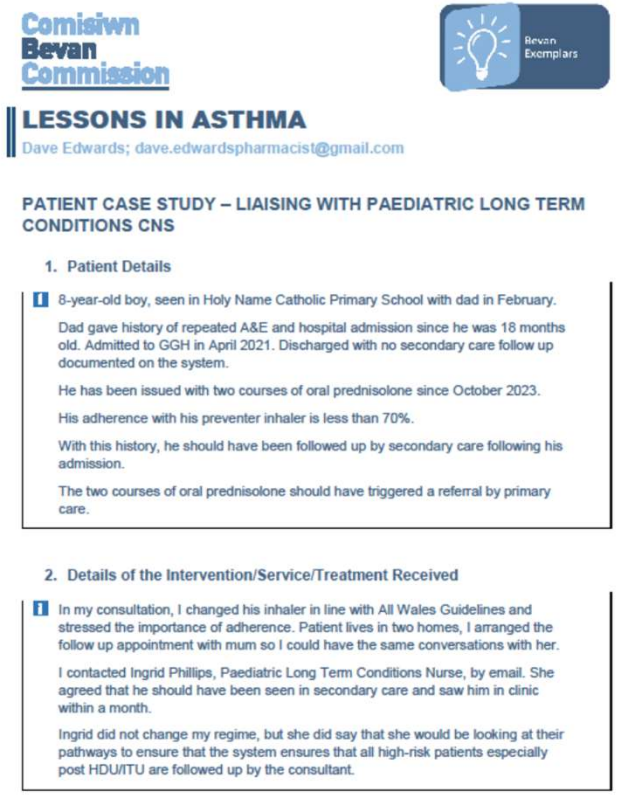
  Autumn 23: Milford Haven
  Spring 24: Fishguard / Bro Gwaun
  Summer 24: Pembroke
  Autumn 24: Haverfordwest
  Spring 25: Preseli
  Summer 25: Tenby

- Narrative updated 27/01/2025

Primary School Respiratory Review: Outcome Details [Page 2 of 4]



Primary School Respiratory Review: Case Study [Page 3 of 4]



Comisiwn Bevan Commission

Bevan Exemplars

LESSONS IN ASTHMA

Dave Edwards; dave.edwardspharmacist@gmail.com

PATIENT CASE STUDY – LIAISING WITH PAEDIATRIC LONG TERM CONDITIONS CNS

1. Patient Details

8-year-old boy, seen in Holy Name Catholic Primary School with dad in February.

Dad gave history of repeated A&E and hospital admission since he was 18 months old. Admitted to GGH in April 2021. Discharged with no secondary care follow up documented on the system.

He has been issued with two courses of oral prednisolone since October 2023.

His adherence with his preventer inhaler is less than 70%.

With this history, he should have been followed up by secondary care following his admission.

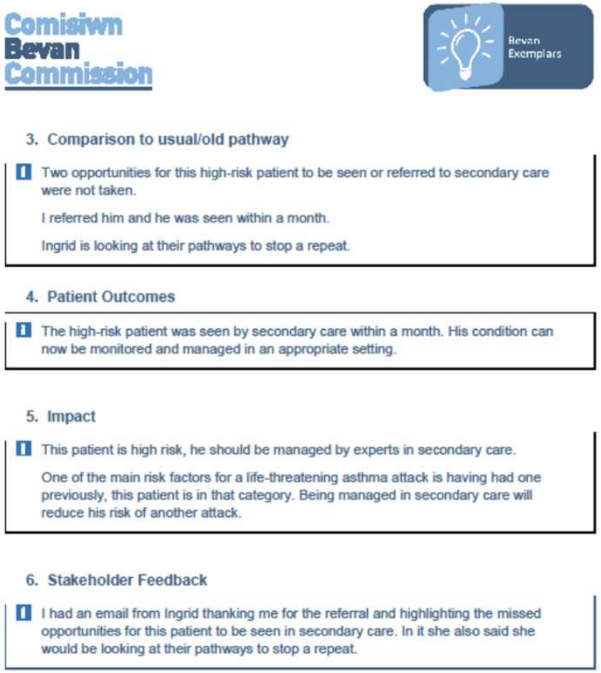
The two courses of oral prednisolone should have triggered a referral by primary care.

2. Details of the Intervention/Service/Treatment Received

In my consultation, I changed his inhaler in line with All Wales Guidelines and stressed the importance of adherence. Patient lives in two homes, I arranged the follow up appointment with mum so I could have the same conversations with her.

I contacted Ingrid Phillips, Paediatric Long Term Conditions Nurse, by email. She agreed that he should have been seen in secondary care and saw him in clinic within a month.

Ingrid did not change my regime, but she did say that she would be looking at their pathways to ensure that the system ensures that all high-risk patients especially post HDU/ITU are followed up by the consultant.



Comisiwn Bevan Commission

Bevan Exemplars

3. Comparison to usual/old pathway

Two opportunities for this high-risk patient to be seen or referred to secondary care were not taken.

I referred him and he was seen within a month.

Ingrid is looking at their pathways to stop a repeat.

4. Patient Outcomes

The high-risk patient was seen by secondary care within a month. His condition can now be monitored and managed in an appropriate setting.

5. Impact

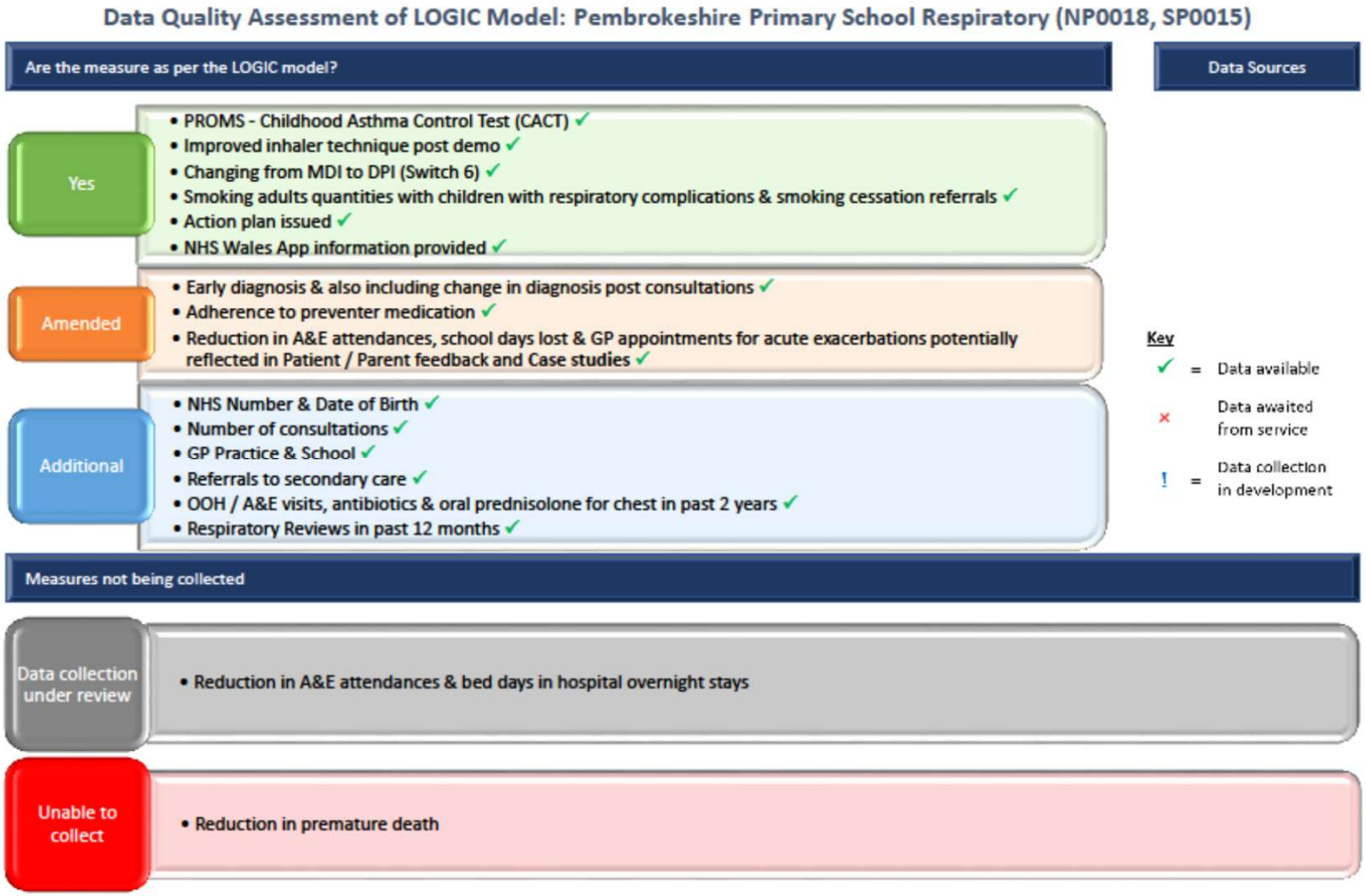
This patient is high risk, he should be managed by experts in secondary care.

One of the main risk factors for a life-threatening asthma attack is having had one previously, this patient is in that category. Being managed in secondary care will reduce his risk of another attack.

6. Stakeholder Feedback

I had an email from Ingrid thanking me for the referral and highlighting the missed opportunities for this patient to be seen in secondary care. In it she also said she would be looking at their pathways to stop a repeat.

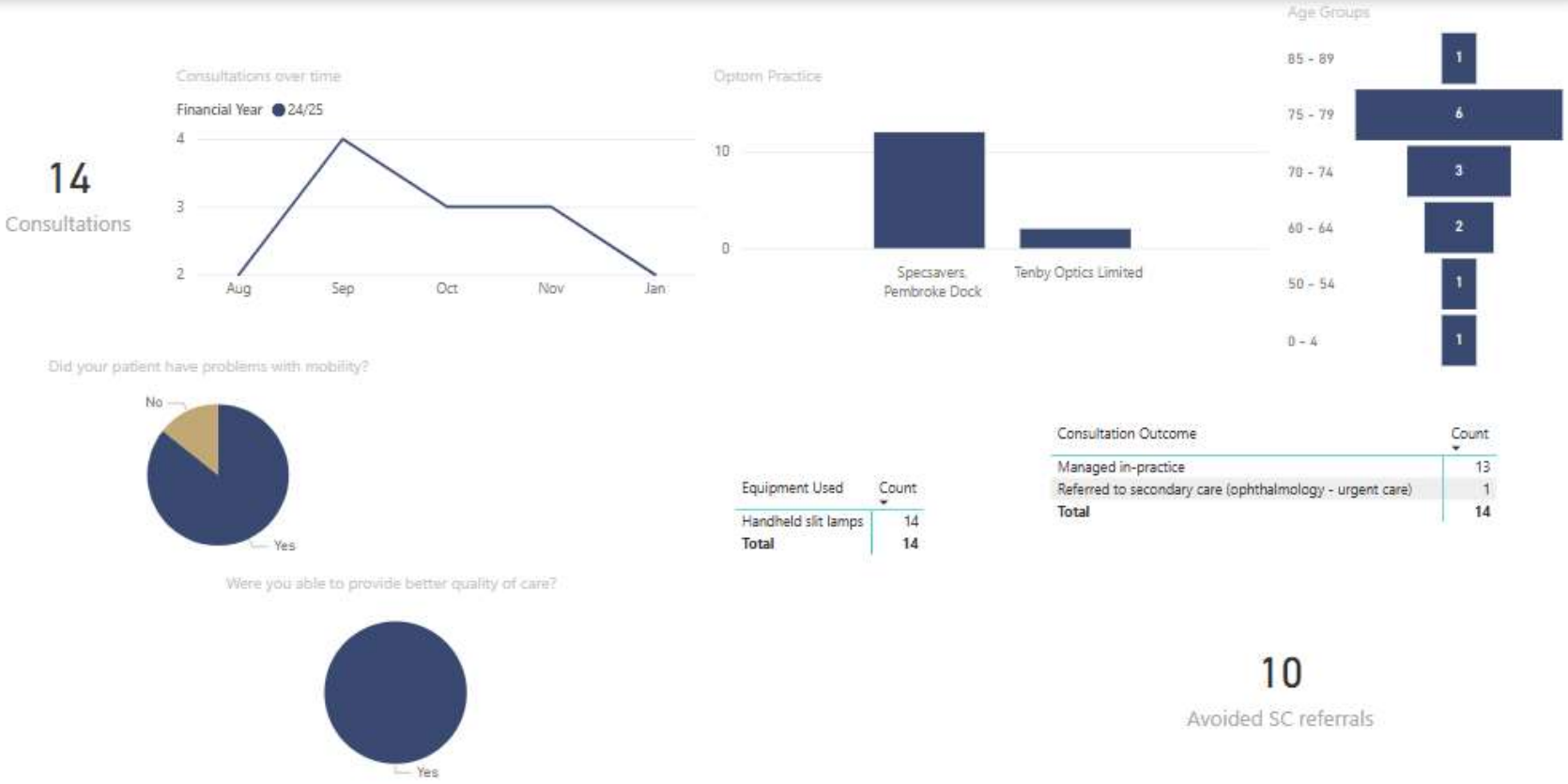
Primary School Respiratory Review: Logic Model [Page 4 of 4]



Optom Equipment [Page 1 of 1]

No financial reporting

Project	Update as at	Commentary	RAG	Trend
Optom Equipment (SP0017)	January 2025	Equipment is being used and the data is highlighting that there is a reduction in Secondary Care referrals as a result.		



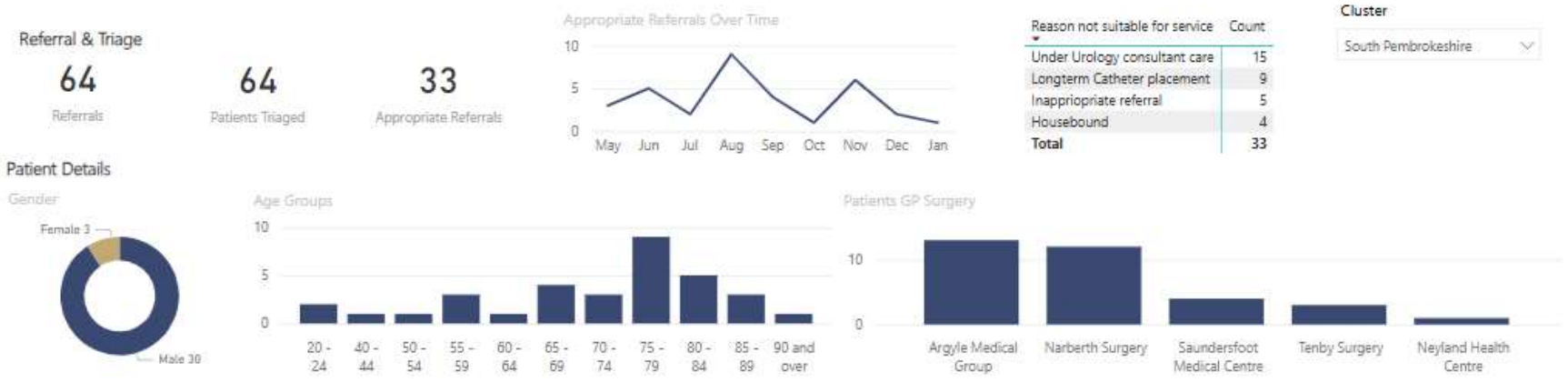
Equipment Used	Count
Handheld slit lamps	14
Total	**14**

Consultation Outcome	Count
Managed in-practice	13
Referred to secondary care (ophthalmology - urgent care)	1
Total	**14**

- Project Start Date: March 2024
- Project End Date: March 2026
- Limited data collected.
- Narrative updated 27/01/2025

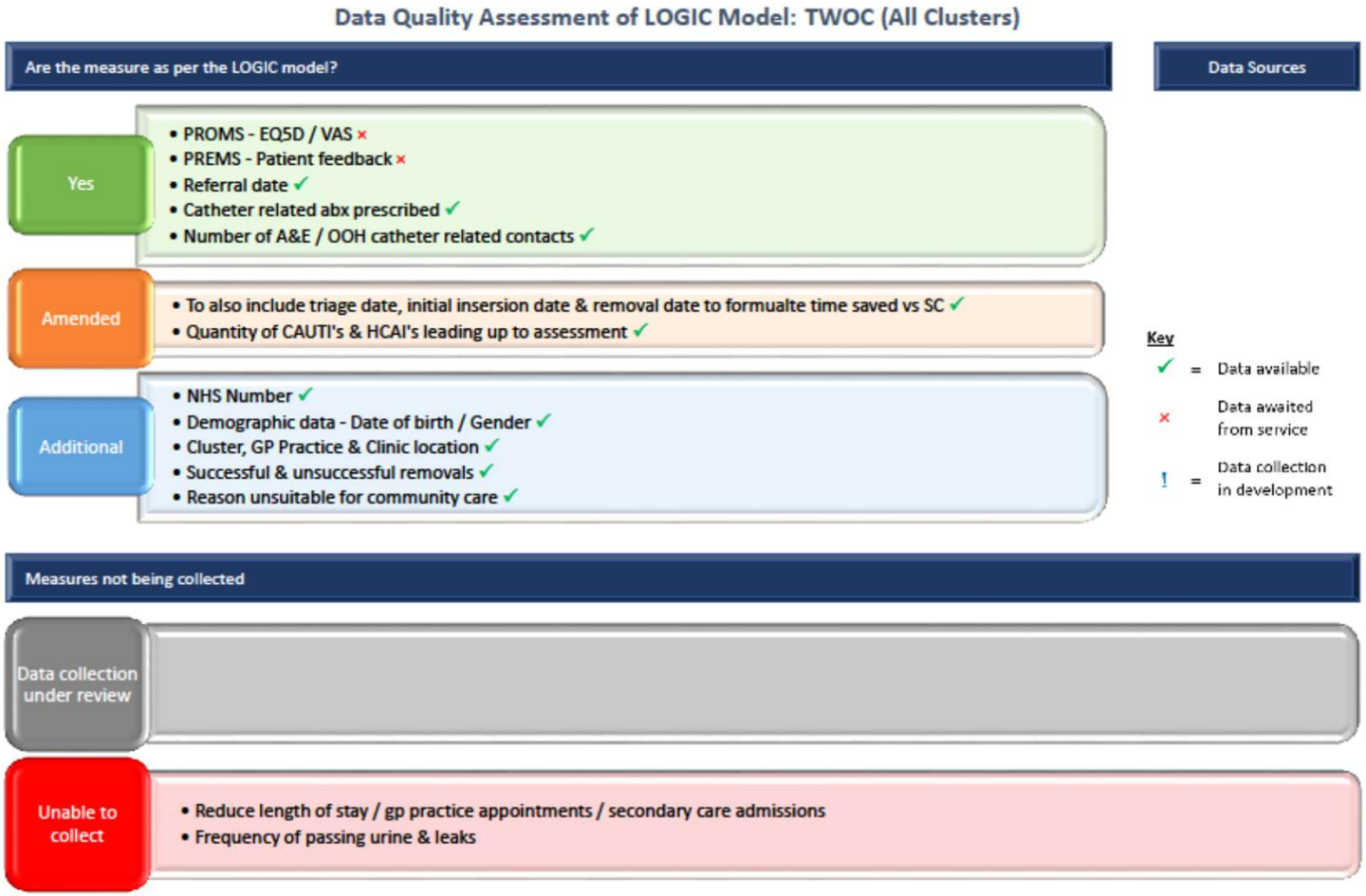
Trial without Catheter [Page 1 of 2]

Project	Update as at	Commentary	RAG	Trend
Trial without Catheter (TWOC) (SP0018)	January 2025	Clinics are working well with a 64% success rate on referrals. The project is due to end in Feb 25 and the service has secured funding to contuine the project moving forward .		



- Project Start Date: February 2024
- Project End Date: February 2025
- PROMS / PREMS data not provided.
- Narrative updated 27/01/2025

Trial without Catheter [Page 2 of 2]



3

10:45, 0 Mins

3 - PLANNING & PARTNERSHIPS

3.1

10:45, 10 Mins

3.1 - Update on the 2024/25 Planning Objectives and the 2025/26 Annual Plan

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Shaun Ayres (Hywel Dda UHB - Deputy Director of Operational Planning and Commissioning)

For assurance

Attachments

3.1.1 SDODC TI and PO Update SBAR February 2025 v1.pdf

3.1.2 Annex Planning Objective Highlight Reports SDODC February 2025.pdf

CYFARFOD BWRDD PRIFYSGOL IECHYD
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 February 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Update on the 2024/25 Planning Objectives and the Annual Plan for 2025/26
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: **REPORTING OFFICER:**	Shaun Ayres, Deputy Director of Operational Planning and Commissioning / Programme Director for Targeted Intervention Daniel Warm, Head of Planning

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides the Committee with an update on the seven Planning Objectives (PO) aligned to SDODC as part of the 2024/25 Annual Plan. The paper also provides an overview of our progress in developing the 2025/26 Annual Plan.

Cefndir / Background

The Annual Plan for 2024/25 was built around 10 Planning Objectives (which in themselves are aligned to Ministerial and Local Priorities) and, within this, the de-escalation of our Targeted Intervention (TI) status (across six critical domains: Finance, Strategy and Planning; Performance and Outcomes; Fragile Services; Governance; Leadership, Capability and Culture; and Quality of Care).

The POs set out the aims of the organisation, *i.e.* the horizon that HDdUHB is driving towards over the long term, as well as a set of specific, measurable actions, which move the organisation towards that horizon over the next year. For 2024/25, seven Planning Objectives were aligned to the Strategic Development and Operational Delivery Committee (SDODC), namely:

- PO3: Transforming urgent and emergency care
- PO4: Planned care, diagnostics and cancer
- PO5: Mental health and CAHMS
- PO6: Clinical services plan
- PO7: Primary and community strategic plan
- PO8: Estates plans
- PO10: Population health

2025/26 Annual Plan

The plan for 2025/26 will continue this approach and structure, aiming to meet the TI requirements across the six domains and respond to the WG expectations within the NHS Wales Planning Framework (as set out in the letters of the 20 December 2024 from the

Cabinet Secretary for Health and Social Care and the NHS Wales Chief Executive). The Framework identifies the ministerial priorities as:

- Timely access to care
- Population health and prevention
- Building community capacity
- Mental health access
- Women's health

HDdUHBs Annual Plan for 2025/26 has been developed through an iterative, collaborative approach, reflecting both immediate operational needs and longer-term service transformation. This planning cycle sits within a three-year strategic context, recognising that many challenges particularly those requiring major workforce or estate reconfigurations cannot be definitively addressed in a single year. The Health Board has recognised that we are not yet at the stage where a financially balanced Integrated Medium Term Plan (IMTP) would be possible, so this approach demonstrates progress as an organisation whilst working towards an IMTP.

1. **Alignment with Welsh Government Frameworks**
   - The Welsh Government's Planning and Performance Framework for 2025–2028 underpins the Board's priorities. The Health Board has mapped each proposed initiative to these national objectives covering timely access, quality improvement, and population health ensuring that near-term actions also support sustainable service transformation. It is important to note, that whilst Targeted Intervention criterion remain the key focus, not all aspects of the latest frameworks are reflected in Targeted intervention.

2. **Focus on Short-Term Impact and Long-Term Sustainability**
   - In response to current pressures (e.g. waiting times, capacity constraints), directorates have formulated proposed interventions designed to deliver tangible benefits in 2025/26. These include process improvements, targeted recruitment, or temporary solutions such as outsourcing or insourcing.
   - Longer-term aspirations include the shift towards population health, primary care and community and the Health Board's Clinical Services Plan (CSP) and an upcoming strategic refresh, ensuring that any major transformation is informed by appropriate consultation and engagement.

3. **Targeted Intervention (TI) Context**
   - 2025/26 marks the second year of the Health Board's multi-year journey to meet its Targeted Intervention (TI) requirements. Consequently, the plan emphasises deliverable, high-impact actions that drive performance improvements across key domains, from reducing waiting lists to streamlining emergency care pathways.

4. **Governance and Engagement**
   - Where a proposal might necessitate significant changes to service location or configuration, the Board will undertake an EQIA and the appropriate staff and public engagement.

5. **Robust Corporate Oversight**
   - Throughout the plan's development, corporate teams (Planning, Finance, Workforce) have worked closely with operational leads/teams to collectively validate and work through assumptions, align resource requirements, and ensure each proposal is set against realistic baselines. Key forums such as the IQFPD, Business Executive Team and Directorate Improving Together sessions provide continuous review and challenge, preventing duplication and maintaining strategic coherence.

In essence, the 2025/26 Annual Plan supports a balance between short-term deliverability (to address urgent capacity and performance issues) and a multi-year vision (to enable substantive, sustainable changes in line with the Clinical Services Plan and the strategic refresh).

Asesiad / Assessment

The overarching status of the seven POs aligned to SDODC are as per the table below:

Planning Objective	Executive Lead	Current Status
PO3: Transforming urgent and emergency care	Director of Operations	On-track
PO4: Planned care, diagnostics and cancer	Director of Operations	Behind
PO5: Mental health and CAHMS	Director of Operations	On-track
PO6: Clinical services plan	Director of Strategy and Planning	On-track
PO7: Primary and community strategic plan	Director of Primary Care, Community and Long-Term Care	On-track
PO8: Estates plan	Director of Strategy and Planning	Behind
PO10: Population health	Director of Public Health	On-track

All POs have separate reports on this Committee agenda, with the exception of PO6 and PO10, and these have highlight reports included in annex 1.

As noted in the January 2025 Board Paper, the actions and milestones for 2025/26 will continue to be tracked through POs and regularly reported to the appropriate Committee. Each PO will also support delivery across the Efficiency, Productivity and Value themes - people, place, enablers, quality, value and outcomes, and clinical service models.

Assessment and Alignment of the 25/26 Planning Process and Next Steps

The finalised 2025/26 Annual Plan will demonstrate significant preparation across all service areas, underpinned by both corporate and operational scrutiny. The following key themes illustrate how the plan is positioned to deliver meaningful outcomes in the immediate term while laying foundations for longer-term transformation.

1. Collaborative and Iterative Review

- **Extensive Feedback Cycles:** Directorates have iteratively refined their proposals in response to targeted feedback from corporate teams and through structured governance routes. This has involved clarifying demand and capacity (D&C) assumptions, providing detailed risk assessments, and articulating how each project's baseline activity will be monitored.
- **Check-and-Challenge Sessions:** Regular check-and-challenge forums encompassing planning, finance, and workforce leads have helped to maintain a realistic lens on deliverability. Where workforce pipelines are uncertain or estates work is pending, plans have built in interim measures (e.g. additional insourcing, Estate moves) so that performance can be maintained while longer-term solutions take shape.

2. Strategic Alignment and TI Focus

- **Integration with Welsh Government Metrics -** Every proposed action has been mapped against the Welsh Government's performance framework to ensure efforts around waiting times, unscheduled care, and population health align with national expectations. However, there is a clear recognition that many of the targets are in excess of the TI criterion which in some cases the Health Board has been unable to achieve this year, such as Ambulance Handovers.
- **Targeted Intervention Delivery:** Acknowledging the criticality of making tangible progress in this second TI year, directorates have prioritised high-impact schemes such as enhanced diagnostic capacity and patient-flow optimisations that can evidence early gains in patient access and quality outcomes.

3. Balancing Immediate Solutions with Sustainable Change

- **Short-Term Operational Gains:** A range of proposals rely on bridging strategies (e.g. outsourcing planned care, utilising locums, or insourcing specific diagnostics) to manage acute pressures. These are clearly framed as temporary relief measures, preventing performance deterioration as we transition to more permanent approaches. Furthermore, building on regional plans and priorities is also a key focus in the 25/26 annual plan, especially around Orthopaedics and Ophthalmology.
- **Longer-Term Vision:** Complex service redesigns, multi-year recruitment drives, and potential estate developments are earmarked for continued exploration under the Clinical Services Plan or the forthcoming strategic refresh. This two-track approach; practical fixes now, deeper reconfigurations later ensures we do not overpromise on solutions that require formal consultation or extensive capital investment.

4. Governance Pathways and Accountability

- **IQFPD, Business Executive and Directorate Improving Together:** These forums have consistently provided oversight on financial viability, workforce feasibility, and operational coherence, filtering out proposals that lack a robust evidence base. Each endorsed scheme comes with clear accountability for delivery, including milestone tracking and built-in escalation routes.
- **Monitoring and Adaptation**: Thanks to performance dashboards and watchtower sessions, the interventions the teams are putting forward can promptly identify whether initiatives are meeting their stated objectives e.g., reduction in waiting times, improved ED flow allowing for mid-course adjustments (remedial actions) if certain solutions prove unworkable or if workforce issues emerge.

Overall, the 2025/26 Annual Plan is both ambitious and realistic; it addresses pressing service needs while acknowledging that certain larger-scale changes require further statutory processes and strategic development. By clearly distinguishing what can be achieved imminently from what requires longer-term planning, the Health Board is positioned to make tangible gains in performance, quality, and patient experience during 2025/26, while continuing to lay strong foundations for the sustainable transformation of healthcare services in mid and west Wales.

Next Steps

1. Further Scrutiny at Business Executive and Board Seminar (Next Several Weeks)

- **Final Proposed Trajectories:** Over the coming weeks, the Planning Team and service leads will refine and present the proposed trajectories for each key initiative to the Business Executive and Board Seminar (20 February). This includes validating the expected improvements in waiting times, capacity utilisation, and quality outcomes.

- **Deliverability Review:** These forums will assess whether the various short-term schemes remain achievable within 2025/26 resource constraints, focusing on areas such as workforce availability, capital requirements, and the balance between immediate outsourcing/insourcing solutions and in-house development.

2. Clinical Services Plan (CSP) Alignment

- **Identifying Potential CSP Overlaps:** As part of this scrutiny, the Board will determine which initiatives may fall within the scope of the Clinical Services Plan - particularly those requiring significant reconfiguration, formal engagement, or consultation. Any proposal that appears contradictory to CSP intentions will be escalated for further discussion.
- **Timelines and Possible Accelerations**: Where an initiative requires CSP involvement, the Board will explore whether any urgent changes in advance of the CSP timelines might be warranted. This ensures that urgent, high-impact changes are not unduly delayed, while also respecting the rigorous processes and statutory consultation requirements underpinning major service transformations.

3. Preparation for the Board Seminar (20 February)

- **Key Priorities and Plans**: The Board Seminar in late February will serve as a critical forum for discussing the consolidated list of priorities and trajectory data, offering Board members and stakeholders a chance to challenge assumptions, review deliverability, and verify alignment with TI milestones and the Welsh Government's Performance Framework.
- Ensuring **Coherence**: By this stage, any potential conflicts between short-term schemes and longer-term CSP objectives should be clearly outlined, with a clear rationale for proceeding (or deferring) specific proposals.

4. Final Submission and Board Approval (End of March)

- **Board Paper Deadline:** The Health Board's final plan must be prepared for endorsement by the end of February or early March, enabling it to be included in the public Board papers.
- **Ongoing Monitoring Post-Approval:** Following sign-off, the Health Board will transition to implementation and monitoring, using watchtower sessions, Directorate Improving Together forums, and Business Executive updates to track each scheme's performance. Where short-term solutions (e.g. outsourcing) are used, they will be subject to regular review to ensure they remain value-for-money pending any longer-term CSP developments.

This sequence of actions provides a clear route of approval, balancing the urgency of immediate improvements with the overarching need for strategic alignment and legal compliance. By the time the final plan is submitted for Board approval, the organisation will have a cohesive, realistic roadmap for 2025/26 positioned to achieve tangible gains in service performance while setting the foundations for longer-term strategic change.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** on the current position in regard to the progress of the Planning Objectives aligned to the Strategic Development and Operational Planning Committee, in order to assure the Board that the Planning Objectives are progressing and are on target, and to raise any concerns where a Planning Objectives is identified as behind in its status and/or not achieving against its key deliverables.
- **RECEIVE ASSURANCE** on the steps taken in the development of the Plan for 2025/26

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	2.1 To receive an assurance on delivery against all Planning Objectives aligned to the Committee.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services 4. The best health and wellbeing for our individuals, families and communities 5. Safe sustainable, accessible and kind care
Amcanion Cynllunio Planning Objectives	3 Transforming Urgent and Emergency Care programme 6 Clinical services plan 8 Estates plans 10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	3 Year Plan and Annual Plan Decisions made by the Board since 2017-18 Recent *Discover* report, published in July 2020 Gold Command requirements for COVID-19 Input from the Executive Team Report presented to Public Board in September 2020
Rhestr Termau: Glossary of Terms:	Explanation of terms is included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Public Board - March 2024 (acceptance of 2024/25 Planning Objectives as part of the 2024/25 Annual Plan) Public Board – January 2025 (overview of the process to develop the 2025/26 Annual Plan)

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report

Ansawdd / Gofal Claf: **Quality / Patient Care:**	Any issues are identified in the report
Gweithlu: **Workforce:**	Any issues are identified in the report
Risg: **Risk:**	Consideration and focus on risk is inherent within the report. A sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: **Legal:**	Any issues are identified in the report
Enw Da: **Reputational:**	Any issues are identified in the report
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Not applicable

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Submitted By: Ben Rogers and Alex Martin, Principal Programme Managers

Date Submitted: 31 January 2025

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

Planning Objective: 6 – Clinical Services Plan	**Executive Lead: Lee Davies/ Mark Henwood**

Reporting Period: 19 November 2024 – 31 January 2025

Overall status: On-track
Rationale for overall status: Board approval to proceed to consultation planning in November 2024 and Board endorsement of progress in January 2025.

Progress against planned outcomes / trajectories / milestones:
Since the last update in November 2024 the programme has presented the consultation mandate and project plan to Boardon 30 January 2025.

Activities planned for next milestone and reporting period

- Commencement of the detailed consultation planning (pre consultation period)
- Preparation of key consultation documentation
- Reviews of the technical document suite to date within the programme and preparations for submission
- Development of the communications and engagement plan
- Completion of detailed Health Impact Assessments

Any other Comments
Matters for information:
Estate – service configurations to remain deliverable may require recognition and support from site leads as to ensuring space is available in consideration of this Planning objective.
Inter hospital transfer service – this has been identified as a key enabler in several service configurations. A programme of work will need to be considered at a regional level to progress this.
Timeline - A risk has been amended with reference to the timeline with programmes of work running in parallel that may require the same resource to support including Prince Philip (PPH) Minor Injuries Unit (MIU), Primary Care and Community workstreams.

Any other comments: Matters for discussions with consultees will be considered to be contentious in certain service areas. The programme is working with the Communications and Engagement Team to ensure the Consultation is aware of these in order to optimise our communications.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Submitted By: Bethan Lewis, Assistant Director, Public Health

Date Submitted: 3 February 2025

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

Planning Objective: 10 – Population Health

Executive Lead: Dr Ardiana Gjini, Executive Director of Public Health

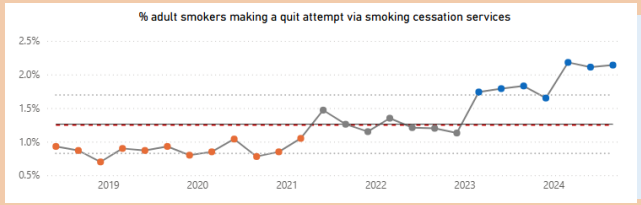
Reporting Period: Quarter 3 – October – December 2024

Overall status: Complete / Ahead / On-track / Behind

Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery)

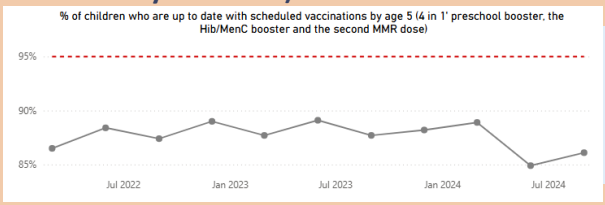
Key deliverable actions for reporting period, including those reported in Quarters 1 and 2, are on track. It has been noted these actions are predominantly process driven with clear output which enables the reporting period to indicate as on track. The Directorate is committed to further explore the impact our deliverable actions within the objective are having on population health and actions required to demonstrated further improvement.

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):



The latest data is showing improvement. However, improvement actions need to be identified and successfully embedded for the target to be consistently met.

Expected performance is between 0.8% and 1.7%



Performance for January 2025 was 86.10%

Activities completed in previous reporting period:

- **10.3 Deliver on National Immunisation Framework with a focus on increasing uptake of Measles, Mumps, Rubella (MMR) and seasonal immunisations –** delivery of seasonal influenza (flu) and autumn Covid-19 booster programmes initial offer completed to population eligible groups and healthcare staff, mop up continues. Targeted focus on offer of preschool booster and MMR second dose on low uptake areas mapped against our Welsh Index of Multiple Deprivation (WIMD) areas.
- **10.5 Delivery of Whole Systems Approach to Healthy Weight -** Healthy Weight Oversight Group established. A Mapping Report of the All Wales Weight Management Pathway has been completed identifying gaps and opportunities. Funding Proposals relating to Digital weight management services (L2) and Pwysau Iach Planr Yng Nghymru (PIPYN - Healthy Children Healthy Weight in Wales) PIPYN type intervention programmes drafted for consideration.
- **10.7 Progress the development of the Social Model for Health and Wellbeing –** Working to implement a Creative prescribing programme with grant money received to Arts and Health in conjunction with the Social Innovation Institute
- **10.8 Alcohol and drug use –** tender process formally commenced in October 2024.
- **10.9 Equity in Clinical Service Planning –** frameworks for equity and prevention developed.

Activities planned for next milestone and reporting period:

- **10.3 Deliver on National Immunisation Framework with a focus on increasing uptake of MMR and seasonal immunisations –** delivery of mop up offers for seasonal flu and autumn Covid-19 booster programmes. Target delivery of offer of preschool booster and MMR second dose to low uptake areas within our most deprived communities.
- **10.5 Deliver a Whole System Approach to Healthy Weight -** further develop sub-system areas of focus and agree priority areas for future two years of programme. Explore delivery of weight management digital programmes and Children and Young people (CYP) support programmes.
- **10.7 Progress the development of the Social Model for Health and Wellbeing –** continue development of social innovation with partners.
- **10.8 Alcohol and drug use –** tender process to be finalised.

Any other Comments

Matters for information: Ambition for immunisation improvement identified as 5% improvement of last year's baseline within a three-year planning cycle– our local ambition therefore would be to achieve 92.6% uptake by 2027 in planned outcome measure for % of children who are up to date with th munisations by age 5 years (Annual target for 2025 is 89.7%, target for 2026 is 91.1%).

Risks to delivery: 1884 - Risk of not being able to provide a timely and effective Public Health service due to limited public health Consultant capacity. Risk decreased to 12 due to recent recruitment and

3.2

10:55, 10 Mins

3.2 - Commissioning

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Shaun Ayres (Hywel Dda UHB - Deputy Director of Operational Planning and Commissioning)

In-depth bi-annual report.

For information

Attachments

3.2 Commissioning Jan 2025 (002).pdf

SLA: Dual Energy X-Ray Absorptiometry (DXA) Scans and Reports provided by Swansea Bay University Health Board (SBUHB)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Provider: SBU HB (Mobile Unit to Hywel Dda Sites)

Summary of Current Position: Hywel Dda University health Board **(**HDdUHB) has historically commissioned a Dual Energy X-ray Absorptiometry (DXA) service for the south of the Health Board from SBUHB via a mobile unit that travels between the three hospital sites in the south of Hywel Dda (Glangwili (GGH), Prince Philip PPH) and Withybush (WGH)). HDdUHB has concerns over the waiting times for Hywel Dda residents for **a) scan** and **b) report** and has been working with SBUHB to improve performance and quality.

Scans as at December 2024 (latest position, see next slide)

- Longest wait = 48 weeks
- 156 patients waiting over 24 weeks
- 709 patients waiting over eight weeks (without appointments)
- 1,356 total number of patients on the waiting list

Scanning capacity increased throughout August, September, October and November 2024 with 450 scans undertaken in October – significantly higher than the 2023/24 average of 142.

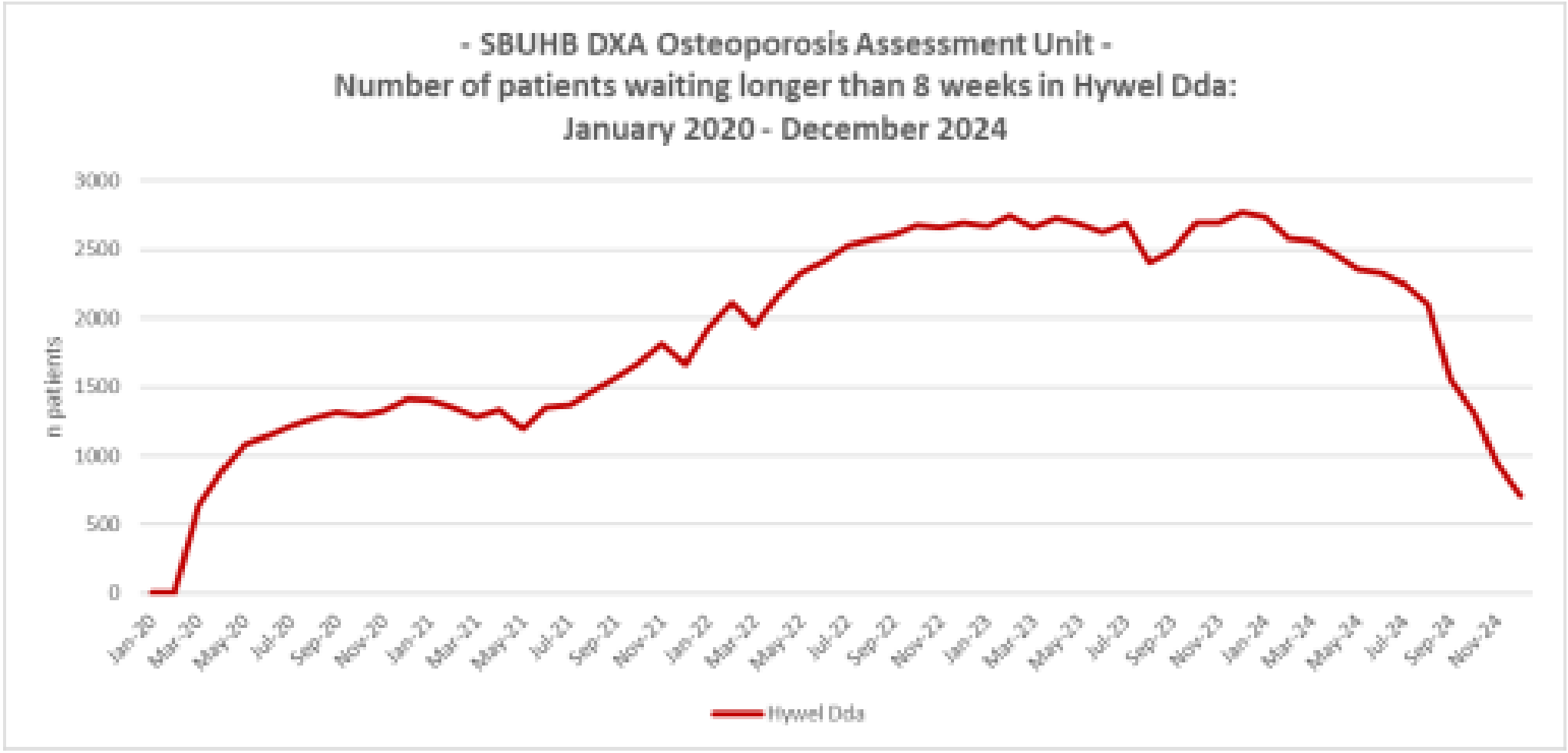
Reports

- Over the last four months (September – December 2024), an increase of circa 1020% reported scans compared to the previous four months
- Scans performed from 9 September 2024 are being reported on within two to three weeks. Backlog scans are being managed separately, zero backlog by January 2026

To Note:

- Flow of reporting information in terms of waiting times and activity, is not always forthcoming on a monthly basis
- SBUHB now provide Trabecular Bone Scoring (TBS), a software programme that measures bone microarchitecture as part of their DXA scans. TBS provides an extra parameter in the evaluation of patient's risk of fracture, facilitating a greater degree of certainty in the decision making towards patient management
- To address the backlog, this was predicated on recruitment and all roles have been filled
- A Health Care Support Worker (HCSW) is assisting in the mobile unit and therefore supports the throughput of patients, alongside lone working etc
- SBUHB are willing to offer HDdUHB staff the opportunity to shadow [illegible] or reporting and suggested that this would take place on site - preliminary discussions at this stage, but a positive step

SLA: Dual Energy X-Ray Absorptiometry (DXA) Scans provided by Swansea Bay University Health Board (SBUHB)



- Due to increased demand, which resulted in an unsustainable waiting list position that Cardiff & Vale University Health Board (C&VUHB) were unable to manage, C&VUHB served notice and stopped accepting referrals from November 2023
- C&VUHB advised that they would continue to see and treat those patients who were in the system up until the point of cessation, through to discharge
- The Commissioning team previously worked with University Hospital Birmingham (UHB) to setup a pathway. However, capacity reduced due to one of their consultants taking up post elsewhere and as a consequence UHB did not want to enter into a formal arrangement (contract).
- Whilst no formal arrangement is in place, clinicians having been referring patients to UHB via the prior approval. The prior approval team has approved 115 allergy referrals to Birmingham (as at December 2024)
- A search of CIVICA has identified five feedback records and two complaints opened in 2023 which related to a delay in accessing allergy testing services (this was prior to the move to the service being provided at Birmingham). No feedback has been received in 2024 relating to the availability of allergy testing

To Note:

- There is a national shortage of Consultant Immunologists
- The commissioning team has previously reached out to a number of other Providers; however, they were unable to support at that juncture
- A regional issue for South Wales - the understanding is that there is Welsh Government (WG) involvement/interest in this area and the potential of an external review to understand the current position within Wales

Non Drug Allergy Service (adult) - continued

University Hospital Birmingham – waiting list as at end of Noember 2024

- Total patients currently waiting = 62
- longest wait = 37 weeks

The position at University Hospital Birmingham will continue to be monitored.

Summary of current actions:

- A new provider in Liverpool, has recently been identified, which is an accredited centre. Discussions will commence with Liverpool to explore the support and services they can offer. However, with any potential option at this juncture, it will require patients to travel
- The Commissioning team continues to part of an All Wales commissioning group, to discuss potential new arrangements going forward
- The Commissioning team will also ensure that they take part and are integral to any Welsh Government undertaking

South West Wales Cancer Centre (SWWCC) – Oncology Outpatients

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Oncology Outpatient Modernisation Group (led by HDdUHB)
Unsustainable model and ways of working – significant workforce fragilities and service inequities
Aim: Establish transformational plan to achieve move to Oncology Outpatient (OP) provision in line with Hub and Spoke model vision in Strategic Programme Case (SPC). • Hub = SWWCC in Singleton • Spokes (for delivery of the five high volume tumour sites) = GGH and PPH – SBUHB Oncology Consultants 'visiting' the hospitals to provide outpatient clinics for these five tumour sites • WGH and Bronglais Hospital (BGH) – outpatient clinics for the high volume tumour sites are **delivered via digital solutions** • Patients attend the hospital and have support and presence of NMP (CNS, Pharmacist/Staff grade workforce) in clinic, with the Oncology Consultant based in the SWWCC running a remote/virtual clinic (for example using Attend Anywhere).
single-handed current actions: 1. Current outpatient activity, clinics and workforce in the South has been mapped to give an understanding of the current resources. An updated Service Level Agreement (SLA) has been drafted to reflect this, which includes a significant financial request for the current model. Historic SLA circa £423k and updated SLA circa £784k, therefore gap of circa £361k. 2. The focus on understanding the requirement for BGH and the support needed from the SWWCC. Initial conversations between the clinical, teams have commenced. BGH currently has a single handed locum Consultant who undertakes seven to eight tumour sites. The aim is to move away from this model and provide a more robust, sustainable service. Consequently, the service in collaboration with SBUHB are currently working through a 3-year road map plan for BGH, to understand the current position, what's required and the financial cost. To also include what support Betsi Cadwaladr University Health Board are able to offer/provide in the longer term.

South West Wales Cancer Centre (SWWCC) – Radiotherapy (RT)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Radiotherapy (RT) Modernisation Group (led by SBUHB)

Regional Principles/approach: The strategic, high-level options for the future regional model were described in the SPC as:
Option 1: Retain status quo. Continue to deliver RT for the region out of SWWCC, Singleton.
Option 2: Rebalance provision of RT across the region, with two potential models proposed as part of a Satellite RT Centre in HDdUHB region. Model involves redistribution of existing (4) LinAccs as they become 'end of life' and replaced over next 5–10-year period, plus new (fifth) LinAcc)

Summary of current position/actions:

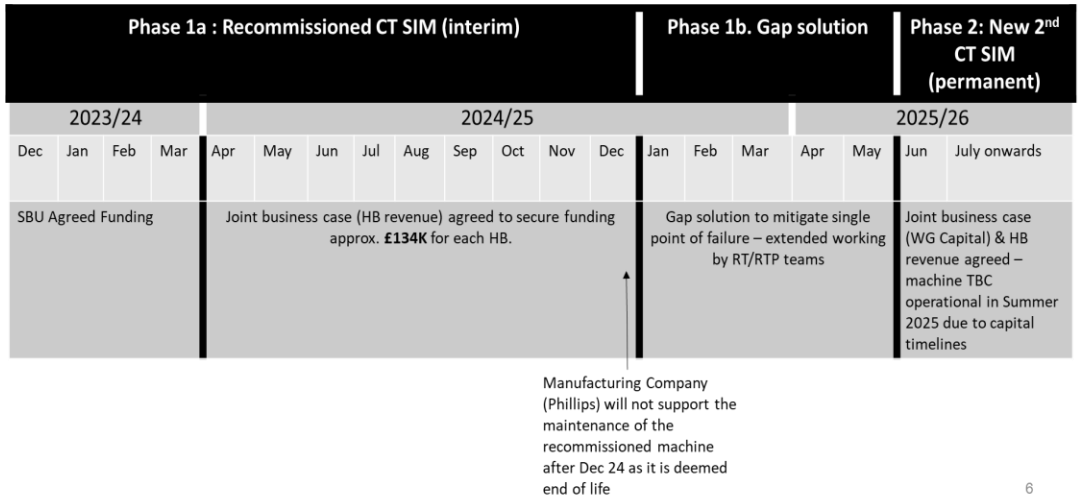
1. **<u>Second CT SIM Development at SWWCC, Singleton:</u>**

- Welsh Government Capital and Health Board (joint) Revenue Business Case approved by SBUHB and HDdUHB in July 2024.
- **Health Boards s approved the recurring revenue cost for the additional 34.5% capacity** of second CTSIM with AI, subject to securing capital approval from Welsh Government .
- Approved option will provide a 34.5% recurrent increase in capacity from 2025/26, to meet demand and lower the waiting list to a manageable level – equating to a total cost £469k per annum (split equally between Health Boards).
- To meet future demand, the revenue ask is likely to increase in line with capacity increases over five years, but capacity and funding will remain at the 2025/26 modelled levels from 2025/26 onwards until such time as a future business case is put forward to increase capacity above those levels.

Next Steps

- Welsh Government have recently approved the capital case and therefore the capital project will now commence.

Timeline of CT SIM



Radiotherapy (RT) Modernisation Group (led by SBUHB) continued

Summary of current position/actions (continued):

2. <u>Fifth Linac Development – in place by 26/27</u>

- High level strategic options appraisal completed with stakeholders in SBUHB/HDdUHB. The SBUHB site (specifically, using the space in place of existing fifth bunker on SWWCC site) is the preferred option for the fifth Linac development, due to feasibility within the 2026/2027 timeline.
- Summary paper shared with SWWCC Regional Strategic Group and past Sustainable Resources Committee (SRC) and Strategic Development and Operational Delivery Committee (SDODC)
- SBUHB Capital Planning provided advice on progressing conversation with Welsh Government, ie agree to progress to formal Business Case initiation (See next steps).
- Estimated revenue costs have now been prepared by SBU finance. Early indications that these are likely significant.

Next steps:

- Finance T&F group to convene to discuss the estimated revenue costs (pay and non-pay), so that all are clear and sighted.
- Joint paper to be prepared for Execs (both HBs) March 25, to outline the development process to date (i.e. OA completed demonstrating that Singleton is only feasible option), and seek agreement to progress with initiation of capital work with WG (capital planning have advised project unlikely to progress unless design fees are secured)

3. <u>Sixth Bunker/ Additional Linac/s Development</u>

- Proposed that sixth Bunker Options Appraisal is required to assess the longer-term strategic options for RT service model, ie to develop a satellite centre in the Hywel Dda footprint. Such a satellite centre would require two Linacs at minimum, however they would not need to be built/ go live at the same time.
- Development of the sixth Bunker will need to closely align with the existing Linac replacement schedule. The schedule has been set as Linacs have a lifespan of approx 10 years, and replacement of the next 'oldest' machines will take place roughly every two years.
- ***Further demand and capacity (D&C) work has been undertaken, which shows that an additional LINAC is required in SWWCC almost every 2 years up to 2030/31 (sixth & seventh LINAC required). Note - this requirement extends further than the SPC.***

Next steps:

- SBUHB Capital Planning team are also undertaking scoping of options for sixth bunker location at Singleton. This will need to be included in Executives report due to intrinsic links to fifth Linac and ongoing Linac replacement programme and satellite centre proposal
- Urgent HDdUHB internal meeting scheduled to understand 'art of the possible' in the Hywel Dda sites, as this is key to develop an appropriate options appraisal. This should link to the strategic refresh.

Quality & Safety at SBUHB 23/24

Quality and safety are integral to the LTA contractual meetings with providers, involving representatives from the quality and safety teams of both organisations. A new report has been introduced by SBUHB, covering incidents, complaints and concerns for Hywel Dda residents. While this report is set to become a routine feature, it remains a work in progress.

SBU HB Quality & Safety Report for HD Residents 23/24

Incidents = 857

- Post investigation harm assessment – 359 None, 471 Low, 6 Moderate, 4 Severe, 17 TBC

Complaints = 152

- Outcome overall – 97 Not Upheld, 47 Upheld, 4 Withdrawn, 4 To Be Continued (TBC)
- Complaint grading at outcome – 138 Grade 1, 9 Grade 2, 1 Grade 3, 4 TBC

Claims = 1

To Note:

- - HDdUHB has always received serious incidents and complaints for their residents via the national reporting route.

Furthermore, all Health Boards as a Provider of services are bound by the Duty of Candour, which requires them to be open, honest and transparent with patients or their families when something is untoward during care or treatment, resulting in, or potentially causing harm. Therefore, whilst the patient may be resident in another Health Board area, HDdUHB would expect all patients to be managed in the same way, including following the same complaints/concerns procedures to that of a provider resident.

Long Term Agreements (LTAs) – deadline for signing 28th February 2025

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The Welsh Government deadline for agreement and signoff of the LTAs is 28 February 2025, however, similar to last year there are a number of areas that may potentially cause a delay. In summary, the main contentious areas are as follows:

Swansea Bay University Health Board (SBUHB)

Elective Orthopaedics – regional monies vs LTA monies (circa £2.6m) – part of Commissioning savings plan

SBUHB assumes the financial return of the non-recurrent £1.1m adjustment agreed in 2024/25, however HDdUHB do not agree to reintroduce this into the recurrent baseline for 2025/26. HDdUHB position is that it was removed in 2024/25 on a recurrent basis, and there is no justification to incorporate it back into the LTA. The same principle applies to the residual £1.5m in 2025/26, as regional funding was allocated for this purpose and it therefore should be removed from the LTA.

Locally Provided Services for Vascular and Neurology Services (circa £581k) **-** part of Commissioning savings plan

HDdUHB has significant reservations about any arrangement whereby charges are levied twice for the same service: once through an SLA for visiting consultant and again through LTA tariffs. HDdUHB are unwilling to endorse an approach that leads to duplication of costs.

SBU additional financial asks for inclusion within plan/LTA

SBUHB has proposed additional service developments for 2025/26. These include additionality in areas such as Vascular surgery sustainability, National Institute for Health and Care Excellence (NICE) infrastructure and the expansion of a number of existing SLA arrangements (Renal and Radiopharmacy). These have not been worked through jointly with HDdUHB or gone through any formal governance structure as yet and therefore are unable to form part of the 2025/26 LTA or plan.

Long Term Agreements (LTAs) – deadline for signing 28th February 2025

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Velindre Cancer Centre – part of commissioning savings plan

- HDdUHB has significantly increased the level of in-house capacity and that commissioned from other providers, notably through the South West Wales Cancer Centre at SBUHB.
- The HDdUHB position is clear: we will only pay for the high-cost drugs and services we actually use, with no adjustments to our allocation to cover costs for other Health Boards.
- The core contract should be updated based on recent, accurate utilisation data rather than outdated assumptions.
- Evidence from 2021/22 to the forecast for 2024/25 indicates a 159% increase in SBUHB activity and a 27% increase in our own activity, while our reliance on Velindre has decreased from an estimated 1.51% to 0.37% of overall Velindre activity.

NHS Wales Joint Commissioning Committee (NWJCC) – IMTP

- Concerns over the NWJCC reaching an approvable plan that is balanced in both resource and financial sustainability, whilst managing clinical and patient risk. The underlying position across Wales for 2025/26 starts with a £75.5m (6.40%) cost growth requirement:
    - Recurrent cost pressures - £32.7m
    - Unavoidable New Cost Pressures - £32.1m
    - Risk Assessed New Cost Pressures - £10.7m

A range of scenarios are being considered – Option 1: 1.77% (minimum); Option 2: 4% (pragmatic) option 3: 6.4%(fully funded). An assessment of what can be delivered within these options is currently underway.

A meeting between NWJCC and Health Board representatives has been scheduled for middle of February 2024 to discuss and consider options, including support.

Commissioning and Contracting Intentions 25/26

Commissioning and Contracting intentions document has been drafted for 2025/26, which will be circulated imminently to our main Providers. This reflects the points highlighted in the previous slides (Slides 7 - 8) but also covers areas such as:-

- **NICE/High Cost Drugs** – sharing of annual horizon scanning exercises, open and transparent approach to drug apportionment, where there is a generic/ biosimilar alternative drug available, the Health Board anticipates the switch will take place as soon as it is clinically appropriate, expectation of costs incurred for rebates and patient access schemes.
- **ITU Beds** – continue to highlight and proactively manage patients, request for a change in reporting approach to 'live' number of days as opposed to discharges.
- **Women's Health and the Welsh Government Women's 10-year Health Plan** – work together to support the delivery of this plan, particularly in addressing gaps where services are not currently available locally, such as endometriosis.
- **Plastic Surgery** - following the transfer of non-specialised procedures to Health Board responsibility, HDdUHB would like to work with SBUHB on the service model and explore potential alternative methods of delivery.
- **Interventions Not Normally Undertaken (INNU)** – request compliance and routine INNU reports.
- **Counting and Coding** – to be made aware of any changes.

Cost reduction/savings identified within year

Throughout the year, the Commissioning team has identified inadvertent costs that are either already in the system or potential cost proposals. These include:

- **Revised Oncology SLA** – Outdated historic SLA in place at circa £420k, SBUHB submitted an updated work plan of what they considered they were providing currently = 75 sessions at a cost of £1.050m. Thorough data analysis revealed that a number of the submitted sessions, were already being accounted for via the LTA. Consequently, the numbers reduced from 75 to 56 sessions. In monetary terms a reduction of circa £265k (see slide 3).
- **NICE infrastructure** – In relation to new NICE drugs, SBUHB submitted additional Consultant Infrastructure costs, which they considered were required to support the introduction of these new NICE drugs. However, analysis revealed that the costs were already accounted for either under the Oncology SLA (as above) or LTA under the cost and volume mechanism. Circa £100k.
- **Neurology Locally Provided Services** - Analysis of the LTA revealed, that Hywel Dda were being incorrectly charged for activity that either Medinet or Hywel Dda employed Consultants had carried out, SBUHB agreed that this was incorrect and would be removed. Please note, further conversations regarding locally provided services are ongoing (see slide 8).
- **NICE HCD Drugs** – Analysis of the LTA revealed that a number of the drugs were NWJCC commissioned and therefore the charge should have been directed to NWJCC as opposed to the Health Board. This was rectified in the following month.

3.3

11:05, 10 Mins

3.3 - Deep Dive PO8: A Healthier Mid and West Wales Infrastructure

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning)

For information

Attachments

3.3.1 AHMWW SDODC update for Jan 25 LD final.pdf

3.3.2 Planning Objective 8 Highlight Report Feb 25 Draft.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 February 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Deep Dive Planning Objective (PO) 8: A Healthier Mid and West Wales Infrastructure
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lee Davies, Director of Strategy and Planning
SWYDDOG ADRODD: **REPORTING OFFICER:**	Paul Williams, Assistant Director of Strategic Planning and Developments

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The report provides the updated summary position relating to Planning Objective (PO) 8: Estates Plan which continues to report delay in implementing the strategy until an approach can be agreed with Welsh Government (WG). To that end, the report provides the main outcomes of constructive discussion at the Welsh Government Infrastructure Investment Board (WG IIB) attended by Hywel Dda UHB Executives on 23 January 2025.

The report also provides an update on the progress relating to community infrastructure schemes which are still progressing.

Cefndir / Background

The December 2024 report to the Strategic Development and Operational Delivery Committee (SDODC) provided a summary of the report presented to Public Board on 28 November 2024 which set out a comprehensive strategy update, the need to reassess the strategy and the potential implications for both clinical services and the hospital estate infrastructure which are unsustainable for the medium to long term in their current form. Key areas for consideration include:

- Programme Timescale - The timescale for delivery of the programme, in particular the new hospital network, is substantially longer than originally anticipated
- The timing and sequence of delivery will need to change
- The interim plan will need to change
- The proposed location for the new hospital may need to be reviewed
- The overall capital costs are likely to increase but the programme may become more affordable

- Further work is required to prioritise the Health Board schemes which will be informed through the Primary Care and Community strategy review underway and the associated consultation planned for 2025.

The need for Hywel Dda University Health Board (HDdUHB) and WG to have a shared view on the most appropriate way forward has been agreed and to discuss this the Health Board was invited to attend and present to the Welsh Government Infrastructure Investment Board on the 23 January 2025. The meeting was Chaired by the Deputy Chief Executive, NHS Wales and the Chief Executive, Director of Strategy and Planning, Interim Medical Director and Chief Operating Officer represented HDdUHB

Asesiad / Assessment

The outcome of the Infrastructure Investment Board meeting on the 23 January, 2025

The presentation to the Infrastructure Investment Board set out the context for the discussions and posed questions which the Health Board considers need to be jointly agreed with the Welsh Government to be able to make constructive steps towards the delivery of a long term strategy. Specifically:

1. Does the IIB continue to support the development of a long-term strategic solution for West Wales (recognising the capital affordability challenge)?
2. Which approach would the IIB want the Health Board to take and what is the product we are aiming for?
    - Revised strategy
    - Revised Programme Business Case (PBC) which will allow us to develop a long list of options to be refined through the business case process including some options that won't result in a "new" hospital
3. If new PBC, what is the content of that PBC?
    - Agree whether this is an 'end state' PBC or one which describes the 'end state' and the programme of works that get us to that point.
    - Noting that the latter approach will demonstrate the need for investment over and above that currently being considered through the Business Continuity work

At the meeting the following summary position was reached

- WG are supportive of the development of a long term strategic solution for West Wales
- There was agreement on the need to develop a strategy document. The precise form of that document and the content and component parts are to be the subject of a workshop to be held between WG and HDdUHB officers within six weeks of the IIB meeting date
- It was agreed there needs to be a plan which addresses the clinical services and estate fragility
- It was agreed the plan will need to include any regional opportunities most particularly with Swansea Bay University Health Board (SBUHB)

WG welcomed the pragmatic approach being adopted by the Health Board to find consensual agreement on the best way forward and the shared aim that this will result in a supportable and deliverable programme plan.

Following IIB, a workshop is to be held with WG on the 20 March 2025 to discuss the programme, products, timelines, and resource.

Community Infrastructure Schemes update

Cross Hands Health and Wellbeing Centre
As previously reported, following recent Welsh Government correspondence, the Health Board is reviewing the Full Business Case (FBC) which is under development, to ensure that it is deliverable within the new guidance issued on budgetary constraints. This will require a reduction in the scheme footprint, and this has been communicated to scheme stakeholders. Work is currently progressing with the scheme advisors and WG to understand what is deliverable within the cost envelope available.

Carmarthen Hwb (led by Carmarthenshire County Council)
The Board approved the signing under seal, of the contract documentation for the lease with Carmarthenshire County Council at their meeting on 25 July 2024. The current completion for this scheme is likely to be early 2026.

Pentre Awel (led by Carmarthenshire County Council)
The completion of the Hydrotherapy Pool element of this development is likely to be in April 2025 with the Clinical Unit being completed towards the end of 2025,

North Pembrokeshire Health and Wellbeing Centre in Fishguard
A report to inform the Executive Team on the options for scope and size of the scheme was presented to the Executive Team in November 2024 with approval to progress with the business planning stage. The next steps include a site selection workshop with key partners.

Cylch Caron
A tender was issued to obtain a housing partner to work with Ceredigion County Council and the Health Board in July 2024. The tender process did not result in the identification of a partner for the project. However, two potential partners have expressed an interest in delivering the scheme, with some variations to those proposed in the tender. In accordance with Procurement Regulations and in order to explore those variations fully to successfully deliver the Cylch Caron Scheme, Ceredigion County Council now propose to run a Competitive Dialogue procurement exercise.

The Competitive Dialogue procurement exercise will commence with an open call for interested parties and includes a qualification stage of essential criteria that must be met. After that initial stage it is possible to discuss proposals put forward by the bidders in order to work up those plans to ensure requirements are met. There may be multiple rounds of discussions before a final bid is invited.

Upon completion of the competitive dialogue the results will be submitted to the HDdUHB Board and Ceredigion County Council Cabinet for tender acceptance.

Aberystwyth Integrated Care Centre
A further meeting with Ceredigion County Council and Welsh Government has been arranged for mid-February.

Planning Objective (PO) 8: Estates Plan
Attached to this report is a highlight report relating to the progress of Planning Objective (PO) 8: Estates Plan which continues to report delay in implementing the strategy until an approach can be agreed with Welsh Government.

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee (SDODC) are asked to:

- NOTE the update both to the Strategy discussions with Welsh Government and the progress with community schemes as they both relate to the objectives of PO8.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.2 To receive an assurance on delivery against all relevant Planning Objectives aligned to the Committee, falling in the main under Strategic Objectives 4 (The best health and wellbeing for our individuals, families and our communities) and 5 (Safe, sustainable, accessible and kind care) (see Appendix 2), in accordance with the Board approved timescales, as set out in HDdUHB's Annual Plan.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 1196 - Insufficient investment in facilities/equipment/digital infrastructure (risk score 16)
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	5a Estates Strategies
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained in the body of the report
Rhestr Termau: Glossary of Terms:	Contained in the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The PBC and SOC sets out both the revenue and capital funding assumptions for the programme including a detailed Financial Case section in the PBC.
Ansawdd / Gofal Claf: Quality / Patient Care:	Implicit within the PBC and SOC. This is an integral part of the PBC and SOC case for change.
Gweithlu: Workforce:	Implicit within the PBC and SOC. This is an integral part of the PBC case for change and is the subject of Workforce Appendix in support of the PBC.
Risg: Risk:	Risk 1196 Insufficient investment in facilities/equipment/digital infrastructure.
Cyfreithiol: Legal:	Implicit within the PBC.
Enw Da: Reputational:	Implicit within the PBC.
Gyfrinachedd: Privacy:	Implicit within the PBC.
Cydraddoldeb: Equality:	There is an Equality & Health Impact Assessment which will remain 'live' through the duration of the programme.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Submitted By: Eldeg Rosser, Paul Williams

Date Submitted: February 2025

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

Planning Objective: PO8 Estates Plan | **Executive Lead: Lee Davies**

Reporting Period: Quarter 3 – October, November, December 2024

Overall status: Complete / Ahead / On-track / Behind

Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery). Whilst the Health Board has delivered against some of the outcomes contained in Planning Objective (PO) 8 we remain behind on the timeline for the completion and submission of a Board approved A Healthier Mid and West Wales (AHMWW) Strategic Outline Case (SOC). The Health Board were invited to the Infrastructure Investment Board (IIB) with Welsh Government (WG) on 23 January 2025 to clarify the next steps for the infrastructure requirement to implement the AHMWW.

Progress against planned outcomes / trajectories / milestones (please provide Statistical Process Charts (SPC)/data charts and an explanation of any variances):

1. Response to the Nuffield Trust Review to be presented to Infrastructure Investment Board
2. Secure Ministerial endorsement to AHMWW Programme Business Case (PBC)
3. Completion and submission of Board approved SOC
4. Review and refresh 10 year Regional Capital Plan
5. Submission of Full Business Case (FBC) Cross Hands
6. Submission of FBC for Pentre Awel
7. Submission of Business Justification Case (BJC) for Carmarthen Hwb
8. Appointment of Supply Chain Partner Fishguard SOC/ Outline Business Case (OBC)
9. Implementation of Property Asset Strategic Plan as a consequence of the limited response to the market testing exercise to inform the scheme target price
10. Scoping agreed for Aberystwyth Integrated Care Centre (ICC)
11. BJC's for major infrastructure
12. Continued implementation of Hywel Dda University Health Board (HDdUHB) Decarbonisation Plan

Activities completed in previous reporting period

1. Action plan of the recommendations contained in the Nuffield Trust review to be developed for Strategic Development and Operational Delivery Committee (SDODC)
2. Board approval of Carmarthen Hwb lease
3. Approval of Pentre Awel lease and finalisation of the Pentre Awel capital funding
4. Review of Cross Hands schedule of accommodation following WG discussion on initial capital costs
5. Meeting held HDdUHB and WG 12 September 2024 to discuss the SOC, implications of timeline scenarios and how to reach agreement on the way forward
6. Finalisation of Picton Terrace capital funding and approval of lease
7. Internal review of options for Fishguard Health and Wellbeing Centre

Activities planned for next milestone and reporting period

1. Review of Cross Hands timeline and capital costs for refreshed FBC
3. IIB discussion 23 January 2025 with WG and agree next steps for the PBC/SOC
4. Participate in the refresh of the 10 year Regional Capital Plan
5. Development of bids for Decarbonisation scheme through WG Invest to Save funding route
6. Meeting with WG on Aberystwyth ICC on 12 February 2025

Any other Comments

Matters for information: All other matters reported via SDODC SBAR updates

Risks to delivery: The programme is in delay. There is a risk that the programme might be further delayed or stopped. This is because of the risk of insufficient capital (or potentially revenue for innovative finance solutions) to support the development and implementation of the programme infrastructure requirements. The impa[illegible]hly significant risk to current service provision, location of services, equity of access and the need for unplanned service changes in response to potentially unsustainable service scenarios. There will also be a need for [illegible]t interim investment in the current estate .

4

11:15, 5 Mins

4 - BREAK

5

11:20, 0 Mins

5 - PERFORMANCE & DELIVERY

5.1

11:20, 20 Mins

5.1 - Deep Dive PO3: Six Goals Programme

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

For assurance

Attachments

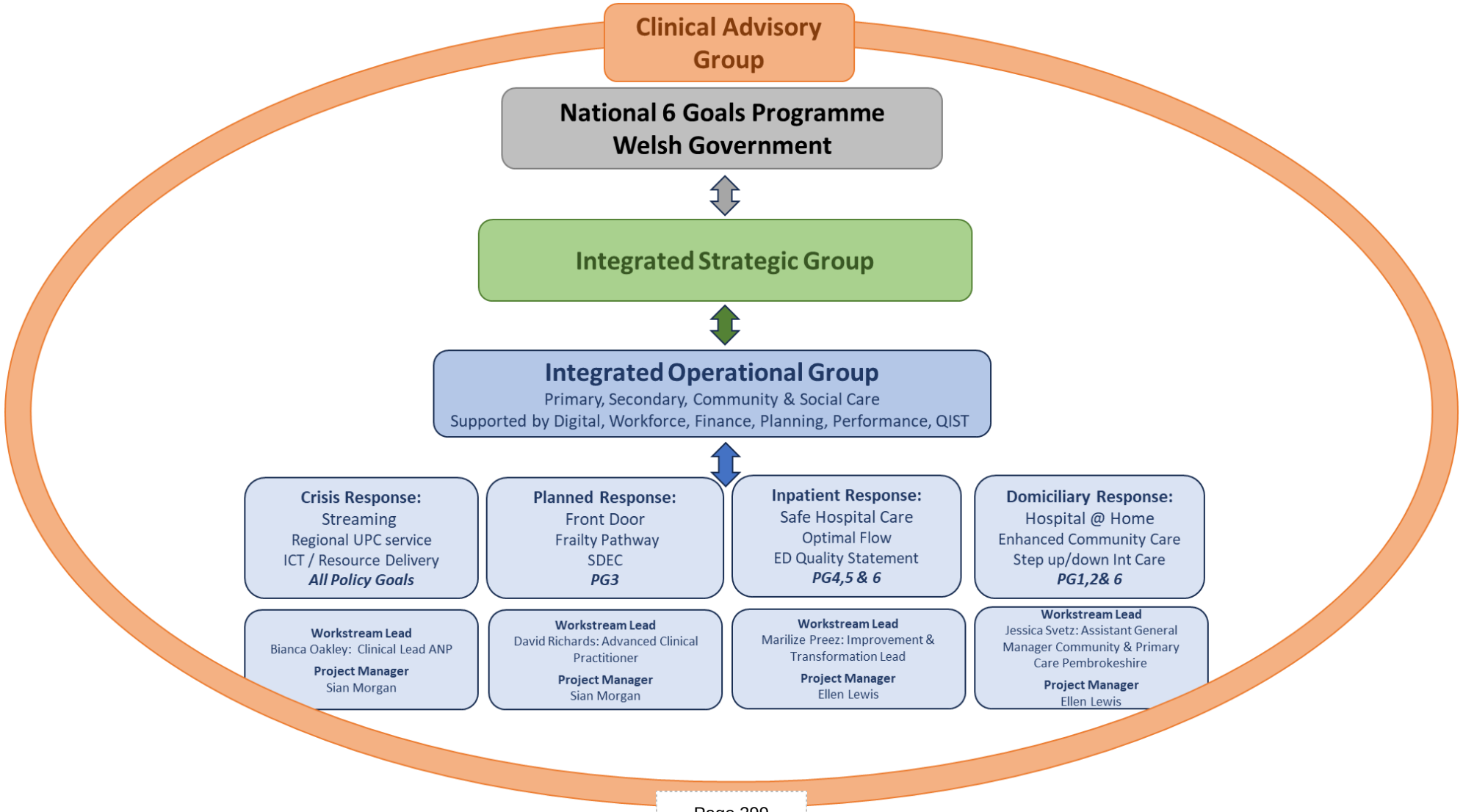
5.1 6G SDODC Feb25.pdf

- **Strategic Development and Operational Delivery Committee**

- **Six Goals Programme Quarter 3 Update**

Six Goals Programme Governance Structure

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board



Six Goal Programme Workstreams

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Streaming - Crisis Response

SCOPE:
Evaluation of demand, capacity and workforce constraints to determine local and regional responses to the operation of a 24/7 CSH across Hywel Dda.

Develop regional Clinical Streaming Hub (CSH) to provide a 24/7 Urgent Care Service including integration with GPOOHs & APP resources supported by local delivery resource hubs for the population of West Wales as defined by the Strategic Programme for Primary Care.

[1]Health & wellbeing issues that may result in s

IMPACT & BENEFIT
- Reduced inappropriate conveyance to Emergency Departments &
- Reduced Emergency Admissions from Care Home Residents
- Increased Urgent Care Service activity

Deliverable	Key Milestone Q1
Enhancements to local resource hubs	• Pilot 2 APP Pilot Carms local resource • Phase 1 pilot APP in Pembs resource hub
Development of regional CSH for Health Professionals & Care Homes	• Best practice model for CSH finalised & approved by bo • Agreement of CSH evaluation framework

Front Door - Planned Response

SCOPE:
Provide alterative Front Door services for those requiring an urgent care response via Same Day Emergency Care service or Frailty Model.
Maximising and harnessing the potential for SDEC & Frailty model through

IMPACT & BENEFIT
- Reduced inappropriate conveyance to Emergency Departments & asso
- Reduced 12-hour breaches who are discharged home
- Increase in SDEC activity from a direct referral from Primary Care, Wels

Deliverable	Key Milestone Q1
Consistent approach to delivery of SDEC across HdDUHB	• Development of demand and capacity model ensuring the services are meeting the needs our local population • Review of busiest day on winte 2023 to inform modelling] • Further development of Consultant Connect to support SDEC & Frailty model
Development and implementation of a front door assessment model of care aligned to a frailty approach	• Local Task & Finish groups established to develop Local approach to Optimal Frailty Model based learning from Withybush model • Review of current local models mapping & gapping against optimal model

Safe Hospital Care - Inpatient Response

SCOPE:
Implementation of the Optimal Flow Framework across the Acute & Community adult inpatient beds to provide optimal hospital-based care for people who need short term or ongoing, assessment or treatment for as long as it adds benefit to outcome with a relentless focus on good discharge practice.
Implementation of the Emergency Department Quality Statement across our type 1 Emergency Departments,.

IMPACT & BENEFIT
- Improved patient flow
- Reduced deconditioning
- Reduced LoS

Deliverable	Key Milestone Q1
Continued implementation of the Optimal Flow Framework Continued education at ward level around SAFER patient bundle, Red2Green process and associated codes, Discharge to Recover & Assess (D2RA) pathways identification etc	• Audit of board round activity at ward level (including SAFER principles) and review against baseline. Development of action plans for areas of concern • Evaluation of Deconditioning pilot and lessons learnt
Implementation of 7 focused areas within ED Quality statement	• Development of measurable action plan

Hospital @ Home - Domiciliary Response

SCOPE:
Help prevent future or emergency care presentations through a proactive approach delivery support through enhanced planning and coordination of their health and social care needs closer to home through development of enhanced community care provision and virtual wards.
Embed a HomeFirst approach following an admission and reduce future risk of readmission.

IMPACT & BENEFIT
- Improved patient flow
- Reduced number of PoCD
- Reduced number of patients with LoS > 21 days, 50 & 100 days
- Increased number of assessments undertaken by Trusted Assessors
- Increased discharges with LoS < 72 hours

Deliverable	Key Milestone Q1	Key Milestone Q2	Key Milestone Q3	Key Milestone Q4
Develop robust regional and local actions plans to deliver required improvement in PoCD numbers	• Develop consistent approach to recording of clinically optimised individuals (through Optimal Flow Framework) • Establish regional Delivery Group to oversee trends and themes from the PoCD census with agreed ToR and membership from health & social care	• Delivery Group to develop & embed SOP to ensure consistent approach & ensuring robust auditable validation process • Delivery Group to develop, deliver & monitor action plans (local and regional) to address themes and trends. • Engagement with RPB to develop robust reporting & discussion forum to improve performance across the region based on the action plans	• Review Joint Community Equipment provision and ensure equitable approach across region	
Discharge Strategy Group to coordinate all work and actions being taken in relation to discharge planning	• Scoping exercise of all current improvement projects across the discharge pathway • Review of Health Board policies to ensure alignment with national guidance / policy	• Review of current Discharge Liaison Nurse (DLN) Provision to ensure consistent approach across the region	• Implementation of consistent approach to discharge management provided by the DLN service • Ensure a joined-up approach between DLN and Long-Term Care teams	

High Level Programme Level Update, Quarter 3

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- Delivery across the programme remains good although some slippage has been experienced within the Front Door Workstream.
- Notable deliverables for Quarter (Q) 3 include:
  - ✓ Clinically and Operationally co-produced Emergency department (ED)/ Minor Injuries Unit (MIU) Redirection Policy.
  - ✓ Funding secured for Doccla (virtual ward software)and Points of Care Testing as well as working with Welsh Ambulance Service Trust (WAST) with Luscii in a box to support our hospital at home model
  - ✓ Clinical Streaming Hub and Out of Hours integration through the development of a 24/7 Single Point of Contact (utilisation of Consultant Connect)
  - ✓ Emergency Department Quality Statement (EDQS) Group established and plan developed
  - ✓ A Glangwilli Hospital (GGH) 12-week plan agreed and being implemented. Fortnightly Management Team review for the plan in place with continuous engagement with staff being achieved through weekly 'Big Room' meetings and the setting up of an 'Improvement Hub' where staff feedback is encouraged.
  - ✓ Discharge Toolkit developed
  - ✓ Pilot roll out of Criteria Led Discharge (CLD)
  - ✓ A Hywel Dda Trusted Assessor Steering group has been established to provide a forum to share learning, monitor Trusted Assessor reports submitted to the Pathways of Care Delays (PoCD) group and regularly review and evaluate the Trusted Assessor models
  - ✓ Surgical Same Day Emergency Care (SDEC) operational in GGH

Six Goals Programme, Key Performance Measures

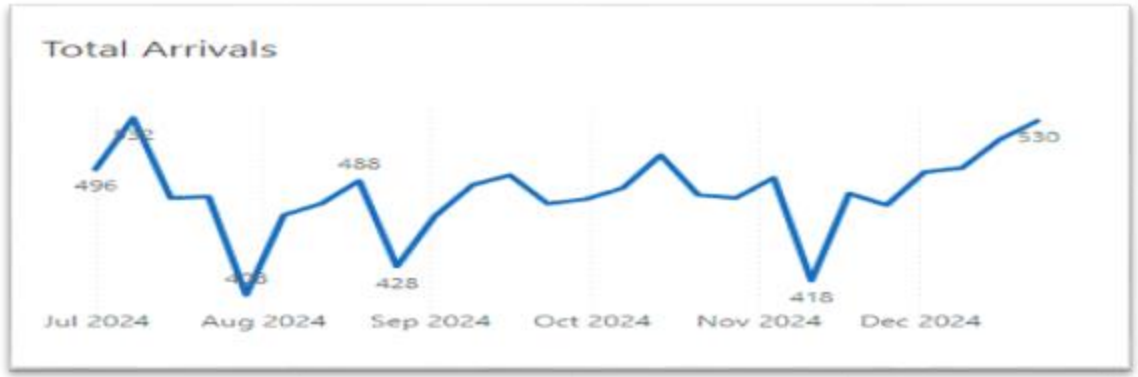
- > 1 Hour Ambulance Handover
- 12-Hour Emergency Department Breaches
- Pathway of Care Delays (PoCD)
- Median time from arrival at an Emergency Department (ED) to assessment by a clinical decision maker < 60 minutes

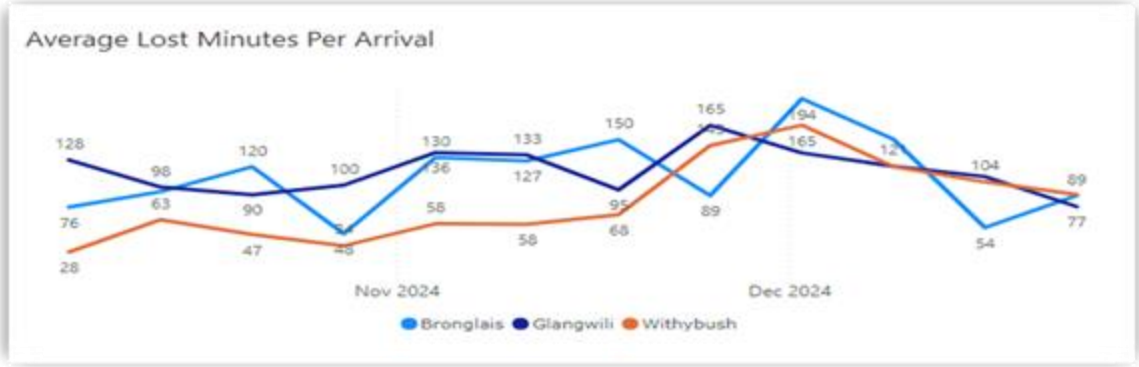
Please note the figures listed are up to and including December 2024, January 2025 data is yet to be published at the time of writing this report.

Data Sources:

- *IRIS.*
- *POCD Census Data*

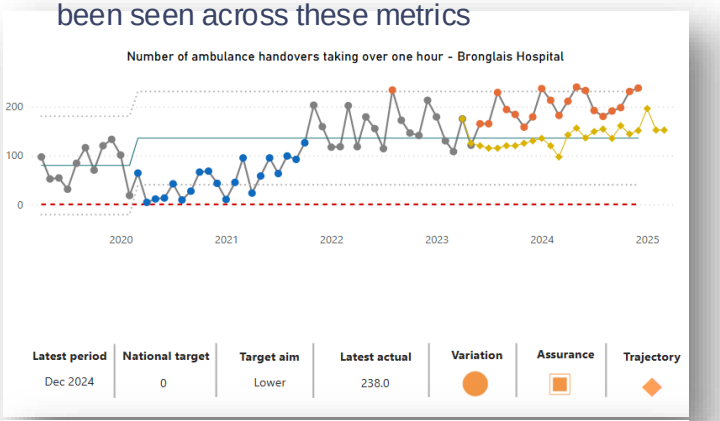
Ambulance Handover >1hr, (Total Number, All Sites)

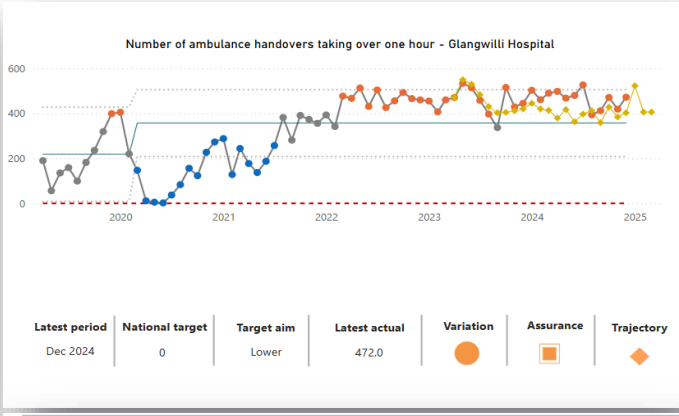


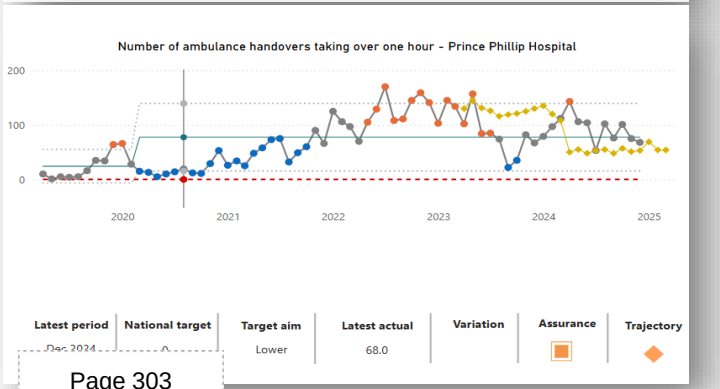


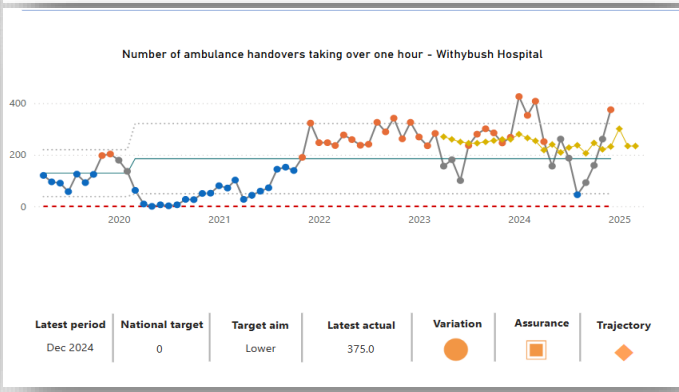
- Hywel Dda University Health Board (HDdUHB) have exceeded target for >1hr Ambulance Handover in December 2024. Actual 1153, target 839. Factors for this position include a busy December period for the hospitals, with high acuity patients and fragile workforce. However, improvement reported for GGH in this area, percentage of >1hr ambulance handover decreased (November - 57.3% December - 56.5%). Early indication for January 2025 data is that figures have improved across the Health Board in this area.

- Whilst there has been an increase in ambulance arrivals across Hywel Dda, the number of lost hours has reduced. This improvement was also reflected in the average lost minutes per arrival, which again saw improvement most notably at GGH where the most significant improvement has been seen across these metrics









12-hour ED/MIU Breaches (All Sites)

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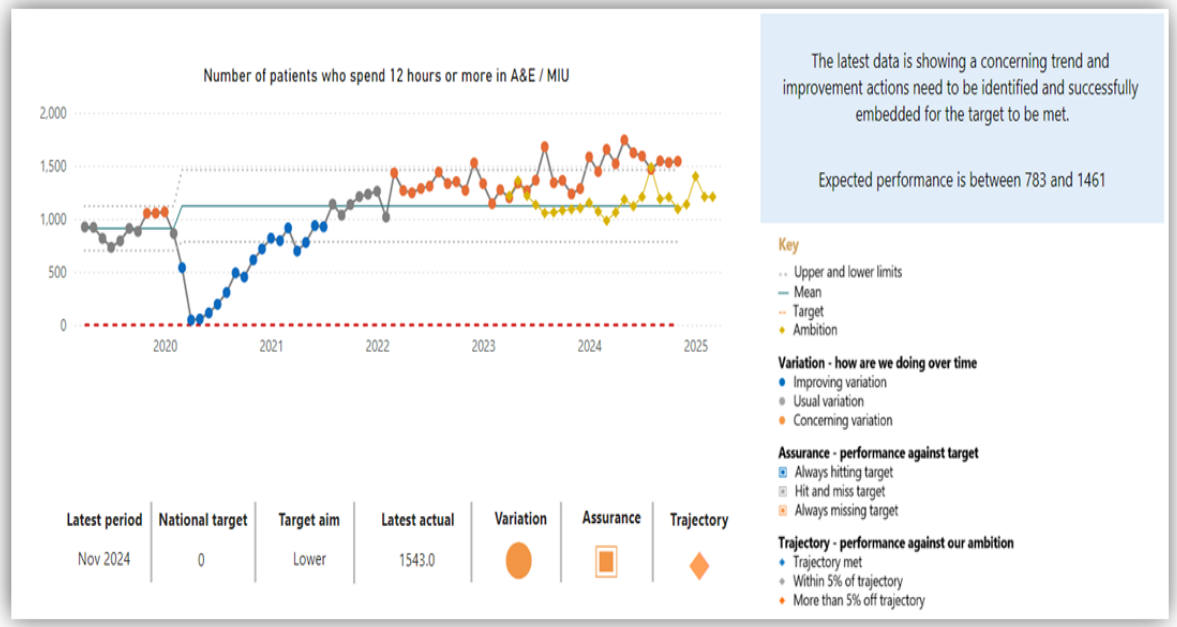
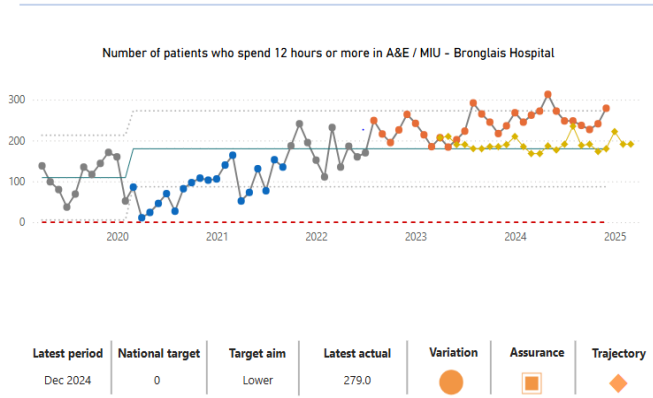
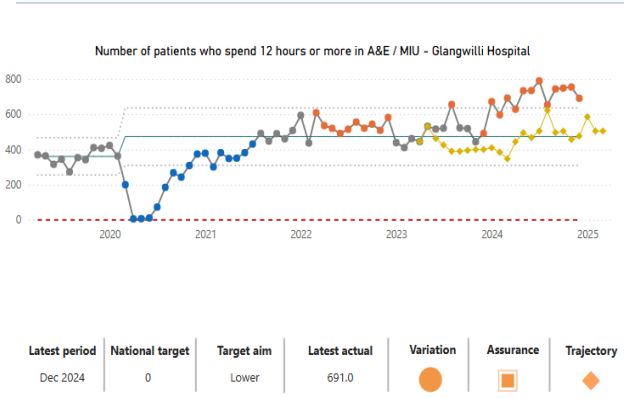
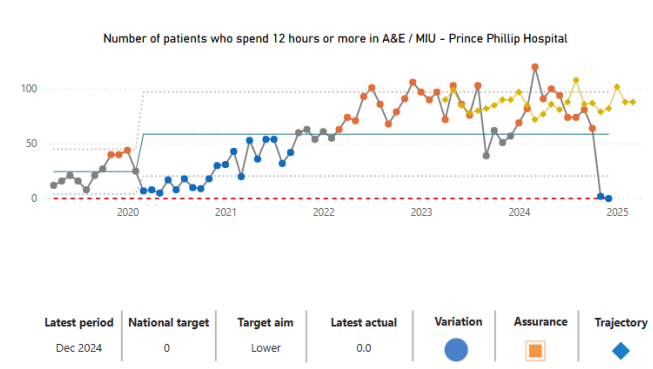
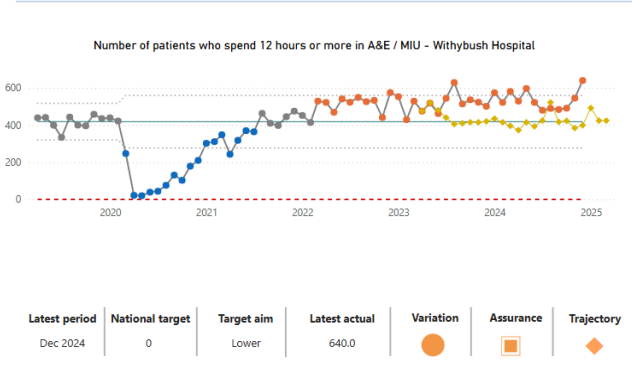
The Health Board was above the target for >12 Hour ED waits in December 2024. The last Quarter has seen a stabilisation in this area, with an improving trajectory since May 2024. GGH remains most challenged site within this domain.



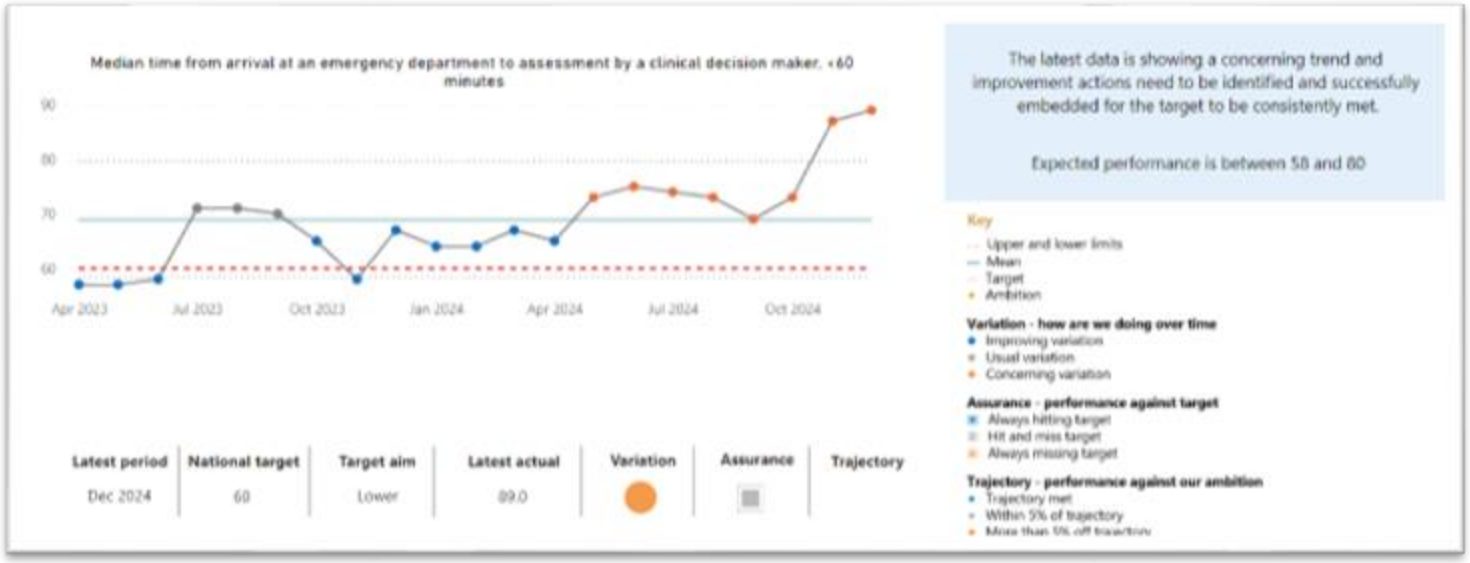


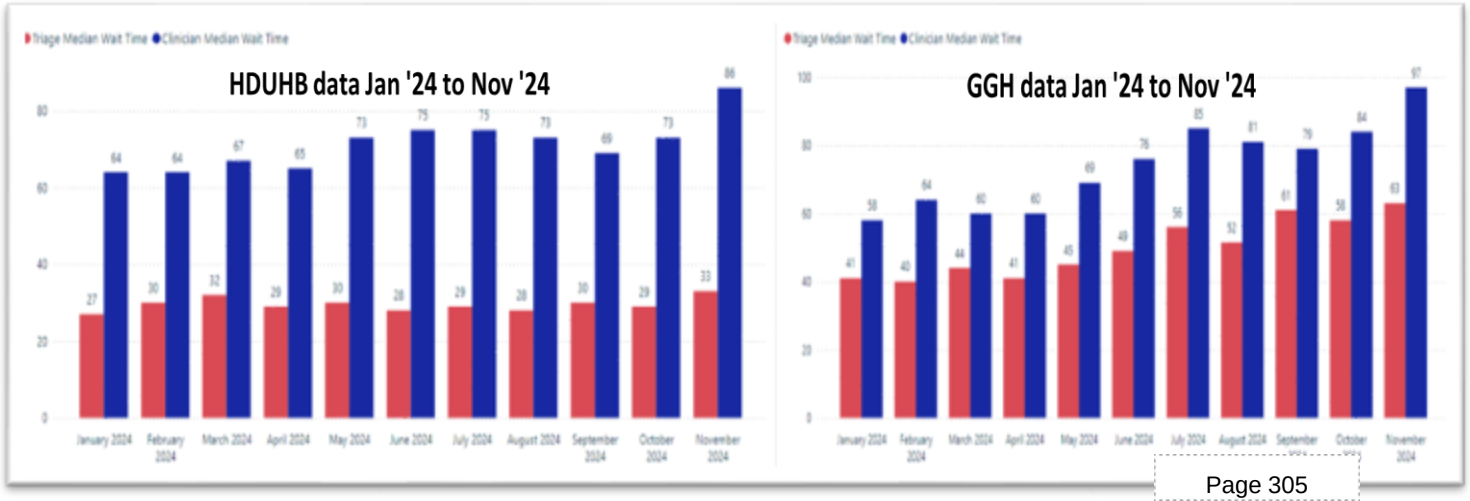






Median time from arrival at an ED to assessment by a clinical decision maker < 60 minutes





- HDdUHB were above target for this metric in December 2024, Actual 89 mins, Target 60 mins
- Significantly increased from December 2023 and December 2024 has the highest median time to assessment over the last year.
- This position is largely driven by GGH performance, where the time to be seen by a clinician has worsened over the past three months. This is reflective of the congestion and overcrowding being experienced on the site limiting the ability to undertake timely reviews
- This is due to an exceptionally busy December period, with high acuity patients and fragile workforce across the system.

Pathway of Care Delays (PoCD)

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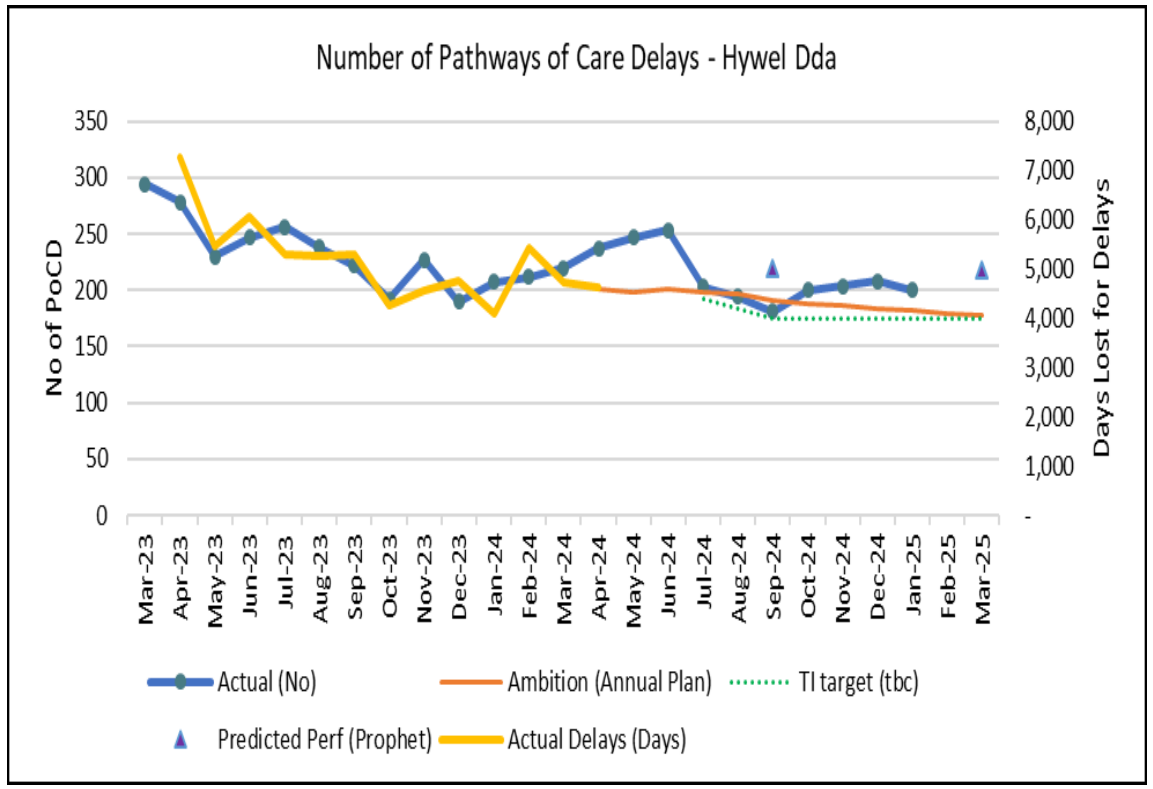
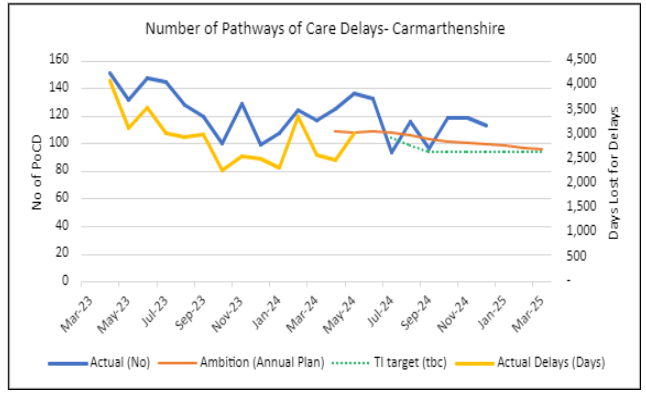
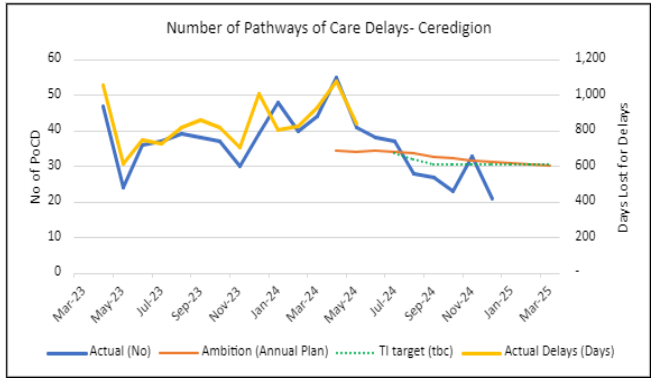
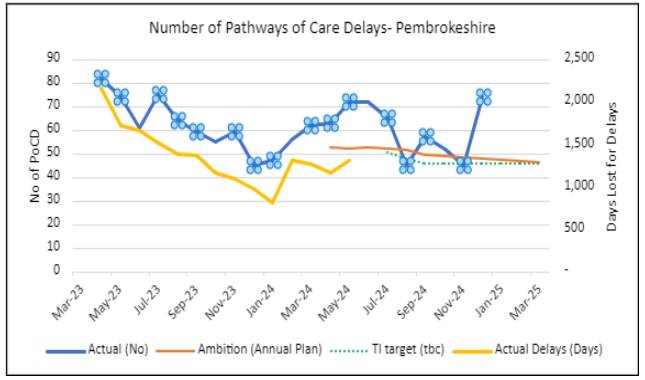
The Health Board remains one of the top performing in Wales with regard to PoCD delivery. In January 2025 the total number of PoCDs was down from December 2024 and remains just outside Annual and Targeted Intervention (TI) targets.



Census Date	Total Delays*	Total Days Delayed**
17 January 2024	207	8,964
21 February 2024	212	9,897
20 March 2024	220	9,879
17 April 2024	237	9,721
15 May 2024	249	10,477
19 June 2024	253	10,518
17 July 2024	203	9,166
21 August 2024	194	8,927
18 September 2024	191	9,514
16 October 2024	200	9,060
20 November 2024	204	8,740
18 December 2024	208	9,219
15 January 2025	200	9,271







Workstream Progress

- Narrative on progress and high-level swim lane timelines, with key milestones provided against each Workstream.
- Detailed Workstream plans and risk-logs developed and available through each Workstream. These are circulated on a ten-day basis as part of the Programme's continued Alert, Assure, Advise (AAA) reporting for Integrated Quality, Financial Performance and Delivery (IQFPD) Group.

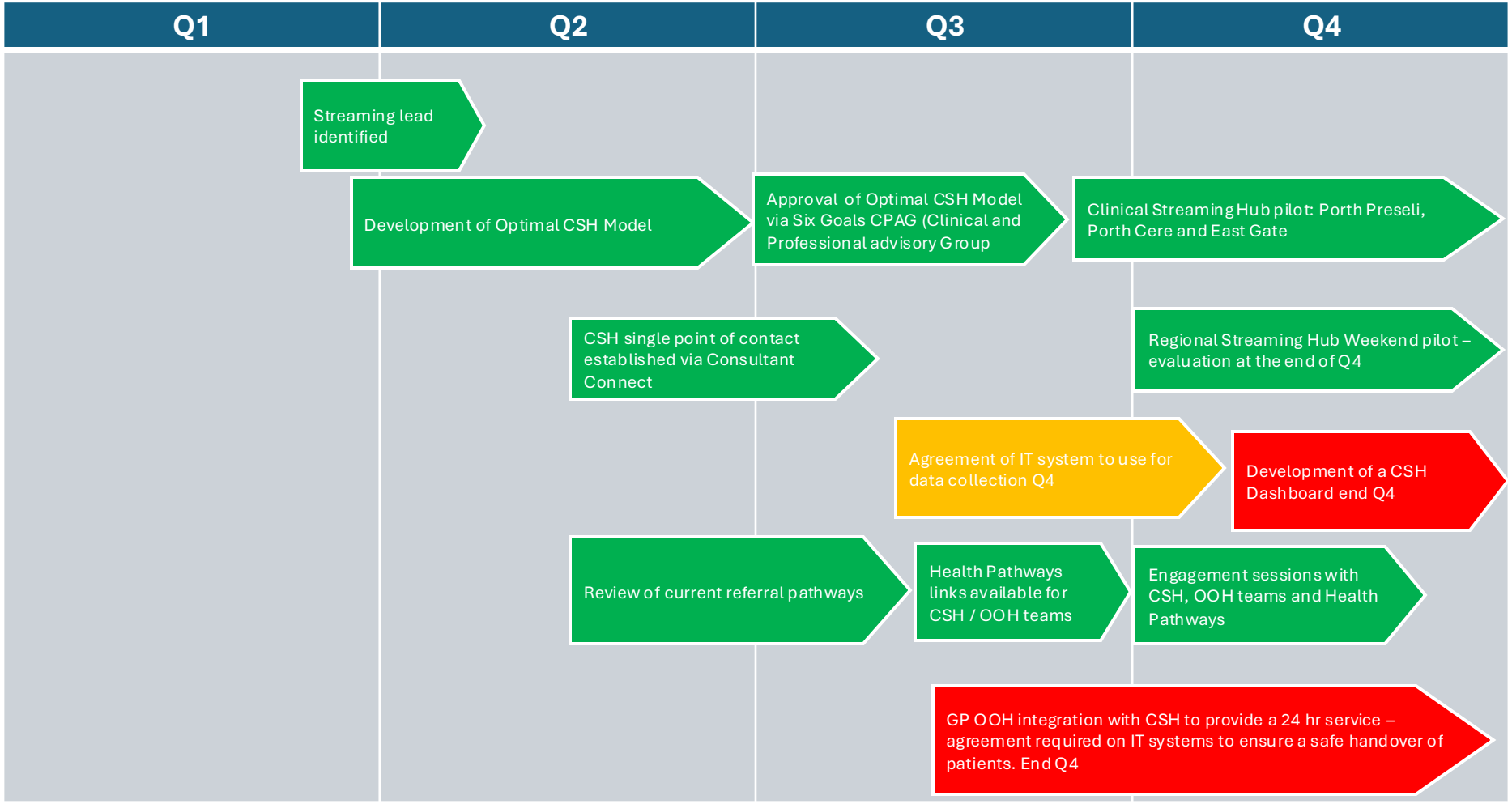
Crisis Response Workstream Update

- Hywel Dda Best Practice Clinical Streaming Hub (CSH) model approved by Clinical and Professional Advisory Group 5 November 2024
- Single point of contact being extended to include Out of Hours (OOH) to move towards 24/7 Single Point of Contact
- Health Pathways developing WAST menu to enable easier access to referral pathways.
- WAST workforce agreed for the piloting of the CSH seven day working. Training provided to WAST to provide a 7-day rota on the CSH
- Hywel Dda Best Practice CSH model approved by Clinical and Professional Advisory Group 5 November 2024
- CSH Forum established to share and review current progress
- Discussions held with head of Workforce to discuss future requirements, including the establishment of a “CSH bank”
- Regional Weekend Streaming Hub models working being tested with a regional staffing model inclusive of Integrated Care Team GPs, Advanced Clinical Practitioners, and Advanced Paramedic Practitioners working alongside the Out of Hours Team. Reporting on a weekly basis around the activity and admission avoidance will be completed. When the pilot finishes in April 2025 a comprehensive evaluation report will be completed on lessons learnt and cost/benefit to inform future direction.

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Red: Off track identified as Programme risk
Amber: Off track to 6 Goals Plan 2024/2025
Green: On track to 6 Goals Plan

6 Goals Programme: Crisis Response Workstream



Front Door Workstream Update

- Proposal developed to extend the initial Busiest Day Review to gain an understanding of the busiest day across the whole system
- New Workstream Lead appointed
- The (new) Workstream Lead met key stakeholders from each hospital site to gain a more robust understanding of SDEC service delivery models
- Monthly Health Board SDEC Group meetings continue to take place

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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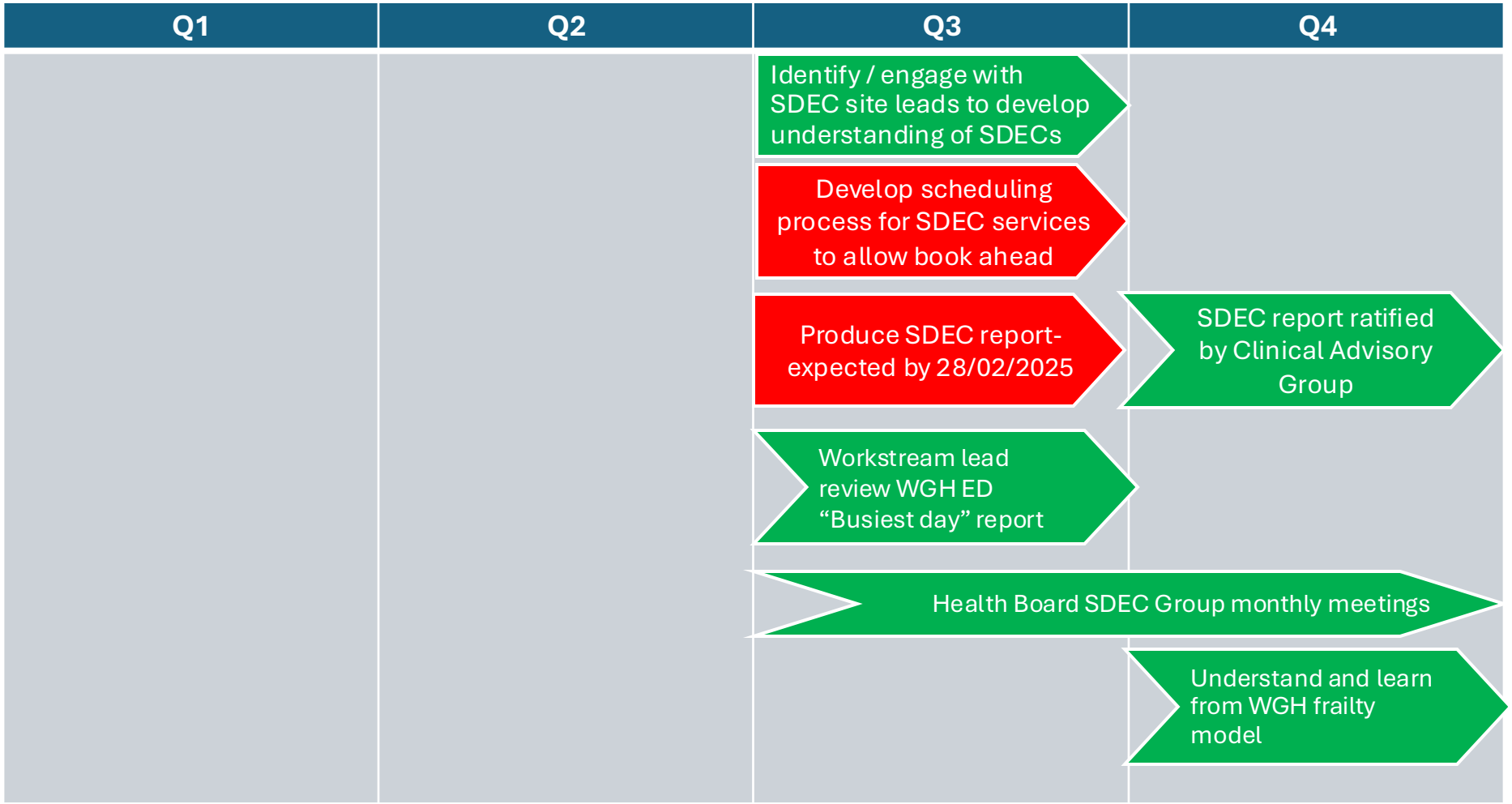
Green: On track to 6 Goals Plan

6 Goals Programme: Planned Front Door Workstream



Safe Hospital Care Workstream Update

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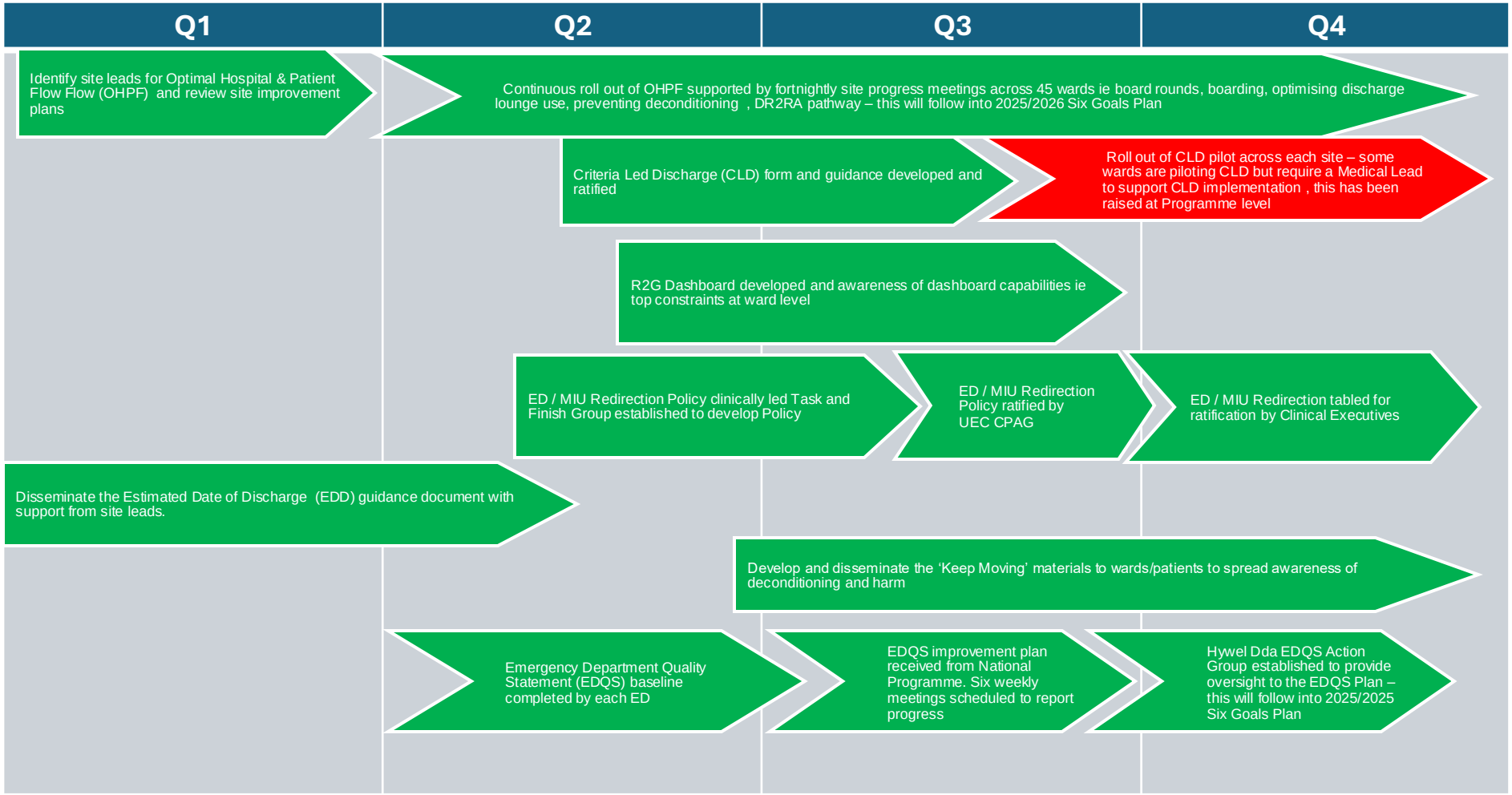
- A Hywel Dda Emergency Department Quality Statement action group has been established to provide oversight of the EDQS Action Plan. The Action group will also allow a forum for ED sites to share learning
- The National Six Goals Team have provided Hywel Dda with an ED Improvement Tool Kit which stipulates EDQS actions for improvement This is being managed in the Six Goals Programme, Safe Hospital Care Workstream and is to be reported every six weeks via the National ED Improvement meeting
- Implementation of the Boarding protocol to reduce overcrowding
- Developing a Hywel Dda ED MIU Redirection Policy. Policy has now been drafted and is awaiting Urgent and Emergency Care (UEC) Clinical Professional Assurance Group (CPAG) and Executive Team sign-off in January 2025
- Developing an improvement plan for data quality and entry for staff being led by Informatics
- Working with workforce and recruitment to develop an ED Workforce Plan / recruitment drive
- All ED sites have Green ED Accreditation leads identified and groups established to drive this forward
- ED Get It Right First Time (GIRFT), NHS Executive ED/SDEC and the GGH 12- week plans all developed and being reported against on a regular basis to Welsh Government and Health Board
- Continued roll out of Optimal Hospital Flow
- Criteria Led Discharge (CLD) guidance developed, signed off and implementing on a pilot basis across Health Board hospital sites
- Continuation of roll-out of Optimal Hospital Care framework. All acute hospital wards completed and currently working with community hospital care roll out
- Development of improvement plans for areas of concern from Discharge to Recovery and Assessment (D2RA) pathways audit
- Development of action based deconditioning audit, building on pilot to baseline current status
- Finalisation of reporting suite from Frontier to allow evaluation of trends for internal and external constraints down to ward level Completed by Red2Green Dashboard which shows top live or historic constraints

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Red: Off track identified as Programme risk
Amber: Off track to 6 Goals Plan 2024/2025
Green: On track to 6 Goals Plan

6 Goals Programme: Safe Hospital Care Workstream – Optimal Flow and EDQS



Hospital at Home Workstream Update

- Monthly monitoring and reporting of PoCD action plan through recently established regional PoCD delivery group. A Regional plan has been developed and agreed to focus on key themes and relevant improvement actions.

- Trusted Assessor and Discharge Strategy Groups set up to progress improvement in these areas, each with defined plans and reporting into the PoCD group. Examples of improvement through these groups include:

  - Successful Mental Capacity Trusted Assessor Pilot in Pembrokeshire, model is potentially being rolled out HB wide.
  - Health Board Discharge Toolkit developed
  - Patient Discharge booklets developed

- Technology Enabled Care (TEC) Cymru funding secured for Doccla and Points of Care Testing (PoCT) as well as working with WAST with Luscii in a box to support the Hospital at Home model

Red: Off track identified as Programme risk
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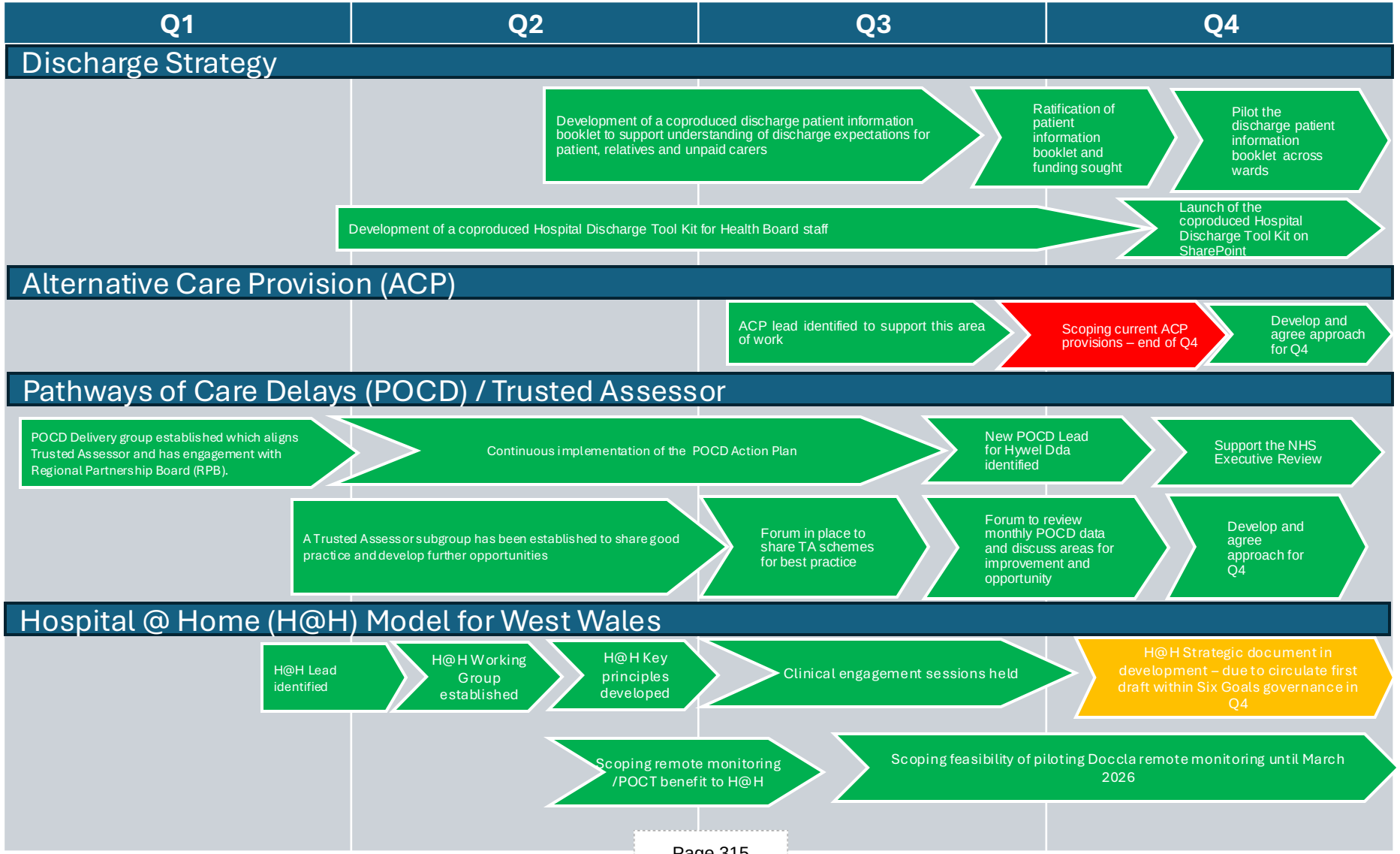
Six Goals Programme: Hospital @ Home Workstream



Progress against the 12-week plan for Glangwilli – improvements noted

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- A Glangwilli General Hospital (GGH) 12-week plan agreed , being implemented and monitored through Hospital Management Team review meetings
- Evaluation criteria agreed for GGH Plan. Four overarching Targeted Intervention measures being utilised as well as 20+ internal measures to monitor progress
- Process for continuous engagement with frontline staff through weekly 'Big Room' meetings and the setting up of an 'Improvement Hub' where staff feedback and ideas for improvement encouraged. Small scale improvement actions identified and being implemented. Positive engagement from hospital frontline staff
- Plan for the development of an SDEC approach across main surgical specialties. Implementation of General Surgical model complete, with a positive impact on flow
- Criteria Led Discharge (CLD) process in place across all wards since 6 January 2025. Board rounds and Frontier used to record patients with a CLD plan, monitor progress and follow through
- Medical staffing model at Front Door being reviewed. Currently in the process of recruiting for a CDU/SDEC consultant to enable improved SDEC processes
- Medical SDEC processes and pathways under review to ensure consistency and optimisation of referral pathways, trial of pathway for GP medical referrals to SDEC, positive impact plan to continue
- Internal discussions in relation to professional standards, to promote clarity of referral process between Front Door and Specialities to improve more timely flow and handover processes, to promote timely senior review and decision making
- Protocol for the care management of clinically optimised patients to promote functional maintenance and optimise clinical resource utilisation under development

Key Risks

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Workstream / Area	Risk Description	Effect / Impact	Controls to manage the risk to date	Consequence	Likelihood	Current Score	Change from previous	Additional Risk Action / Treatment
Overarching Programme	There is a risk to the consistent delivery of timely and high quality urgent and emergency care. This is caused by significant fragility across the urgent and emergency care (UEC) system (acute, primary care (including out of hours), community and social care services), related to workforce compromise and increasing levels of demand and acuity.	This could lead to an impact/affect on the quality of care provided to patients, significant clinical deterioration, delays in care and poorer outcomes, increased incidents of a serious nature relating to ambulance handover delays and overcrowding at Emergency Departments (ED) and delayed ambulance response to community emergency calls, increasing pressure of adverse publicity/reduction in stakeholder confidence and increased scrutiny from regulators.	Implementation of Six Goals Programme	5	4	20	0	Is on Corporate Risk Register for Health Board and reviewed on a regular basis through ARAC system
Programme	Sustaining our UEC pathway beyond UEC and RIF funding	Lack of funding to support UEC initiatives going forward	Routine review of impact / VFM of investments and timely consideration of need to decommission those initiatives that are not delivering in order to continue to invest in those areas that are impactful.	4	4	16	0	Renewed focus on UPC funding, paper developed for consideration through Integrated Operational/Strategic Groups
Programme	Medical recruitment continues to be challenging to lead the enhanced community care model (including UPC).	Could impact upon implementation and sustainability of models e.g. sufficient levels of recruitment of GPs to provide effective and guaranteed 24/7 roster for the Streaming Hub.	UPC pathway (enhanced community care) embedded within existing GMS Investment in ACP training and development (with WAST) Explore innovative 'eyes on' rapid response assessment to optimise senior clinical capacity	3	3	9	0	
Front Door Workstream	New workstream lead appointed in Quarter 3, stepped in to a deficit position and may not be able to achieve goals as set out in Programme Plan	This will likely impact on the deliverables for this workstream in Q4	Additional Project Support assigned to workstream lead in order to increase pace.	4	4	16		
Safe Hospital Care Workstream	No way to accurately capture Red2Green/ D2RA data to inform improvement plans. There is no interface between Frontier (digital data capture system) to WPAS.	Staff cannot accurately identify flow constrains	A HDUHB Red2Green Dashboard has been developed and currently in the testing phase with a planned launch by end of Q2. The Red2Green Dashboard will show the top constraints (I.e. Red days and their reasons) for the Health Board and each individual ward by pulling data from Frontier input. This will provide our staff and the Welsh [illegible]nent with a clearer idea of internal and [illegible]xternal delay themes and trends	3	1	3	0	

Quarter 4 - Priorities

- Continued development/evolution of a Regional Clinical Streaming Hub for Health Professionals and Care Homes delivering 24/7 urgent care advice and support and onward referral to local delivery/resource hubs where appropriate
- Develop a consultant led ED medical provision that is fit for purpose and meets the demand and capacity (D&C) requirements utilising all professions
- Utilise the risk stratification data set across the system proactively with the population
- Review of Community bed-based hospital capacity, with a view to ensuring proactive case load management and estate as part of the Alternative Care Model work. Develop and implement strategy for Alternative Care Community (ACP) Provision across the West Wales region.
- Enhancements to local delivery / resource hubs to support the CSH providing access to enhanced community care services, third sector services and other pathways to provide safe alternatives to admission, inclusive of Integration with GP OOHs and APP resources
- Development and implementation of consistent approach to Front Door Streaming / Assessment Units focused on our Frail Elderly cohort based on good practice and lessons learnt from Withybush Puffin / South Pembrokeshire model.
- Development and implementation of HDdUHB optimal SDEC model following on from lessons learnt from peer review and alignment with CSH and local resource hubs
- Continued implementation of Optimal Flow Framework including Community sites supported by Frontier digital platform. Inclusive of continuing education at ward level to ensure consistent approach to Board Rounds and Safety Patient Huddles utilising Frontier platform to capture and report information
- Implementation of seven focused areas within ED Quality statement
- Development of a West Wales Hospital @ Home strategy to ensure consistent approach and delivery
- Development of a robust regional Trusted Assessor (TA) Model to ensuring consistent approach to assessment across the region
- Review of ED Breach validation process with standardised Health Board wide Standard Operating Procedure (SOP)

Priorities 2025/26

- The National Six Goals Team have stated that the Health Board cannot utilise current national funding for Urgent Primary Care and SDEC initiatives next year. Instead funding will need to be refocussed into the following strategic priorities and delivery expectations set out in the NHS Wales Planning Framework 2025/26, supported by the Six Goals Programme Framework:

  - UEC1: Implement effective Community Based Falls Response Services. To enhance outcomes and experience for those who fall by improving initial response times, reducing the risk of long lies and ensuring service users access community falls pathways when appropriate

  - UEC2: Implement a robust Single Point of Access (SPOA) for UEC. Create in each Health Board an area that simplifies access to services by offering clinicians advice and guidance to support onward referral, ensuring patients get the right care for their needs quickly and safely, to improve patient outcomes regardless of where they present

  - UEC3: Implement an Acute Front Door Frailty Service at all acute hospitals. Integrated with community frailty services - that ensure that older people with frailty are diverted to the most appropriate services within the hospital as quickly as possible and, where possible, discharged home on the same day

  - UEC4: Implement the Welsh Health Circular - Ambulance Patient Handover Guidance. To ensure timely transfer of patients from ambulance crews to emergency department staff

  - UEC5: Implement actions described in the Optimal Hospital Flow Framework. To ensure people who possess a clinical need for admission to hospital are discharged home when clinically ready, with the right support and without delay. This should support a reduction in pathways of care delays.

Recommendations

The Strategic Development and Operational Delivery Committee is asked to:

- **NOTE** the Six Goals programme progress against its Planning Objective as presented, including the associated risks, issues and considerations for each Workstream as highlighted.
- **NOTE** the 2025/26 UEC Ministerial Priorities reflected within High level priorities identified for the Six Goals Programme in 2025/26
- **NOTE** the risks/mitigations regarding refocusing of current SDEC and UPC funding towards initiatives aligned to 2025/26 UEC Ministerial Priorities
- **RECEIVE ASSURANCE** regarding the formal response from Welsh Government following the Programme's mid-point review: A letter stated that the Six Goals Programme in Hywel Dda had made good progress in many areas and that engagement with the national team has been positive, as such it would be continuing to fund Q3 and Q4

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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

5.2

11:40, 20 Mins

5.2 - Deep Dive PO5: Mental Health & CAMHS

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Rebecca Temple-Purcell (Hywel Dda UHB - Assistant Director of Nursing MH&LD), Angela Lodwick (Hywel Dda UHB - Assistant Director, Mental Health & Learning Disabilities)

For assurance

Attachments

5.2.1 FINAL MHLD Directorate Objectives Deep Dive SDODC Report February 202~.pdf

5.2.2 - Appendix 1 - SDODC Childrens ASD Feb 2025 v02.pdf

5.2.3 Appendix 2 - Fast tracking process proposal Jan 2025.pdf

Strategic Development and Operational Delivery Committee

Planning Objective 5: Mental Health & CAMHS

Reporting Period: January 2025

Executive Lead: Andrew Carruthers, Director of Operations

Reporting Officer: Liz Carroll, Director Mental Health and Learning Disabilities (MH&LD)

Overview

The Directorate continues to make progress against its planning objective:

- A proposal for a revised Learning Disabilities (LD) service model and staffing structure has been received and approved by the Executive Team and next steps have been outlined to progress to implementation. Improvement Cymru colleagues have supported its development, ensuring the model aligns with the LD National Strategic Action Plan.
- Plans for Inpatient Services including creation of a dedicated establishment to underpin Section 136 provision, have recently been agreed last year with the Exec Team (ET) to report to the Value and Sustainability (V&S) group and dependent on discussion with the Board. Development of this paper is being supported by workforce and nurse staffing colleagues with professional oversight of Executive Director of Nursing, Quality and Patient Experience.
- Demand for neurodevelopmental assessment and diagnosis for children, young people and adults has exponentially grown throughout 2024/25, significantly exceeding capacity of local services. Recent performance against waiting times targets has further deteriorated with increased referral rates. A detailed update is provided through a separate report (Appendix 1) to provide assurance on the services concerted efforts to expediate local plans for improvement alongside its engagement with the national neuro-divergent improvement programme.
- Specialist Child and Adolescent Mental Health Services (SCAMHS) have consistently achieved Part 1a and 1b compliance through 2024/25 to date.
- 111 Option 2 is operational 24/7. Its activity continues to be closely monitored and opportunities for further development of its functionality are being scoped.
- Older Adult Mental Health Service plans to upskill multi-disciplinary roles in psychologically informed approaches and embedding into practice is progressing well.
- Actions to address workforce challenges to improve therapy and medical waiting times continues. Gaps in medical workforce is a particular current risk with mitigations and actions in place.

Mental Health Recovery Programme Optimisation

Secondary Objectives (Enablers to Primary Objectives)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
90% of patients have a valid Care and Treatment Plan (CTP)		In December, all service areas have achieved the target of 90% of patients having a valid Care and Treatment Plan. Service Area — Target — December Adult Mental Health (MH) — 90% — 93.7% Older Adult MH (OAMHS) — 90% — 97.1% LD 18 - 64 — 90% — 92.7% LD 65+ — 90% — 100.0% CAMHS — 90% — 94.6%	Monthly monitoring and reporting continues through MH&LD Business Planning and Performance Assurance Group (BPPAG).	Person centred plans in place. Attainment of performance targets. Enhanced outcomes for individuals.	
Assessment Reports Sent Within 10 Working Days		In December, Adult MH and OAMH have achieved 100% of the target to send Assessment Reports within 10 working days. (No requirement to measure this objective for LD and CAMHS). Service Area — Target — December Adult MH — 100% — 100% OAMHS — 100% — 100%	Monthly monitoring and reporting is being maintained.	Attainment of performance targets. Timelier access to services for individuals self-referring after discharge.	The inability to recruit to administrative posts within the Directorate may impact on the timeliness of reports being sent.

Secondary Objectives (Enablers to Primary Objectives)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
100% of adult patients to receive an offer of Independent Mental Health Advocacy		In December, all inpatient service areas achieved 100% of the target to offer of Independent Mental Health Advocacy (IMHA). Service Area Target December Adult MH 100% 100% OAMHS 100% 100% CAMHS 100% 100%	Monthly monitoring and reporting has been established, managed through BPPAG. Quarterly contract monitoring meetings with IMHA provider to manage referrals and evaluate effectiveness.	Improved experience of mental health services for individuals. Timelier and increased access to IMHA services.	
Gatekeeping by Crisis Teams During Admissions		In December, all Crisis Teams have achieved 100% of the target to gatekeep assessments between 9 am – 9 pm. Service Area Target December Crisis Teams 95% 100%	The twice daily Bed Conference meeting and the introduction of the Clinical Co-ordination team to increased hours of operation over seven days a week and 24 hours a day, ensures robust processes are in place for least restrictive practices including home treatment options.	Improved patient flow due to review to facilitate early discharge. Less restrictive treatment/support options considered. Improved outcomes for individuals including care at home.	

Secondary Objectives (Enablers to Primary Objectives)

Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
Medical Wait Times		Psychiatrists continue to undertake the required review of the longest waiting times, to prioritise caseloads in collaboration with multi-disciplinary colleagues. Sector model of care implemented, including review of Community Mental Health Team (CMHT) boundaries to provide continuity across pathways and make most effective use of existing medical resource. Continuing participation in overseas recruitment programme for Psychiatry leading to recent offers made. Continuing development of Advanced Practice roles across MHLD services and introduction of Physician Associates. Securing of locum Consultants.	Continue with recruitment actions and onboarding of new recruits. Continue with development of non-medical roles to support new ways of working to improve effectiveness.	Improved caseload management. Reduction in wait times. Improved performance.	Risk held on MHLD directorate risk register in relation to service delivery and quality impacts as a result of medical workforce challenges. Specific risk and mitigating actions relating to current significant medical gap in Ceredigion county escalated and under scrutiny of Exec Team.

Secondary Objectives (Enablers to Primary Objectives)

Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
Reduction in Therapy Wait Times		As at 31 December 2024 the following therapies service areas had waiting lists > than 14 weeks: Service Area — December Art Therapy — 37 Occupational Therapy (LD) — 25 Occupational Therapy (excl. LD) — 4 Physiotherapy (LD) — 13 Speech Therapy (LD) — 7 Dietetics (Adult) — 0 Dietetics (CAMHS) — 0	Plans to develop group approach for Art Therapy and explore placement provision for Art Therapist trainees within the service.	Improved waiting times. Earlier discharge times. Improved caseload management. Improved performance.	There is only one Art Therapist in Intensive Psychological Therapies Service (IPTS) which impacts capacity. .

Ministerial Priorities

Maintain 111 Option 2 (all age Mental Health Single Point Of Contact) 24/7

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
80% calls answered within two minutes		83% of calls answered within two minutes in January 2025. This is a slight overall reduction, compared to August 2024 however remains above the expected target.	Two additional Band 5 Wellbeing Practitioner posts are onboarding since January 2025 following increased investment by Welsh Government to support increased activity.	Reduction on Primary and Secondary Care Mental Health services. Access to support 24/7 or those in mental health crisis. Seamless referrals to partner agencies and other mental health services.	No significant increase in call volume since the introduction of Right Care, Right Person.
10% increase in calls to the Professional Line		In January 2025, the Professional Line received 57 calls from professionals compared to 44 in August 2024. This accounts for 2.4% of the total calls during the period of January 2025 compared to 1.9% in August 2024.	Outreach work has been repeated with a number of third sector agencies to promote the use of 111#2 for support and/or advice for staff.		Work is underway with local education providers (Colleges and Universities) to promote the use of the service by their wellbeing teams

Maintain 111 Option 2 (all age Mental Health Single Point Of Contact) 24/7

Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
10% increase in call volume		January 2025 received 2347 calls, an increase of 66 from last report in August 2024.	Awaiting confirmation of additional monies for local advertising from Welsh Government/Joint Commissioning Committee.	Reduction on primary and secondary Mental Health services. Access to support 24/7 for those in mental health crisis. Seamless referrals to partner agencies and other mental health services. Reduction in distress levels for individuals who received triage and assessment via 111 Option 2.	The growth forecast for 2024/2025 is currently expected to be 26%. Month on month growth has slowed to an average of 2% per month, this is due to the local area being more aware of services and a natural plateau effect.
80% of callers to indicate a two point reduction in distress levels through the use of a SUDS tool pre and post triage/intervention		72% of callers asked reported a reduction in SUDs. Staff continue to receive training and support to ensure consistent use of SUDs.	SUDs are monitored on a weekly basis to ensure that all calls have a measurable outcome score pre and post triage/intervention.		Not all callers receive a Subjective Units of Distress Scale (SUDs) score due to presenting with high levels of distress. Calls to the Professional Line and calls from family/carers do not undertake SUDs.

Maintain performance standards for SCAMHS

Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
80% of children and young people (CYP) to receive referral to assessment within 28 days		90.3% of CYP received a referral to assessment within 28 days in December 2024. Control measures continue including monthly performance management meetings.	Monthly improvement trajectories for assessment to treatment (Part 1b) will continue to be monitored through the Integrated Performance and Assurance Report (IPAR). Regular monitoring of recruitment/skill mix with support from workforce colleagues is scheduled as business as usual.	Improved caseload management. Service efficiencies. Better utilisation of resources. Improved outcomes for CYP. Attainment of 80% Welsh Government target Part 1a and 1b.	Revenue funding for the CYP Sanctuaries and CYP Alternative to Admission Hwb have now been awarded for an additional year, until March 2026.
80% of CYP to receive treatment within 28 days of assessment		98.3% of CYP received treatment within 28 days of assessment in December. Control measures continue including monthly performance management meetings.			

Improving diagnostic interventions for Autism Spectrum Disorder (ASD)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
40% of CYP waiting less than 26 weeks for diagnostic assessment		In December 2024 12.9% of CYP were waiting less than 26 weeks for diagnostic assessment. Appendix 1 details key achievements and proposed next steps.	Please see separate Appendix 1.	Timelier access to diagnostic assessment. Earlier identification of additional support needs in line with the Additional Learning Needs (ALN) Act. Improved educational attainment for CYP. Improved holistic/well-being outcomes for CYP and their families. Reduced demand on statutory services such as Mental Health, Learning Disability and Social Care services.	Autism Spectrum Disorder performance continues to remain significantly challenging with increased demand and limited capacity. Lack of ring-fenced recurring funding to meet demand.
3% of CYP discharged from service		31 CYP have been discharged from the service in December with 15 positive diagnoses given.	Regular interface meetings have been established with the Looked After Children (LAC) team to cross reference waiting lists; CAMHS interface meetings and partnership working progressing well.		

Improving diagnostic interventions for Autism Spectrum Disorder (ASD)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
40% appointments offered to parents/carers through the development of advice hubs		Regular advice hubs established in all three Local Authority areas to provide advice, guidance, support and signposting for parents/carers. All-Age Neuro-Developmental services website developed. Two pre-diagnostic and one post-diagnostic workshop offered between September 2024 and February 2025. 43 telephone consultations undertaken.	Launch the All-Age Neuro-Developmental website.	Direct support for emerging issues for parents/carers. Signposting to community services for additional support for parents/carers and CYP.	Workshops stood down whilst outsourcing to third sector to avoid duplication and focus resources on reducing waiting lists.
25% of outsourced diagnostic assessments completed		The provider has completed 74% of the contracted number of cases and is on track to fulfil the contract of 446 assessments by March 2025. A further 282 referrals have been out-sourced to the same provider since January 2025, with anticipated completion date May 2025.	Monthly contract monitoring meetings with the service and delivery partner continue, to manage referrals and evaluate effectiveness.	Improved performance to meet agreed trajectories. Timelier access to diagnostic assessment.	Funding for external provider is not sustainable and has been agreed outside of budget up until 31 March 2025.

Wider Directorate Objectives

Adult Mental Health

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
Implement new service delivery model for Community Mental Health Teams, including Crisis Resolution Home Treatment (CRHTs) teams		Organisational Change Process (OCP) completed and implemented in September. CMHT staff in Ceredigion have returned to 5-day week working in line with all other CMHT areas, thereby giving more capacity for patient care within core working hours. OCP completed for CRHT staff who are now working one shift pattern (9.00 am – 9.30 pm), giving more shift capacity in the impacted teams.		Service specification has been approved and implemented. Staff are working well with this, alongside the co-occurring framework.	

Learning Disabilities

Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
Co-production of the new service model for inpatient care and enhanced community services		Programme of staff and public engagement on service needs concluded. Lead Nurse for Learning Disabilities appointed to provide professional oversight and leadership of service improvement work. Quality Impact Assessment and Equality Impact Assessment completed. Clinical workstreams in place to finalise clinical pathways and Service Specification for community and inpatient settings. Proposal for revised Learning Disabilities service model and staffing structure, received and approved by Exec Team.	Workforce plan to be developed and implemented alongside financial review and approval of vacancies to be recruited to. Ratification of clinical pathways and service specifications. Forge increased links with universities to share service developments and opportunities within Hywel Dda to attract LD nurses post qualification.	Improved caseload management. Service efficiencies and better utilisation of resources. Improved performance. Seamless pathway of care. Improved outcomes for individuals. Improved Primary Care interventions	National shortage of Learning Disability Nurses may impact planned recruitment for the new service model, however proposed structure introduces roles at Bands 3 and 4 to support Registered Nurses, also giving a development pathway to 'grow our own' registered nurses/professionals.

Older Adult Mental Health

Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
Agree a holistic clinical pathway for people living with dementia whilst experiencing acute-frailty distress during inpatient episodes of care		Three Band 5 Low Intensity Psychotherapy Practitioners have been appointed/commenced, one per County (targeting OAMH Inpatient and CMHT Services).	Treatment Programme being drafted alongside evaluation framework.	Increased psychologically informed clinical practice capacity. Access to services psychologically informed practice and psychotherapy for presentations unable to access treatment elsewhere. Leaning into capability to treating rather than just managing clinical risk. Improved patient/carer related outcomes with more sustainable recovery patterns. Reduction in waiting times for psychological intervention/therapy.	Directorate financial savings reduces OAMH psychology posts mitigated by upskilling of wider workforce.
Improve psychologically informed assessment, formulation, treatment, and clinical risk management pathways for people experiencing functional mental ill health conditions associated with and manifesting in later life		Completion of Eye Movement Desensitization and Reprocessing (EMDR) training (two Clinical Psychologists). Clinical / strategic leadership enhanced by promotion of two Principle Clinical Psychologists to Consultant Clinical Psychologist posts. Prioritisation of three Psychological Treatment Modalities (introductory level) for generic CMHT workforce. Health Education and Improvement Wales (HEIW) Funding secured/training applications in progress: **Cognitive Behavioural Therapy** (Introductory Course): 23 OAMH CMHT Staff **Solution Focused Brief Therapy:** 13 OAMH CMHT Staff **Trauma Focused Cognitive Behavioural Therapy** (all ages): 13 OAMH CMHT Staff Roll-out of bespoke Clinical Risk Training, alongside suite of tools, commenced across OAMH	Arrangements for external EMDR supervision to be firmed up. Completion of training identified for OAMH CMHT staff and inpatients. Finalise and implement new clinical pathway for assessment, formulation and treatment (individual and group intervention). Commence data collection to enable monitoring and evaluation and continue to monitor waiting times. Undertake recruitment to current vacancy for Psychologist.		

Section 136 Provision

Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
Agree a new service model for S136 provision across all three Local Authority areas		Multi-agency task and finish group formed to review Section 136 provision across Hywel Dda footprint. Review of Hywel Dda Section 136 activity and feedback/perceptions of service users and carers. Police led multi-agency workshop held to reflect on S136 processes and procedures. Scoping of options including costings and workforce implications. Completion of options appraisal undertaken through multi-agency task and finish group, to consider impact, risk and benefits to patients, staff and partner organisations and establish preferred option. Workforce model presented and approved by Exec Team within Inpatient Rightsizing proposal to progress to Value and Sustainability group.	Finalisation of multi-agency informed Quality Impact and Equality Impact Assessment. Develop, seek Board approval and implement engagement/consultation plan. Finalise proposal for presentation to board following engagement/consultation, to include detail on capital estate and workforce requirements following approval by Value and Sustainability group.	Streamlined S136 consultation processes. Service efficiencies. Improved outcomes for individuals. Appropriate estates in line with national guidance.	Competing priorities across stakeholder group in respect of the location of the S136 place of safety which requires negotiation to resolve.

Recommendations & Assurances

Strategic Development and Operational Delivery Committee is asked to:

- **NOTE** the MH&LD Directorates progress against its Planning Objective as presented, including the associated risks, issues and considerations for each service area as highlighted.

- **NOTE** that assurances and mitigations against each service area's objectives are being managed/scrutinised through Business Planning, Performance and Assurance Group and Quality, Safety and Experience Group and that Quarterly monitoring and reporting arrangements have been developed.

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PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 February 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Update Paper: Additional Measures to improve Children's ASD service performance
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Angela Lodwick Assistant Director, Mental Health & Learning Disabilities Catherine Vaughan, Service Delivery Manager ND Services

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

In September 2022, Hywel Dda University Health Board (HDdUHB) was escalated to Targeted Intervention, for finance and planning and more recently quality and performance in respect of Children's Autistic Spectrum Disorder (ASD) services.

In July 2024, Welsh Government (WG) identified ASD services across Wales as an area that is unable to meet the current 26 week performance standard due to increased demand and limited local service provision.

At that time, Welsh Government confirmed the number of children and young people across Wales awaiting a diagnostic assessment, was 20,149 but *could* increase to 61,000 children and young people (CYP) by March 2027, if service re-design is not implemented at pace.

Increased demand has been consistently evidenced in HDdUHB and although a slight improvement in performance was reported throughout Quarter 1 to 16.3%, in Quarter 3, performance has dropped once more and currently stands at 12.9%, with further deterioration inevitable as demand continues to outstrip capacity.

This paper provides an update on the current position and a proposal to revise service provision necessary to bring about an improvement in performance.

Cefndir / Background

The Children's Neurodevelopmental (ND)service was established and launched in November 2015 under the Together for Children and Young People (T4CYP2) framework to undertake diagnostic assessment of autism in children and young people. The programme ended on 31 March 2022 and Children's Neurodevelopmental services are now included within the Strategic Programme for Mental Health & Neurodiversity and Welsh Government's Neuro-divergent Improvement Programme.

Individuals accessing ND services can experience significant cognitive, sensory, and behavioural differences which, without proper support, may impact their quality of life, educational outcomes, social integration and mental health.

Consequently, improving access to ND services in Wales has been identified as a key WG priority. A recent independent review of all-age ND service provision identified significant gaps in services and long waiting times for assessment and support. Subsequently, a three-year Neuro-divergence Improvement Programme (NDIP) was established by WG to address immediate pressures and help develop sustainable, integrated and needs-led services for the future.

On 4 November 2024, the West Wales Regional Partnership Board (WWRPB) held a regional Neuro-divergence event, bringing together front-line staff, statutory and third sector agencies to explore regional ways of working to meet the needs of neuro-divergent children, adults and their families. The aim was to promote greater alignment of local practice and policy in keeping with Welsh Government Neuro-Divergence Improvement Program priorities, develop a shared vision for the West Wales Region and create a unified road map for future action. A report and outline of agreed priorities will be published shortly, and the Neuro-divergence Improvement Board (NIB) will, supported by the Regional Partnership Board (RPB), develop and implement an action plan in collaboration with all stakeholders.

In addition, Welsh Government held a Rapid Design Event to achieve critical, systemic and needs-led transformation of Children's ND pathways on 27 and 28 November 2024. 165 key stakeholders including service users/parents and carers were in attendance and contributed to discussions on a future re-design of children and young people's neuro-developmental services fostering needs-led integrated models of support.

Welsh Government and the NHS Wales Executive are developing an improvement programme and implementation plan.

Alongside this, Welsh Government has committed the following additional funding to Health Board and RPB's respectively to address waiting lists and provide support for children and families on the waiting lists during this financial year. This is being actioned as follows:

- **HDdUHB:** Funding allocation of £312k to address the 3-year-waits-and-over for diagnostic assessments in CYP by March 2025. Procurement of 182 diagnostic assessments is underway with our current provider. An additional 100 diagnostic assessments funded through Health Board slippage (amounting to £171k) has been procured with the same provider simultaneously.

- **RPB:** £100K to outsource to Third Sector, support services for CYP and families who are currently on the waiting list, targeting longest waits.

Asesiad / Assessment

Performance:
Current waiting list as of December 2024:

	Waiting	**Breached 26-week target**
Children and Young People	3499	3046
Performance	12.9%	(decrease from 14.4% in November 2024)

Current Diagnostic Conversion Rate:

Children's ND service	100% (January 2025)

Referral rates

Average referral rates for HDdUHB stand at 116 per month in 2024. In January 2025, the service received 143 referrals and accepted 123 - evidence of exponential demand, with insufficient capacity to meet local need.

National Trend

The publication of The Review of Demand, Capacity & Design of Neuro-developmental Services (WG, 2022) and the All-Wales Review of Children's ND Services (NHS Executive, 2023) confirms demand for diagnostic assessment for both children and adults in Hywel Dda is in keeping with the rest of Wales.

Quarterly scrutiny meetings are held with the NHS Executive and current data confirms HDdUHB's Children's ND (ASD and Attention Deficit Hyperactivity Disorder - ADHD) position as:

Performance at 19.3% remains low with further decline noted from 19.9%
Health Board position compared to other regions - third from bottom (unchanged)

Additional weekly scrutiny meetings with the NHS Executive are in place to monitor the impact which additional monies to outsource diagnostic assessments will have on overall trajectory by 31 March 2025.

A 1% monthly improvement trajectory has been set and worked towards in the Children's ND service. However, despite outsourcing, which is costly and has little long-term impact, our position by the end of financial year will be just 14.9%.

In the absence of additional outsourcing moving forward, position likely to deteriorate considerably further.

Current actions in place to mitigate risk

A series of procurement exercises have been undertaken over recent years, using COVID-19 recovery monies, Health Board and Neuro-divergence programme slippage to outsource autism diagnostic assessments over a 3-year period. A single provider was awarded a sole contract for CYP which started in 2022 and ends on 31 March 2025.

446 assessments were outsourced via original contract. It is anticipated between October and March 2025, **288** assessments will be completed by the core team and existing outsourced provider, which gives an average of **48** completed assessments a month in this time period.

Utilising the £312k and the additional £171k to outsource, the external provider is due to start an additional **26** assessments each week between 17 February and 31 March 2025.

There are concerted efforts to tackle longest waits within the service, with on-going data validation, robust referral and triage processes, caseload allocation, monitoring of first appointments and improved discharge rates.

Improving the Trajectory October 2024-25 and beyond

In order to improve performance and bring about transformational change, a number of factors are required which include additional staffing and changes to the service model:

- Capacity needs to be greater than demand. Currently average core activity allows between **32-34** diagnostic assessments to be commenced each month. Whilst significant investment has been made over the years to increase staff numbers, several posts within the service are dependent on non-recurring Neuro-Divergence Improvement Programme funding. Funding allocated to the RPB is then dependent on a successful application being made by ND services. The short term and ad-hoc nature of allocation, does not account for the challenges of recruiting and retaining highly skilled staff. Furthermore, the caveat to receipt of monies is a commitment and evidence to prioritise pre and post diagnostic support.

- Monies to date have been insufficient to enable a two-pronged approach to address existing waiting list pressures and develop upstream, whole system ways of working.

Short term solutions to bring about change – 3-9 months
Stabilise fixed term posts

- Offer substantive positions to the two clinical and two support staff reliant on NDIP funding, whose contracts expire 31 March 2025. This will increase staff and team morale and enable us to tackle our waiting lists further.

- Provide additional investment in core budget to fund the 8b Clinical Lead for the service and the 8b Service Delivery Manager to help bring about transformational change and enable additional recruitment of clinical and support staff through NDIP monies to progress upstream, whole system working through training, engagement and professional consultation across all sectors.

- More preventive option-working with education to reduce onward referrals etc.

Service Improvement Initiative

- In collaboration with the Research & Development team, the service wishes to progress development of a Fast-tracking pathway to diagnosis which would remove the need for lengthy clinical assessments and multi-disciplinary panels when not clinically indicated. Given the service's consistently high diagnostic conversion rate, a proposal to pilot a rapid access to diagnosis and subsequent support has been developed which has potential to significantly reduce waiting lists and bring about positive change for children, young people and their families (see Appendix 2).

- This would begin with a trawl of all referrals on the existing waiting list. The service is aware of differences in the quality of information provided by certain specialities, for example Community Paediatricians, CAMHS, Speech and Language Therapists and Health Visitors, will be greater than others.

- The next step will be to consult with parent carers to ascertain whether they would be happy for their child to be part of a fast-tracking initiative and ensure informant and school-based information is available.

- A pilot to explore how many referrals have come from Community Paediatricians could be a starter as these will contain qualitatively rich and relevant information.

- Should the pilot be successful, the service could then liaise with parent carers informing them their child may be eligible for fast-tracking IF all information is available

There are well-documented benefits to prioritising early diagnosis of neurodevelopment conditions. In the absence of a whole system approach to identifying and meeting the needs of

neuro-divergent CYP, early diagnosis allows for timely interventions that help individuals thrive academically, socially, and professionally, which in turn can reduce future healthcare costs and social support needs. Given the growing prevalence of neurodevelopment in society and its significant impact on the NHS and related services, a comprehensive approach to early diagnosis is essential.

The above pilot could then be extended to undertake a comprehensive review of existing waiting lists *and* new referrals and if sufficient information is available from the referrer, parent carers and the child's school, to indicate concerns around neuro-divergence are pervasive, it would allow clinicians to confirm a working diagnosis without seeing the child. This new way of working is currently being piloted by Cwm Taf University Health Board.

Medium Term solutions – 9 -18 months
Digital Innovation

- Investment in Digital innovation to help streamline referral processes, share information between clinicians and other relevant teams and populate diagnostic reports could bring about significant benefits. Meetings have already been held with several providers, of which one, could potentially transform assessment process across ND services and radically increase capacity within services.

- Strengthening the interface across all sectors through joint working, professional consultation, training and engagement to support with profiling of children's needs potentially reducing the need for diagnostic assessment in the first place.

Argymhelliad / Recommendation

The Committee is requested to:

- **RECEIVE ASSURANCE** that the Service is actively working through alternative models with key stakeholders to ensure improved future access to ASD services.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1 Seek assurance on delivery against all Planning Objectives aligned to the Committee considering, and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	3. Data to knowledge 4. Learning, improvement and research 5. Whole systems persepctive

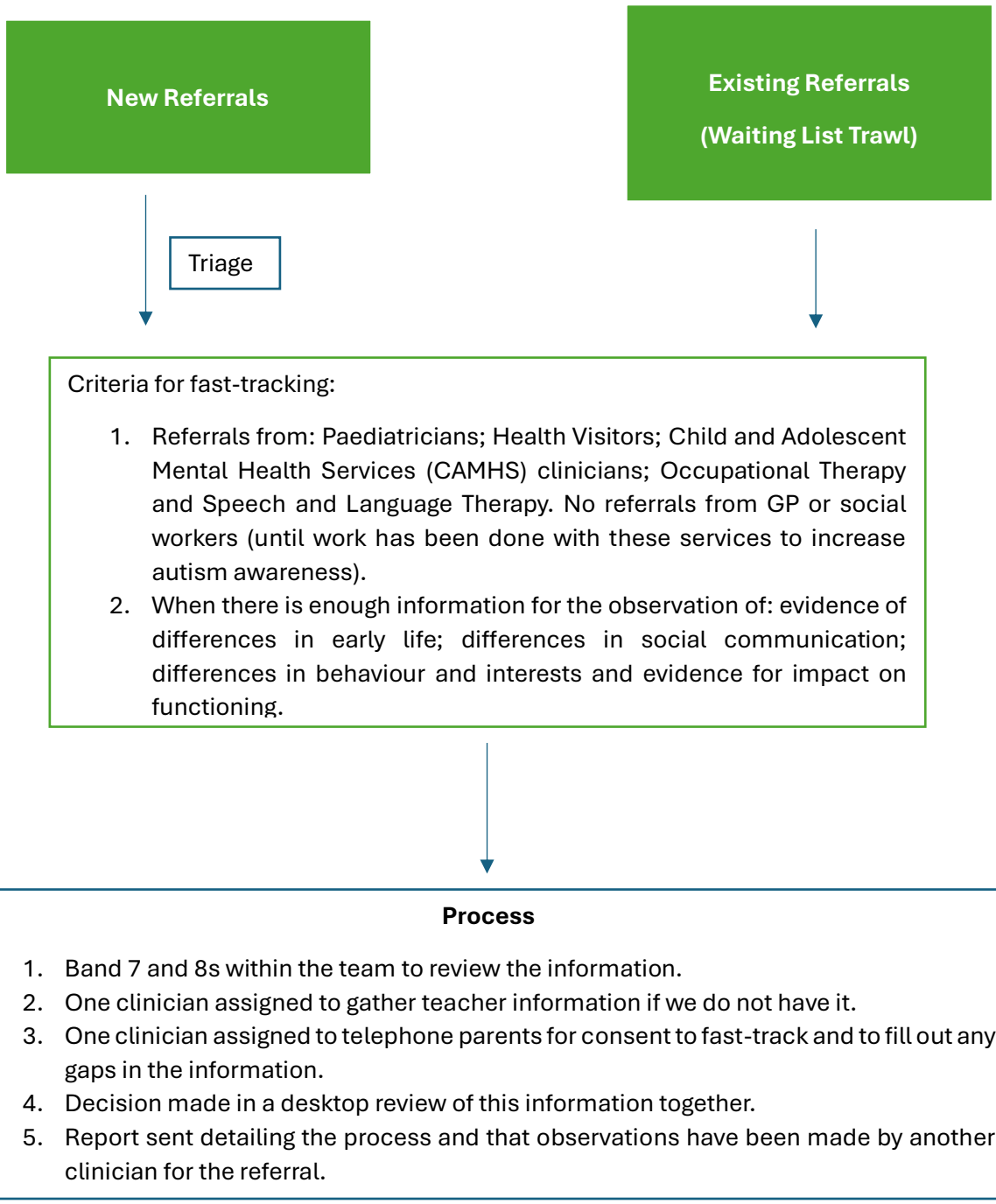
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	5 Mental health and CAHMS
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Within Report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Integrated Quality, Financial Performance and Delivery Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	TBC when an alternative service delivery model has been agreed
Ansawdd / Gofal Claf: Quality / Patient Care:	TBC when an alternative service delivery model has been agreed
Gweithlu: Workforce:	TBC when an alternative service delivery model has been agreed
Risg: Risk:	TBC when an alternative service delivery model has been agreed

Cyfreithiol: **Legal:**	TBC when an alternative service delivery model has been agreed
Enw Da: **Reputational:**	TBC when an alternative service delivery model has been agreed
Gyfrinachedd: **Privacy:**	TBC when an alternative service delivery model has been agreed
Cydraddoldeb: **Equality:**	TBC when an alternative service delivery model has been agreed

Pilot Process for fast-tracking autism assessments



5.3

12:00, 10 Mins

5.3 - Integrated Performance Assurance Report

Huw Thomas (Hywel Dda UHB - Director of Finance)

For assurance

Attachments

5.3.1 SDOD IPAR - M10 February - Final.pdf

5.3.2 Appendix 1 -M10 February '25 IPAR Overview - Final.pdf

5.3.3 Appendix 2 - DITS thematic review - Nov- Dec 2024.pdf

5.3.4 Appendix 3 DITS Ways of Working - 2024-25.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 February 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Performance Update for Hywel Dda University Health Board – Month 10 2024/2025
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Huw Thomas, Director of Finance In association with all Executive Leads
SWYDDOG ADRODD: **REPORTING OFFICER:**	Huw Thomas, Director of Finance

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report relates to the Month 10, 2024/25 Integrated Performance Assurance Report (IPAR) which summarises progress against a range of national and local performance measures. This month's IPAR update consists of this SBAR and an IPAR dashboard. An IPAR overview update will be produced bi-monthly for Committees.

The IPAR consists of two parts:

- A Power BI dashboard which includes data and charts for all performance measures and can be accessed via: Integrated Performance Assurance Report (IPAR) dashboard as at 31st January 2025. Ahead of the Committee meeting, the dashboard will also be made available via our internet site.
- A summary document entitled *Integrated Performance Assurance Report (IPAR) Overview: as at 31st January 2025* is also provided (Appendix 1). This document summarises performance, issues and actions for our key improvement measures for 2024/25.

A new performance framework is currently being developed. The new framework will bring together content from the existing Improving Together and Escalation frameworks. It will also reflect the organisational structural changes following the introduction of Clinical Care Groups. The escalation process will be enhanced to give more autonomy to Executive Directors and Clinical Care Groups. However, there will be more stringent processes in place for those areas that are escalated and not making the required improvements. The new Our Improving Together Framework will be submitted to the next Board meeting on 27 March 2025.

A summary of the Statistical Process Control (SPC) chart icons is included below.

Variation How are we doing over time	■	Concerning trend = a decline that is unlikely to have happened by chance
	■	Usual trend = common cause variation / a change that is within our usual limits
	■	Improving trend = an improvement that is unlikely to have happened by chance
Assurance	▣	Missing target = will consistently fail target without a service review

Performance against target	▣	Hit and miss target = Indicates that the Board cannot have sufficient assurance that the target can be consistently achieved over time, and the delivery of the target is particularly sensitive to external factors
	▣	Hitting target = will consistently meet target

If assistance is required in navigating the IPAR dashboard, please contact the Performance Team: GenericAccount.PerformanceManagement@wales.nhs.uk.

Cefndir / Background

In February 2024, Welsh Government published the 2024/25 NHS Wales Performance Framework. The framework outlines the Ministerial Priorities for this financial year, alongside key targets.

Welsh Government published the 2025/26 NHS Wales Performance Framework in January 2025. The Performance Team are currently reviewing the new framework and will advise of metric changes in the next IPAR update.

Asesiad / Assessment

We have adopted the 3As Assessment approach to highlight either an Alert, Advise or Assure status for each of our key performance measures. Please refer to the latest Integrated Performance Assurance Report (IPAR) dashboard for data and charts for all performance measures.

Alert (may require discussion)
There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

Staff sickness – 12-month rolling sickness remains high at 6.67% in January 2025, the highest level in over two years. Anxiety, stress and depression continue to account for the highest reasons for absence across the majority of our directorates. The Workforce teams have been assisting Directorates in particular Estates and Facilities and Unscheduled Care to undertake deep dives into the absence data and have supported the implementation of targeted and bespoke action plans with the services for each specific area of concern.

Staff engagement – the overall score for staff engagement is showing special cause concerning variation at 71.5%. This is below the mean of 74% since monthly staff surveys began. Special cause concerning variation is also reported for responses to 'I am able to make improvements in my area at work' and 'I am proud to tell people I work for Hywel Dda'. Strategies to help build staff engagement and empower staff to bring improvements across the organisation include staff recognition and appreciation programmes, promoting a positive and supportive work environment, providing professional development, opportunities for growth and leadership programmes such as Leadership Engagement with Awesome People (LEAP) and the Enabling Quality Improvement in Practice (EQIiP) programme.

Diagnostics waits 8 weeks and over – Breaches in January 2025 were 8,068 and the trajectory of 619 was not met. Breaches recorded are at the highest levels reported. Performance is showing concerning trend variation with deteriorating performance largely driven by continuing challenges in Radiology:

- Radiology:
  - 7,108 breaches in January 2025. The number of breaches has been increasing since March 2024 and concerning variation is present on the SPC chart. Deterioration in performance driven by increased waits for CT and Non-Obstetric Ultrasound Scan (NOUS). There was a slight reduction in Magnetic Resonance Imaging (MRI) waits. Underlying increases in demand for investigative pathways have also impacted. Available resourced capacity is being prioritised for cancer and inpatient demand.

- Several actions have been agreed to increase capacity in the remainder of the financial year and are forecast to reduce the overall breach volume to 5,077 by the end of March 2025. Locum consultant Radiologist recruited, started 20 January 2025. Trainee Sonographer recruitment, under Annex 21 rules. Recruited a Breast Radiology Specialist, start date 10 January 2025 and CT locum commencement 15 February 2025. MRI staffed mobile unit solution in place 9 January 2025 – 3 April 2025, projected to remove 2,184 patients from the waiting list. Non-obstetric ultrasound capacity (NOUS) insourcing solution commenced 1 February 2025. Service fragilities, waiting list trajectories and longer-term staffing needs are detailed in next year's Radiology annual plan.

- Endoscopy: 216 breaches in January 2025. Improving variation is showing on the SPC chart. Short term sickness and gaps in the establishment caused theatre nursing staff challenges. An additional five sessions per week are being run to uplift core capacity and seven designated sessions to reduce backlog. A productivity dashboard has been developed and is being utilised to identify ongoing opportunities to improve utilisation of capacity. Endoscopy and Cardiology recovery plans in place and expected to achieve zero 8-week breach performance by March 2025.
- Cardiology: 586 breaches in January 2025. Improving variation is showing on the SPC chart. Planned insourcing is addressing the Echocardiogram gaps up to March 2025 and improving the position. Ambulatory monitoring breach position is recovering with-in house management of demand/capacity following bank holidays and annual leave increases in December 2024. Transoesophageal echocardiogram (TOE) and dobutamine stress echo (DSE) breach positions are also recovering. Exercise tolerance testing (ETT) breach position increased due to a temporary equipment failure at Prince Philip Hospital PPH, which has since been repaired.

Child neurodevelopmental waits

- In December 2024, the overarching metric is showing common cause variation, with 19.3% having a neurodevelopmental assessment within 26 weeks, missing trajectory of 28%. Autism Spectrum Disorder (ASD) was 13%, and Attention Deficit Hyperactivity Disorder (ADHD) was 49.5%.
- The 26-week target for ADHD assessments is showing improving variation. ASD performance has been consistently below 20% since September 2022 and continues to show concerning variation, with demand far outstripping our capacity to see ASD patients. Our procurement exercise to address waiting lists by outsourcing ASD assessments will have seen 445 diagnostic assessments for children and young people by March 2025. Additional monies awarded by Welsh Government of £312,000 has secured 182 additional assessments. A further 100 assessments are to be outsourced using Neurodivergence Improvement Programme and Regional Integration Fund slippage funds until March 2025. Clinical posts to support ASD assessments have now been recruited into and we have implemented a skill mix into teams to attract more interest in specialist roles and to promote a 'grow your own' culture.

Ophthalmology

In December 2024, 925 out of 1,513 (61.1%) high-risk (R1) patients attended appointments within their clinically assigned target date* or within 25% beyond that date and performance shows concerning variation (Target = 95%). Whilst this represents a slight decline in performance in the last two months, actions being progressed to support performance improvement include a shared approach between hospital and community-based Optometrist eye care teams, improvements to the glaucoma pathway, recruitment and training. Furthermore, increases to intravitreal injection (IVT) pathway capacity are underway and expected to positively impact overall R1 performance.

*Nationally agreed timeframe = clinically assigned target date or within 25% beyond that date.

Ambulance handovers

- Whilst the number of handovers taking longer than 1 hour in January 2025 (1,117) showed marginal improvement versus the reported December 2024 position, overall performance continues to show concerning variation and did not meet the trajectory of 1089. All acute sites except Withybush Hospital (WGH) are showing concerning variation for January 2025. WGH met their ambition of 301 and 273 patients waited over an hour.

- Handovers taking more than four hours (366), performance is showing expected (common cause) variation overall. Whilst both Bronglais Hospital (BGH) and WGH showed a marked decrease in breach numbers during January 2025 PPH reported a significant increase.
- Risk mitigation actions: Red and Amber 1 ambulance release plans, Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance incident call stack, for admission avoidance.

Ambulance red calls responses < 8 mins

- 50.3% in January 2025, target is 65%. Performance is showing expected (common cause) variation however performance has been deteriorating since September 2024.
- Mitigation of risks via weekly reviews of Welsh Ambulance Service NHS Trust (WAST) resource escalation action plan; Dynamic review of demand and area specific pressures; Advanced Paramedic Practitioners supporting multidisciplinary approach to admission avoidance.

4-hour and 12-hour A&E/MIU patient delays

- No significant change in January 2025 for overarching Health Board performance position. Concerning performance trends continue for patients spending less than four hours in Accident and Emergency (A&E)/ Mibor Injuries Unit (MIU) (66.4%) or those spending longer than 12 hours (1,525).
- Prince Philip Hospital (PPH) met the 4-hour target (95%) for past three months and is showing improving variation and met trajectory for the seventh successive month for 12-hour patient delays, with zero reported in January 2025.
- The Targeted Intervention (TI) de-escalation criteria to reduce the percentage of patients waiting over 12 hours to no more than 7% has been met, however this needs to be maintained for de-escalation to be considered.
- Risk mitigation actions: Same Day Emergency Care (SDEC) units continue to support and be developed; Boarding protocol in place and the wards will take patients from the Emergency department (ED) prior to the discharge patient leaving the ward; Hot Clinics (referral outlet for on call doctors, out of hours and a clinic that allows patients to return through SDEC not onto a ward) continue to run which facilitates early discharges and follow up review. PPH are currently piloting SDEC weekend support to further reduce admissions. GGH trialled Medical SDEC service during perfect week (week commencing 21 january 2025) within the current staffing model. Overnight closure of MIU at PPH has reduced the number of high acuity patients self-presenting. Any high acuity cases are triaged and if admission required, are handed over to the Acute Medical Assessment Unit (AMAU). Progress against the recommendations following all Wales Getting It Right First Time (GIRFT) is being monitored and learning is being reviewed during the 12-week plan at GGH and WGH.

Therapies waits 14 weeks and ove

Breaches reduced to 1,995 in January 2025, however, all services except occupational therapy and speech and language therapy show concerning variation. Services with the highest number of breaches are detailed below:

- Physiotherapy: 1,040 breaches, over half of the therapies total. Demand is greater than capacity and recruitment challenges within Musculoskeletal (MSK). A targeted workforce campaign has been initiated alongside development of a bank system for Bands 5 and 6 registrants.
- Podiatry: 523 breaches. Impacted by recruitment issues and chronic vascular / diabetic foot pathology demand. Actions to address include staff skill mixing, recruitment to vacancies and waiting list management including open access clinics and telephone triage.
- Occupational therapy: 321 breaches. Majority of breaches in paediatrics due to backlog and demand, with a focus on prioritising caseloads and recruitment to address capacity shortfalls.

The directorate is currently off trajectory but undertaking demand and capacity modelling in order to achieve or revise trajectories. Short term measures have been put in place including appointment of

agency staff, recruitment to newly qualified graduates across disciplines and increased scrutiny of waiting time performance. These are expected to reduce breach volumes by approximately 25% by the end of March 2025.

Audiology waits 14 weeks and over
1,636 breaches in January 2025 (concerning variation). Issues include a large backlog coupled with workforce deficits, significant long-term sickness and a revised rota in Ear, Nose & Thriat (ENT) from November 2024. The fragile status of the audiology service is under review. Actions underway include clinic template reviews and potential use of Patient Initiated Follow Ups (PIFU) to replace some virtual follow up appointments to release capacity (pending approval of Quality Impact Assessment panel). Work is underway to investigate filling a recent clinical vacancy previously being backfilled by existing staff.

Advise (to monitor)
There are areas of concern where assurance has been taken on actions in place but require close monitoring. An early warning of an emerging and potentially serious concern.

Pathway of Care Delays (PoCD)

- Performance is showing improving variation. Census count delays decreased during January 2025 to 200, and the total number of days delayed for our non-mental health patients decreased to 7,797 days from 7,983 days previously. Assessment delays remain the largest proportion of delays.
- Formal arrangements between senior Health Board and Local Authority partners within the region are being reviewed. Oversight of PoCD established within the Six Goals for Urgent and Emergency Care workstream 3. A standardised regional process is required for monitoring and escalation of patients who have a length of stay of over seven days to prevent them becoming delayed by our system.

Cancer
In December 2024, 59.3% of patients (131 out of 221) started treatment within 62 days from referral, exceeding the trajectory of 58%. The number of patients with a positive cancer diagnosis for whom the 62 day target was not met in December 2024 (97 patients) was the lowest reported monthly breach volume since October 2021. Although there has been a 3-month improvement trend for the single cancer pathway performance, in January 2025 there were 468 patients waiting over 62 days to start treatment against the trajectory of 346. In the last 12 months the number of patients waiting over 62 days to start treatment varied between 387 (February 2024) and 543 (September 2024), the highest number of waits continues to be for Urology. For actions being taken, please see the Overview.

Planned Care
Iimproving variation is showing for the following metrics:

- New outpatient waits over 52 weeks: Breaches reduced for the seventh consecutive month to 1,432, which equates to a 71% reduction since June 2024 and the lowest recorded in over four years. Delivery plan forecasts no patients waiting over 52 weeks for an outpatient appointment by March 2025. Good progress is being made towards the TI de-escalation criteria of 100% of patients waiting less than 52 weeks for an outpatient appointment, which at 97.3% in January 2025 is the best performance recorded since measurement began in April 2023.
- Referral to treatment (RTT) waits over 104 weeks: Breaches have reduced for three consecutive months to 1,349 in January 2025, the lowest recorded in over three years. Whilst delivery plans across all specialties are in place to support treatment of all patients waiting 104 weeks by March 2025, a residual delivery risk of circa 50 patients remains in orthopaedics despite additional internal, insource and outsource solutions being secured. Good progress is being made towards the TI de-escalation criteria of 100% of patients waiting less than 104 weeks for RTT, which at 98.6% in January 2025 is the best performance recorded since measurement began in April 2023.

- RTT waits over 52 weeks: Breaches reduced to 13,439 in January 2025, the lowest since July 2023. The TI de-escalation criteria of 80% of patients waiting less than 52 weeks for RTT continues to be met (85.9% in January 2025).
- Follow ups delayed over 100% of their target date: Whilst breaches of this measure remain below those recorded at the other large Health Boards, there has been minimal change in the overall volume of patients delayed beyond 100% year to date. All specialties are reviewing national Clinical Implementation Network (CIN) guidance, See on Symptoms (SOS) / Patient Initiated Follow Ups (PIFU) opportunities and validating those delayed the longest to help drive improvements.

Psychological Therapy
The percentage of adults receiving a psychological therapy within 26 weeks is showing improving variation in Adult Psychology, the Integrated Psychological Therapies Service and Learning Disabilities. The overall trajectory for December 2024 was exceeded with compliance of 66.2% (target is 80%). This was a drop of 4.4% since November which is due to the time between the end of the last round of groups for integrated therapies to the current round, where clients intermittently moved above the 26 week wait before commencement. The service will review the timetable for group interventions in order to avoid intermittent deterioration in performance.

Healthcare Associated Infections
Total S. aureus case numbers are higher to date than the same period in the last financial year. However, both C. difficile and E. coli cases are fewer than the same period, last financial year.

- C. difficile infections: In month cases are showing expected (common cause) variation in January 2025. 164 cases within the Health Board this financial year to date compared to 157 reported at the same point for 2023/24. Population rates per 100,000 are reducing. The TI de-escalation criteria of reducing hospital onset cases by 25% was not met in January 2025 (8).
  An improvement group has been established with the Deputy Medical Director chairing. Continued use of DiffX and HPV disinfection, review of practices, hand hygiene audits, environmental audits and C. difficile transmission teaching provided to mitigate. Assurance meetings are held monthly on each site to review each hospital onset. Action plans developed with services focusing on Infection Prevention practice.
- E. coli infections: In month cases are showing expected (common cause) variation in January 2025. Population rates per 100,000 decreased slightly. The TI de-escalation criteria of reducing hospital onset cases by 25% was met in January 2025 (0). Continued education of staff around catheter and device care. Assurance meetings are held monthly on each site to review each hospital onset.
- S. aureus infections: In month cases are showing expected (common cause) variation in January 2025. Population rates per 100,000 increased. The TI de-escalation criteria of reducing hospital onset cases by 25% was not met in January 2025 (4). Peripheral vascular catheter bundle compliance monitored, with an emphasis on devices being removed at the earliest opportunity. Assurance meetings are held monthly on each site to review each hospital onset. An improvement in Aseptic Non-Touch Technique (ANTT) compliance was recorded in January 2025 (79.3%).

Assure (to note)
There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

Mental Health
All part 1a and 1b measures for adults and children met target and trajectory in November 2024. All part 1a and 1b measures are showing improving variation with the exception of adult interventions starting within 28 days following assessment, which is showing expected (common cause) variation. The targeted intervention de-escalation criteria of Local Primary Mental Health Support Services assessments undertaken; children and young people therapeutic interventions started within 28 days and those having a valid care treatment plan continue to be met.

Patient Experience

Overall patient experience is continuing to exceed the 90% target, with 94.8% of patients responding positively on the survey in January 2025. In January 2025, 93.1% of patients reported a positive experience attending emergency departments.

Personal Appraisal Development Review (PADR) within 12 months
This is showing improving variation. In January 2025, 83.04% compliance was achieved (target 85%). Continuous improvement has been made since our lowest compliance of 62% in April 2022.

Directorate Improving Together Sessions (DITS) Thematic Report
In the additional document - Appendix 2, is a thematic report that summaries the work undertaken, key achievements and learning taken from meetings during November and December 2024.

Triangulating our data: January 2025

- Quality safety and risk: During January 2025, there were 221 patient falls. Medication errors reduced with 89 cases. We continue to have significant numbers of high and extreme risks on the risk register with 464 this month. New complaints received by month, increased considerably from 108 in December 2024 to 152. The number of new infection cases was 65, 14 of which were C.difficile.
- Workforce: In month staff sickness reduced slightly to 7.1% and long-term sickness to 4.5%. There was a small increase in short term sickness 2.6%. Note: the sickness metric reported in the alert section of this SBAR includes 12 month rolling data. During January 2025 nursing and midwifery agency usage continued at a low rate, 110.4 whole time equivalents (WTE).
- Finance: Comparing January 2025 to January 2024, our agency spend reduced by 52% (£805k) and bank spend increased by 9% (£102k) during the same period.

Quality, safety and risk	Best	Worst	Latest	Trend
Reported incidents causing moderate harm or above	143	314	143	
Patient falls	192	302	221	
Medication errors	71	151	89	
Pressure damage developing or worsening during care	75	216	97	
New complaints by month received (ward level not available)	108	225	152	
Number of high and extreme risks (health board & directorate only)	381	492	464	
Infections: new cases	53	84	65	
Infections: C. difficile cases	12	23	14	
Workforce				
Number of staff/contractor related incidents	100	212	156	
Sickness - short term	1.7%	3.6%	2.6%	
Sickness - long term	3.3%	4.9%	4.5%	
Number of vacancies	To follow			
Staff turnover (12 month rolling)	7.3%	9.8%	8.2%	
Nursing and midwifery vacancies	To follow			
Nursing and midwifery agency (WTE)	101.83	379.79	110.38	
Bank (WTE)	212.99	350.07	306.11	
Financial recovery				
Agency spend	£667,812	£3,491,731	£768,493	
Bank spend	£872,933	£1,628,320	£1,193,125	

Escalation: January 2025

A summary of the internal escalation status of each of our directorates is included in the table below. Directorates have been assessed across the six domains of Quality, Governance, Workforce, Finance, Strategy & Planning, Fragile Services and Performance & Outcomes. The escalation assessment criteria can be found in Appendix A (at the end of this document).

Escalation overview
January 2025

KEY

1 Reasonable assurance | 2 Limited assurance | 3 No assurance

	Directorate	Quality	Governance	Workforce	Finance, Strategy and Planning	Fragile Services	Performance & Outcomes
Director of Operations	Director of Operations	1	2	2	3	1	n/a
	Facilities	2	3	3	3	1	3
	Mental Health & Learning Disabilities	3	3	2	3	2	3
	Cancer & Oncology	1	1	1	3	1	3
	Pathology	1	3	2	3	2	n/a
	Radiology	2	2	2	3	1	3
	Planned Care (incl. Audiology and Endoscopy)	2	3	2	3	3	3
	Bronglais Hospital	3	1	2	1	2	3
	Glangwili Hospital	3	1	2	3	3	3
	Prince Philip Hospital	3	1	2	3	1	3
	Withybush Hospital	3	1	2	3	2	3
	Women & Children	2	3	2	3	2	3
Director of Primary, Community and LTC	Carmarthenshire County	2	1	2	3	1	3
	Ceredigion County	1	1	2	1	1	3
	Pembrokeshire County	2	1	2	3	1	3
	Primary Care	2	3	2	1	2	3
	Primary Care Management	1	2	2	1	1	n/a
	Medicines Management	1	2	2	3	2	n/a
Other	Director of Therapies and Health Sciences	2	1	2	3	1	3
	Director of Finance	1	2	2	1	2	n/a
	Director of Nursing	1	1	2	2	1	3
	Director of Public Health	1	1	2	1	1	2
	Director of Strategy and Planning	1	2	1	2	1	n/a
	Director of Workforce & OD	1	1	1	1	1	n/a
	Medical Directorate	1	2	1	1	1	n/a
	Corporate Services	1	1	2	1	1	n/a

Escalation changes from December 2024 to January 2025

Domain	Escalated up ↑	Escalated down ↓
Quality	Bronglais Hospital (now L3) Glangwili Hospital (now L3) Prince Philip Hospital (now L3) Withybush Hospital (now L3)	Ceredigion County (now L1) Director of Nursing (now L1) Planned Care+ (now L2) Radiology (now L2)
Governance	Facilities (now L3) Primary Care (now L3) Women and Children (now L3)	Director of Nursing (now L1) Director of Operations (now L2) Radiology (now L2)
Workforce	Director of Finance (now L2)	-
Finance, Strategy and Planning	-	Bronglais Hospital (now L1) Ceredigion County (now L1) Director of Nursing (now L2)
Fragile Services	Planned Care+ (now L3)	-
Performance & Outcomes	-	-

Our four directorates with the highest levels of escalation are Mental Health and Learning Disabilities, Planned Care, Glangwili Hospital and Facilities. The escalation levels and key points to note for each of these directorates are summarised below. Directorates with concerning levels of escalation (Level 3s) are having monthly contacts with Executive Directors to discuss actions being taken to address the escalation issues. Corporate directorates are being asked by Executive Team members to support the challenged directorates where a need is identified.

Mental Health and Learning Disabilities

Since August 2024, the Mental Health and Learning Disabilities directorate had the highest level (3) of escalation across the six domains. In November 2024, the directorate were de-escalated to Level 2 for the Workforce domain, recognising the improvements that have been made.

Escalation domain	Dec 24	Jan 25	Change	Notes
Quality	3	3	↔	58% escalation assurance. Overdue Healthcare Inspectorate Wales (HIW) and peer review actions need to be addressed. Incidents need to be managed more efficiently.
Governance	3	3	↔	Audit and inspection recommendations need to be implemented within timescales.
Workforce	2	2	↔	High levels of sickness, high turnover, overdue pay progressions and low job planning compliance need to be addressed.
Finance, Strategy & Planning	3	3	↔	Recurrent savings needs to be identified.
Fragile Services	2	2	↔	Need to identify alternative models to provide diagnostic assessments for ASD.
Performance and Outcomes	3	3	↔	Target for ASD performance continues to decline.

Planned Care

The Planned Care directorate are on Level 3 escalation for four domains for the fifth consecutive month.

Escalation domain	Dec 24	Jan 25	Change	Notes
Quality	3	2	↓	69% escalation assurance. Areas that need to be addressed: incidents open over 120 days, and complaints open over 30 days and awaiting comments from service.
Governance	3	3	↔	Risk actions need to be reviewed within timescales. Improvement needed in compliance for completing audit and inspection actions. Directorate also need to ensure 90% of Welsh Health Circulars implemented within timescale.
Workforce	2	2	↔	Improved compliance needed for PADRs, sickness, staff turnover, overdue pay progressions and job planning.
Finance, Strategy & Planning	3	3	↔	Directorate need to deliver a balanced position by year end and 5% recurrent savings.
Fragile Services	2	3	↑	More sustainable plans required for: critical care (PPH), emergency general surgery (WGH & GGH), ophthalmology consultant on-call rota, anaesthetics medical workforce, provision of 7 day a week Trauma unit (GGH).
Performance and Outcomes	3	3	↔	Directorate working towards ensuring no patients wait over 52 weeks for a first outpatient or over 104 weeks from referral to treatment.

Glangwili Hospital

Glangwili Hospital are at Level 3 escalation for four out of the six domains. The quality escalation process has been refined to include additional metrics to the process measures used previously, resulting in the directorate being escalated up in the quality domain.

Escalation domain	Dec 24	Jan 25	Change	Notes
Quality	2	3	↑	45% escalation assurance. Areas for improvement: incident management, complaint management, action plan needed for hospital onset infections, more scrutiny of pressure damage/medication incidents and Intensive care Unit (ICU) admissions of deteriorating patients.
Governance	1	1	↔	
Workforce	2	2	↔	Improved compliance needed for PADRs, sickness, turnover, outstanding pay progressions and job planning.
Finance, Strategy & Planning	3	3	↔	Directorate need to deliver a balanced position by year end and 5% recurrent savings.
Fragile Services	3	3	↔	A&E staffing: plan needed for more resilient medical staffing.
Performance and Outcomes	3	3	↔	Improvements needed in ambulance handover delays and reducing the number of patients waiting over 12 hours in A&E.

Facilities and Estates

The directorate has been escalated up in the governance domain and is now in Level 3 escalation for four out of the six domains.

Escalation domain	Dec 24	Jan 25	Change	Notes
Quality	2	2	↔	Internal audit actions need to be completed and overdue HIW actions need to be addressed and closed.
Governance	2	3	↑	Audit and inspection recommendations need to be implemented within timescales. Governance arrangements need to be strengthened within the directorate.
Workforce	3	3	↔	Improvements needed for PADRs, sickness, turnover and mandatory training.
Finance, Strategy & Planning	3	3	↔	Directorate need to deliver a balanced position by year end and 5% recurrent savings.
Fragile Services	1	1	↔	
Performance and Outcomes	3	3	↔	Consistent cleaning audits need to be undertaken across all sites and targets achieved, particularly in high risk areas.

Argymhelliad / Recommendation

The Committee is asked to:

- **CONSIDER** the IPAR – Month 10 2024/2025 report
- **RECEIVE ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as 'Alert'.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.4 Provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern. 3.6 Seek assurances on the development and implementation of a comprehensive approach to performance delivery and quality management, to incorporate all performance requirements set by the Board, WG, regulators and inspectors, that enables all staff with managerial responsibility to strive for excellence whilst effectively delivering the basics (PO 3A). 3.7 Scrutinise the performance reports (including those related to external providers) prepared for submission to the Board, ensure exception reports are provided where performance is off track, and undertake deep dives into areas of performance as directed by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks are outlined throughout the report
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	6. All Apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	7. All apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	2022/2023 NHS Performance Framework
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care Strategic Development and Operational Delivery Committee People, Organisational Development and Culture Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Better use of resources through integration of reporting methodology
Ansawdd / Gofal Claf: Quality / Patient Care:	Use of key metrics to triangulate and analyse data to support improvement
Gweithlu: Workforce:	Development of staff through pooling of skills and integration of knowledge
Risg: Risk:	Better use of resources through integration of reporting methodology
Cyfreithiol: Legal:	Better use of resources through integration of reporting methodology

Enw Da: **Reputational:**	A number of our national performance measures have been showing concerning trends over a period of time. The SBAR outlines the issues impacting our capacity, which has subsequent impact on our performance. Over time, there is potential for our performance to have an adverse impact on our reputation as a health board, which then may have a knock-on impact onto recruitment and staff morale.
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Not applicable

Appendix A: Escalation criteria

	Quality	Governance	Workforce	Finance, Strategy & Planning	Fragile Services	Performance & Outcomes
	Director of Nursing	Director of Corporate Governance	Director of Workforce and OD	Director of Finance Director of Strategic Planning	Director of Strategic Planning Director of Nursing	Director of Operations
Level 1	**Reasonable assurance that there are no significant concerns within the directorate.**					
Level 2	**Limited assurance that the directorate:**					
	Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response: 1. Incidents 2. Concerns 3. Complaints 4. Medical Examiner 5. Duty of Candour 6. HIW/ Care Inspectorate Wales (CIW) 7. Quality and Equality Impact assessments (where applicable)	Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response: 1. Risks 2. Audits / inspections / Welsh Health Circulars (WHCs) / Ministerial Directions 3. Board / Committee actions 4. Freedom of Information (FoI) and corporate correspondence 5. Policies (where applicable)	Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response: 1. Bullying and harassment, difficult working relationships or complaints 2. Sickness 3. PADRs 4. Turnover 5. Mandatory training 6. Career development 7. Rosters and job plans	Will: 1. Operate within budget or deliver a recovery plan which will return to budget in year. 2. Identify and delivery recurrent savings to the level required. 3. Has a triangulated plan to operate services effectively for the year.	Will manage the risk of a service failure occurring within the next six months through robust mitigating plans.	Will achieve target performance, with the trajectory missed for over two months.
Level 3	**No assurance that the directorate:**					
	Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response: 1. Incidents 2. Concerns 3. Complaints 4. Medical Examiner 5. Duty of Candour 6. HIW/CIW 7. Quality and Equality Impact assessments (where applicable)	Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response: 1. Risks 2. Audits / inspections / WHCs / Ministerial Directions 3. Board / Committee actions 4. FoI and corporate correspondence 5. Policies (where applicable) 6. Quality governance	Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response: 1. Bullying and harassment, difficult working relationships or complaints 2. Sickness 3. PADRs 4. Turnover 5. Mandatory training 6. Career development 7. Rosters and job plans	Will: 1. Operate within budget or deliver a recovery plan which will return to budget in year. 2. Identify and delivery recurrent savings to the level required. 3. Has a triangulated plan to operate services effectively for the year.	Will manage the risk of a service failure occurring within the next six months through robust mitigating plans.	Will achieve target performance, with the target and improvement trajectory being consistently missed.

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

Integrated Performance Assurance Report (IPAR) Overview

As at 31st January 2025

For further details see the ‘System measures’ section of the latest IPAR dashboard.

This document summarises performance against our key improvement measures for 2024/25. This includes measures relating to our enhanced monitoring from Welsh Government, along with the Minister for Health and Social Care's priorities for this financial year. We have also included measures for delayed ways of care, nurses in post and financial balance as these measures have a significant impact on our performance in other areas.

For data on all performance measures we are tracking, see our IPAR dashboard:
Integrated Performance Assurance Report (IPAR) dashboard as at 31st January 2025

Topic	Area for improvement	Latest period	Target	Latest actual	Variation	Assurance	Trajectory
Cancer	% pts on single cancer pathway within 62 days	Oct 2024	75%	45%			
Delayed discharges	Number of Pathways of Care delayed discharges	Nov 2024	n/a	204		N/a	
Diagnostics	Pts waiting 8 wks+ for specified diagnostic	Nov 2024	0	6,451			
Finance	Financial in month deficit	Nov 2024	n/a	-£18,315,000		N/a	
Infections	E. coli: Number of confirmed cases (in-month)	Nov 2024	21	37			N/a
Infections	S. aureus: Number of confirmed cases (in-month)	Nov 2024	6	08			N/a
Infections	C. difficile: Number of confirmed cases (in-month)	Nov 2024	8	16			N/a
Mental health (includes neuro)	% adult psychological therapy waits <26 weeks	Oct 2024	80%	75.6%			
Mental health (includes neuro)	% child neurodevelopment assess waits <26 weeks	Oct 2024	80%	18.6%			
Mental health (includes neuro)	% therapy interven post LPMHSS assess (age 0-17)	Oct 2024	80%	84.1%			
Mental health (includes neuro)	% therapy interven post LPMHSS assess (age 18+)	Oct 2024	80%	98.1%			
Planned care	Waits over 52 weeks: new outpatient appointment	Nov 2024	0	2,622			
Planned care	Patients waiting 104 weeks+ RTT	Nov 2024	0	1,951			
Planned care	Patients waiting over 52 weeks RTT	Nov 2024	0	14,628			N/a
Planned care	Follow-up appts - delayed >100%	Nov 2024	0	16,682			N/a
Planned care	% R1 eyecare appts attended in target or 25% delay	Oct 2024	95%	65.0%			N/a
Therapies	Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	Nov 2024	0	2,244			
Urgent and emergency care	% Ambulance red call responses < 8 mins	Nov 2024	65%	49.5%			N/a
Urgent and emergency care	Ambulance handovers > 1 hour Hywel Dda	Nov 2024	0	986			
Urgent and emergency care	Ambulance handover > 4 hours Hywel Dda	Nov 2024	0	295			N/a
Urgent and emergency care	% patients spending <4 hours in A&E/MIU Hywel Dda	Nov 2024	95%	63.9%			N/a
Urgent and emergency care	Patients spending > 12 hours in A&E/MIU Hywel Dda	Nov 2024	0	1,543			
Workforce	% staff PADRs in the previous 12 months	Nov 2024	85%	83.1%			N/a

Key

Variation - how are we doing over time
- Improving trend
- Usual trend
- Concerning trend

Assurance - performance against target
- Always hitting target
- Hit and miss target
- Always missing target

Trajectory - performance against our ambition
- Trajectory met
- Within 5% of trajectory
- More than 5% off trajectory

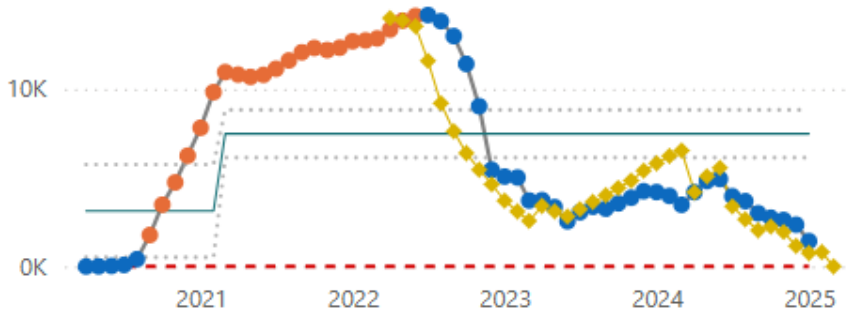
Statistical process control (SPC) charts

- Why use SPC charts?
- Anatomy of a SPC chart
- Rules for special variation within SPC charts
- Understanding SPC icons

Waits over 36 weeks, 52 weeks for first outpatient and delayed follow up appointments
(Ministerial priority)

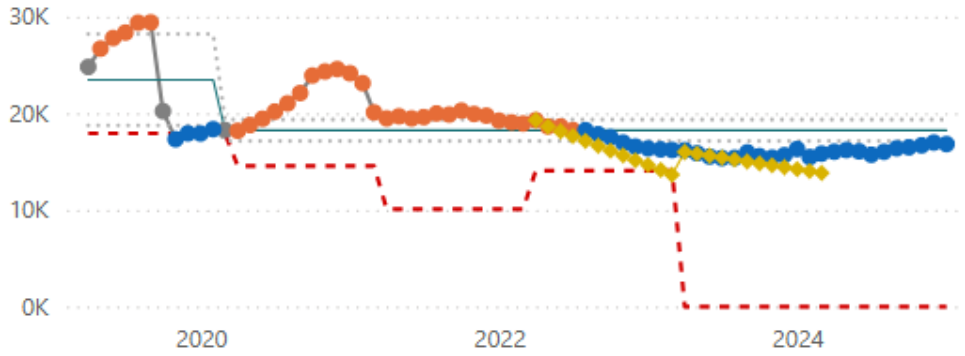
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >52 weeks for first outpatient appointment



Latest data is showing improving variation. Breaches have reduced for seven consecutive months and the 1,432 breaches at the end of January 2025 is the lowest recorded in over four years.

Follow up outpatient appointments delayed over 100% past target date



Latest data is showing improving variation, however, breaches in December 2024 (16,976) and January 2025 (16,818) at the highest level in over two years.

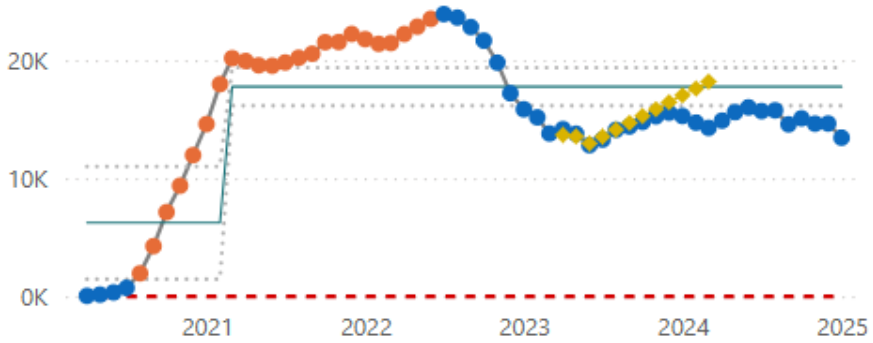
Key challenges / issues	Key actions / initiatives	Due date
• Delivery of 52-week outpatient target is supported by outpatient modernisation plans including maximisation of self-management pathways such as See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU). • 71% reduction in 52-week breaches since June 2024 & lowest volume for 4 years. • The Health Board actively manages and triages referrals which has resulted in no waiting list growth. • Outpatient waiting volumes are at their lowest since July 2021. Latest performance, although improved has been impacted by sickness, bereavement, and clinical unavailability. Additional factors include vascular regional capacity issues. • Volume and percentage of patients on a follow up waiting list in Hywel Dda is significantly lower than other large Health Boards in Wales. • 41% reduction in 36-week breaches since June 2024 – positive indications for further recovery in future years	• The Health Board are on track to achieving no patients waiting over 52 weeks for their first outpatient appointment by March 2025. Progress towards this is dependent upon specialty specific operational plans that include the use of recovery monies from Welsh Government. • Continue to manage demand via targeted validation, referral management, robust clinical triage and the use of alternative pathways such as self-management (SoS & PIFU). • Continue to prioritise longest waiting patients, track diagnostic patients, clinically and administratively validate patient waiting lists. The directorate are working towards improving the treat/booking in turn rate for the top decile of longest waiting patients. • Reducing the number of patients waiting beyond 100% of their follow up target date to below 9,000 will be supported nationally by the clinical lead for planned care and use of CIN (Clinical Implementation Network) guidelines. • Demand and capacity plans have been developed and are regularly in use across ialties to maximise available capacity and forecast accurately.	31/03/25 Ongoing Ongoing Ongoing Ongoing

Waits over 52 and 104 weeks from referral to treatment

(Enhanced monitoring condition and Ministerial priority)

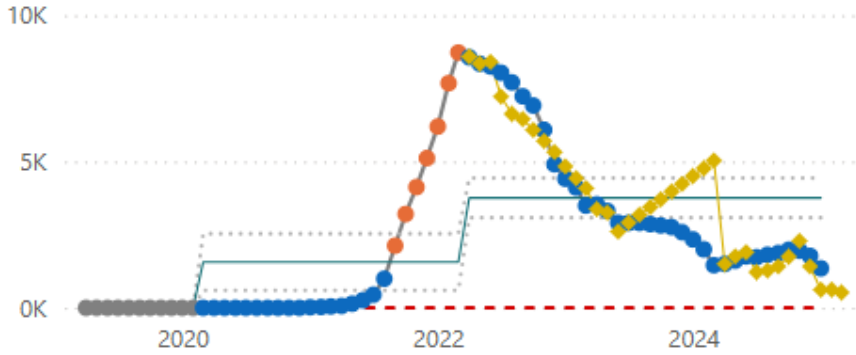
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting over 52 weeks from referral to treatment



Latest data is showing improving variation. Breaches at the end of January 2025 (13,439) are the lowest since July 2023.

Patients waiting over 104 weeks from referral to treatment



Latest data is showing improving variation. Breaches have reduced for three consecutive months and the 1,349 breaches at the end of January 2025 is the lowest recorded in over three years.

Key challenges / issues	Key actions / initiatives	Due date

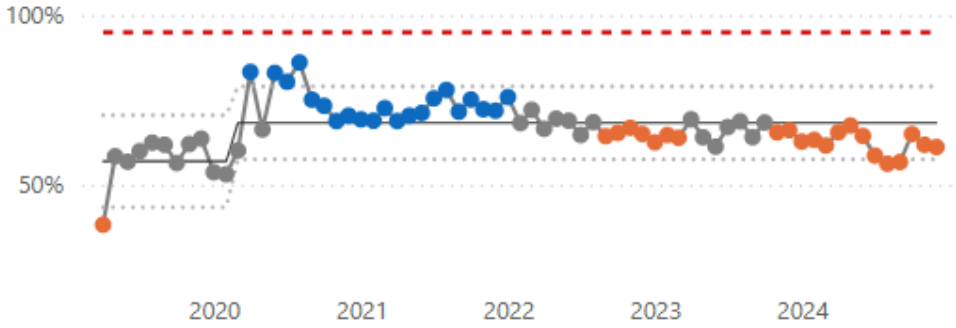
• Ongoing acute hospital site pressures can adversely affect elective care.
• Additional health needs/co-morbidities can impact a patient's suitability for an outsourced/day case (rather than inpatient) which impacts treatment times.
• Maintaining and reducing waiting times further by March 2025 is dependent upon agreed recovery funding and procurement support.
• Longer waiting patients are requiring additional pre-assessment support.
• Achieving GIRFT (Getting It Right First Time) ambitions in each specialty partly reflects variations in clinical confidence alongside organisational / process factors in the pre-operative pathway.
• Performance has been impacted by sickness, annual leave, and clinical unavailability. Additional factors include:
  ○ Urology cancer backlog being prioritised over routine backlog (inpatient demand is needed for both Cancer and longest waiting routine patients).
  ○ Colorectal cancer demand utilising routine slots.
  ○ Vascular regional capacity issues
	• Continue to manage demand via targeted validation, referral management (i.e. implementing My Health Pathways), robust clinical triage and the use of alternative pathways such as self-management (See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU)).
	• Continue to prioritise longest waiting patients, track diagnostic patients, clinically and administratively validate patient waiting lists. The directorate are working towards improving the treat/booking in turn rate for the top decile of longest waiting patients.
	• Demand and capacity plans have been developed and are regularly in use across key specialties to maximise available capacity and forecast accurately.
	• Independent sector insource solution has been commissioned to supplement existing capacity.
		Ongoing
		
		31/03/25
		
		Ongoing
		
		Ongoing

Ophthalmology R1 (high-risk patients) performance

(Enhanced monitoring condition and Ministerial priority)

Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date



Latest data is showing concerning variation. In December 2024, 925 out of 1,513 (61.1%) high-risk (R1) patients **attended appointments** within their clinically assigned target date or within 25% beyond that date (Target = 95%).

% R1 patients waiting within their clinical target date or within 25% beyond their clinical target date

In December 2024, 6,182 out of 18,059 (34%) high-risk (R1) patients **were waiting** within their clinically assigned target date or within 25% beyond that date. Target = 95%.

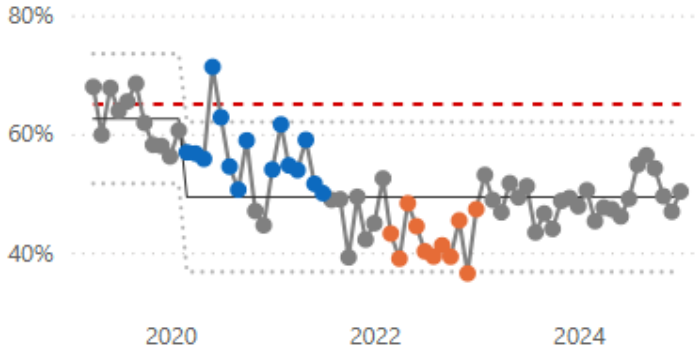
Key challenges / issues	Key actions / initiatives	Due date
• Workforce/estates to deliver capacity to meet demand for high-risk (R1) patients in Glaucoma and Intravitreal Injection Therapy (IVT).	• Potential regional solutions for Glaucoma and Medical Retina being explored.	Ongoing
	• The possibility of further regional posts could provide more Consultants.	
• Referral process is convoluted with many delays in the processes resulting in delays to booking.	• Outsourcing of 500 IVT patients to improve breach from 10 weeks to 8 weeks.	28/02/25
• IVT patient breaches remain at 10 weeks which impacts R1 delivery.	• Wales General Ophthalmic Services (WGOS) work continues with 277 patients discharged to the community to date.	30/09/25
• Capacity for R1 delivery directly conflicts with Ministerial Measures and the need to deliver 52-week new outpatient target.	• Referral process has been mapped with improvements identified and solutions being explored.	30/04/25
	• IVT Situation, Background, Assessment, Recommendation (SBAR) produced to outline long term funding needed to introduce sustainable solutions. Short term solutions have been funded until March 2025 and will reduce breach position to 8 weeks. This will continue to impact R1 delivery.	Ongoing
	• Capacity has been identified in Demand and Capacity plans for R1 delivery. This will help with R1 delivery and potentially maintain performance against target but will not improve it.	Ongoing

Urgent and Emergency Care – Ambulances – Hywel Dda

(Enhanced monitoring condition and Ministerial priority)

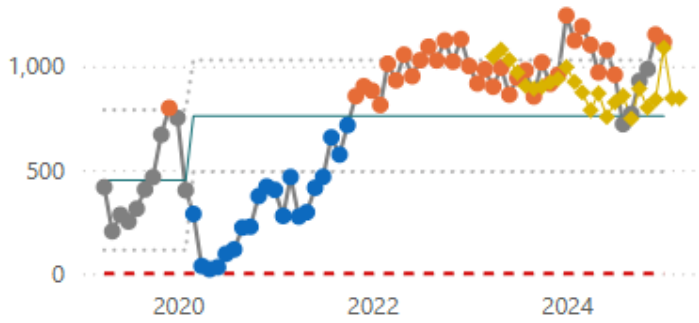
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Life threatening (red) call responses taking over 8 minutes



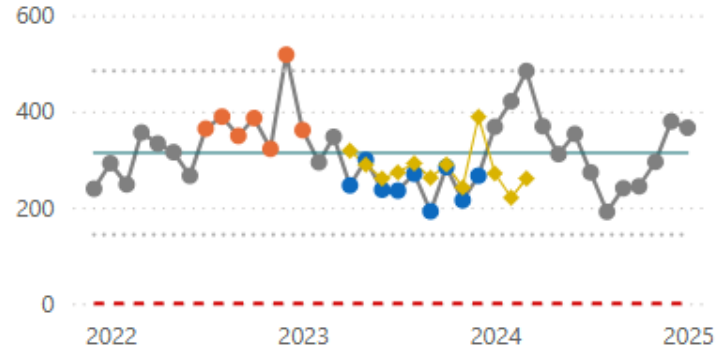
Latest data is showing expected (common cause) variation, 379 red calls met, out of a total of 754 responses, 50.3% (target = 65%).

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 1,117 handovers > 1 hour out of a total of 2,077, 54%. The trajectory of 1,089 was not met.

Ambulance handovers taking over 4 hours

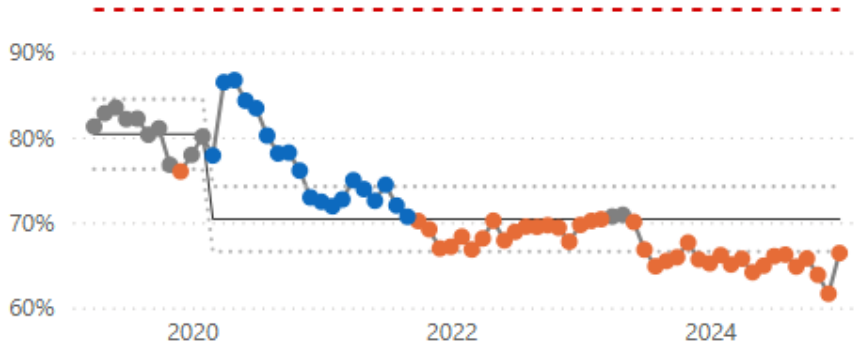


Latest data is showing expected (common cause) variation.
366 handovers > 4 hour out of a total of 2,077, 18%.

Key challenges / issues – red calls	Key actions / initiatives – red calls	Due date
• 52.26% of missed red calls for January 2025 were attributed to plan point not available (PPNA). For context, PPNA is where a red call is reachable providing a resource is available on the approved standby point but there is no vehicle available to respond which includes vehicles held at hospital sites. • 43.46% of missed red calls for January 2025 were attributed to outside national deployment plan (ONDP). For context ONDP is red where a red call is not reachable within 8minutes if a vehicle is available and on nearest standby point. • Overall attended demand in Hywel Dda health board area for has mainly been as forecasted but continues to remain high. • Hospital delays in offloading WAST ambulance crews, 3,805 hours lost at the 4 acute Hywel Dda hospital sites in January 2025, which has decreased by 5.04% when comparing January 2024.Top 3 reasons for handover delays according to system data ‘no beds available’, ‘patient had complex needs’, ‘no available trolley or chair’. • Increase in the number of immediate release requests for the month of January 2025. 38 requests made, 26 accepted,13 not accepted. Acceptance rate has decreased to 66.67%	• Ongoing reviews of WAST resource escalation action plan (REAP) which identifies potential service pressures and is a system for managing and mitigating the impacts. • Dynamic review of demand and area specific pressures using the clinical safety plan. Clinical safety plan provides a framework for WAST to respond to situations where the demand for services is greater than the available resources • WAST resourcing reviews and targeted overtime allocation • Porth Preseli – prehospital clinical screening model now live with advanced paramedic practitioners assisting with admission avoidance. Continuing to improve cover. • The NHS111 press 2 access for WAST clinicians in HD area for mental health advice now live. • Neck of Femur pathway – ongoing challenges with progression from a health board perspective and support continues to be requested from health board colleagues. Previous due date not met • Working with health board colleagues to improve SDEC referrals and acceptance. Recruitment drive has seen an increase in Cymru High Acuity Response Unit (CHARU) paramedics improving cover. • Palliative Care Paramedic trial, supporting palliative patients is now live in Hywel Dda	Weekly ongoing, Daily – Hourly, ongoing. Weekly ongoing Weekly ongoing Weekly ongoing 30/08/25 30/08/25 31/03/25

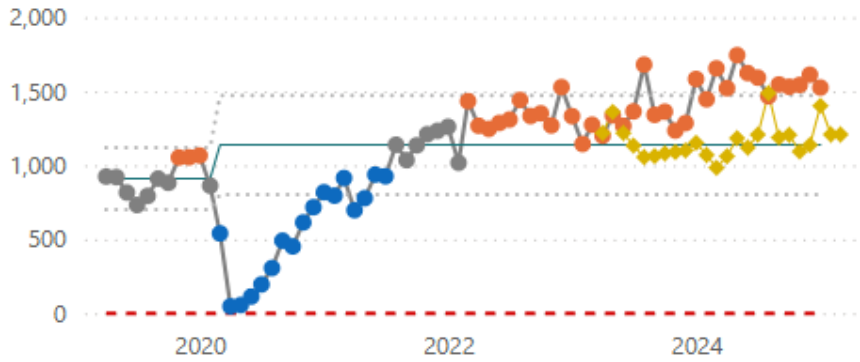
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E/MIU



66% reported for January, 4,626 breaches out of 13,771 new attendances. Chart is showing a concerning performance trend.

Patients waiting over 12 hours in A&E/MIU



1,525 breaches out of 13,771 new attendances, 11%. The chart is showing a concerning performance trend. The trajectory of 1,401 was not met

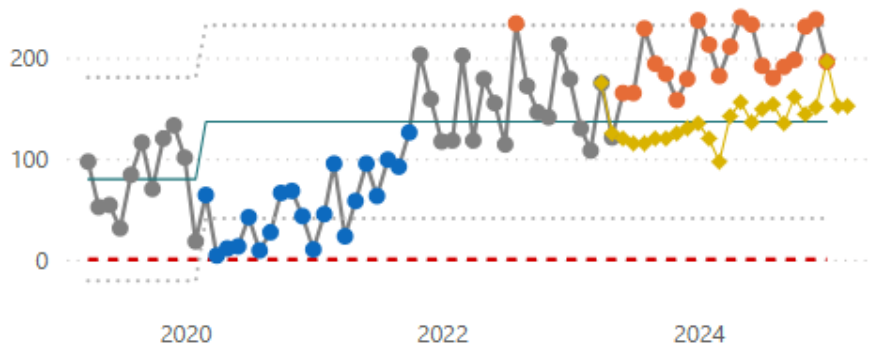
Please see the updates for each of our 4 acute site for the relevant issues faced and key actions we are taking to address:
- Bronglais Hospital
- Glangwili Hospital
- Prince Philip Hospital
- Withybush Hospital

Urgent and Emergency Care – Ambulances - Bronglais Hospital

(Enhanced monitoring condition and Ministerial priority)

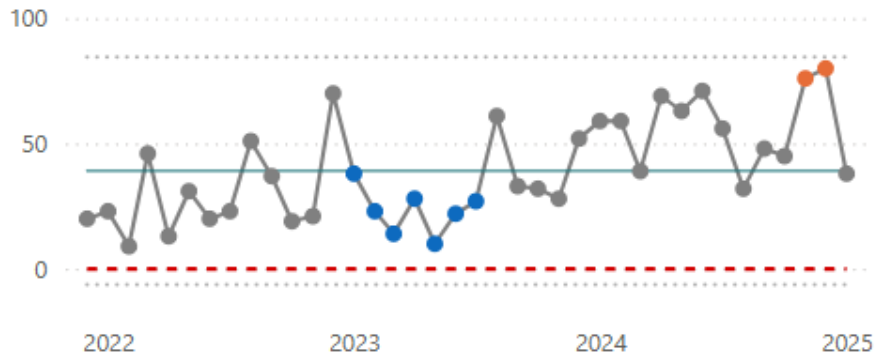
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing a concerning variation, 196 handovers >1 hours reported out of a total of 370 handovers, 53%. The trajectory of 196 was met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation.
38 handovers >4 hours were reported out of 370 total handovers 10%.

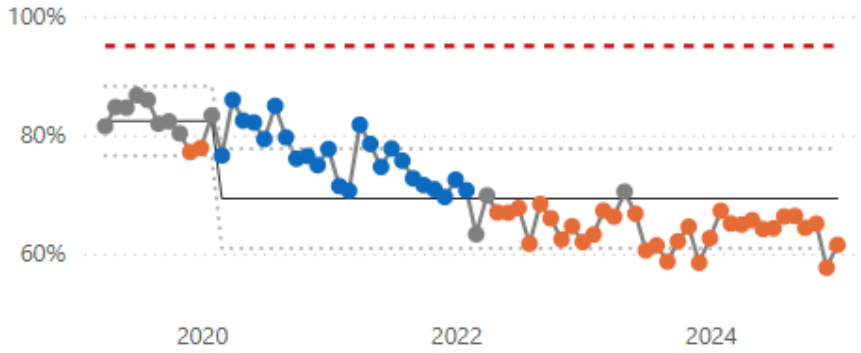
Key challenges / issues	Key actions / initiatives	Due date
• Emergency department “front door” capacity pressures continue. Ambulance conveyances to site average of 12 to 14 per day in the last 3 months. Emergency and Urgent Care surge (number of patients beyond the capacity) and unallocated bay pressures maximised - with patients routinely cared for in corridor areas to maximise flow available. Surge areas are additional beds opened to support additional demand where no other capacity is available. This is further compounded by an increase in the acuity of patients including those self-presenting and often, these patients are triaged with a higher priority than those subject to handover delays. Pathways of Care delay numbers have also increased concurrently. Recovery and de-escalation is impacted by the combination of all of these factors.	• NHS Executive action plan in situ to support actions designed to improve flow across the site	31/03/25
	• Review of nursing establishment within Emergency and Urgent Care in line with nurse staffing act with a view to implementing supernumerary coordinators etc. Additional nursing staff are rostered when department is surged, including nurse support to patients on ambulances.	31/03/25
• The Y Bwa unit opened at the end of July (to manage the decant of Meurig Ward) continues to support site pressures by providing capacity for step-down (medically optimised) patients. Flow out from this unit has become constrained in relation to non-availability of social care capacity and is currently subject to a review of its utility.	• A request to extend arrangements at the Y Bwa site has been agreed by the executive. Project meeting held 07.02.25 to explore options for future model Detailed proposal now to be worked up/ costed for consideration re long- term model and use of facility. This will allow re-allocation of BGH site capacity with the aim of improving flow, discharge and ED performance.	30/04/25
• Patient flow out of hospital continues to be compromised with limited care home capacity and reduced community hospital bed base.	• GIRFT follow up visit held 30.01.25 Report and any actions awaited. SEDIT data package to be accessed by triumvirate team to support performance improvements across the ED system	28/02/25

Urgent and Emergency Care – Emergency Departments - Bronglais Hospital

(Enhanced monitoring condition and Ministerial priority)

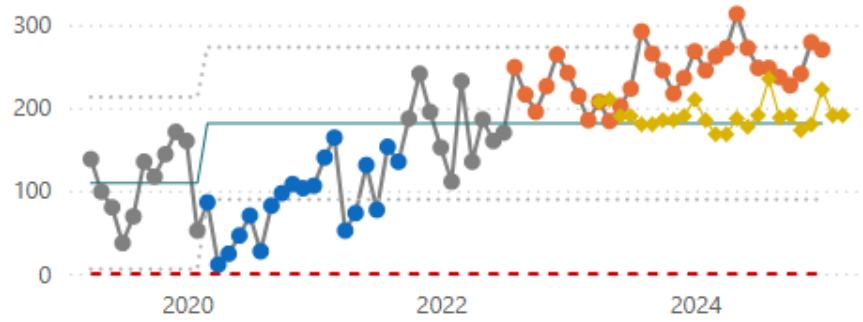
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



61% reported for January, 870 breaches out of 2,259 new attendances. Chart is showing a concerning performance Trend.

Patients waiting over 12 hours in A&E



270 breaches out of 2,259 new attendances, 12%. The chart is showing a concerning performance trend. The trajectory of 222 was not met.

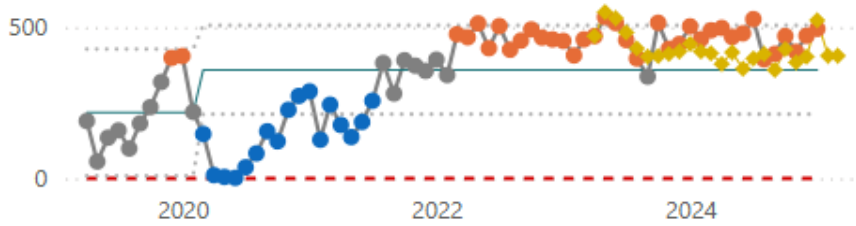
Key challenges / issues	Key actions / initiatives	Due date
• 4 hour waits continue to be a challenge and are related to the constraints described in relation to the 1 hour ambulance handover position. The Clinical Decisions Unit boarding protocol introduced at the beginning of June continues to support site pressures in order to minimise delays as much as possible. • The position is further compounded by an increase in the acuity of patients including those self-presenting- and often, these patients are triaged with a higher priority than those subject to handover delays • Acuity of admitted patients requires greater input from Hospital at Night team thereby limiting support provided to ED. • Patient flow out of hospital has also been compromised with limited care home capacity and reduced community hospital bed base.	• NHS Executive action plan in situ to support actions designed to improve flow across the site • Review of nursing establishment within Emergency and Urgent Care in line with nurse staffing act with a view to implementing supernumerary coordinators etc. Additional nursing staff are rostered when department is surged, including nurse support to patients on ambulances. • A request to extend arrangements at the Y Bwa site has been agreed by the executive. Project meeting held 07/02/25 to explore options for future model Detailed proposal now to be worked up/ costed for consideration re long- term model and use of facility. This will allow re-allocation of BGH site capacity with the aim of improving flow, discharge and ED performance. • GIRFT follow up visit held 30/01/25 Report and any actions awaited. SEDIT data package to be accessed by triumvirate team to support performance improvements a stem	31/03/25 31/03/25 30/04/25 28/02/25

Urgent and Emergency Care – Ambulances - Glangwili Hospital

(Enhanced monitoring condition and Ministerial priority)

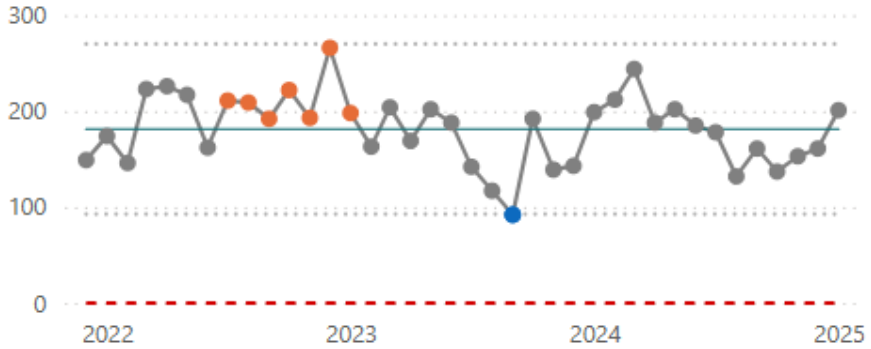
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 495 handovers >1 hours reported out of a total of 805 handovers, 61%. The trajectory of 523 was met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 201 handovers >4 hours reported out of a total of 805 handovers, 25%.

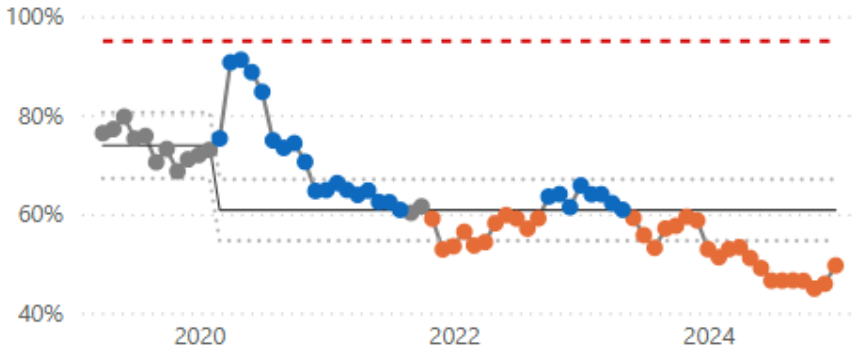
Key challenges / issues	Key actions / initiatives	Due date
Ambulance handover >1 hour performance has deteriorated in January, although total ambulance handover numbers have reduced in month compared to December. Some high ambulance arrivals reported throughout January in excess of 30. Ambulance handover >4 hours has also seen a deterioration in January. Flow remains challenging with high acuity of patients and complex discharge needs.	• Red and Amber 1 release plans firmly in place and are accommodated when safe to do so. A&E safety huddle continue and focus on actions to handover ambulances and the clinical safety within the department. • Twice daily HB calls to ensure system support for ambulance handover. Escalation of ambulance delays throughout the day to Manager of the Day and Senior Nurse for flow. • Advanced Paramedic Practitioner and Integrated Commissioning multi disciplinary team to review ambulance stack and conveyance avoidance where possible. • Delta rapid response and British Red Cross working at front door to facilitate early discharge with home support.	Daily Daily Daily through Eastgate Daily

Urgent and Emergency Care – Emergency Departments - Glangwili Hospital

(Enhanced monitoring condition and Ministerial priority)

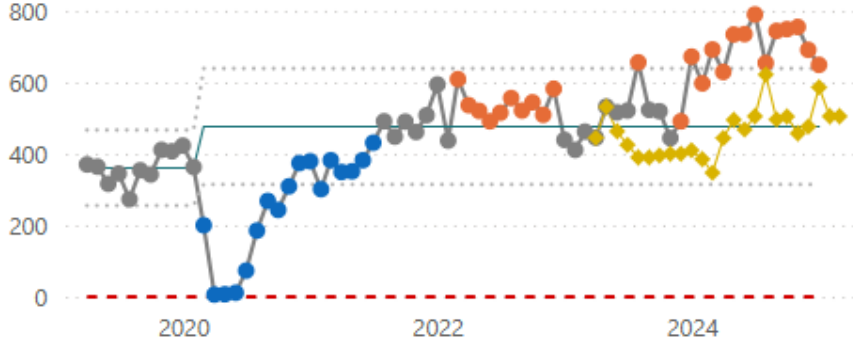
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



49.6% reported for January, 2,166 breaches out of 4,298 new attendances. Chart is showing concerning performance trend.

Patients waiting over 12 hours in A&E



649 breaches out of 4,298 new attendances, 15%. Chart is showing concerning performance trend. The trajectory of 586 was not met.

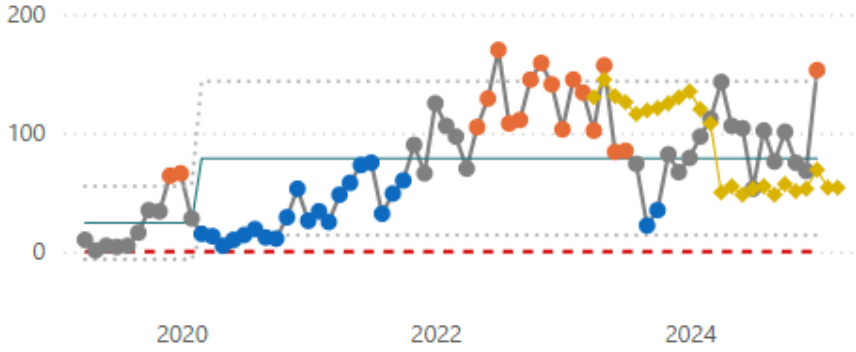
Key challenges / issues	Key actions / initiatives	Due date
• 4 hour performance has remained relatively static in January although very slight improvement (4%). • ED attendances demonstrated a slight decrease. Rapid triage and assessment is facilitated by a Senior Clinician where possible to enable early decision making. • 12 hour performance remains relatively static due to flow through the Hospital, which continues to be challenging. High numbers of medically fit patients and increased number of ready to leave. • Boarding protocol on ward areas at extreme risk encountered during January (additional patients in 4 bed bays) but contributed to lack of space to administer therapy and rehabilitation.	• Medical Same Day Emergency Care (SDEC) service trialled during perfect week (w/c 21/01/25) and continued within current staffing model. • Surgical Same Day Emergency Care (SDEC) service continues for surgically expected patients to avoid ED overcrowding. • Weekly Escalation meetings in place with Carmarthenshire Community teams to discuss long stay patients with focus on long stay patients.	Review in March for Feb data. SSDEC to continue. Weekly

Urgent and Emergency Care – Ambulances – Prince Philip Hospital

(Enhanced monitoring condition and Ministerial priority)

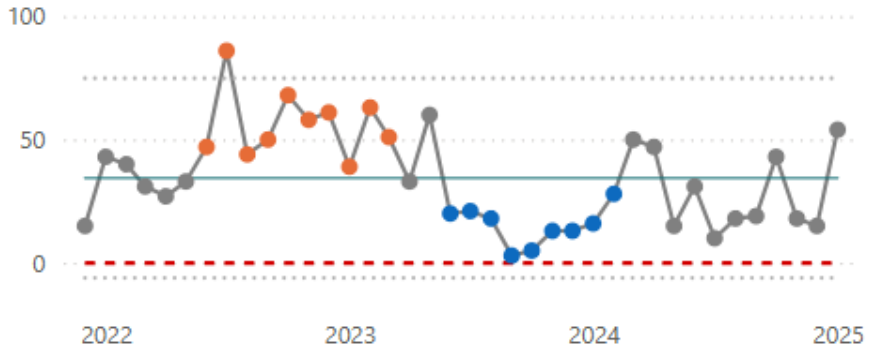
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 153 handovers >1 hours reported out of a total of 263 handovers, 58%. The trajectory of 69 was not met.

Ambulance handovers taking over 4 hours

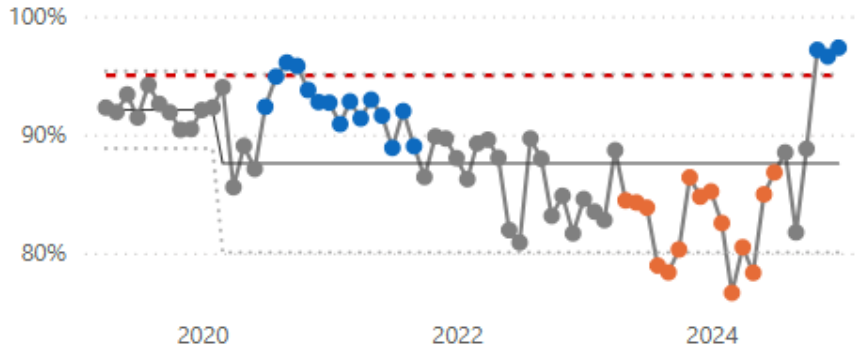


Latest data is showing expected (common cause) variation. 54 handovers >4 hours reported out of a total of 263 handovers, 21%.

Key challenges / issues	Key actions / initiatives	Due date
• Due to the increase in ambulance demand in January, we experienced a higher number breaching >1 hour target. • Challenges remain with a spike in infection control issues this month with various bays closing and with a temporary closure of 2 ward area resulting in closed beds. • Across Carmarthenshire- Advanced Paramedic Practitioner (APP) fill rate within the Clinical Streaming Hub has been challenging due to sickness and annual leave. • Challenges continue with the prioritisation of medical patients in MIU which resulted in slightly longer delays in ambulance handovers. • Patients who are medically optimised, who are no longer requiring medical intervention, needing discharge support due to complex needs remains a challenge with around 50 patients per day. This does have an impact on patient flow throughout the hospital.	• Red and Amber 1 release plans continue to be facilitated, scoping safe areas to handover patients. • SDEC (Same Day Emergency Care) continues to support AMAU/MIU to reduce pressures at the front door. We are currently piloting SDEC weekend support to prevent admissions. • Front door model (which will have designated areas for patients to receive multidisciplinary treatment to expedite discharge home) to included interface frailty service is in its final stages of planning. Recruitment has been successful. Frailty model currently being worked up. • Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance stack.	28/02/25 28/02/25 28/02/25

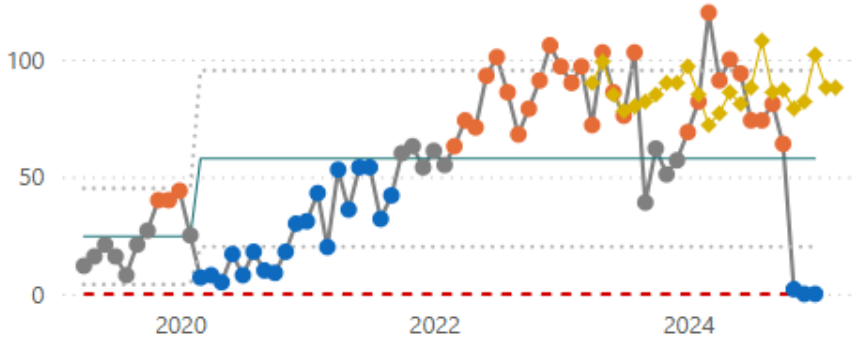
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in MIU



97.3% reported for January, 57 breaches out of 2,143 new attendances. Chart is showing improving variation performance trend.

Patients waiting over 12 hours in MIU



Zero breaches out of 2,143 new attendances. Chart is showing improving performance trend. The trajectory of 102 was met.

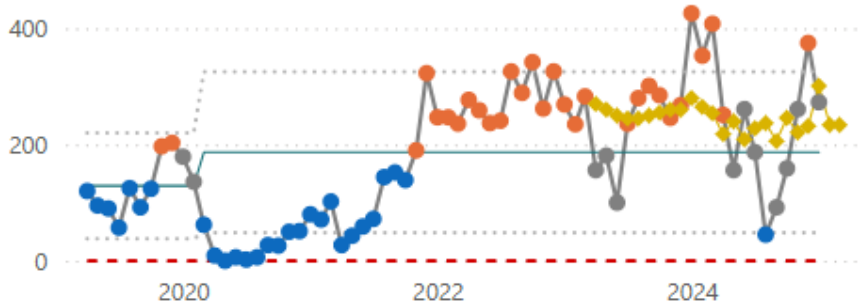
Key challenges / issues	Key actions / initiatives	Due date
• Following the overnight closure which was introduced on the 1st November, the Minor Injury Unit (MIU) new patient attendances has decreased. Patients who present to MIU with a medical complaint, following triage require admission, are handed over to the medical team in AMAU ward. In turn this has reduced our 12 hour breaches significantly.	• SDEC (Same Day Emergency Care) continues to support AMAU/MIU to reduce pressures at the front door. We are currently piloting SDEC weekend support to prevent admissions. • Implementation of Criteria Led Discharge across additional areas to include weekends. • Hot Clinics (referral outlet for on call doctors, out of hours and a clinic that allows patients to return through SDEC not onto a ward) continues to run which facilitates early discharges and follow up review. These clinics will increase over the next 12 months when we review doctors weekly timetables to meet the demand and avoid delays. • Further use of Virtual Wards in the community supports early discharge	28/02/25 31/03/25

Urgent and Emergency Care – Ambulances - Withybush Hospital

(Enhanced monitoring condition and Ministerial priority)

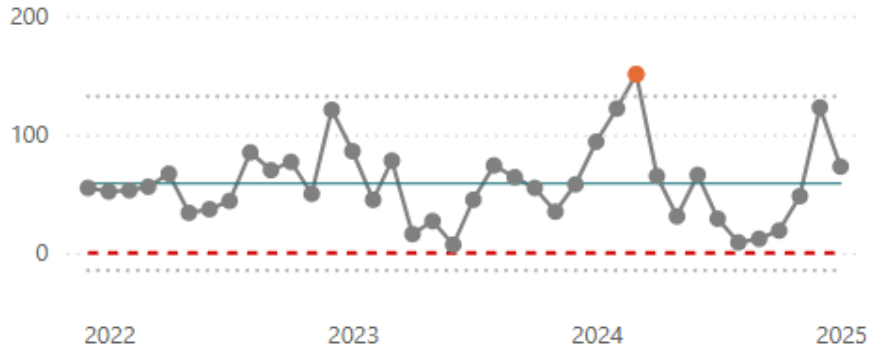
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing expected (common cause) 273 handovers >1 hours reported out of a total of 639 handovers, 43%. The trajectory of 301 was met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 73 handovers >4 hours reported out of a total of 639 handovers, 11%.

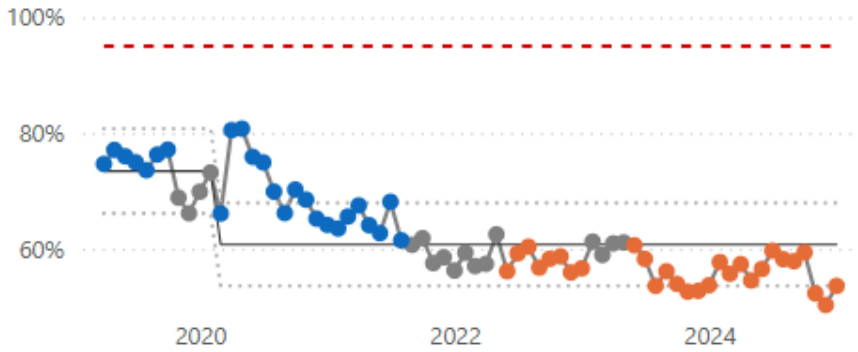
Key challenges / issues	Key actions / initiatives	Due date
WGH had seen improvements in the 1 and 4 hr handover targets. During the winter pressure we have not been able to consistently sustain the improvement. The ED attendance numbers has not altered greatly. However, the acuity of the patients coming via ambulance and walk ins has increased. At times there has also been a spike in ambulance conveyance that is difficult to predict. There has been an increase of the acuity of the walk in patients presenting at ED, which have superseded the clinical needs of the patients being conveyed via ambulance. However, WGH has meet the trajectory for this target.	• 1 Reses bay will be ringfenced, always, to assure rapid handover of the most clinically unstable patient. • To establish a 2nd triage room • Clinical streaming hub continues to participate signposting patients away from ED who do not require ED • Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance stack. • Boarding policy is fully implemented • Immediate release of an ambulance is continued to be facilitated. The rapid assessment bay is ringfenced for this function. • SDEC has increased the pull of patient from the ED queue	03/02/25 10/02/25 Completed Completed Completed

Urgent and Emergency Care – Emergency Departments - Withybush Hospital

(Enhanced monitoring condition and Ministerial priority)

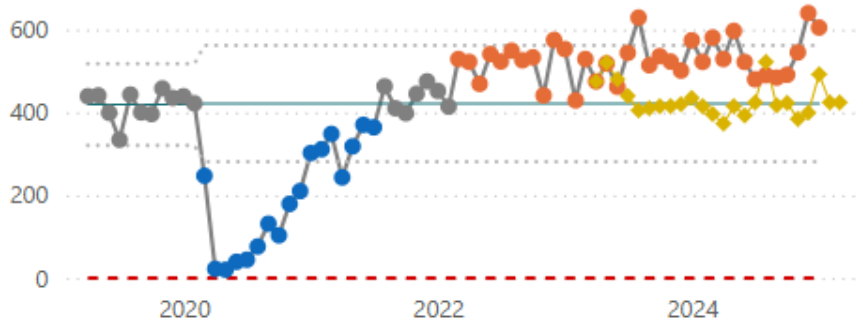
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



53.6% reported for January, 1,478 breaches out of 3,187 new attendances. Chart is showing concerning performance trend.

Patients waiting over 12 hours in A&E



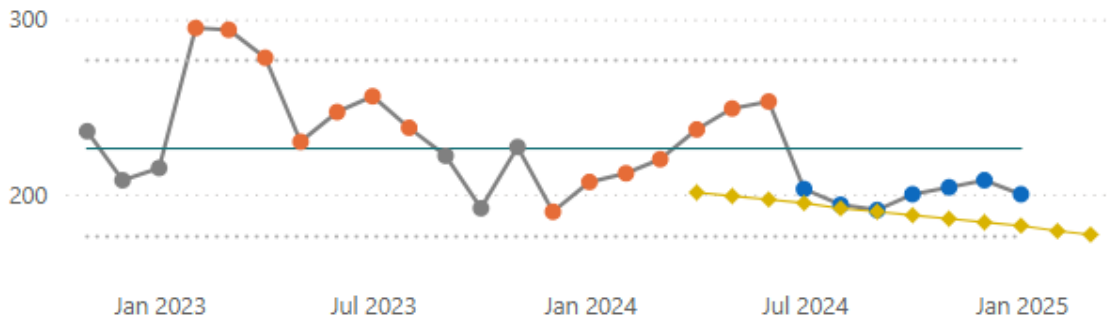
605 breaches out of 3,187 new attendances, 19%. Chart is showing concerning performance trend. The trajectory of 492 was not met.

Key challenges / issues	Key actions / initiatives	Due date
• We continue to see an over crowed ED. The ED clinicians do not have adequate space to see and treat patients in a timely manner. • We consistently have 20 plus patients waiting for beds for over 12hrs. • Pembrokeshire demographics shows we have higher percentage of people over 65 yrs. This is also is seen in the SEDIT database, that our site see the higher attendance of patients being seen in ED over the age of 65. This can bring its own challenges with an increase of complexity. • The acuity of the patients coming via ambulance and walk ins has increased • There has been added pressure in the whole system due to seasonal infections such as Flu and Norovirus, which has seen wards/beds being closed. • We are still seeing a high number of patients waiting in hospital who are now clinically optimised waiting for complex discharge support.	• Need to optimise the frailty pathway • To have direct rereferrals from WAST/GPs to the acute frailty unit. This will avoid duplication in the patient care and have the correct input from the COTE team from the start of the patients journey in hospital. • To map out 7 day working for the streaming hub, which may include SDEC. • Further use of Virtual Ward and Virtual Hot clinic in the community supports early discharge or admission avoidance. • GIRFT follow up visit held 30.01.25 Report and any actions awaited. SEDIT data package to be accessed by triumvirate team to support performance improvements across the ED system	01/04/25 01/06/25 01/06/25 01/04/25 01/03/25

Urgent and Emergency Care – Pathway of Care Delays (PoCD)

(Ministerial priority)

Total number of pathways of care delayed discharges (non-MH + MH & LD)

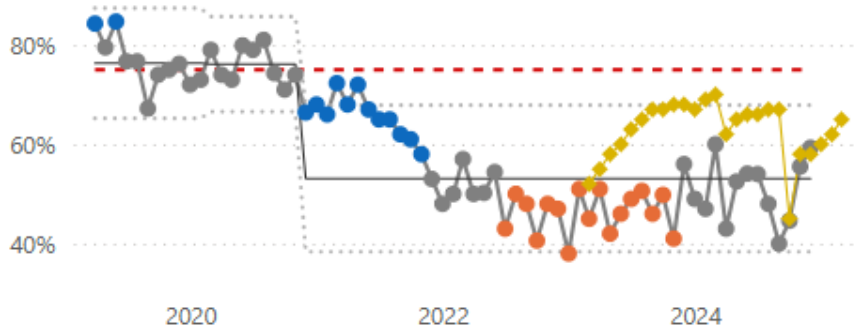


- Number of census count delays decreased in January with 200 patients and chart shows improving variation. The trajectory of 182 was missed.
- The total days delayed for non-mental health decreased in January, 7,797 days vs 7,983 December. Mental Health and learning disability delays have been increasing since August 2024 , 1,474 days in January vs 1,236 in December.
- Assessment delays remain the largest proportion of delays.
- The census count is based on any patient regardless of area of residency delayed within our hospitals and will include patients from outside of the 3 HDUHB Local Authority areas.

Key Challenges / Issues	Key actions / initiatives	Due date
Non-mental health: Still significant health related assessment delays for nursing (21 delays, 536 days), AHP (18 delays, 301 days), CHC (1 delay, 54 days). In addition, there were 15 delays related to mental capacity (435 days). 4 Court of protection delays (637 days) Ongoing wider system challenges (RH/NH availability/ home care packages).	Review formal arrangements between senior Health Board and Local Authority partners within the region at all levels.	30/09/25
	Weekly county system patient flow review meetings feed into the monthly regional review meeting.	Complete
	Oversight of POCD established within the 6 Goals for Urgent and Emergency Care workstream 3 (known as 'Safe Hospital Care). This encompasses the actions required from Goal 5 and 6 including POCD, D2RA, Safer and Red2Green.	30/06/25
	Health and social services weekly POCD meetings for all hospital sites in place.	Complete
	Standardised regional process required for monitoring and escalation of patients who have a length of stay of over 7 days (stranded and super stranded) – to prevent them becoming delayed by our system.	30/09/25
	Developing Trusted Assessor model - Trusted Assessor sub-group established reporting through to Health Board Delivery group.	Complete
	Review all health-related assessment delays to agree and develop interprofessional standards.	30/09/25
Mental Health The Mental Health & Learning Disability directorate Pathway of Care Delay (PoCD) census count for January 2025 remained at 13, this includes 4 discharges, and 4 new patients identified as being PoCD eligible from last month.	The position includes seven patients who have a length of stay over the 90-day threshold for Mental Health. Since last month, one new patient has attained a 90-day delay, and one was discharged. All patients have concise discharge plans in place and the discharge delays are beyond the control of the in-patient multi-disciplinary team. The patients include five on older adult wards and 2 on acute. This position has been raised with the respective heads of service to note and action where possible for discharge.	31/03/25

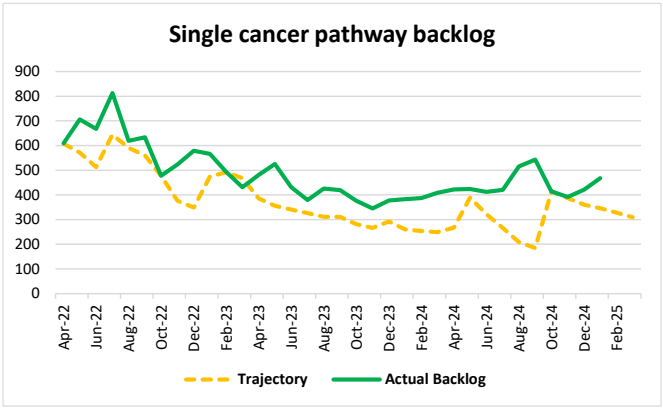
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% single cancer pathway patients starting treatment within 62 days



In December 2024 59.3% of patients (131 out of 221) started treatment within 62 days from referral exceeding the trajectory of 58%. There were 1,733 referrals in the same month, this is the fewest number of referrals since January 2024.

Number of single cancer pathway patients waiting over 62 days



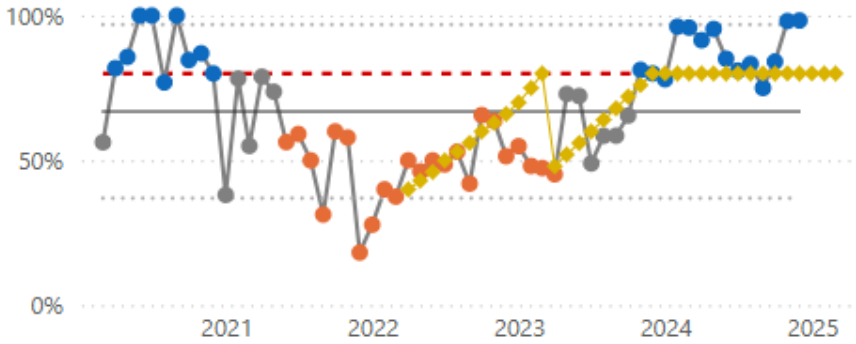
In January 2025 there were 468 patients waiting over 62 days to start treatment against the trajectory of 346. The trajectory has only been met once since April 2023.

Key challenges / issues	Key actions / initiatives	Due date
Single cancer pathway The legacy impact of both Radiology reporting delays and loss of capacity within the skin pathway have impacted performance since August 2024. There was an improved position in December 2024 with performance trajectory on track for 65% by March 2025. Risks to meeting trajectory are predominantly associated with fragile service/workforce profile in key specialties (radiology and dermatology) which have limited resilience to sickness/absence. **Backlog** Backlog increased again in January, affecting LGI (lower gastrointestinal) and Urology pathways. Over 100 are attributable to Radiology with over half in LGI expected to recover in line with recovery plan commencing mid February (200 patients over 4 weeks). 59 Local Anaesthetic Transperineal Prostate (LATP) Urology, additional activity in place February until 50% sustainable increase in capacity commences end of February 2025.	Confirmed funding for 6 sessions per week for Computed Tomography (CT) radiology reporting in place until end of March 2025. Commenced 5th October 2024 (122 reports per week). This additional capacity will reduce the single cancer pathway radiology diagnostic waits.	31/03/25
	Additional resources prioritised for 200 patients for CT Scans now agreed to be delivered in Q4 as agreed in IQFPD to be resourced via recovery funds. To commence 17th February 2025	31/03/25
	Short term recovery plan in place for Skin pathway during September/October. Confirmed plan to increase treatment capacity from 30 patients to 50 patients per week in place to end of March 2025.	31/03/25
	Additional resources prioritised for 50 patients awaiting a LATP biopsy agreed to be delivered by end January 2025 ahead of planned sustainable increase of capacity of 50% beginning in February 2025.	31/03/25
	Planning in place to deliver improvements in the Prostate Cancer Diagnosis (PROSTAD) Pathway and increase of nursing Cystoscopy workforce as per successful allocation of Wales Cancer Network (WCN) Cancer Recovery Monies.	31/07/25
	Focus on Gynaecology recovery – Clinically led action plan in place, smart measurable actions developed and monitored via weekly focus group with NHS Exec including additional 2 One stop clinics to be[illegible]eginning March 2025	31/03/25

Therapeutic interventions following primary mental health assessment
(Enhanced monitoring condition)

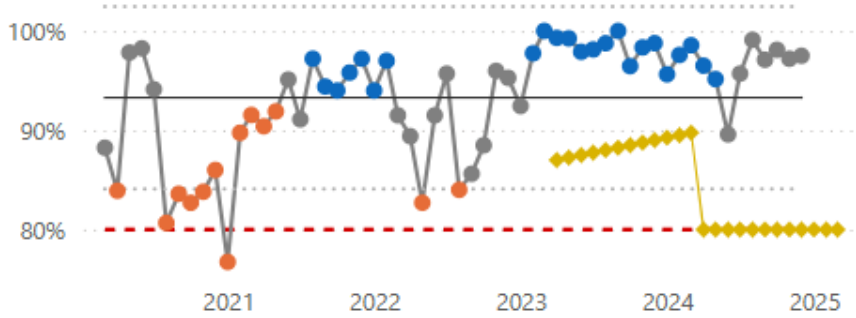
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17)



Latest performance of 98.3% is showing special cause improving variation and the trajectory and target of 80% were both met.

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+)



Latest performance of 97.5% is showing common cause variation and the trajectory and target of 80% were both comfortably exceeded.

Key challenges / issues	Key actions / initiatives	Due date
% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17): 59 of 60 interventions commenced within target in December, with an additional ten interventions of children and young people relative to November.	**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):** The team have implemented a new system to provide more robust oversight to ensure ongoing compliance is maintained. We continue to trial group work programmes and approaches. However, patients have historically been reluctant to take up online group work and online individual work and vastly favour one-to-one appointments resulting in longer caseloads.	28/02/25
% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+): Groups are now underway and are supporting compliance. Estates access continues to be challenging across the three counties. LPMHSS referrals have slowed since November in line with expected levels.	**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):** During November and December the service has experienced a higher-than-average sickness rate which has impacted on service provision, however, staff endeavour to ensure compliance with the measure targets.	28/02/25

Psychological Therapy Waits

(Enhanced monitoring condition and Ministerial priority)

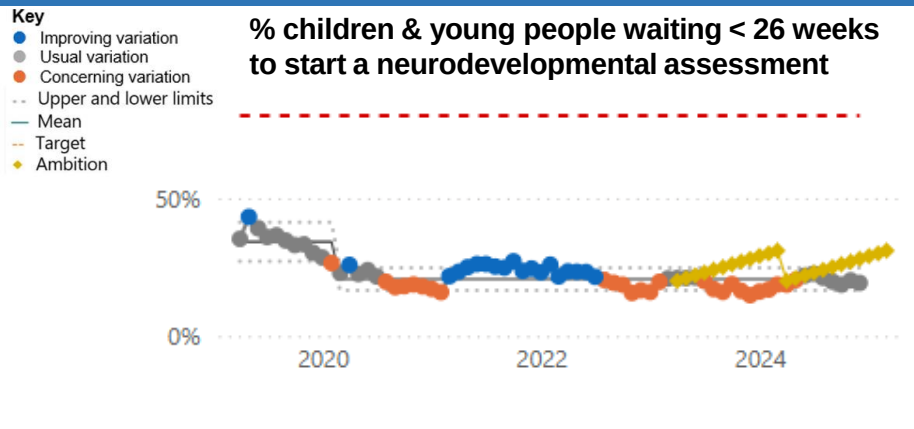
Mental Health

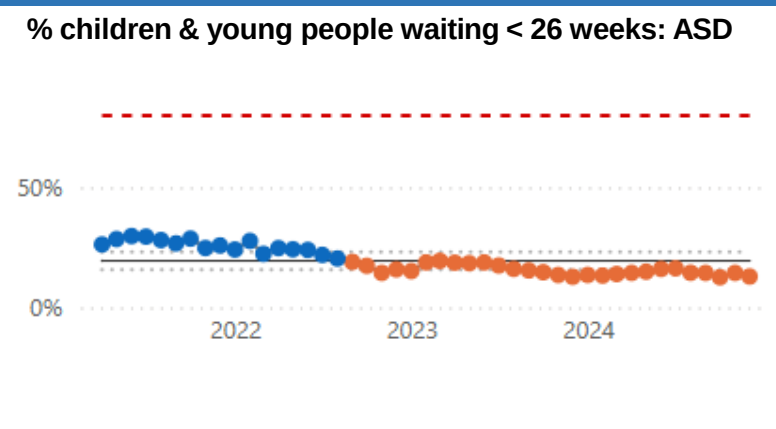
- Performance in December of 66.2% shows improving variation and the trajectory of 58% was met.
- 446 out of 628 (71%) patients started an integrated psychological therapy;
- 5 out of 12 (41.7%) started an adult psychology assessment;
- 30 out 87 (34.5%) started a learning disability psychology within 26 weeks.

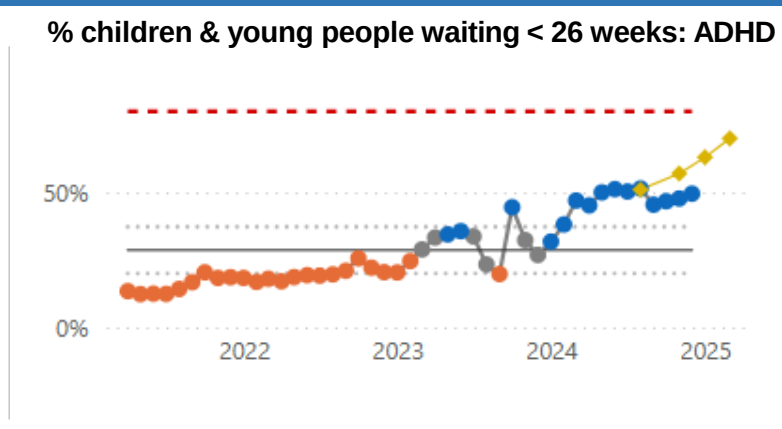
Key challenges / issues	Key actions / initiatives	Due date
Integrated Psychological Therapies Service (IPTS): There has been a reduction in our compliance by approximately 3.9%. The drop in compliance directly links to the time between the end of the last round of groups to the current round, where clients have moved above the 26 week wait.	**IPTS:** Progression towards a prudent and tiered approach to high intensity intervention remains underway to support the increase in demand, however this is a cultural shift that requires effective planning. We have received a small amount of financial support from Welsh Government to increase the number of groups which are planned to commence imminently.	31/03/25
Adult Psychology: The Psychology Adult Mental Health workforce is difficult to recruit to. A large geographical area can mean that access is limited in some areas given small staffing numbers. Additional clinical time has also been recently made accessible to the service.	**Adult Psychology:** Grow your Workforce plans are in place. This is a long-term initiative that has been supported by Health Education and Improvement Wales with vacancies recruited. We continue to operate a Health Board waiting list rather than one based on locality offering remote and face to face appointments, thereby increasing access and options for those waiting.	31/03/25
Learning disabilities: Psychologists are care co-ordinating a higher number of very complex cases and court protection work which takes up clinical time. There was long-term sickness within the team in November who have since returned.	**Learning disabilities:** Practitioners across the service are utilised to prioritise most urgent cases.	28/02/25

Neurodevelopmental Assessment Waits

(Enhanced monitoring condition and Ministerial priority)







The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in December 2024 of 19.3%, shows common cause variation and the trajectory of 28% was not met. Performance is driven by ASD, where 453 of 3,499 (12.9%) patients had an ASD assessment < 26 weeks. 362 out of 731 (49.5%) patients had an ADHD assessment <26 weeks.

Key challenges / issues	Key actions / initiatives	Due date
Autism Spectrum Disorder (ASD): The current waiting list for an ASD assessment stands at 3,499 with longest wait times of 4.75 years. Demand for assessment has increased year on year, ranging from an average of 20 referrals per month in 2016 to an average of 116 referrals per month in 2024. All-Wales Procurement controls across Health Boards impede timely utilisation of additional Welsh Government monies to help tackle waiting lists.	**ASD:** A procurement exercise to outsource ASD assessments to address waiting lists is in its final year, with 445 diagnostic assessments for children and young people by March 2025. Timing of referrals uploaded are in accordance with financial controls and monthly contract monitoring meetings are in place. Additional monies of £312,000 have been awarded by Welsh Government to help tackle waiting lists - securing 182 additional assessments. A further 100 assessments are to be outsourced using A further 100 assessments are to be outsourced using Neurodivergence Improvement Programme and Regional Integration Fund slippage funds up until March 2025. All clinical posts are recruited into, with no retention issues. Introduced skill mix to teams to attract more interest in specialist roles and to promote a 'grow your own' culture. Two support worker roles have been created.	31/03/26
Attention Deficit Hyperactivity Disorder (ADHD): The significant uplift in referrals for an ADHD assessment continues and the service has seen a 100% increase in one year. In 2023/24, ADHD referrals averaged approximately 28 per month whilst in 2024/25 year-to-date the average monthly referral rate is 56. Increase in demand outweighs the ADHD capacity within the service of 40 per month. Furthermore, clinic room capacity across sites is a significant challenge with longer term solutions being explored at Bandi and Puffin.	**ADHD:** To achieve the target of 80% of children and young people waiting less than 26 weeks by 31st March 2025, the service would need to increase core capacity significantly. This would require the provision of additional Quantitative Behavioural (QB) Tests and follow up sessions. Currently only one device is available to carry these out across the counties and limited HCSW staff are trained to use these. Funding streams are being sought to support the purchase of additional devices and would require additional recruitment. The service is exploring the use of 'The Portsmouth Model' which, if found to be suitable, may reduce delays in diagnosis and demand on QB testing. There is a post to advert that if successful would see the Recruitment of one whole-time equivalent Community Paediatrician in BGH. Continue to f clinic capacity and match demand through rigorous job planning.	31/03/26

Diagnostic waits over 8 weeks
(Ministerial priority)

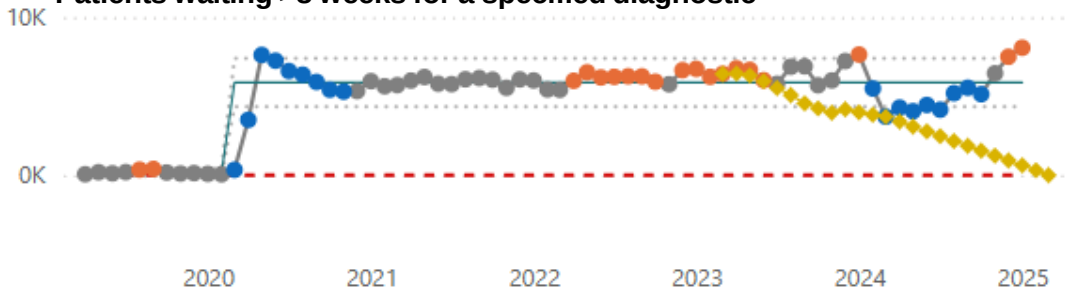
Key
- Upper and lower limits
- Mean
- Target
- Ambition

Variation - how are we doing over time
- Improving variation
- Usual variation
- Concerning variation

Assurance - performance against target
- Always hitting target
- Hit and miss target
- Always missing target

Trajectory - performance against our ambition
- Trajectory met
- Within 5% of trajectory
- More than 5% off trajectory

Patients waiting >8 weeks for a specified diagnostic



Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	Nov 2024	8,068	●	▣	◆
Radiology		7,108	●	▣	n/a
Cardiology		586	●	▣	n/a
Endoscopy		216	●	▣	n/a
Neurophysiology		124	●	▣	n/a
Imaging		21	●	▣	n/a
Phys measure		13	●	▣	n/a

Performance in January is showing concerning trend. Breaches are higher than any time over the previous five years and the trajectory of 619 was not met. Main driver is Radiology performance, 88% of all breaches are attributed to Radiology.

Key challenges / issues	Key actions / initiatives	Due date
Endoscopy: • Endoscopy theatre nursing staff fragility, due to short term sickness and gaps in the staffing establishment budget. • Stability of consultant workforce affecting provision of core capacity. • Capital replacement programme – ageing/fragile scopes replacement.	**Endoscopy:** • Continue to run 5 additional sessions per week (funded via recovery money) to uplift core capacity and 7 designated core sessions per week to reduce the backlog of patients over 8 weeks. • Productivity dashboard developed and being utilised to identify ongoing opportunities for improved utilisation of capacity.	31/03/25 31/03/25
Radiology: • Demand exceeding capacity for timely investigations and reporting. • Reporting delays are causing delays in all pathways which is deteriorating the position. Cancer and inpatient reporting is being prioritised, and additional reporting lists being held for cancer pathway. • Increase of 875 breaches from M9. Current breaches CT 1,234 (+318) MRI 3,350 (-3), NOUS 2,301 (+341) • 7,130 breaches in total. Highest ever breach position since data recorded via single instance of Radiology Information System (RadIS) (April 2019). • Radiology received 356 more USC requests than in Dec and 2,254 more requests overall which is our highest increase since Jan 2024	**Radiology:** • Welsh Government funding allocation has allowed planning of additional capacity in: o NOUS via insourcing started in February. o CT- no appetite from substantive staff to undertake additional work, however CT locums are starting on 15/02 o MRI staffed mobile solution 9th Jan-3rd April 2025 will remove 2,184 patients. • Successful advertisement and appointment of trainee Sonographers under annex 21 rules • Service fragilities, waiting list trajectories and longer-term staffing needs described in detail within the 2025/26 Radiology annual plan and accompanying SBAR requesting workforce investment.	31/03/25 31/03/25 31/03/25
Cardiology: • Waiting list backlog • ETT breach position increased due to temporary equipment failure at PPH.	**Cardiology:** • Echocardiography (ECHO) - additional insourcing activity planned for February and March to achieve a breach-free position at the end of March '25; • Ambulatory Monitors - in-house management of demand/capacity between sites planned for February and March to achieve a breach-free position at the end of March '25; • Other Diagnostics (TOE, ETT, DSE) - in-house management of demand/capacity between sites planned and March to achieve a breach-free position at the end of March '25.	31/03/25 31/03/25 31/03/25

Therapy waits over 14 weeks
(Ministerial priority)

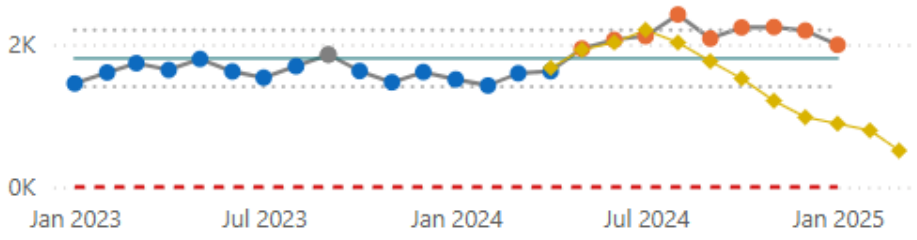
Key
- Upper and lower limits
- Mean
- Target
- Ambition

Variation - how are we doing over time
- Improving variation
- Usual variation
- Concerning variation

Assurance - performance against target
- Always hitting target
- Hit and miss target
- Always missing target

Trajectory - performance against our ambition
- Trajectory met
- Within 5% of trajectory
- More than 5% off trajectory

Patients waiting >14 weeks for a specified therapy



Overall breaches have reduced for two consecutive months and are the lowest since May 2024, however, concerning variation is showing in all but two services. Physiotherapy accounts for just over half of all breaches.

Therapy	Latest period	Latest actual	Variation	Assurance	Trajectory	% children waiting < 14 weeks
All*	January 2025	1,995	●	▣	◆	68.2%
Physiotherapy		1,040	●	▣	◆	99.5%
Podiatry		523	●	▣	◆	63.2%
OT		321	●	▣	◆	24.4%
Dietetics**		58	●	▣	◆	74.4%
Art therapy		46	●	▣	◆	n/a
SALT		7	●	▣	◆	100%
Audiology*		1,636	●	▣	n/a	n/a

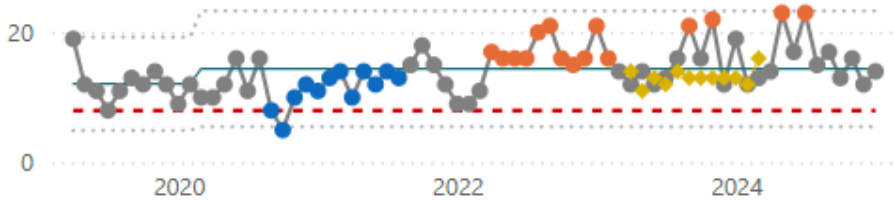
*Data for all therapies now excludes Audiology
**Dietetics now excludes waits for Weight Management Service

Key challenges / issues	Key actions / initiatives	Due date
Physiotherapy: • Demand in Musculoskeletal (MSK) and some areas of community is greater than capacity. • Some parts of the system (E.g. MSK Carmarthenshire) are having challenges with certain grade of registrant recruitment.	**Physiotherapy:** • Targeted workforce campaign for band 5 registrant posts with a view to securing candidates to offset turnover later in the year. Campaign has been initiated. • Development of a bank system for registrants at Band 5 and 6. Five whole time equivalent (WTE) band 5 posts offered. Aiming for completion of recruitment process by 17th March 2025. • Extend current agency and recruit up to 7 WTE to support recovery.	30/09/25 31/03/25 31/03/25
Occupational Therapy (OT): • High number of breaches in paediatrics due to backlog and demand. • Staff going on maternity leave in February and March 2025. Backfill recruitment underway to minimise impact or reduced capacity.	**Occupational Therapy:** • 321 breaches, continuing to track near to our trajectory. • High number of breaches in paediatrics due to backlog and demand, with a focus on prioritising caseloads and recruitment to address capacity shortfalls.	Ongoing
Podiatry: • Impacted by recruitment issues and chronic vascular / diabetic foot pathology demand.	**Podiatry:** • Actions to address include constant staff skill mixing, recruitment to vacancies and waiting list management including open access clinics and telephone triage. • Long term plan needs to be agreed to avoid podiatry service having a reduction from its 48 whole time equivalent (WTE) staffing position. Podiatry and Orthotics have been reduced effectively by 2 WTE which has happene subsequent performance deterioration.	Ongoing

C.difficile and E.coli cases
(Enhanced monitoring)

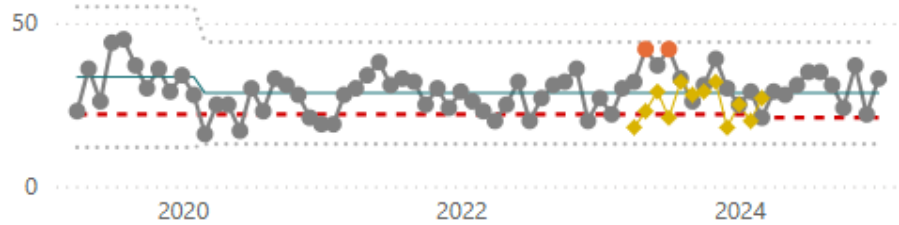
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Number of laboratory confirmed C.difficile cases (in-month)



The chart is showing expected (common cause) variation. The cumulative rate per 100,000 population this month is 50.8.

Number of laboratorv confirmed E.coli cases (in-month)



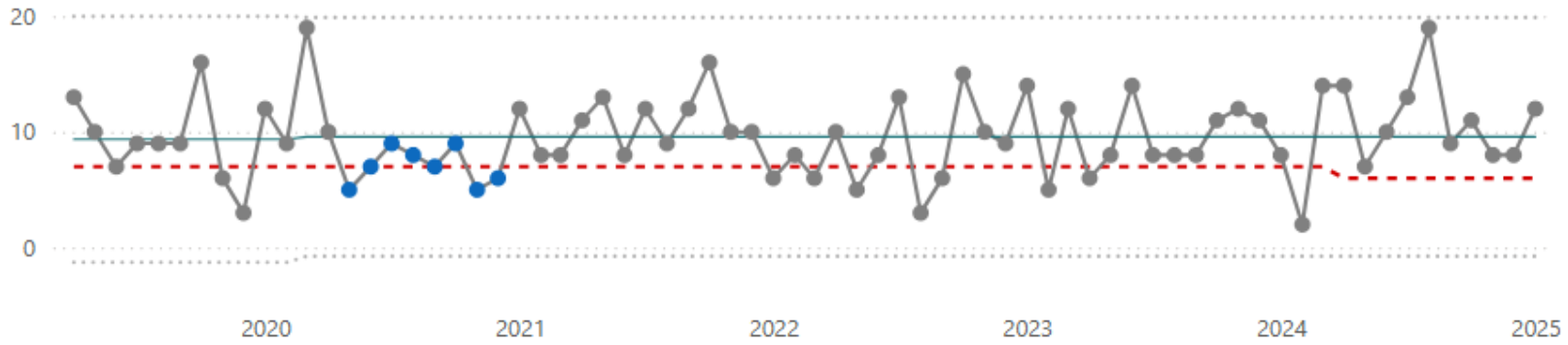
The chart is showing expected (common cause) variation. The cumulative rate per 100,000 population this month is 94.47.

Key challenges / issues	Key actions / initiatives	Due date
C.difficile: • Case numbers have increased during 2024/25 reporting cycle, not just within Hywel Dda (HD) but increases noted across all Health Boards across Wales compared to last year's data. • Within HD, we have concerns regarding cases of cross infection of C.difficile within hospital sites, specific clusters have been identified in PPH and GGH. • 6 Hospital onset (HO) cases were recorded in December, increasing to 8 in January. The targeted intervention (TI) goal of 6 cases was not met for January 2025.	**C.difficile:** • C.diff infection (CDI) Improvement Group established with Deputy medical director chairing. • Continued use of DiffX and HPV disinfection, working collaborative with hotel facilities and estates • Scrutiny of cases and any linked cases. Cases that were not linked in time or person to suggest a transmission event and have been reviewed accordingly • Genome sequencing has been completed, strains are those already circulating within the HDUHB • Existing actions are being revisited • Planned deep clean and use of HPV for PPH and GGH once surged areas de-escalated.	Ongoing Ongoing Ongoing Ongoing Ongoing 31/03/25
E.coli: • April 2024 to August 2024 has seen a consistent increase in cases across hospital and community. • A higher proportion of cases are that of community onset compared to hospital onset. • 2024/25 data presents fewer cases than last year for the same period. • 5 HO cases were recorded in December, less than November. The TI goal of 5 cases was met in December and January with January having 0 cases meeting the Hospital Onset definition.	**E.coli:**. • Continued education of staff around catheter and device care • To continue to profile ANTT • Discussion of HO cases at scrutiny meetings to ascertain learning which is shared • Environmental cleanliness reviewed linking to C.diff program of work	 Ongoing Ongoing Ongoing Ongoing

S.aureus
(Enhanced monitoring condition)

Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Number of laboratory confirmed S.aureus cases (in-month)



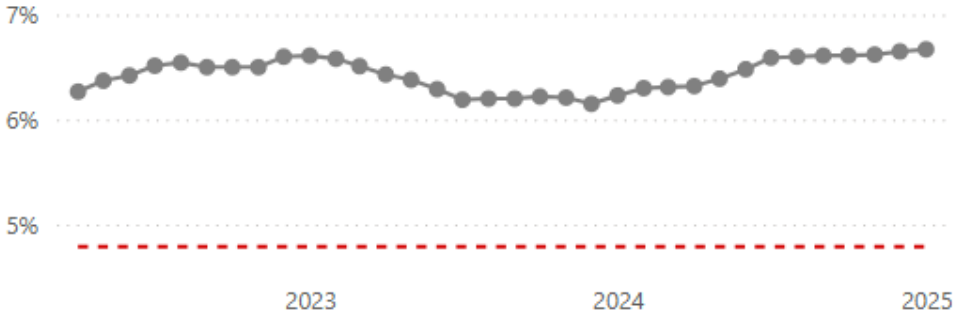
The chart is showing expected (common cause) variation for the in-month number of s.aureus cases.
The cumulative rate per 100,000 population this month is 34.07

Key challenges / issues	Key actions / initiatives	Due date
• S.aureus cases in the HD have followed the All Wales trend and have continued to fluctuate month on month however cases have increased compared to the same period last year which matches the all Wales trend. • The majority of cases continue to be that of community onset rather than hospital onset. • Case number have steadily increased from November to January for Hospital onset. 2 in November 3 in December and 4 in January.	•Some improvement in ANTT compliance with December figure 80.05% •PVC bundle compliance monitored, with an emphasis on devices being removed at the earliest opportunity •Learning from events for HCAI assurance meetings are reviewing cases of staph aureus bacteraemia infections for learning from events that can be shared across directorates and sites •Bare below the continues to be proactively profiled with all staff groups	Ongoing Ongoing Ongoing Ongoing

Staff sickness
(Delivery framework)

Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% staff sickness rate (12 months rolling)



In January 2025, the rolling 12-month staff sickness absence was 6.67%.

Highest levels of sickness absence for teams with over 50 staff:

Team	Staff	R12m %	In-month %
Prince Philip Hotel Services	(73 staff)	**15.1%**	(13.8%)
Glangwili Hotel services	(141 staff)	**14.3%**	(16.8%)
Prince Philip Acute Response	(56 staff)	**14.1%**	(12.9%)
Withybush Hotel Services	(150 staff)	**12.9%**	(14.6%)

Key challenges / issues

Conditions impacting absence rates include:
Although anxiety, stress and depression continues to account for the highest reasons for absence across the Health Board there has been a slight reduction in December 2024 to 30.3%. But there has been an increase in the instances attributed to cold, cough, flu to 16.35% which remains the second highest reason for staff sickness absence.

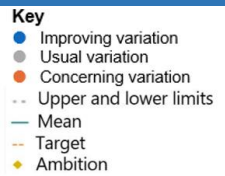
Review Outcomes:
Focused support from the Workforce Team and an action plan has been implemented within Facilities in Glangwilli Hospital, further analysis and support is now being focused on Unscheduled Care in Prince Philip Hospital.

The Workforce Sickness Absence Advisor has developed a program of works focusing on deep dives into prevalent high sickness areas with focus on managers understanding of the sickness absence process and how best to support their staff, with bespoke action plans/additional training devised to support.

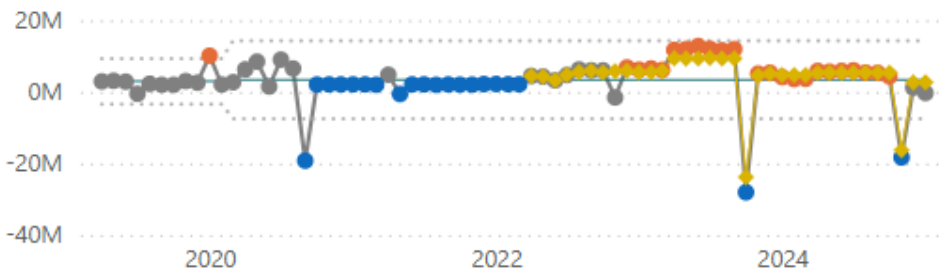
Key actions / initiatives

Key actions / initiatives	Due date
Task & Finish Group action plan in place. The group has now concluded. A large volume of actions have been implemented, and remaining activities have been integrated into workstreams of the relevant department within Workforce & Organisational Development, to be carried forward as business as usual.	31/01/25 Complete
Temporary redeployment guidance remains under review as an All-Wales guidance on redeployment and temporary redeployment has been circulated for comment. Skills training analysis to be embedded in the redeployment/temporary redeployment process to improve development and opportunities.	28/02/25 (revised)
Passport for reasonable adjustments to be rolled out. Awaiting feedback from stakeholder groups.	28/02/25 (revised)
Bite size training sessions in development to focus on single elements of the absence management process. Individual training subjects have been identified and are currently under review by the Senior Workforce Team with a view to progress with support from the Learning and Development team.	28/02/25 (revised)
The Welsh Health Circular (17) Non-Pay Health & Wellbeing Group a final report on progress of the action plan has been submitted to PODCC. The designated teams within this group will continue to deliver their elements of the action plan to support a reduction [illegible]nce as per business as usual.	26/01/25 Complete

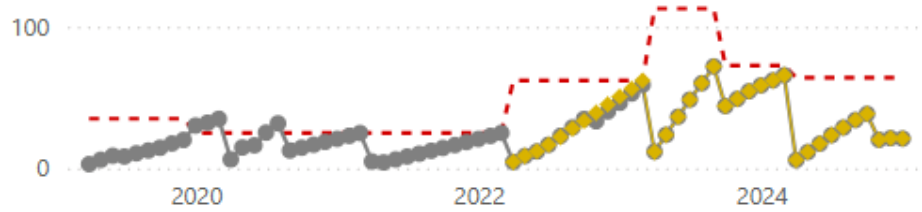
Financial deficit
(Targeted intervention)



Financial in-month deficit



Financial deficit (£m) – year to date

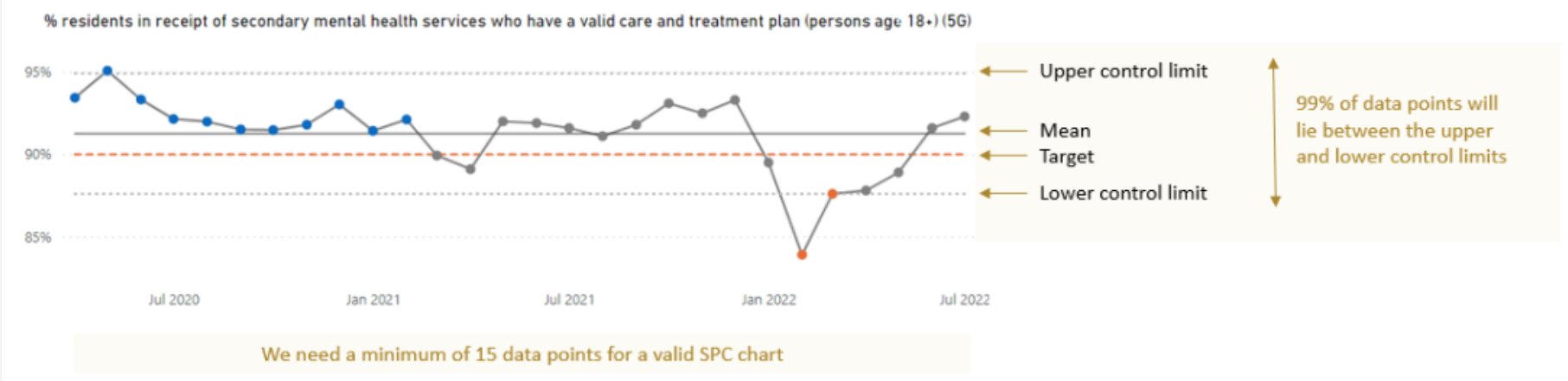


Key challenges / issues	Key actions / initiatives	Due date
The Month 10 financial position is a surplus of £0.3m, which is an improvement against the in-month Deficit Plan of £2.6m. The core operational variance to plan is £(2.7)m with the in-month savings target of £2.7m being successfully over-identified by £(0.4)m, with savings plans under-delivering against their planned benefits by £0.2m. An over-reliance on non-recurrent savings in-year gives rise to a recurrent gap (£14.0m), which does not support an improvement in the underlying deficit as the starting point for the 2025/26 planning cycle. Following the latest review of the Health Boards end of year financial forecast position, the annual reported deficit has been improved by £4.0m to £24.0m. This recognises the improving trajectory previously signalled and the ongoing actions that are being managed across service areas.	• With an improving run rate trend, and several financial improvement actions in progress, urgent management action is required to formally recognise recurrent savings schemes to close the recurrent savings gap before the end of March 2025. Whilst the 2024/25 outturn is favourable against the restated annual plan, the underlying deficit is materially adverse due to the continued reliance on non-recurrent actions. • Of the £20.0m Executive Team commitment made to identify robust recurrent savings delivery plans by December 2024, £19.0m of schemes have been identified. Further action is required to convert the ideas (£12.0m of the £19.0m) at pace into robust plans alongside additional assessments of underspending Directorates for conversion into recurrent savings. A risk is likely on the conversion factor reducing the £12.0m. • As part of the 2025/26 Annual Plan deliberations the underlying deficit impact is being reviewed. Due to the reliance on non-recurrent actions an opening delivery gap exists in next year's financial plan if not addressed, or a decision not taken to hold expenditure levels at the current run rate. • Escalation process – Performance levels of directorates, for six domains, is scrutinised through the internal escalation process. For the domain of Finance, Strategy and Planning, six directorates have been escalated to Level 3 (no assurance) for four consecutive months or more. An urgent recovery plan is required from each directorate, and assurance cannot be taken that there is an imminent improvement trajectory in place. • Medical Additional Cover and Premium – Continued use of premium locum and agency to cover sickness, annual leave rota planning, and gaps within rosters. Rate Card proposals required with LMC and exit strategies for reliance on premium cover to support service sustainability. • The Health Board acknowledges the conditions assigned to the allocation of the conditionally recurrent funding received in 2024/25. Initial assessments of the financial challenge for 2025/26 indicates both a significant risk in the delivery of the required recovery trajectory and mitigating a net macro-economic and growth impact following the budget allocation confirmation to ensure this fun de recurrent	31/03/25

Why use SPC charts?

- Plotting data over time can inform better decision-making
- There are many factors that impact our performance and therefore month-on-month variation is to be expected
- RAG data in a table can hide what is happening
- SPC charts enable us to determine if changes are showing special cause variation (concerning or indeed improving) or if the changes are within our expected performance range. They also help us easily compare our performance against target.
- There is a strong evidence base to support the use of SPC charts to inform NHS improvement.
- We started using SPC charts for performance reporting to Board and Committee in March 2021. The feedback has been very positive, with SPC charts helping to change the conversation to focus on improvement.

Anatomy of a SPC chart



Rules for special variation within SPC charts

Special variation is change that is unlikely to have happened by chance.

We are using the Making Data Count approach for SPC charts. There are 4 rules:

A single data point outside the process limits

Two out of three points close to the process limit

Shift of 7* or more points above or below the mean line

Run of 7* or more points in ascending/descending order

* A pattern of 7 has a 1 in 128 (0.8%) probability of occurring by chance.

Understanding the SPC icons

Each SPC chart produces 2 types of icons i.e. one for variation and another for assurance.

Variation How are we doing over time	●	Concerning trend = a decline that is unlikely to have happened by chance
	●	Usual trend = common cause variation / a change that is within our usual limits
	●	Improving trend = an improvement that is unlikely to have happened by chance
Assurance Performance against target	▣	Missing target = will consistently fail target without a service review
	▣	Hit and miss target = Indicates that the Board cannot have sufficient assurance that the target can be consistently achieved over time, and the delivery of the target is particularly sensitive to external factors
	▣	Hitting target = will consistently meet target
Note: remember **blue** is good, orange is **bad**		

Directorate Improving Together Sessions (DITS)

Thematic Report

November and December 2024

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

Contents

1. Background
2. Directorate Improving Together Sessions meeting timetable
3. 3A assessment introduction
4. 3A assessment summary
5. Key issues identified by domain
6. Key actions taken since April 2024
7. Other key achievements
8. Resulting actions and support from the DITS meetings
9. Learning

Background

Improving Together is the Health Board's approach of embedding performance improvement through our governance to drive forward improvements for our patients and our staff.

Directorate Improving Together Sessions (DITS) were introduced in January 2023. The DITS meetings give Executive Directors an opportunity to meet with leads from each directorate twice a year to discuss key priorities and areas of concern.

This report summarises the DITS meetings held in November and December 2024. The meetings followed a standard agenda for all directorates ie planning for 2025/26, progress against the 2024/25 plan, a key item each directorate wanted to discuss, quality and safety, governance, workforce, finance, performance and key achievements.

For further information on DITS meetings see Appendix 3.

DITS meeting timetable

Below is an overview of the schedule of DITS meetings that took place in November and December 2024.

Meeting date	Directorates			
07/11/2024	Cardiology	Pathology	Therapies	Strategy & Planning
11/11/2024	Finance, Digital and Performance			
14/11/2024	Bronglais Hospital Ceredigion County	Carmarthenshire County Glangwili Hospital Prince Philip Hospital		
22/11/2024	Nursing, Quality & Patient Experience	Workforce & OD	Pembrokeshire County Withybush Hospital	
25/11/2024	Central Operations	Public Health		
26/11/2024	Women & Children	Cancer & Oncology	Primary Care Medicines Management	GP Out of Hours
05/12/2024	Planned Care	Facilities		
19/12/2024	MH&LD			

The following directorates did not have DITS meetings in November of December 2024:

- **Therapies** – stood down by lead Executive Director
- **Medical** – rearranged for 6th February 2025
- **Long Term Care and Chronic Conditions** – stood down by lead Executive Director
- **Communications and Governance** – stood down by Executive Director for Performance

3A assessment introduction

During each DITS meeting, the Chair in consultation with Executive Team colleagues (or their nominated deputies), assigned one or more of the assessments below for each agenda item.

A summary of the 3A assessments for each directorate by agenda item is included on the next page.

Details of the 3A assessments with reasons by directorate is included in Appendix A.

Assure

To note - there is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

Advise

To monitor - there are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

Alert

May require discussion - there is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

3A assessments summary

November and December 2024

Assure	To note
Advise	To Monitor
Alert	May require discussion

Note: some directorates had more than one 3A assessment per agenda item, the most concerning ranking for each agenda item is reported below.

Directorate	2025/26 Annual Plan preparations	Progress against the 2024/25 plan	Quality	Governance	Workforce	Finance, Strategy and Planning	Fragile Services	Performance and Outcomes
Bronglais Hospital	Advise	Assure	Advise	Advise	Advise	Assure	Assure	Alert
Cancer and Oncology	Advise	Alert	Assure	Assure	Assure	Alert	n/a	Alert
Cardiology	Advise	Advise	Assure	Alert	Assure	Assure	Assure	Alert
Carmarthenshire County	Advise	Advise	Alert	Assure	Advise	Alert	Assure	Alert
Central Operations (excludes GP OOH)	Alert	n/a	Advise	Assure	Advise	Alert	Advise	Alert
Ceredigion County	Advise	Assure	n/a	Alert	Advise	Assure	Assure	Assure
Facilities	Alert	n/a	Assure	Advise	Alert	Alert	n/a	Alert
Finance, Digital and Performance	Assure	Assure	Assure	Advise	Advise	Advise	Advise	Advise
Glangwili Hospital	Advise	Advise	Advise	Assure	Advise	Alert	Advise	Alert
GP Out of Hours	Alert	n/a	Alert	Advise	Alert	Advise	n/a	Advise
Medicines Management	Assure	n/a	Advise	Advise	Assure	Alert	Advise	n/a
Mental Health & Learning Disabilities	Alert	Alert	Alert	Advise	Alert	Alert	Alert	Advise
Nursing, Quality & Patient Experience	Assure	n/a	Advise	Advise	Alert	Alert	Assure	Alert
Pathology	Advise	Assure	Assure	Advise	Assure	Alert	Alert	n/a
Pembrokeshire County	Advise	Assure	Assure	Assure	Advise	Alert	n/a	Advise
Planned Care	Advise	Advise	Alert	Alert	Advise	Alert	Advise	Advise
Prince Philip Hospital	Advise	Advise	Assure	Assure	Advise	Alert	Assure	Advise
Primary Care	Advise	Advise	Advise	Assure	Advise	Assure	Alert	n/a
Public Health	Advise	Advise	Assure	Assure	Advise	Assure	n/a	Advise
Strategy and Planning	Advise	Alert	n/a	Assure	Assure	Assure	n/a	n/a
Withybush Hospital	Advise	Assure	Advise	Assure	Assure	Alert	n/a	Alert
Women and Children	Alert	n/a	Advise	Advise	Advise	Alert	Advise	Advise
Workforce and Organisational Development	Assure	Assure	Assure	[illegible]	Assure	Assure	Advise	n/a

3A assessment summary (2)

Our most challenged directorates (alert assessments)

Mental Health and Learning Disabilities
- Significant gaps in savings plans for 2024/25 and 2025/26.
- Concerns regarding the governance for investigating complaints and incidents.
- Workforce concerns for overdue pay progression and medical staff job planning.
- Long term model required to address demand and capacity for neurodevelopmental assessments.

Facilities
- Planning for 2025/26 identified several concerning areas. This includes strengthening of management/support roles, which is also resulting in poor compliance for workforce related measures.
- Performance improvements needed in cleanliness audits of high-risk areas.
- Laundry spend and high levels of variable pay spend need to be addressed.
- Recurrent savings for 2025/26 not yet identified.

Cancer and Oncology
- Single cancer pathway performance is not achieving our 2024/25 Annual Plan ambitions. Insufficient radiology reporting capacity is having a significant impact.
- Financial plans are insufficient to meet savings target and medicines management model needs revision.

Planned Care (includes Endoscopy and Neurology)
- Concerns regarding the governance for investigating incidents.
- Lack of compliance with external recommendations and Welsh Health Circulars.
- Savings requirements for 2024/25 not met and 2025/26 also at risk.

GP Out of Hours
- Workforce stability concerns which is negatively impacting reporting workforce engagement and culture for incidents. Workforce plan urgently needed to address high number of locum posts.

Directorate with the highest levels of assurance

Workforce and Organisational Development (WF&OD)
- Strong progress evidenced for development of the 2025/26 Annual Plan.
- Assurance provided on the actions being taken to improve incident management.
- WF&OD are actively supporting directorates across the organisation with fragile services.
- An overall underspend is being forecast for the directorate's end of year financial position and the required 5% recurrent savings have been identified.

Other directorates with 3 or more overall assessments of 'assure'

See Appendix A for further details.

- Bronglais Hospital
- Cancer and Oncology
- Cardiology
- Ceredigion County
- Finance, Digital and Performance
- Pathology
- Pembrokeshire County
- Prince Philip Hospital
- Public Health
- Strategy and Planning
- Withybush Hospital

Key issues identified by domain

Quality and safety

Management of incidents and complaints

Whereas improvements have been seen across the Health Board during 2024/25, some directorates still have high numbers of incidents open over 120 days and complaints open over 30 working days.

Directorates are being strongly encouraged and supported by the Nursing, Quality & Patient Experience directorate to address this by 31 March 2025 so that the focus can shift from these process type metrics to areas of quality improvement eg falls, pressure damage, medication errors.

Recording compliments

The Health Board receives many compliments from staff and patients. However, many of these compliments are not formally recorded. Staff are being actively encouraged to record compliments on the CIVICA system so that compliments can be better tracked and areas receiving high levels of positive feedback identified and acknowledged and congratulated.

United Kingdom Accreditation Service (UKAS)

Delays from UKAS have resulted in delayed accreditation for our Pathology services. The directorate are actively following this up and a risk has been added to the corporate risk register.

Hospital acquired infections

Further work needed to reduce cross infection and therefore the number of hospital acquired cases.

- C. difficile (C.diff) – 25% reduction maintained for three months. Latest rate per 100,000 population C. diff 51.70 (AW 49.63). Bronglais (BGH) and Withybush (WGH) Hospitals had reported more infections than the previous year up to December, these have now returned to baseline. Glangwili (GGH) and Prince Phillip (PPH) Hospitals are reporting less C.diff infection than 2023/2024.
- S. aureus – total case numbers are higher to date than the same period in the last financial year. Breakdown: BGH and GGH reporting fewer cases. PPH and WGH reporting more cases.
- E. coli – total case numbers are lower to date than at the same period in the last financial year. Breakdown: BGH reporting higher cases consistently each month. All other acute sites reporting fewer cases, however there were spikes for PPH and WGH in December.

Reporting culture for temporary staff

There is a high proportion of locum staff within the GP Out of Hours Service. Directorate leads flagged a concern that locum staff are less likely to report incidents and risks, which they are looking at ways to address.

Key issues identified by domain

Governance

Number of high and extreme risks

As at 16 December 2024, the Health Board had 465 high or extreme live risks on the organisation's risk register.

There are several common themes across these risks which include, but are not limited to: workforce capacity, finance, the estate and demand exceeding our capacity to treat.

Further details are available via the Our Performance Dashboard (accessible to Hywel Dda Health Board staff only).

Governance process with Facilities and Estates

The directorate have made good progress addressing issues identified external to the directorate eg Reinforced Autoclaved Aerated Concrete (RAAC) and WGH Creche. However, the directorate need to strengthen their internal governance processes to ensure any evolving issues can be identified and addressed at the earliest opportunity to minimise impact.

Overdue audit and inspection recommendations

There are high numbers of overdue audit and inspection actions across the Health Board. Directorates with high proportions of overdue recommendations include Mental Health & Learning Disabilities, Pathology, Planned Care, Women & Children, Medicines Management, Central Operations, Digital, Director of Nursing, Director of Strategy & Planning and Medical Directorate.

Many recommendations are overdue owing to being accepted where not within our control or unrealistic timescales being proposed. Executive Team are actively encouraging directorate leads to ensure all new audit and inspection recommendations are properly considered with realistic timescales being set to address and any external dependencies clearly flagged.

Key issues identified by domain

Workforce

Sickness

Sickness levels have been increasing across the Health Board for several months. We are seeing increases in both short term and long term sickness. Stress, depression and anxiety related conditions have been identified as a key reason for absence, with both work and personal related circumstances identified as the cause. The increasing sickness trend is not being seen in other Health Boards and is being investigated as a priority.

High staff turnover

Staff turnover ie staff leaving the Health Board, was flagged as being high for some directorates. Affected directorates were asked to investigate to determine if the high rates were for positive reasons (ie staff had been developed and supported to help enable them secure a promotion) or if there was a concerning pattern of staff leaving due to culture or other issues that need to be addressed.

Capacity and Financial Control Sub Group approval

Directorate leads identified capacity gaps for a variety of reasons eg sickness, vacancies, demand exceeding capacity. Challenges in obtaining vacancy approvals from Financial Control Sub Group was cited as a concern for several directorates.

Medical job planning

The percentage of medical staff with an active job plan was flagged as being below target for some directorates. Leads were asked to address this as job plans are key in ensuring staff feel valued, have targets to work towards and can inform demand and capacity planning.

Overdue pay progression

Several directorates were flagged as having staff with overdue pay progressions ie approval had not been granted for them to move to the next step of their pay scale. Directorate leads were asked to address this as a matter of urgency to ensure the affected staff do not feel undervalued and demoralised.

Key issues identified by domain

Strategy and planning

Development of the 2025/26 Annual Plan

Directorates were at varying levels of progress towards completing their elements for the Health Board's 2025/26 Annual Plan. The work was being supported by corporate teams across the Planning, Workforce and Finance teams.

Common concerns highlighted by directorates:

- Ability to develop a plan to meet the required performance targets, whilst ensuring quality and safety levels are maintained or improved, within the given financial envelope.
- Potential for individual directorate plans to contradict or negatively impact another directorate(s).

The Planning Team were arranging a number of workshops for all directorates to ensure a Health Board approach was agreed and progressed.

Commissioning capacity

Commissioning is the single largest cost centre across the Health Board. There is only one full-time member of staff in post to progress the commissioning agenda. The Deputy Director of Operational Planning and Commissioning also supports the commissioning work but has limited capacity due to other work priorities, including the role of Director for the Targeted Intervention Programme.

Key issues identified by domain

Finance

2024/25 budget and savings

For this financial year, all directorates have been instructed to have a breakeven or underspend end of year (31 March 2025) position and to identify 5% recurrent savings. This ask has been challenging for many directorates. The Finance directorate developed a Compendium of Variation which triangulates financial, performance and quality data to highlight variation and therefore potential areas of waste for directorates to investigate.

2025/26 savings

As part of the 2025/26 planning cycle, directorates have been allocated recurrent savings targets that need to be met in the next financial year. This will be more of a challenge for those directorates where savings identified in 2024/25 have been primarily non-recurrent.

Increasing drug spend

A significant increase in prescribing, most notably primary care, has had a considerable impact on the Health Board's overall spend. The Medicines Management directorate are investigating reasons and potential actions that can be taken to address.

Variable pay

Agency and bank use have been impacting our overall spend across many operational directorates. Work is underway to recruit to vacant clinical posts and eliminate variable pay. The number of agency staff shifts more than halved in November 2024 (1,662) compared to November 2023 (3,660).

Key issues identified by domain

Fragile services

A Healthier Mid and West Wales (AHMWW) Strategy

Due to national funding not being available, we have not been able to progress with the new hospital element of the AHMWW strategy, which is impacting on services. Plans are underway to refresh the strategy.

Clinical Services Plan

A process is being developed to identify fragile services across the Health Board. The Clinical Services Plan (CSP) is working to address the following fragile services which have already been identified:

- Critical Care
- Dermatology
- Emergency General Surgery
- Endoscopy
- Ophthalmology
- Orthopaedics
- Radiology
- Stroke
- Urology
- Primary Care and Community

Glangwili Hospital

A targeted programme has been established to improve patient flow in GGH. GGH is our largest acute hospital which accommodates most of our pathways. Addressing the challenges in GGH should have a positive impact on many other directorates and patient pathways.

Neurodevelopmental services

There has been a large increase in demand across England and Wales for neurodevelopmental services ie Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD). The increase in ASD referrals is by far exceeding our capacity to treat these patients. We are working with the NHS Executive and other Health Boards to identify ways to address this issue.

Key issues identified by domain

Performance and outcomes

Radiology

Our radiology reporting capacity is insufficient to meet the demand. This is having a negative impact on many areas including the single cancer pathway, Urgent & Emergency Care(UEC) patients and planned care pathways.

Some of the additional recovery monies provided by Welsh Government to address backlogs is being used to create more radiology reporting capacity, with cancer and emergency/urgent pathways being prioritised.

Urgent and emergency care

Despite a range of actions (see next section) across our four acute sites and county teams, we are still not achieving the improvements across UEC that we had hoped. Ambulance delays and patient waits in our emergency departments are much longer than we want them to be. Patient flow within our acute hospitals is a key factor, as is an increase in the number of patients with more complex needs.

Key actions taken since April 2024

Below is a summary of some of the key actions highlighted within the DITS meeting packs:

Carmarthenshire System (Carmarthenshire County, Glangwili Hospital and Prince Philip Hospital)

- International Nurses Programme – 15 international nurses allocated between Glangwili and Prince Philip Hospitals to fill remaining vacancies within emergency departments and the clinical decision unit.
- Prince Philip Hospital Minor Injury Unit (MIU) - temporary overnight closure completed on 1 November 2024. MIU Operational/Project and Steering Groups now in place to support the future model (post six months).
- Improving Care for patients admitted as an emergency - Getting It Right First-Time (GIRFT) recommendations received and aligning to Transforming Urgent and Emergency Care (TUEC) plans, as well as the Busiest Day Review.
- Same Day Emergency Care (SDEC) – temporary reduction of opening hours at GGH due to address staffing shortfalls.
- Overtime and agency cost management – From 1 November 2024, no planned nurse agency across all nursing areas. A revised agency escalation process live from 1 November 2024. All other requests for agency need to be made 24hrs in advance. Removal of all Health Board enhanced banks. Emergency Department/ Clinical Decisions Unit, Acute Medical Admissions Unit (AMAU) Band 5 establishments aligned to offer fixed term contracts to all Band 5 bank staff. Central recruitment completed beginning of September 2024 with 12.8 Whole Time Equivalents (WTE) onboarding. No planned agency use by 1 March 2025.
- Community Accommodation Review – Full mapping exercise has been undertaken; detailed plan is now is place which involves decommissioning at some sites, reducing our footprint where appropriate, reviewing legacy leaseholds and building a new accommodation plan in 2025 to generate capital bid submission(s) for relevant sites. Pentre Arwel and Carmarthen Hwb Highlight Reporting is being tracked via the assigned project leads.

Ceredigion System (Bronglais Hospital and Ceredigion County)

- Cylch Caron & Community model. The proposal was approved by the Board on 26 September 2024 following a public engagement exercise. The last in-patient was discharged from Tregaron hospital on 21 October 2024.
- Enhanced Practice development - The development of the Digital Ward (Hospital at Home / Enhanced Community Care) has commenced with a Standard Operating Procedure under development. The work aligns with the Transforming Urgent & Emergency Care (TUEC) approach.
- Community Nursing specification rollout - The Welsh Government target is to increase the number of community nursing staff at weekends to be no less than 80% of weekday staffing. A review with the community nursing staff took place earlier in the year. There is work underway to determine the value of having additional nursing staff working the weekend to determine where the additional weekend capacity should be placed for the most benefit.
- Palliative Care development. Further Faster funding has enabled the recruitment of a Lead Clinical Nurse Specialist (CNS) (0.5 WTE) to cover the three counties, the post was filled in July 2024. This has enabled each county to operate a seven-day service, which has led to more appropriate care as each county is far more familiar with their own caseload.
- Trial without catheter clinics are now operating in Aberaeron and Cardigan Integrated Care Centres as well as BGH Medical Day Unit.
- Integrated Health and Wellbeing Centre model development (Aberystwyth) – linking closely with Welsh Government Estates and Ceredigion County Council. The Regional Integrated Capital Regional Fund team have undertaken a broad scoping of the needs and possibilities for Aberystwyth Integrated Care Centre.
- Women's Health Psychology Service - Women's Health Psychology Primary Care Project – accepted onto Bevan Exemplar 2024 Programme. Women's Health Psychology Primary Care service accepted onto Spread & Scale Academy 2024.
- Community Joint Equipment Service Expansion. Work underway to ensure equity across the three counties.

Key actions taken since April 2024 (2)

Pembrokeshire System (Pembrokeshire County and Withybush Hospital)

- Safe and successful management of RAAC and provision of services which are on-going.
- Puffin Ward was utilised as an interim measure to support RAAC work on site.
- Reduction of in-patient bed numbers.
- Frailty Assessment Unit and Frailty SDEC opened.
- Elective Surgery restarted during 2024/2025. However, due to a number of challenges in maintaining efficiency and effectiveness, the decision was made between Scheduled and Unscheduled care to provide this through the Day Surgical Unit instead.
- Emergency Department Nurse recruitment – As part of the wider International Nurse Recruitment we have successfully recruited across the Directorate and stabilised the registered nursing workforce. We are still onboarding or expecting onboarding of five nurses with a further three posts out for advertisement. We have supported a significant and sustained increasing reduction in nurse agency usage.
- Rationalisation of contracts.
- Porth Preseli Implementation.
- Development of the Pembrokeshire Way and agreement of an integrated Pembrokeshire Alliance.

Cancer and Oncology

- Accelerated imaging for gastrointestinal (GI) pathways achieved June 2024.
- Diagnostic efficiency: reducing trend for single cancer pathway patients in overall diagnostic waiting lists and those waiting over 28 days.
- Radial endobronchial ultrasound scan and biopsy (EBUS) commenced November 2024.
- Accelerated imaging in Lung commenced November 2024.
- Dedicated Cancer Therapies Service. The new service encompasses four pillars of support for people with cancer across the treatment pathway, reducing inequities in access to rehabilitation.
- Re-establishment of in-patient theatre pathways and exploration of local Systematic Anti-Cancer Therapy (SACT) production to enhance service capacity and reduce costs.
- Implement comprehensive improvement plans for each tumour site where demand exceeds capacity.

Cardiology

Work underway to progress the following:

- Non-ST segment Elevation Myocardial Infarction (NSTEMI) and Heart Failure - achieve compliance with National Institute for Health and Care Excellence (NICE) recommended 72-hour pathway by Q4 2024/25.
- Identify and enact cost savings within Heart Failure to resource Value based Health care (VBHC) funded component by Q3/Q4 2024/25.
- Review, re-design pathway and develop strategies for Arrhythmia/Atrial Fibrillation and Chest Pain by Q4 2024/25.
- Develop a strategy, needed Health Board capacity for Computerised Tomography (CT) Coronary Angiography, Pacing and Myocardial Perfusion Imaging by Q4 2024/25.
- Review structure and develop a workforce strategy for Cardiac Physiology St[illegible]24/25.

Key actions taken since April 2024 (3)

Central Operations (excludes GP OOH)

- Decontamination - Maintain certification to ISO 13485 and medical device regulation audits. Maintain green status for the Institute of Healthcare Engineering & Estate Management (IHEEM) /Joint Advisory Group (JAG) endoscope decontamination audit.
- Clinical Engineering - successful re-certification of ISO 13485 Quality Management System (linked with the Tritech Institute) for the next three years.
- Medical Records - Relocation of private provider document storage resulting in £22k per annum saving so far. 400k records transferred to scanning partners for digitisation.

Facilities

- Creche - All but one Care Inspectorate Wales (CIW) recommendations completed with positive reinspection and comments on issues addressed.
- RAAC – Site Operational award on the RAAC response with positive feedback across Welsh Government and NHS Wales Shared Service Partnership (NWSSP).
- Estate digitisation and Technology to reverse engineer our estate. Pioneering the development of Digital Twins to create virtual models of our estate.

GP Out of Hours

- Consistent performance for P1 (priority 1) cases

Medicines Management

- Controlled Drugs Licences granted for four Mental Health sites and provisionally granted for GP Out of Hours service and the Cardigan Same Day Urgent Care service.
- Staff have achieved Primary Care Pharmacy Technician of the Year 2024 by Association of Pharmacy Technicians UK (APTUK) and the Helen Tennant Award.
- Electronic prescribing has been implemented within two GP practices and connected pharmacies with three further sites scheduled to go-live in Q4 2024-25.

Mental Health & Learning Disabilities

- 111 Option 2 is now operational 24/7 and working with colleagues nationally to implement Phase 2 plans.
- Specialist Child and Adolescent Mental Health Services (SCAMHS) part 1a and 1b targets continued to achieve compliance.
- Outsourcing of diagnostic assessments for Autism Spectrum Disorder (ASD) has seen 240 children and young people and 247 adult diagnostic assessments undertaken in the first year.
- The new well-being service is now fully operational, with well-being practitioners offering face to face therapeutic interventions.
- The newly commissioned Third Sector Framework for early intervention and prevention services is now fully operational through an open access process ensuring that individuals can access support when they need it.
- The new service model under the Learning Disability Service Improvement Programme is progressing with extensive coproduction and co-design with service users, carers/parents, staff and partner with support from Improvement Cymru.

Key actions taken since April 2024 (4)

Pathology

Completed actions:

- Implementation of Laboratory Information Management System (LIMS) 2.0 by Q1 2025/26.
- Development of regional pathology permanent service model by Q1 2025/26.
- Transfer Llanelli phlebotomy from Antioch to Dafen by Q1 2024/25.

Work underway to progress:

- Complete enabling works for blood science laboratory at GGH by Q3 2024/25.
- Modernising and standardisation of equipment within blood sciences across the Health Board by Q4 2024/25.
- Implementation of digital cellular pathology and artificial intelligence by Q4 2024/25.
- Implementation of digital morphology in diagnostic haematology by Q4 2024/25.
- Develop workforce plan for pathology by Q4 2024/25.

Planned Care

- Outpatient waits over 104 weeks reduced by 4,000 compared to March 2022. No growth in 52-week and 36-week breaches in the last two years with positive indications for future recovery. Delivery plans forecast achievement of zero 52-week breaches by March 2025.
- Referral to Treatment waits saw no substantial growth in 52-week and 36-week breaches. Delivery plan aims for zero 104-week breaches by March 2025, although risks around delivery within Orthopaedics.

Primary Care

Development of a Primary Care and Community Services Strategic Plan: Work to date

- Strategy Development Group meeting monthly.
- Primary Care and Community Services Issues Papers developed.
- Public and workforce engagement undertaken.
- Board update included as part of the Clinical Service Plan report November 2024.

Development of a Primary Care and Community Services Strategic Plan: Next steps

- Development of options for consultation/engagement.
- Strategic Plan to Board May 2025.
- Implementation plan developed.

Key actions taken since April 2024 (5)

Women and Children

Transfer of Withybush Hospital Creche from Estates and Facilities to the Women and Children's Directorate.

- Establish Withybush Hospital Creche Control Group, and the development of an action plan.
- The management and governance structures will transfer to the Women and Children's Directorate and is now in the process of being aligned to the portfolio of the Acute Paediatrics Service Delivery Manager (SDM). The SDM is working closely with the Local Authority representative to assess and plan for the future

Finance, Digital and Performance

- Developed a detailed financial forecasting model incorporating numerous strategic factors.
- Consolidating retrospective analysis, medium-term planning and route map options to facilitate recognition of capacity needed to cope with demand in future years.
- Modelling of workstreams arising from Clinical Services Plan, A Healthier Mid and West Wales and community planning.
- Initial workforce modelling undertaken with support from Human Resources and Organisational Development.
- Developed a live Compendium of Variation resource for the Health Board.
- Engagement undertaken with senior clinical and operational leaders to raise awareness of financial topics.
- Appointment of a Strategic Transformation Partner to provide a multi-disciplined approach to transformation within Hywel Dda. The strategic partner will initially focus on the rollout of Electronic Prescribing and Medicines Administration (ePMA), Patient Flow and eObservations.
- We received a substantial rating from Internal Audit for the Digital Benefits Realisation framework.
- Over 53 million documents were made available electronically for clinical staff on an electronic document management system.
- Clinically Code Everything solution implemented for Emergency Department and Minor Injury Units activity, with an initial focus on attendances of over 24 hours.
- Tools have been produced to support strategic decision-making including forecasting, bed modelling, cancer planning, executive forecasts, outpatient Did Not Attend predictions, re-admission predictions, flow visualisers and mapping.
- We have been working with Aberystwyth University on a Human Digital Twin for personalised and proactive healthcare to help us accurately visualise, monitor, and optimise processes, services, and resources.

Nursing, Quality & Patient Experience

- Reduction in harmful falls and work with pharmacy undertaken to reduce medication errors.
- Development of induction pack for all new starters to help with staff retention.
- Improved call response times due to implementation of call triage within Patient Advice and Liaison Service (PALS).
- Supporting Six Goals programme across sites and development of Red2Green dashboard.
- Waiting List Support Service (WLSS) now offered from point of listing. Over 16,000 patients provided Waiting Well support.
- Implementation of AMAT software for audit registration and implementation.
- Fragile services framework for identification and support developed. Register in development with Terms of Reference approved.

Key actions taken since April 2024 (6)

Public Health

Update against Strategic Objective 4: The best health and wellbeing for our communities. Objectives are either completed or on track.

- Establish forum and implement vaccination equity strategy.
- Establish forum and implement regional health protection plan.
- Deliver on National Immunisation Framework.
- Implementation of local tobacco control plan.
- Delivery of whole systems approach to healthy weight.
- Re-establish regional Children and Young People's governance forum.
- Progress the development of the Social Model for Health and Wellbeing.
- Retender Alcohol and Drug Use service.
- Develop framework for integrating equity and prevention into clinical service planning.
- Produce a form of Return on Investment to health services for a few key Public Health services.

Strategy and Planning

- Strategic outline case for A Healthier Mid and West Wales strategy:
  - Submission of a Business Justification Case (BJC) to Welsh Government for a Carmarthen Hwb with Integrated Regional Capital Fund (IRCF) funding awarded.
  - Submission of a Finance Business Case (FBC) for Pentre Awel – Welsh Government funding awarded for equipment and digital costs.
  - Completed and submitted bid for progression of Picton Terrace – awaiting formal response to funding proposal.
- Clinical Services plan – Phase 2 (Options Development) of the programme is complete and Phase 3 (engagement and / or consultation) is underway.
- Primary Care and Community Services Strategic Plan – themes for Primary Care and Community Services Strategic Plan will be presented to Board in November 2025.
- TUEC: new governance structure implemented. Most programme deliverables completed for Quarter 2, with improving trajectoriesin pathways of care delays and ambulance handovers.

Workforce and Organisational Development

- Significant work undertaken on drafting Workforce Plans for over 60 service areas.
- Linking of Workforce Plans into a themed Action Planner to plan for capacity across different staff groups.
- Reduced the gap of 400 whole-time equivalent nursing staff through the Nursing Stabilisation Programme which has led to the reduction in Nurse Agency Usage.
- A new staff retention group to focus on the retention of Allied Health Professionals and Health Care Scientists was established to mitigate workforce challenges.
- A significant increase in leadership and management support with the launch of the online INFORM management resource, the Hywel Dda Management programme, ongoing success of the Leadership Engagement with Awesome People (LEAP) programme and the new consultant development programme to strengthen leadership skills and knowledge.
- Collaboration with Swansea University to create Interprofessional Educatio n opportunities which has staff andpatient care.
- Improved data capturing to demonstrate the number of staff participating in development opportunities from previously under-represented groups.

Other key achievements

Below is a summary of some of the other key achievements highlighted within the DITS meeting packs:

Carmarthenshire System (Carmarthenshire County, Glangwili Hospital and Prince Philip Hospital)

- Reduction in nurse agency spend across Carmarthenshire.
- Emergency department and Acute Medical Admission Unit nurse recruitment.
- Closure of Y Lolfa ward in Glangwili Hospital.
- Closure of surge beds on Ward 5 Prince Philip Hospital.
- Recruitment of Frailty Advanced Nurse Practitioner (ANP) at Prince Philip Hospital.
- Repatriation Database developed.
- Development of virtual ward.
- Fracture Liaison Service.
- Intensive Therapy Unit (ITU) Level 1 Project – improved step-down process to ward area.
- Improved Junior doctor sickness reporting process/escalation with NHS Wales Shared Services Partnership (NWSSP) and variable pay scrutiny.
- Statement of Wishes – Project has become more multi-disciplinary in its delivery and is now being delivered across all three counites.
- National Community Nursing Service Specification – Improved compliance. Assistant Practitioners are now in post.
- Working with care homes to develop Future Care Plans for residents which incorporate advance care plans and statement of wishes. Calls to 999 directed also via the Home First Hub for a community response to attempt to avoid conveyance.
- Proactive work is underway with Long Term Care team for a pilot in a dual registered care setting to upskill their staff and improve confidence. This will reduce the number of district nursing hours spent on site.

Ceredigion System (Bronglais Hospital and Ceredigion County)

- Nurse of the Year - Sister Bianca Oakley has been shortlisted for Nurse of the Year.
- Meurig Roof Repairs - Due to estates work and in collaboration with infection control we were advised to close the ward until works could be complete, this led to immediate collaboration with the Local Authority to secure a wing in a Local Authority care home which supported our medically optimised patient flow.
- Colorectal Length of Stay for Elective Patients reduced.

Pembrokeshire System (Pembrokeshire County and Withybush Hospital)

- Trusted Assessor – Piloted and successfully embedded a trusted assessor model for reablement beds. Piloted and rolling out the Mental Capacity trusted assessor model.
- Trial without Catheter (12 month fixed-term) cluster funded project, commenced June 2024.
- Hospital@Home (H@H) - piloted and are now rolling out the regional model of a digital home ward which each County's H@H wards will utilise, however, in Pembrokeshire we have gone one step further and have a single H@H digital ward for Intermediate and SDEC patients as through our learning, we recognise the overlap with some cohorts of patient ie heart failure .

Other key achievements (2)

Cancer and Oncology

- Macmillan Quality Environment Mark (MQEM) award successfully maintained at Pembrokeshire Haematology & Oncology Unit (PHODU).
- Individuals and teams shortlisted for Moondance Cancer Awards with winners for Allied Health Professional services in two categories.
- Achievement Better Patient Experience - Prostate Active Care Together (PACT) Award for achievements in embedding holistic rehabilitation into prostate cancer pathway, 2) Non-Medical & Nursing Excellence Award won by Rachel Lewis, Allied Health Professional Lead.
- NHS Wales Awards 2024: Efficient Care Award won by the prostate pathway improvement initiative for the new Prostate Cancer Rapid Diagnosis Pathway (PROSTAD)
- Implementation Accelerated Imaging (AIM): Lung AIM change in process to deal with red-flagged referrals will result in a reduction to the diagnostic route of the patient's pathway by an average of 36 days and available at each acute site. Lower GI Accelerated Imaging established a same day staging CT Of The Chest, Abdomen, and Pelvis (CAP) for patients attending GGH with GI cancer diagnosed at endoscopy which has reduced waiting times.

Cardiology

- Cardiology Quality, Safety, Assurance & Patient Experience (Governance) Group established.
- National Cardiac Audit Programme (NCAP) mandatory audits data collection.
- Atrial Fibrillation (AF) Project short-term funding - £288k 2024/25; £110k 2025/26.
- Recent successful recruitment to key appointments.

Facilities

- ISO14001 re-accreditation awarded in November 2024.
- Risks in date and reviewed and audit inspection recommendation rates have consistently improved over the last four months leading to de-escalation based on performance.

GP Out of Hours

- Face to face consultations are recovering following the Covid pandemic, up to 50% at a weekend in November 2024.
- Work to implement Adastra for Hywel Dda own use and reporting.
- Improved sickness absence management and processes around pay and shift allocation.

Medicines Management

- Appointment into new innovative roles including Clinical Mentorship Pharmacists for the Strategic Programme for Primary Care and the Lead Pharmacist for Clinical Innovation and Value Based Healthcare.
- Developing relationships with directorates to share data to ensure Performance against Value and Sustainability recommendations are achieved with compliance with Medicines Value Unit targets recognised.

Other key achievements (3)

Mental Health & Learning Disabilities

- An Integrated Psychological Therapies Service (IPTS) practitioner has achieved the Practice Supervisor Award at the recent Health Board Education Liaison Awards Ceremony.
- Crisis and Home Treatment support in Llanelli has been strengthened to support the temporary MIU closure at PPH.
- A Comprehensive Assessment Tool has been introduced and embedded to improve patient care and documentation within Community Adult Mental Health Services and inpatient areas.

Pathology

- Blood sciences – Refresh, standardisation and validation of modern equipment across Hywel Dda. New lab has been completed within GGH. New digital morphology system installed. Maintained accreditation at PPH and WGH.
- Microbiology – maintained accreditation at WGH.
- Cellular Pathology - Successfully appointed two NHS locum Consultants. Digital BJC SBAR was approved at Public Board in January 2025.
- Mortuary - 2x staff members have passed their APT portfolio assessment and will undergo their practical end point assessment in November. Successful final sign off of Holding to Account (HTA) Inspection. Successfully secured £85k of discretionary capital to refresh mortuary equipment.
- Clinical Haematology - Successfully attracted a highly experienced Haematology Nurse to lead the CNS team and help develop the service. Have taken a change to our strategy and advertised for two subspecialist consultant haematologist posts for the first time.
- Training and Education - Equivalence funding approved for Support Staff completing Top Up modules and Part time Degree Course within BGH Blood Sciences. Equivalence funding approved for Support Staff completing Top Up modules within Withybush Hospital Microbiology.
- Higher awards Funding approved for an MSc Degree within GGH Blood Sciences.
- Blood Transfusion - First in Wales Mini Senior Student Assistantship (SSA) training session with new Foundation (F) 1 doctors was a success. Emergency funding for new Platelet incubator in GGH granted. Refresh and validation of modern equipment across the region, standardising services throughout Hywel Dda.

Planned Care

- NHS awards 2024: Outpatients teams were winners in the equitable care category. Awards also received for improving prostate cancer outcomes.
- Endoscopy Joint Advisory Group accreditation. HDdUHB is the only Health Board in Wales to have JAG accredited endoscopy services.
- Outpatients achieved the Education Liaison Nurse Service award for commitment to nurse education, student learning and placement experience.

Other key achievements (4)

Primary Care

- Appointment of the first Consultant Pharmacist in Primary Care in Wales (Ash Grove Surgery).
- Agreement with Health Education and Improvement Wales (HEIW) to support the appointment of two GP Fellows.
- Introduction of locum GP rate cards in Managed Practices implemented with limited challenge generating greater interest in salaried GP roles.
- Pathfinder on Demand and Capacity modelling using Managed Practice dashboard .
- Appointment to key roles as part of the Strategic Programme for Primary Care (SPPC) fund supporting the implementation of the HEIW Primary Care Workforce Strategy.
- Optometry transition and transformation plans signed off by Welsh Government with funding allocated in Q3 and Q4.
- Implementation of the Dental Access Portal (DAP) in line with Welsh Government/Digital Health and Care Wales (DHCW) timescales.
- Enabling Quality Improvement in Practice (EQIiP) projects ongoing and focussed sessions being held with Clusters to drive the QI agenda.

Women and Children

- Midwife received King's birthday honour.
- Bronglais Hospital Maternity unit – case study of good practice.
- Shortlisted and won a variety of professional accolades.

Finance, Digital and Performance

- Recruited to Management Accounts and Core Processing teams to stabilise capacity.
- Established a Grow Your Own apprenticeship scheme with two local apprentices in post who have passed first exams.
- New Budget Holder Dashboard has been implemented and rolled out with a budget holder training package.
- Healthcare Financial Management Association (HFMA) Wales Rising Star awards awarded to two staff.
- Nominated for Finance Team of the Year in collaboration with NWSSP Finance.
- Reignited "High Five" badges recognition thankyous within bi-monthly face-to-face team sessions.
- Hosted an All-Wales Lunch and Learn which was the highest attended session at 258.
- Improved the financial position across the organisation and expected to achieve our Financial Plan.
- Improvements in the availability of data via easily accessible, intuitive, suite of dashboards across recognised core areas (operational, clinical, workforce and finance) to cover user needs
- National and international recognition for our performance dashboards, including from Tower Hamlets College in London and Ontario Health in Canada.

Other key achievements (5)

Nursing, Quality & Patient Experience

- Nurse variable pay reduction by around 55% for registered nurses with revised escalation process in place.
- Delivery of orientation and preceptorship programmes to two cohorts of newly registered and international nurses.
- Review and ratification of registered nurse preceptorship programme agreed.
- Development of multi-professional medication errors policy, first in Wales.
- Quality Impact Assessment tool and governance process developed encouraging consideration of quality impact for strategic decisions.
- Concerns management central resource and toolkit developed, with increasing number of staff accessing training.
- Hywel Dda Charities improved data capture, work on visibility and review of fund structure to improve efficiencies.

Public Health

- Comprehensive Health Board wide response to the Llanbrynmair train crash on 21 October 2024. A review of our major incident response and wider NHS Wales major incident communication process will follow as a result.
- Vaping Pathway developed for Children and Young People (CYP).
- New prevention, early intervention and treatment service for CYP at risk of substance misuse.
- Healthy Schools and Whole School Approach to Emotional and Mental Wellbeing – 100% of secondary schools completed self-evaluation 89% completed action planning as at June 2024.
- The Health Board have participated in a Making Every Contact Count Level training.
- Successful major incident training and table-top exercise delivered to the Mortuary team. Disaster Victim Identification training to be delivered by Dyfed Powys Police.
- Production of A Regional Collaboration for Health (ARCH) Health Needs Assessment to inform the Clinical Services Plan and the Primary Care and Community Strategy.
- Leading work on Evidence Based Interventions relating to Procedures of Limited Clinical Effectiveness/Interventions Not Normally Undertaken.
- Production of a comprehensive Sexual Health Services Health Needs Assessment to inform Health Board wide Sexual Health Services Strategy.

Other key achievements (6)

Strategy and Planning

Regional Cancer Care Developments:

- Advancing key projects at the South-West Wales Cancer Centre, including the installation of a new CT-SIM and Linear Accelerator (LINAC), to improve regional cancer care provision.
- Actively managing ITU bed day utilisation at both Swansea bay and Cardiff & Vale Health Boards, ensuring optimal resource use and cost control through clear understanding of the activity drivers.

Progress on Commissioning via Long-Term Agreements (LTA)

- Shifting focus from traditional commissioning activities to enhance financial oversight and control, involving detailed scrutiny of cost allocations and proactive contract challenges across various service lines, ensuring costs are appropriate and transparent and align with Health Board financial goals.
- Conducted comprehensive due diligence on LTAs, with a focus on identifying and addressing anomalies in the cost structures of high-value services such as neurology and vascular surgery within the Swansea Bay UHB LTA and SLA
- Maintained rigorous oversight and active management across agreements to ensure alignment with organisational financial goals and improve overall grip and control on expenditures.

Workforce and Organisational Development

- Supported recruitment of nine Bevan Exemplar projects, the highest across Wales.
- Established a new robust selection process for all leadership posts at Band 8c and above as part of our approach to improving leadership capability, part of the criteria for de-escalation from Targeted Intervention.
- Driving forward inclusion projects to improve patient experience. We achieved the NHS Wales Award for Equitable Care for work undertaken in the Outpatients Department for patients with sensory loss.
- Work ongoing to ensure the early identification of unpaid carers and support them to access the help and support that they need to continue in their caring role, which impacts on timely hospital discharge and continued care within the community.
- Intersectional analysis of the workforce equality data to shine a light on any areas where there is potential for discrimination and to implement actions to address this.
- Review of our local policy framework using the disrupted approach has led to over 75% of policies now being five pages or less.
- The Future Workforce Team have been shortlisted for the Careers Wales Valued Partner Award, recognising HDdUHB support 100% of secondary schools within the Health Board area.

Resulting actions and support from the DITS meetings

From the DITS meetings held during November and December 2024:

188

Actions generated

95 (51%)

Actions allocated Executive Director and/or corporate team support

Details of all actions can be shared on request.

Learning from the DITS process

Process communications
At the start of each DITS meeting, the Executive Director chairing the meeting flagged with attendees this was a DITS rather than an escalation meeting and the differences between the two. In hindsight it would have been helpful if this had been included in the communications to directorates informing them of the upcoming DITS meetings. This will be addressed by the Performance Team for the next set of meetings scheduled to take place in June 2025.

Sharing good practice
There were many positive examples shared at the DITS meetings which could be of benefit to other directorates. A spread and scale process should be investigated to help communicate good practice and achievements across the Health Board so that we can learn from each other.

Support gaps
Many directorates asked for corporate support in areas such as project management, analysis, digital systems. Where support and capacity could be identified by Executive Directors, support was allocated. However, there were instances where capacity was not identified. Having a skills register for corporate staff, with a summary of time that could be made available to support operational teams could potentially help fill some of the gaps moving forward and therefore could be investigated.

New Care Groups
The Operations directorate are currently going through a restructure, which is bringing in new Care Groups. The DITS schedule and groupings for June 2025 will need to be revised to match the new organisation structure.

Quality metrics for corporate directorates
The metrics used for the quality and safety section of the agenda were not all applicable to corporate directorates. The Nursing, Quality & Patient Experience directorate are going to investigate what other metrics could be used for the next round of DITS meetings (June 2025).

Directorate Improving Together Sessions

Ways of working

Last updated: July 2024

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

Improving Together Framework & Directorate Improving Together Sessions

Our **Improving Together Framework** sets out the health board's approach to embedding performance improvement discussions to agree and progress key improvement actions. The Improving Together Framework outlines performance improvement arrangements at each level in the organisation.

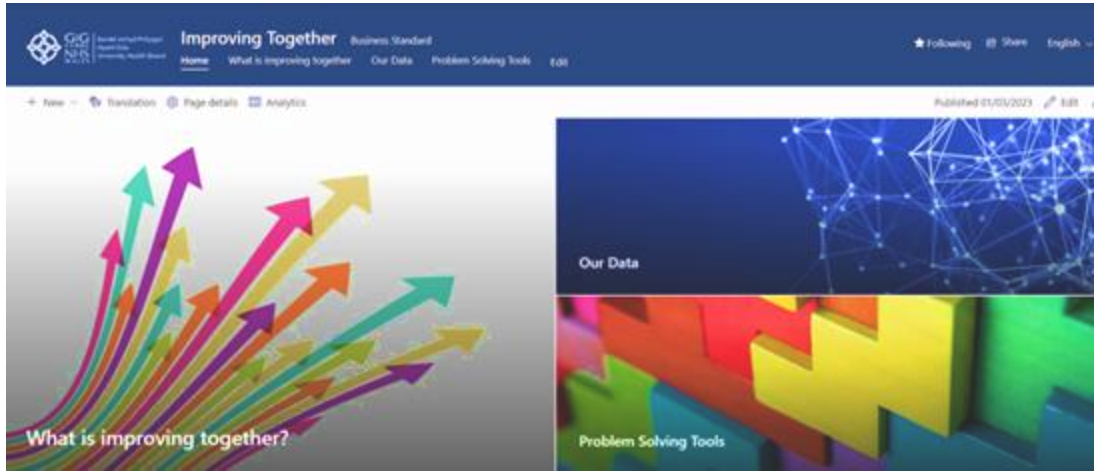
At the most strategic level, the Board Assurance Framework (BAF) and Integrated Performance Assurance Report (IPAR) provide Board, Committees and the Executive Team with data and evidence to help us understand whether we are achieving and working towards the ministerial and local ambitions.

At the directorate level, we hold **Directorate Improving Together Sessions (DITS)** to ensure that we are aligning support to key priorities within the health board with the ultimate aim of improving outcomes for our patients, staff, visitors and those living within Hywel Dda. The sessions provide dedicated time for teams to meet with their Executive Director and Corporate Executive Directors to:

- Outline the priorities/goals for the year, in line with the annual plan.
- Outline current challenges and support required.
- Flag data insights (highlights or lowlights) for the health board's key performance measures. See Key measures and targets for further details

The Improving Together SharePoint site provides easy access to the framework, dashboards and improvement tools.

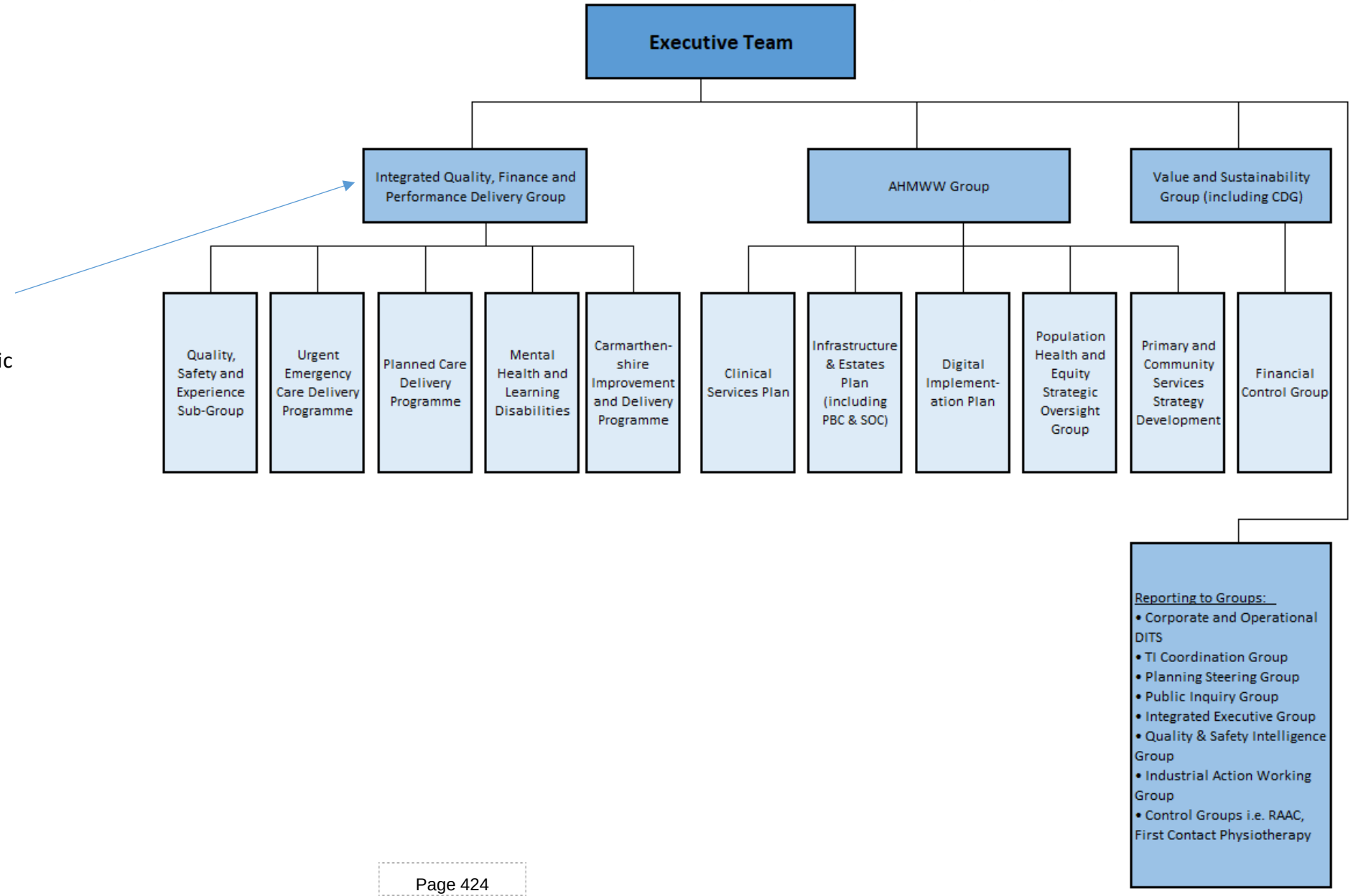
https://nhswales365.sharepoint.com/sites/HDD_Improving_Quality



Governance

The organogram shows the health board's governance arrangements feeding into Executive Team.

DITS reports into the Integrated Quality, Finance and Performance Delivery Group (IQFPDG). Twice a year (June and November), the Performance Team will produce a thematic report for IQFPDG that summarises the key issues, actions and requests for support resulting from the DITS meetings.



Membership

Executive Team

Each executive is responsible for delivering their performance targets within their respective directorates. They will also chair their own Directorate Improving Together Session(s). These sessions will be supported by the Executives listed below. There is an open invitation to all other Executives who would wish to attend as appropriate.

- Director of Operations (The Director of Operations will also chair all of the operational sessions)
- Director of Finance (Executive lead for Performance and Digital)
- Director of Nursing, Quality and Patient Experience
- Director of Workforce and OD
- Medical Director/Deputy CEO
- Director of Strategy and Planning
- Director of Corporate Governance/Board Secretary

Directorate leads

Senior managers and clinical leads (where relevant) will be required to attend their sessions.

Corporate teams

- The sessions will be supported by the Finance Business Partners.
- The Performance Team will have oversight of the DITS schedule, co-ordinate and prepare the meeting packs and attend sessions to take the action notes.
- The Executive Director of Operations PA and the Finance Director's PA (or nominated deputy) support with the meeting logistics. This can include, but not limited to; room bookings, adding MS Teams link to the meeting invite if required, providing 3 hard copies of the meeting packs, providing a hard copy of the attendance list, setting up the meeting room in person and ensuring communication links between physical and virtual attendees.

Meeting attendance

- A minimum attendance shall consist of no less than three of the Directors identified in the membership section, or their deputies.
- Should any member be unavailable to attend, they will be asked to nominate a deputy to attend in their place.
- Any other additional attendees will need to get agreement from the Chair prior to the meeting.

Frequency & location of meetings

- Meetings shall be held twice per year for each Directorate, in June and November.
- The meetings will be held in Carmarthen.
- The Performance team will schedule the meetings with the support of the Director of Finance's PA and the Director of Operations' PA
- Meetings will be in person, unless agreed by the Chair.
- Papers for the Directorate Improving Together Sessions will be published in the relevant directorate channel on the 'HDD_Improving Together Sessions' Microsoft Team.
- We will aim for all sessions to start no earlier than 9am and conclude no later than 5pm. We will also ensure that there are sufficient breaks throughout the day.
- Meetings will be recorded to assist with the generation of meeting notes.

DITS meetings will be held for the following directorates:

Operations

- Carmarthenshire System
- Ceredigion System
- Pembrokeshire System
- Planned Care
- Primary Care and Medicines Management
- Mental Health and Learning Disabilities
- Cancer and Oncology
- Women and Children
- Cardiology, Radiology and Pathology
- Therapies
- Facilities
- Central Operations

Corporate

- Nursing, Quality and Patient Experience
- Finance, Digital and Performance
- Medical
- Strategic Planning and Transformation
- Governance and Communications
- Public Health
- Workforce and Organisational Development

Compassionate leadership

By adopting compassionate leadership, leaders can create a more humane and effective workplace where employees feel valued, supported, and motivated to contribute their best.

Core principles

Presence and attentiveness
Be fully present and attentive when interacting with team members. Listen actively to understand their perspectives, concerns, and needs.

Empathy and insight
Strive to understand the experiences, emotions, and challenges faced by team members. This involves putting oneself in their shoes and appreciating their viewpoints.

Emotional connection
Connect emotionally with team members, showing genuine care and concern for their well-being. This helps build trust and strengthens relationships.

Support and assistance
Actively help team members by providing the necessary resources, support, and encouragement. This includes removing obstacles that hinder their performance and growth.

Implement

- **Create a supportive environment:** Foster a culture of support, where team members feel valued and understood. Encourage open communication and psychological safety, allowing staff to express concerns without fear of judgment.
- **Develop a shared vision:** Collaborate with team members to create a shared vision and common goals. Ensure that the vision aligns with the values and mission of the organisation.
- **Empower and develop others:** Provide opportunities for professional growth and development. Empower team members by delegating responsibilities and encouraging autonomy.
- **Promote collaboration and teamwork:** Encourage teamwork and collaboration across different departments and levels. Facilitate cross-functional projects and initiatives to build a sense of unity and collective purpose.
- **Recognise and appreciate contributions:** Regularly acknowledge and celebrate individual and team achievements. Show appreciation for the hard work and dedication of team members.
- **Balance compassion with accountability:** Maintain high standards and accountability while being compassionate and understanding. Address performance issues constructively, focusing on solutions and improvement rather than blame.

Benefits

Enhanced well-being
Improves the overall well-being and job satisfaction of employees.

Increased engagement
Boosts employee engagement, motivation, and commitment to the organisation.

Better performance
Leads to higher levels of performance and productivity.

Stronger relationships
Fosters stronger, more trusting relationships between leaders and team members.

Positive culture
Cultivates a positive and supportive organisational culture that attracts and retains talent.

Directorate improving together sessions

Agendas and papers

- The packs for the Directorate Improving Together Sessions will be co-ordinated by the Performance Team.
- The packs will outline any hotspots or concern. The data for this report will be gathered from a range of sources which includes but isn't limited to the Our Performance dashboard, Our Safety dashboard, Quality & Safety, Governance, Workforce, Finance and Planning.
- Packs will be sent to the relevant teams to prepare a response pack 8 working days in advance of the session.
- The completed response pack will be issued to all attendees 3 working days prior to their session.

Actions

- The sessions will be recorded to help provide the narrative to the actions
- The draft actions will be circulated to members to check the accuracy within 15 working days of the meeting. The action log will be populated and monitored by the Performance Team.
- Actions from the sessions will be circulated to directorates, in order for directorate management meetings to progress actions and maintain a pace in between the Directorate Improving Together sessions.

Reporting

- The Chair will assign one of the 3A assessments below for each area of the meeting:
  - Assure (to note)
  - Advise (to monitor)
  - Alert (may require discussion)
- The Performance team will generate a summary of the 3As assessment for each Directorate, which will be submitted to the Integrated Quality, Financial Performance and Delivery Group (IQFPDG).

Format & meeting improvements

- Requests for process, content or scheduling improvements to be discussed by IQFPD and agreed changes will be communicated to the Performance Team to implement.

Key focus areas

The Directorate Improving Together Sessions agenda will be structured around the 6 domains of our internal escalation framework. Directorates will be tracked against key improvement areas for each of these domains, including the key goals identified in our Annual Plan 2024-25 (see Annex 1). A summary of the key focus areas for each domain is included below:

Quality & Safety	Governance	Workforce	Finance & Planning	Fragile Services	Performance
Assurance the directorate is managing the following appropriately, in terms of the scale, significance, timeliness and quality of response: 1. Incidents 2. Complaints 3. Medical Examiner 4. Duty of Candour 5. HIW/CIW 6. Quality and Equality Impact assessments (where applicable).	Assurance the directorate is managing the following appropriately, in terms of the scale, significance, timeliness and quality of response: 1. Risks 2. Audits/inspections/ WHCs/Ministerial Directions 3. Board/Committee actions 4. FoI and corporate correspondence 5. Policies (where applicable)	Assurance the directorate is managing the following appropriately, in terms of the scale, significance, timeliness and quality of response: 1. Bullying and harassment, difficult working relationships or complaints 2. Sickness 3. PADRs 4. Turnover 5. Mandatory training 6. Career development 7. Rosters & job plans (includes agency use)	Assurance the directorate will: 1. Operate within budget or deliver a recovery plan which will return to budget in year. 2. Identify and delivery recurrent savings to the level required. 3. Has a triangulated plan to operate services effectively for the year.	Assurance the directorate will manage the risk of a service failure occurring within the next six months through robust mitigating plans.	Assurance the directorate will meet improvement trajectories to achieve target performance.

Useful links:

Our Performance dashboard

Our Safety dashboard

Corporate team contacts list

6

12:10, 0 Mins

6 - CAPITAL AND ESTATES

6.1

12:10, 5 Mins

6.1 - Capital Programme 2024-25; 2025/26 Plan

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Eldeg Rosser (Head of Capital Planning)

For information

Attachments

6.1.1 DCP Governance Update Feb 25.pdf

6.1.2 Annex 1 CSC Update (3As) Report.Template.V1 Feb 25.pdf

6.1.3 Annex 2 IIP 25-28 Draft v1 SDODC.pdf

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 February 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Capital Programme for 2024/25, 2025/26 and Capital Governance Update Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lee Davies, Director of Strategy and Planning
SWYDDOG ADRODD: **REPORTING OFFICER:**	Eldeg Rosser, Head of Capital Planning

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

This report is presented to the Strategic Development and Operational Delivery Committee (SDODC) to:

- Update on the 2024/25 Capital Programme and Capital Resource Limit (CRL) for 2024/25
- Outline the proposed allocation of the Discretionary Capital Programme (DCP) for 2025/26
- Provide a capital schemes governance update
- Update on the status of the Reinforced Autoclave Aerated Concrete (RAAC) Schemes, Withybush Hospital (WGH)
- Update from Capital Sub-Committee (CSC) including a copy of the draft Infrastructure Investment Plan 2025-2028 (Annexes 1 and 2)

Cefndir / Background

This report provides an update on the 2024/25 Discretionary Capital Programme. It follows on from the report and discussion at the SDODC meeting held on 19 December 2024 and the Capital Sub-Committee meeting held on 16 January 2025.

The available capital allocation for 2024/25 and that announced for 2025/26 will provide Hywel Dda University Health Board (HDdUHB) with a significant challenge and risk in trying to address the historical backlog in:

- Medical and non-medical equipment
- Informatics and Digital infrastructure and equipment
- Estates, statutory and infrastructure

Risk
The corporate risk 1196 states:

There is a risk the Health Board is not able to provide safe, sustainable, accessible and kind services. This is caused by insufficient investment to ensure appropriate facilities, medical equipment and digital infrastructure of an appropriate standard. This could lead to an

impact/effect on the Health Board's ability to deliver its strategic objectives, service improvement/ development, statutory compliance (ie, fire, health and safety) and delivery of day-to-day patient care.

Discretionary Allocation Use
The terms of the Discretionary Capital Allocation letter from Welsh Government (WG) state:

Discretionary capital is that allocated directly to NHS organisations for the following priority obligations across all healthcare settings: Meeting statutory obligations, such as health and safety and Firecode; maintaining the fabric of the estate; and the timely replacement of equipment.

The prioritisation process for DCP includes representation from Executive portfolios at the Capital Planning Group (CPG) which reports to the CSC, and the position set out is consistent with that reported to the Sustainable Resources Committee (SRC).

Asesiad / Assessment

Capital Resource Limit 2024/25

The CRL for 2024/25 has been issued with the following allocations:

Allocation	£'m
All Wales Capital Programme (AWCP)	34.411
Discretionary Programme (gross allocation)	6.216
IFRS 16 Leases	1.925
Total	**42.552**

Since the last report the following amendments have been made to the CRL:

Scheme	£m	Description
Diagnostic and Medical Equipment 2024-25	4.047	Funding for bids against end of year monies
Glangwili Laundry hub - Transfer from NHS Wales Shared Services Partnership (NWSSP)	0.076	Funding transferred from NWSSP for the refurbishment of the laundry building at Glangwili
Digital Equipment - December 2024-25	0.480	Funding for bids against end of year monies
Transfer from Public Health Wales (PHW) for refurbishment of molecular laboratory	0.102	Transfer of funding from PHW for refurbishment of the molecular laboratory on the Glangwili site
Commercial Research Delivery Wales (CRDW) Equipment Call 2024-25	0.007	Equipment funded through CRDW.
Year End Funding – January 2025	1.308	Funding for bids against end of year monies
Year End Funding – January - Digital - 2025	0.600	Funding for bids against end of year monies
Diagnostic Equipment 2024-25	(0.717)	Slippage of funding into next financial year to reflect project timeline slippage on the

		installation of replacement fluoroscopy equipment at Withybush
IFRS 16 Leases	1.307	Funding for capitalisation of leases
Total	**7.210**	

Capital Expenditure Plan

The following table shows the capital expenditure plan for 2024/25 with expenditure incurred to date:

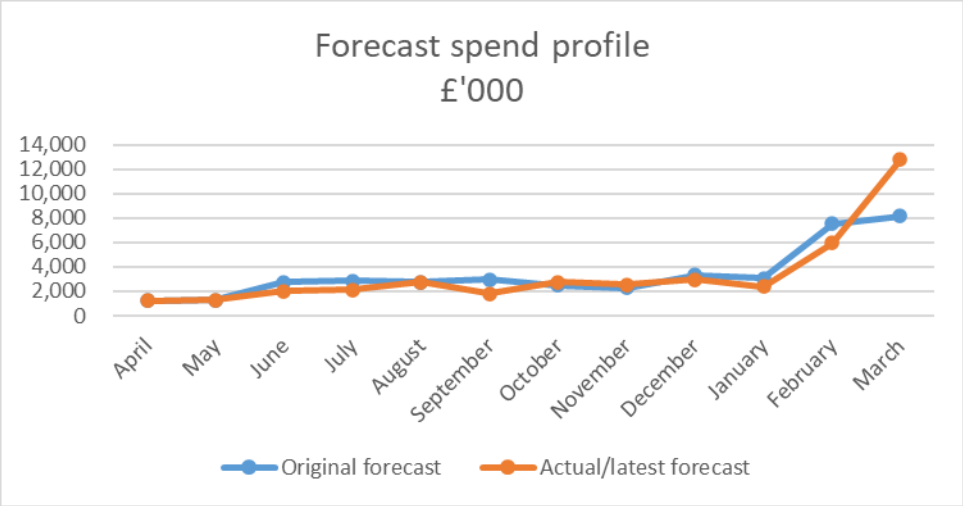
Scheme	Planned Spend 2024/25 £m	Cumulative Spend Apr - Jan £m	Spend Jan £m	Remaining balance £m
All Wales Capital Programme (AWCP)				
Estates Funding Advisory Board (EFAB) - Infrastructure	2.859	1.766	0.173	1.093
EFAB - Fire	1.091	1.034	0.050	0.057
WGH - RAAC Works	5.453	4.053	0.252	1.400
GGH - Fire Enforcement Phase 1	7.967	7.484	0.385	0.483
GGH - Fire Enforcement works - Phase 2 - Fees	0.055	0.047	0.003	0.008
Cross Hands Health and Wellbeing Centre	0.190	0.190	0.007	0.000
BGH Digital Radiology X-Ray works	0.290	0.239	0.001	0.051
Diagnostic Equipment 2024-25	2.651	1.288	0.017	1.363
Backlog Maintenance - 2024-25	3.245	0.664	0.092	2.581
Digital Priorities Investment Fund (DPIF) - RISP	0.224	0.073	0.066	0.151
Fishguard Health and Wellbeing Centre	0.070	0.000	0.000	0.070
Year End Funding – October 2024	1.474	0.000	0.000	1.474
Aberystwyth Sexual Assault Referral Centre	0.708	0.018	0.009	0.690
Picton Terrace	1.150	0.000	0.000	1.150
DPIF - Electronic Prescribing and Medicines Administration (EPMA)	0.500	0.000	0.000	0.500
Diagnostic and Medical Equipment 2024-25	3.915	0.723	0.173	3.192
Glangwili Laundry hub - Transfer from NWSSP	0.076	0.004	0.004	0.072
Digital Equipment - December 2024-25	0.480	0.480	0.480	0.000
Transfer from PHW for refurbishment of molecular laboratory	0.102	0.000	0.000	0.102
Commercial Research Delivery Wales Equipment Call 2024-25	0.007	0.000	0.000	0.007
Year End Funding – January 2025	1.308	0.000	0.000	1.308

Year End Funding – January - Digital - 2025	0.600	0.000	0.000	0.600
Sub-total AWCP	**34.415**	**18.063**	**1.712**	**16.352**
Discretionary				
IT	1.350	0.778	0.343	0.572
Equipment	1.298	1.164	0.031	0.134
Estates – Statutory	0.450	0.173	0.016	0.277
Estates Infrastructure	2.265	0.866	0.034	1.399
Other	0.849	0.849	0.250	0.000
Sub-total Discretionary	**6.212**	**3.830**	**0.674**	**2.382**
IFRS 16 Leases	**1.925**	**0.524**	**0.000**	**1.401**
TOTAL	**42.552**	**22.417**	**2.386**	**20.135**

Further details on the revenue consequences of these schemes are noted in Annex 1.

Expenditure Profile Forecast

The below chart shows current forecast expenditure compared with the original forecast. Expenditure for January 2025 was slightly higher than forecast. The increased expenditure forecast for March is driven by end of year funds provided by Welsh Government (WG), with circa £5.9m additional funds received since the start of December 2024.



Financial Risks associated with Capital Schemes in 2024/25

End of Year funding allocations

The additional capital funding received since early December 2024 will address some of the significant backlog replacement liability which the Health Board has, however there may be a risk associated with the delivery of some of these goods by the 31 March 2025.

The procurement team are working with Directorates and suppliers to ensure that firm delivery dates are received for all items. Close monitoring will occur to ensure that if there are any risks identified, mitigating measures are put in place to ensure that capital spend is maximised.

A risk has been raised on the Corporate Risk Register to highlight the risk of underspending against our CRL. This is currently scored at a 12.

Equipment to be vested / bonded at year-end

All suppliers have provided assurances to the Procurement team that any orders made can be fulfilled in full by the end of March 2025, however given the high value of spend remaining there is a risk that transfer of title documents may need to be completed if suppliers experience issues in delivering before the 31 March 2025.

There are currently two capital schemes where transfer of titles will be required: -

- WGH Fluoroscopy Scheme – Equipment to be purchased in 2024/25 and enabling works will occur in 2025/26
- EPMA equipment – Equipment to be purchased in 2024/25 with a rolling programme to deliver across hospital sites in 2025/26

Capital Programme 2024/25

All Wales Capital Programme

HDdUHB's All Wales Capital Allocations for 2024/25 is detailed in the table above, and includes allocations for:

- Fire Enforcement Works at WGH and GGH
- Estates Funding Advisory Board
- Diagnostic Equipment

Discretionary Capital Allocation (DCP)

The confirmed capital allocation for HDdUHB to allocate in 2024/25 is £7.421m.

This allocation is the allocation prior to the adjustment made for the Estates Funding Advisory Board schemes, where the Health Board funds 30% and Welsh Government funds 70% of the scheme costs.

	£m
Original DCP Allocation	7.421
EFAB Infrastructure	(0.817)
EFAB Fire	(0.366)
EFAB Decarbonisation	(0.050)
CRL Adjustment	0.028
Adjusted DCP allocation	**6.216**

Changes to the CRL through additional allocations and for costs previously incurred through the DCP have resulted in the following revised allocation being available:

	£m
Original DCP Allocation	7.421
CRL Adjustment	0.028
Balance Sheet Release/VAT Recovery	0.728
Previously incurred costs from AWC (BGH lift shaft)	0.235
Revised DCP Allocation	**8.412**

The available allocation despite the increase will still provide HDdUHB with a significant challenge and risk in trying to address the backlog in:

- Medical and non-medical equipment
- Informatics and Digital infrastructure and equipment
- Estates, statutory and infrastructure

The current Capital Programme amended to reflect the additional allocation, slippage, underspends and VAT recovery is shown below:

Schemes	Allocation £m
Pre-commitments	
BGH Clinical Decisions Unit (CDU)	0.346
Replacement morcellator	0.049
GGH MRI Chiller	0.179
Paediatric Consultation all now in 2025/26	*0.000
CDU BGH associated moves	0.090
Isolators	0.101
Fees to develop Sexual Assault Referral Centre (SARC) and Aseptic Business Justification Case (BJC)	0.100
30% EFAB Contribution 2024/25	1.233
EOY Unreceipted items	0.169
Ring-fenced allocations	
Breakdown and contingency	1.715
Residential accommodation	0.200
Business case development	0.100
Capital support	0.200
Statutory programme	0.450
Equipment	1.260
Digital	1.260
Estates improvement programme - Wards	0.500
Estates	0.260
Invest to Save	0.200
TOTAL DCP	**8.412**

* now all in 2025/26

The Capital Planning Group will continue to work on the prioritisation matrix developed and refined to ensure that the patient focus remains central. With this approach assured confidence can be taken if any additional allocations become available in year through:

- Additional Welsh Government approvals
- Review of VAT recoveries
- Potential disposals
- Slippage on existing schemes

Schemes are prioritised in a patient focused way.

Contingency

Items currently funded from our Contingency reserve are:

Contingency	£m
Cost of relocation General Medical Services (GMS) Cross Hands	0.037
Ultrasound Probe WGH	0.014
GGH Mortuary Security Upgrade	0.010
Cold Storage Aseptic Drugs	0.093
ECG Machine A&E WGH	0.008
Meurig bed relocation est	0.080
Ultrasound probe replacement Cardigan	0.006
LV panels residential blocks	0.098
GGH Intensive care Unit (ICU)/ High Dependency Unit (HDU) Hot water storage	0.036
St David's Surgery dispersal	0.095
Decontamination Tent WGH	0.028
Cardiac Ultrasound Probe	0.013
Potential additional internal fees	0.100
GGH blast chiller replacement	0.042
BGH Boiler work	0.013
PPH Chiller	0.020
Replacement Platelet Incubator and Agitator	0.010
Fees Cross Hands	0.080
BGH - Access system upgrade for Baby tagging system	0.011
Replacement Dishwasher PPH	0.007
Motorised wheelchair BGH	0.007
Additional adaptation costs Cross Hands Surgery	0.023
GGH Laundry	0.007
Fire BJC fees	0.240
Air conditioning Audiology GGH	0.007
Choledochoscope Theatres GGH	0.006
Day Surgical Theatre operating lights	0.037
PPH Roof repairs	0.101
Llandovery Door replacement	0.022
Autoclaves	0.043
Bronchoscopes	0.240
BGH Meurig works	0.300
Cardiology Diagnostic	0.012
Balance	**0.227**

Invest to Save

Of the current £0.200m earmarked for invest to save schemes the following schemes have been approved:

	Cost £m	Annual Saving £m
Mortuary equipment	0.023	0.036
Helipad expenditure WGH	0.035	0.027
BGH Combined heat and power (CHP) Flue	0.018	0.102

Balance	**0.125**	

With the balance held in the contingency and the spend to save allocation along with estimated slippage on schemes in 2024/25 of between £0.200m and £0.300m the following items have been progressed in year:

	Cost £m
Upgrade to WGH Fire Alarm System	0.119
Replacement Air Circuit Breakers (ACBs) PPH	0.046
Building management System (BMS) Upgrade BGH	0.180
Trans-nasal oesophagoscopy (TNO) Scope Head and neck Cancer	0.174
Yttrium Aluminium Garnet (YAG) Laser	0.043
Slit Lamps AVH & GGH	0.071
Total	**0.634**

As any further underspends or slippage occur in year then the following items will be progressed:

	Cost £m
Cardiology software	0.006
Probe replacement	0.007
Roof repairs St Caradog	0.033
Safety racking theatre	0.032
Cell saver PPH theatre	0.015
Additional items Meurig Ward	0.045
Derwen Ward flooring	0.008
Survey work GGH	0.007
Equipment St Davids pump house	0.020

Additional bids

The following additional allocations have been awarded to HDdUHB in 2024/25:

- Backlog maintenance: £4.061m
- Diagnostic Imaging equipment: £3.202m awarded for
  - MRI in Prince Philip Hospital
  - Fluoroscopy Room in Withybush Hospital
  - Radiology Room in Withybush Hospital
- Sexual Assault Referral Centre (SARC): £3.354m over two years
- Picton Terrace: £3.835m over two years
- End of year bids £1.833m
  - £1.333m Pentre Awel
  - £0.500m replacement scopes WGH
- End of year and Waiting List support: £4.048m
- Additional end of year allocation of £1.308m for medical equipment replacement and estates items
- Additional end of year digital allocation of £0.600m

Capital Programme 2025/26
Discretionary Capital Allocation (DCP)

The Health Board has recently received confirmation that the Discretionary Capital Allocation for 2025/26 has been increased to **£10.000m**, an increase of nearly 35% on the 2024/25 level. Whilst this is very good news, it needs to be considered in the context of a combined backlog of c£300m across the estate, medical equipment and IM&T.

The current estimated value of the backlog is:

- £255m Estates backlog
- £26.6m Medical Devices
- £15 - £18m Digital backlog

As part of the capital planning cycle the Capital Planning Team have circulating the capital themed risk registers to the relevant capital leads to assist them with the prioritisation of projects:

- Digital Director
- Deputy Director of Operations
- Director of Estates or nominated deputy
- Members of Capital Planning Group

With these risks in mind the Capital Planning Group, which has representation from the Operational Directorates, Digital Team and Estates has carefully considered the distribution of the 2025/26 DCP allocation.

This consideration noted that the current level of DCP resource available will not enable the Health Board to mitigate all of the capital risks that are currently highlighted on HDdUHB's risk registers as capital themed risks. However, it did recognise that additional allocations received from WG in 2024/25 through the end of year bidding process has enabled the organisation to mitigate against some of the risks being carried.

A paper was prepared for the Executive Team to consider options on the broad split of the DCP allocations for 2025/26.

The £10.000m allocation is the gross allocation available to HDdUHB in 2025/26. The Health Board has already made some pre-commitments for 2025/26 based on decisions already made by the Board. There are some further pre-commitments that will have to be made based on policy decisions by WG such as the Targeted Estates Fund (TEF).

Targeted Estates Fund (TEF)

WG have made £40m available across Wales in 2025/26 and in 2026/27 split over the following categories:

	£m
Infrastructure	18
Fire Safety	5
Mental Health	5
Decarbonisation	6
Infection Prevention Control	3
Decontamination	3

The Health Board has to consider how much of its Discretionary Capital Programme allocation it wishes to contribute towards this fund. WG will fund 70% of the costs of TEF schemes but Health Boards are expected to contribute 30% of the costs.

Over the last two years HDdUHB has contributed £1.200m towards the Estates Funding Advisory Board (EFAB) schemes – the predecessor of TEF.

If HDdUHB were to successfully bid for its resource mapped share of the £40m available across Wales, then a contribution of around £2.100m of DCP would be required as a 30% share. Alternatively, should HDdUHB choose to increase the £1.200m by 35% (ie in line with the DCP budget uplift) then a £1.700m contribution would be required.

A decision on the maximum TEF contribution by the Health Board was required in advance of the TEF bids being submitted to WG at the end of January 2025.

This is the option supported by the Executive Team.

Pre-Commitments

The current schedule of pre-commitments for 2025/26 is listed in the table below:

Pre-Commitments 2025/26	
	£m
TEF 2025/26	1.700
Welsh Intensive Care System	TBC
Paediatric Consultation	0.800
Pentre Awel contribution	0.300
2024/25 slippage/underspend managed into	0.500
Residential Accommodation	0.200
CCTV installation of equipment from 2024/25	0.459
Total	**3.959**

In addition to the pre-commitments there is a requirement to ring-fence an element of our allocation to deal with the cost of developing business cases and supporting capital developments:

Ring-fenced allocations	£m
Development of business cases	0.400
Capital support	0.200
TOTAL	**0.600**

Other allocations

It is also proposed that:

- We maintain the contingency reserve to deal with system risks such as unexpected equipment failures, mechanical and building breakdown items of £1.000m for 2025/26.
- We provide another £0.941m to deal with opportunity risks to enable the development of solutions for improved clinical accommodation.
- We allocate £0.300m to deal with spend to save initiatives where spending capital will release a revenue benefit.
- An allocation of £1.000m to be available to deal with refurbishment of clinical areas.

This leaves a balance of £2.200m to be allocated over the following categories:

- Medical and non-medical equipment replacement - £0.500m
- Digital and IT - £0.500m
- Estates Statutory - £0.450m
- A balance of £0.750m available to be prioritised through the HDdUHB prioritisation matrix

Discretionary Capital Programme 2025/26	
	£m
Pre-Commitment	**3.959**
Business Case Development	0.400
Capital Support	0.200
Contingency Reserve	1.000
Opportunity risks	0.941
Spend to Save	0.300
Refurbishment of clinical areas	1.000
Statutory and estates programme	0.450
Equipment	0.500
Digital	0.500
Allocation via matrix	0.750
Total	10.000

Capital Governance – Project Updates

At the 16 January 2025 meeting of the Capital Sub-Committee, the Projects with a current alert status were reported as follows:

Project:	**RAG Indicator:**	**Stage:**	**Matters for Committee attention:**
Cross Hands Health and Wellbeing Centre	**ALERT**	**Full Business Case (FBC) Development**	Further work and discussions are ongoing with Welsh Government following the conclusion of a feasibility study to consider reduced options as required to progress the refresh of FBC. HDdUHB have been given an indicative financial envelop to deliver the project. Confirmation that the supply chain partner will continue to work with us has been received. The timeline for the progression of the scheme will now be reviewed.
Next Key Milestone:	Update of timeline following WG meeting		

Project:	**RAG Indicator:**	**Stage:**	**Matters for Sub Committee attention:**

Regional Pathology	**ALERT**	**Outline Business Case**	The current Outline Business Case (OBC) preferred option and design significantly exceeds the scope and anticipated outturn cost in alignment with the original Strategic Outline Case (SOC) submission (adjusted for inflation). Confirmation has been received following the outcome of the All-Wales Prioritisation process that this project in its current form is unaffordable. It is likely that some investment in the HDdUHB estate is likely to mitigate the current risks being faced by the service.
Next Key Milestone:	Discussions with Swansea Bay University Health Board (SBUHB) and WG required to determine next steps.		

Projects led by other organisations:

Carmarthen Hwb (led by Carmarthenshire County Council)
The Board approved the signing under seal, of the contract documentation for the lease with Carmarthenshire County Council at their meeting on 25 July 2024. The current completion for this scheme is likely to be early 2026

Pentre Awel (led by Carmarthenshire County Council)
The completion of the Hydrotherapy Pool element of this development is likely to be in April 2025 with the Clinical Unit being completed towards the end of 2025,

Cylch Caron (led by Ceredigion County Council)
A tender was issued to obtain a housing partner to work with Ceredigion County Council and the Health Board in July 2024. The tender process did not result in the identification of a partner for the project. However, two potential partners have expressed an interest in delivering the scheme, with some variations to those proposed in the tender. In accordance with Procurement Regulations and in order to explore those variations fully to successfully deliver the Cylch Caron Scheme, Ceredigion County Council now propose to run a Competitive Dialogue procurement exercise.

Reinforced Autoclave Aerated Concrete Schemes WGH

A detailed programme of work has been developed to remediate all critical and high-risk planks. In addition, where it has been able to safely temporarily prop areas, these facilities have also been reopened pending future repair works.

The works underway are all progressing to programme which is summarised below:

Task Name	Duration	Start	Finish
WGH RAAC: 2023/24 CONSTRUCTION PHASE SUMMARY	190 days	Mon 26/06/23	Fri 15/03/24
POTWASH ADVANCED WORK (COMPLETE)	20 days	Mon 26/06/23	Fri 21/07/23
EMERGENCY PROPPING/ADVANCED WORK (COMPLETE)	143 days	Wed 13/09/23	Fri 29/03/24
WARD 9 (COMPLETE)	50 days	Mon 24/07/23	Fri 29/09/23
WARD 12 (COMPLETE)	50 days	Mon 28/08/23	Fri 03/11/23
TEMP KITCHEN ENABLEMENT WORK (COMPLETE)	15 days	Mon 16/10/23	Fri 03/11/23
TEMP KITCHEN FACILITY (OPERATIONAL)	81 days	Mon 14/08/23	Mon 04/12/23
SPH ADDITIONAL BED CAPACITY (COMPLETE)	45 days	Mon 23/10/23	Fri 22/12/23
WARD 7 (COMPLETE)	50 days	Mon 09/10/23	Fri 15/12/23
WARD 11 (COMPLETE)	45 days	Mon 23/10/23	Fri 22/12/23
WARD 8 (COMPLETE)	50 days	Mon 08/01/24	Fri 15/03/24
WARD 10 (COMPLETE)	50 days	Mon 08/01/24	Fri 15/03/24
MAIN KITCHEN ENABLEMENT (COMPLETE)	35 days	Mon 29/01/24	Fri 15/03/24
WGH RAAC: STRUCTURAL SURVEYS (COMPLETE)	230 days	Mon 15/05/23	Fri 29/03/24
2024/2025 WGH RAAC: RED RAG RATED GF REMEDIAL WORK	250 days	Mon 01/04/24	Fri 14/03/25
OPD A - TENDER 1 (COMPLETE)	95 days	Mon 29/01/24	Fri 07/06/24
MAIN KITCHEN - TENDER 1 (COMPLETE)	131 days	Mon 01/04/24	Mon 30/09/24
OPD B - TENDER 2 (COMPLETE)	130 days	Mon 24/06/24	Fri 20/12/24
OTHER G/F AREAS - TENDER 3 (CONSTRUCTION PHASE)	190 days	Mon 24/06/24	Fri 14/03/25
WGH BGH PLANT ROOMS/OPD ROOF - TENDER 4 (CONSTRUCTION)	145 days	Mon 26/08/24	Fri 14/03/25
WGH RAAC: CURTINS RE-SURVEY INSPECTIONS SECOND FLOOR	235 days	Mon 22/04/24	Fri 14/03/25

Progress on the RAAC schemes is regularly reported to the Health and Safety Committee.

Update from Capital Sub Committee

Attached in Annex 1 is the update from the Capital Sub-Committee (CSC) held on 16 January 2025:

There are:

- Two items to alert the Committee
- Two items to advise the Committee
- Nine items to assure the Committee

Of the nine items of assurance one of the items to bring to the Committee's attention is the draft Infrastructure Investment Plan which is updated annually and prepared as a technical annex to HDdUHB's Annual Plan and is included as Annex 2 to this report. The Appendices to the Infrastructure Investment Plan can be shared on request.

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is asked to:

- **NOTE** the update on the Capital Programme and CRL for 2024/25
- **ENDORSE** the proposed allocation of the DCP for 2025/26 for onward ratification to Board
- **NOTE** the capital schemes governance update
- **NOTE** the RAAC update
- **NOTE** the update from Capital Sub Committee and the content of the draft Infrastructure Enabling Plan.

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.11 Consider proposals from the Capital Sub Committee on the allocation of capital and agree recommendations to the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Corporate Risk 1196 - not be able to provide safe, sustainable, accessible and kind services. This is caused by insufficient investment to ensure we have appropriate facilities, medical equipment and digital infrastructure of an appropriate standard. Score 16 Corporate Risk 1745 - of not being able to deliver safe, effective and timely services across the Health Board estate, including acute, community and mental health facilities. This risk also impacts the Health Board's nonclinical estate, educational facilities and managed practices. Risk Score 15
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	5. Whole systems persepctive
Amcanion Strategol y BIP: UHB Strategic Objectives:	6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	8 Estates plans
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Included within the report
Rhestr Termau: Glossary of Terms:	Not Applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol:	CSC Sustainable Resources Committee Capital Planning Group

Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Capital values noted within the report. Included within individual business cases and Capital prioritisation process.
Ansawdd / Gofal Claf: Quality / Patient Care:	Included within individual business cases and capital prioritisation process.
Gweithlu: Workforce:	Included within individual business cases and capital prioritisation process.
Risg: Risk:	Risk assessment process is integral to the capital prioritisation process and the management of capital planning within HDdUHB also included within individual business cases and capital prioritisation process.
Cyfreithiol: Legal:	Included within individual business cases and capital prioritisation process.
Enw Da: Reputational:	Included within individual business cases and capital prioritisation process.
Gyfrinachedd: Privacy:	Included within individual business cases and capital prioritisation process.
Cydraddoldeb: Equality:	Equality assessments are included within individual business cases and capital prioritisation process when required.

CAPITAL SUB COMMITTEE UPDATE REPORT

Date of last meeting: 16 January 2025

Quoracy: Met

Report by: Eldeg Rosser, Head of Capital Planning

KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING:

Alert[1] (may require discussion)

Capital Sub-Committee (CSC) wish to **alert** members of the Strategic Development and Operational Delivery Committee (SDODC) of:

1. **A Healthier Mid & West Wales Programme Business Case Update**
   Agreement has been sought with Welsh Government (WG) on the way forward and an Infrastructure Investment Board (IIB) session agreed for 23 January 2025. Key points to note:
   - It was hoped that IIB would be the start of a discussion leading to formal agreement of the scope. There were three queries it would be important to be aligned on.
     - It is assumed the Health Board will need to develop a refreshed Programme Business Case (PBC). WG have indicated that a wider set of options should be considered.
     - WG indicated that Hywel Dda University Health Board (HDdUHB) would need to consider the needs of Glangwili (GGH) and Withybush (WGH) Hospitals over the interim period and the interface with primary and community care. WG added a further point on the linkages with Swansea Bay University Health Board (SBUHB) and the approaches to internal and external communications around this.
     - This would be a very substantial piece of work with associated costs. The investment needed for this is not currently in the Health Board's financial plans and would influence the 3-year financial roadmap.

2. **The feedback received from WG Prioritisation Process**
   The Presentation given by WG colleagues to the Chief Executives of NHS Wales in early December 2024 noted that there is currently no funding available to support a hospital building programme across Wales.

Advise[2] (to monitor)

Capital Sub-Committee wish to **advise** members of SDODC that:

1. **Capital Resource Limit 2024/25:**

- At the end of December 2024 - 50% of the total allocation had been spent.

[1] *There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.*

[2] *There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern*.

- There are around 170 significant individual schemes which need to be completed; therefore, it has been assessed there is a risk to underspending against the Capital Resource Limit (CRL) and a corporate risk scored at 12 was agreed at January 2025 Executive Team (ET) meeting. To mitigate against this risk the Health Board has over-committed against the programme.

2. Capital Programme 2024/25 and 2025/26

- A bid of £2.9m was submitted to WG for end of year monies on 6 January 2025. Confirmation has been received that £1.3m of this has been approved.
- The discretionary allocation has increased from £7.4m to £10m for next year. A report has been prepared for consideration by the Executive Team on 15 January 2025 on how the discretionary allocation for 2025/26 is split
- WG have made available a Targeted Estates Fund (TEF) for next year of £40m across Wales; this has a requirement for the Health Board to contribute 30% with WG contributing 70%. These bids were submitted to WG by end of January 2025.
- The ET approved Option 1 with TEF allocation capped at £1.7m. This option would allow flexibility for the Capital Group. The ET were satisfied to be guided on allocation, and a view on how this could be taken through the CSC.
- CSC were advised that the Paediatrics work was not progressing with the anticipated pace, and that there was a risk that the whole amount (£800k) may not be used next year. Action agreed to meet with the service on the planning of the Paediatrics work.

Assure[3] (to note)

The Capital Sub Committee noted the following:

1. The contents of the **Committee Key Actions report.**
2. **The Capital Governance Highlight Reports** and the projects with Red and Amber status.
3. **The Audit Recommendation Update Report** which noted five open reports, which generated 50 recommendations. 28 of these had been completed with 22 recommendations outstanding and 11 recommendations behind schedule.
4. The contents of the **Dashboard Reports** returned to WG in December 2024 on the schemes being funded through a range of sources, including Primary Care, Integrated Regional Capital Fund (IRCF), and All Wales Capital Programme.
5. **The Estates Funding Advisory Board (EFAB) Update Report** and that the two projects were proceeding satisfactorily.
6. **The feedback from WG Prioritisation** and the Presentation given by WG colleagues to the Chief Executives of NHS Wales in early December 2024.
    - 182 prioritisation forms across Wales were submitted.
    - There was a budget gap of £1.25b over three years with a gap of £3.8b shown in future years.

[3] *There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.*

- The All Wales budget would need to be doubled to afford the priorities received from organisations.
- There is currently no funding available to support a hospital building programme across Wales.
- The letter received from WG and that the Health Board will be formally responding. CSC noted there were some clear points to be drawn.
- It was not thought WG had intention of a prioritisation refresh, therefore the Health Board would need to consider how changing prioritisation was updated or dealt with.
- That the Bronglais Hospital (BGH) Fire Works were not included on the list in the letter from WG was discussed. The implications for this work were unknown. A clear steer on this would be sought in the next Capital Review Meeting (CRM) meeting with WG on 21 January 2025.

7. **The BGH Fire Precaution Scheme Programme Business Case (PBC)** and approval to progress to Formal Executive Team on 19 February 2025 and then SDODC on 27 February 2025.
8. **The draft Infrastructure Investment Enabling Plan** and the work undertaken to update it.
9. **The Aseptics BJC** which was submitted to Public Board on 30 January 2025 and following Board approval, would be submitted to WG.

Papers for information were noted by the CSC as follows:

1. Capital Review Meeting – Minutes of meeting 21November 2024
2. Capital Monitoring Forum – Minutes of meeting 10 December 2024
3. Capital Planning Group – Minutes of meeting 29 November 2024 and 20 December 2024.

Review of Risks

The Capital Sub Committee discussed and noted the risks highlighted in relation to

1. **Capital Resource Limit 2024/25 -** There is a risk to underspending against the CRL. To mitigate against this risk the Health Board has over-committed against the programme

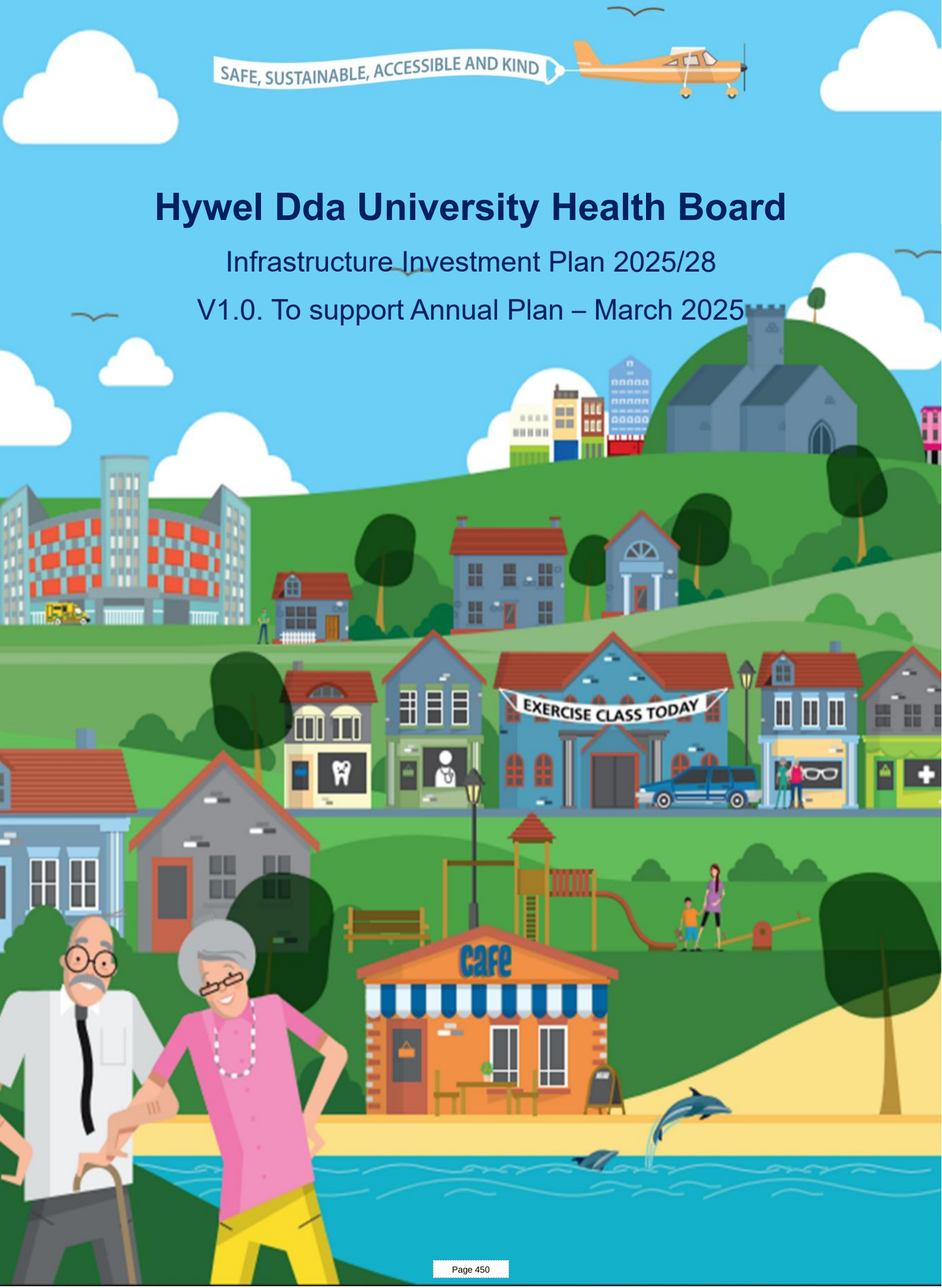
Sharing of learning

None noted for this meeting

Recommendation

The SDODC is asked to:

- **NOTE** the draft Infrastructure Investment Enabling Plan and the work undertaken to update it
- **NOTE** the Capital Sub Committee Update Report following its meeting on 16 January 2025.



Hywel Dda University Health Board

Infrastructure Investment Plan 2025/28

V1.0. To support Annual Plan – March 2025

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1.0 INTRODUCTION

1.0.1 The NHS Wales Annual Planning Framework for 2025/26 does not specifically call out the requirement to produce an Infrastructure Investment Plan (IIP). Hywel Dda University Health Board however sees this document as a key enabler to the delivery of our:

- Strategic Objectives
- Planning objectives which include the University Health Board's (UHB) Health and Care Strategy, 'A Healthier Mid & West Wales; Our Future Generations Living Well'.
- Approach to the management of capital and infrastructure risks within the UHB

1.1 Strategic Objectives

1.1.1 Our 6 strategic objectives are shown below:

1. Putting people at the heart of everything we do
2. Working together to be the best we can be.
3. Striving to deliver and develop excellent services.
4. The best health and wellbeing for our communities
5. Safe, sustainable, accessible and kind care
6. Sustainable use of resources

1.2 Planning Objectives associated with the IIP.

1.2.1 The Planning Objectives within the Annual Plan have been refreshed for 2025/2026 and include the following detail that can be associated with this Infrastructure Investment Plan:

1.2.2 Planning Objective 8 encompasses the UHB's aspirations to develop world class infrastructure for service delivery for acute, community and primary care:

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Planning Objective 8 – Estates plans

Primary Objectives	Secondary Objectives (Enablers to Primary Objectives)	Baseline Assessment	Measurement Method	Outcome/Output
Progress against Business Case process for Implementation of *A Healthier Mid and West Wales* (AHMWW) Strategy	• Nuffield Trust report received and management action plan agreed • WG endorsement of Programme Business case • Approval of Strategic Outline Case (SOC) • Establishment of team and project to deliver Outline Business Cases (OBCs)	• Board-approved Programme Business Case (not yet endorsed by WG) • Strategic Outline Case draft • Nuffield Trust Review undertaken • A Healthier Mid and West Wales Strategy • Review and refresh of regional 10-year capital plan	• Completed action plan following Nuffield report • Agreement with WG on long-term strategic plan via endorsed PBC • Reduction in carbon footprint	• AHMWW Strategic Outline Case produced and agreed by Board • Commence development of Outline Business Case(s)
Estates Rationalisation - Modernisation and rationalisation scheme year 1-4 implementation	• Acquisition of Picton Terrace Corporate Hwb • Progress against Business Case process for: – Fishguard HWBC – Aberystwyth Resource Centre – Carmarthen Hwb – Pentre Awel – Cross Hands HWBC • Launch of Agile Toolkit	• Estates Rationalisation Strategy • Programme Business Case • A Healthier Mid and West Wales Strategy • Agile toolkit	• Reduction in the number of properties (freehold and lease) within the Health Board's portfolio • Reduction in number and costs of leased properties • Reduction in estates backlog	• Rationalisation of St David's Park and Glien House to Corporate Hwb • Implementation of Short Term (1-4 years) schemes • Progress made towards planning for Medium Term (4-8 years) Modernisation/ Rationalisation Schemes

Scope	Aim	Deliverables /actions	Q1	Q2	Q3	Q4
• Business cases associated with the delivery of AHMWW • Future work to include the remainder of the AHMWW scope relating to Bronglais and Prince Philip Hospital's modernisation • Regional capital plans as delegated to the RPB • Strategic plans for all Health Board estate, both freehold and leased, including purchase of new buildings and new / changes to lease agreements • Agile working and associated factors, such as desk-booking, building design, toolkit etc • Essential estate infrastructure through the major infrastructure business case	To provide a strategic suite of plans to address the risks and inadequacies of all aspects of the current estate. It is anticipated this will be achieved through partnership working, new models of working and significant investment over a period of the next 10 to 15 years	Actions taken in response to the Nuffield Trust Review to be presented to IIB	x			
		Secure Ministerial endorsement for the AHMWW PBC	x			
		Completion and submission of Board approved SOC (Date TBC subject to WG agreement)				
		Review and refresh of regional 10-year capital plan to WG		x		
		Implementation of Property Asset Strategic Plan Funding approval for moves to WG Building, Picton Terrace Commencement of staff moves into WG Building, Picton Terrace Termination of Block 14, St Davids Park lease	x	x	x	
		Submission of FBC for Cross Hands		x		
		Pentre Awel BJC complete for IRCF funding MOU Heads of Terms	x	x x		
		Carmarthen Hwb BJC completed for IRCF funding	x	x		

• Decarbonisation initiatives and net zero approaches	Heads of Terms					
	Fishguard Centre funding for SOC/OBC appointment of Supply Chain Partners	x	x			
	Aberystwyth Resource Centre Scoping agreed					x
	BJCs for major infrastructure investment					
	Decarbonisation agenda				x	x
	Continued implementation of the HDd Decarbonisation Delivery Plan 2022/25					x
	Undertake review of Decarbonisation Delivery Plan					
	Develop phase 2 of Decarbonisation Delivery Plan and gain relevant approvals					

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1.2.3 Other Planning Objectives can also be supported by Infrastructure Investment plans. These include:

- Planning Objective 9: Digital Strategic Plan
- Planning Objective 6: Clinical Services Plan
- Planning Objective 10: Population Health (including Social Model for Health and Wellbeing)

1.3 Risk management

1.3.1 The level of Discretionary Capital which is available to the UHB on an annual basis has not been increased for several years and provides us with a challenge and risk in trying to address the historical backlog we have in:

- Medical and non-medical equipment
- Informatics and Digital infrastructure and equipment
- Estates and Statutory infrastructure

1.3.2 Whilst the discretionary capital allocation has increased for 2025/26, there is still significant pressure on the **£10.000m** which will be our allocation in 2025/26.

1.3.3 Corporate Risk 1196 states:

"There is a risk the Health Board will not be able to provide safe, sustainable, accessible and kind services. This is caused by insufficient investment to ensure we have appropriate facilities, medical equipment and digital infrastructure of an appropriate standard. This could lead to an impact/effect on our ability to deliver our strategic objectives, service improvement/development, statutory compliance (i.e., fire, health and safety) and delivery of day-to-day patient care".

1.3.4 Corporate Risk 1745 states:

"There is a risk of not being able to deliver safe, effective and timely services across the HB estate, including acute, community and mental health facilities. This risk also impacts the HB's nonclinical estate, educational facilities and managed practices. This is caused by further deterioration of our aging buildings and infrastructure with significant amount of the estate beyond its life expectancy. Multiple points of failure, delays in addressing reported defects and limited capital to address the increasing backlog of estate environmental issues. This could lead to an impact/effect on patient experience, our ability to deliver care in line with expected standards resulting in increased scrutiny and critical reports from auditors, regulators and inspectorates, such as HIW and HSE, and decreased public confidence and perception of our services, facilities and estate environment. Impacts also include increasing revenue costs to supplement the lack of capital funding available required to react to emerging issues, ability to comply with the Health and Safety at Work Act, including other legal regulations and engineering guidance documents such as Welsh Health Technical Memorandums (WHTMS)."

1.3.5 The prioritisation of our available capital resources ensures that we consider risk as a part of this process.

1.3.6 The Capital Sub Committee as noted in their Terms of Reference:

"Develop prioritised recommendations for discretionary capital sums and All Wales Capital Schemes and receive investment proposals, in response to an assessment of the organisation's risks, and to support the Health Board's A Healthier Mid and West Wales Strategy (including delivery plans) and vision for healthcare and its strategic objectives, including performance and financial improvement.

Provide a co-ordinated approach to overseeing delivery of the Health Board's capital programmes and projects included in the planning cycle (in year and longer term) enabling the Health Board to understand the overall delivery commitments and risks and proposing changes as appropriate.

Provide assurance to SDODC that risk is considered as part of prioritisation of capital expenditure items and that where risks are not addressed by capital funding, these risks have been reviewed to assess whether further mitigation actions should be taken (to minimise *the impacts should the risk materialise), contingency measures can be strengthened (in case the risk materialises to minimise disruption) and reflect whether the risk is being tolerated or further treated.*

The Sub-Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework."

1.4 Review of 2024/2025

1.4.1 Delivery of the 2024/2025 capital programme has taken place against the continued backdrop of a challenging backlog position on maintenance and medical equipment and having to deal with the immediate issues of RAAC in Withybush Hospital.

Discretionary Capital Programme (DCP)

1.4.2 DCP allocations have reduced which has emphasised the importance of adequate prioritisation processes to ensure equity across the programme in assessing the most pressing needs.

1.4.3 The UHB has managed a DCP allocation of **£7.421m** which has been topped up through the awarding of end-of-year allocations (currently @£7.310m) this includes designated funding for the equipment and digital costs associated with Pentre Awel to the tune of £0.974m and replacement of scopes for WGH at £0.500m.

1.4.4 Whilst the additional funding has been welcomed in year, again, it has proved challenging to initiate and deliver the additional schemes due to the relatively short window to year end.

Business Continuity / as usual

1.4.5 The diagnostic imaging programme has continued during 2025/2026. A schedule of the schemes is included below:

Plan	Completion Date
• DR X-Ray room for A&E in BGH	Completed
• Replacement of MRI at PPH	Completed
• GGH MRI Chiller	Completed
• WGH DR Enablement works	To be completed by 13th March 2025
• Fluoro Room Replacement at WGH	2025/26

BGH – Digital Radiography X-Ray Room in A&E

1.4.6 The programme of essential Fire Safety precaution upgrades has continued during 2024/2025.

1.4.7 Phase 1 of the work in WGH is now complete. The Phase 2 and final Phase of Fire Enforcement works at WGH is progressing and dates have been confirmed to the MWWFRS:

- Completion of BJC – May 2025
- WG approval of BJC – July 2025
- Commencement of works – c. Sept 2025
- Completion of works – mid 2027

The above programme is the latest available however will be dependent on the WG scrutiny period and subsequent approvals process.

1.4.8 At GGH, Phase 1 is nearing completion following several delays which have resulted in an extended completion date of early to mid-February 2025.

Phase 2 will be subject to the same scope as agreed for WGH Phase 2 following discussions with MWWFRS. The initial proposed programme dates have been confirmed to MWWFRS:

- Completion of BJC – August/September 2025
- WG approval of BJC – October 2025
- Commencement of works – November 2025
- Completion of works – late 2027

1.4.9 At BGH the scheme of works will incorporate all remaining work required by the Letters of Fire Safety Matters (LoFSM) not already undertaken by works carried out through the Discretionary Programme and EFAB funding. The initial BJC was submitted to WG in February 2023 and was in the order of £30m. The HB is in negotiations with MWWFRS to agree a similar scope reduction to that already successfully achieved at WGH and GGH.

The HB have now confirmed the initial dates to the MWWFS for the latest programme:

- Refresh of the PBC submission – February /March 2025
- Completion of BJC – May 2026
- WG approval of BJC – June 2026
- Commencement of works – September 2026
- Completion of compliance works – December 2028
- Reinstatement of Decant Accommodation etc – March 2029

The works will be carried out in a multi-phased decant programme in order to minimise impact on clinical services.

1.4.10 At PPH all planned investment in Fire Safety funded as part of the EFAB programme are being delivered to plan. All works are due to be completed by March 2025.

The HB is currently assessing the scope and approximate costs of any remaining works needed beyond April 2025, subject to this review it may be possible to complete these works under a Targeted Estates Funding (TEF) bid in 2025/26, but this will depend on the level and scope of works needed.

1.4.11 All planned investment in Fire Safety at South Pembrokeshire Hospital (SPH) funded as part of the EFAB programme is being delivered to plan with all works due to be completed by March 2025.

1.4.12 Mid and West Wales Fire and Rescue Service (MWWFRS) remain fully briefed and are supportive of this programme.

Implementing the Healthier Mid and West Wales Strategy

1.4.13 Programme progress has been the subject of regular reporting to the Capital Sub Committee (CSC), A Healthier Mid and West Wales (AHMWW) Group, AHMWW Infrastructure and Estates Subgroup, Strategic Development and Operational Delivery Committee (SDODC) and Board.

1.4.14 **PBC and SOC**

The Programme Business Case (PBC) is yet to be endorsed. WG requested the Health Board develop a Strategic Outline Case (SOC) for the new hospital and the repurposing of GGH and WGH, indicating a level of support for progressing the programme. WG requested that the Health Board consider “the widest possible options” for the SOC which led to a pause in the development of the SOC as further clarification was sought on the scope of SOC options and the implications for the work undertaken to date.

Dialogue has continued with WG officials over the last 12 months with regards to next steps:

Health Board officers met with WG colleagues in a workshop on 22 April 2024 to discuss options which might form the basis for progression of the SOC in relation to the new Urgent and Planned Care Hospital, Withybush and Glangwili. This followed the meeting with the IIB in September 2023 and subsequent correspondence between the Health Board and WG which set out the need for the Health Board to demonstrate the development and robust assessment of a wider range of infrastructure options.

A meeting was held between HDdUHB’s Chief Executive and Director of Strategic Development and Operational Planning with the Deputy Chief Executive, NHS Wales and the Director of Finance, NHS Wales on the 12 September 2024. The discussion included consideration of the possible ways forward and the potential implications and timeframes. HDdUHB presented the potential timeframes if the programme is to proceed in a manner consistent with the AHMWW Strategy and the timeline for a SOC with an extended scope of scenarios as indicated in WG correspondence. HDdUHB set out the implications of very significant infrastructure costs to maintain the current estate under either scenario which will escalate as the timeframe to major capital investment

extends, this also holds true for the likelihood that capital will be required to support interim service changes.
The Director of Strategy and Planning presented a comprehensive update in relation to the Programme timeline and service and estate implications to the November 2024 Board. (see further information on section 4.2.5 of this plan).

1.4.16 **The Nuffield Trust Review of the Clinical Models**

The Health Board received the final Nuffield Trust Review of the Health Board's clinical models on 15 April 2024 with a covering letter from the Deputy Chief Executive, NHS Wales. The Review was broadly supportive of the UHB clinical strategy and set out additional analysis and other work which will be required to develop the detail of the strategy implementation and the conclusions and recommendations. Some of these can be the subject of actions in support of the SOC; however, others will form part of the detail for subsequent business cases and implementation planning. The Nuffield Report was presented to Public Board on 30th May 2024. A management response action plan was developed and is subject of regular reporting to SDODC. There are some recommendations in the report which relate to areas outside the Health Board's direct control and which will require collaboration with partners including Health Education and Improvement Wales (HEIW) and WG to progress. The areas called out relate to the development of new training roles for doctors working in rural areas and the need for the development of a digital strategy across Wales. These items will need to be considered with these partner organisations, as the Health Board develops the management response to the review.

1.4.15 **Community Schemes Update**

Several of the AHMWW Community Schemes have continued to be developed and the summary position is set out below. Key points to note are that:

- Given the capital affordability issues there is only timeline assurance currently relating to the Pentre Awel and Carmarthen Hwb schemes which are led by the Carmarthenshire CC.
- Further work is required to prioritise the UHB schemes which will be informed through the Primary Care & Community strategy review underway and the associated consultation planned for 2025.

The summary position for community schemes is as follows:

Cross Hands Health and Wellbeing Centre
Welsh Government requested the footprint of the scheme be re-visited to reduce capital cost implications. The Full Business Case (FBC) is being reviewed alongside a full-service review to bring the cost back into the financial envelope as advised by WG

Carmarthen Hwb (led by Carmarthenshire County Council)
The Business Justification Case for Integration and Rebalancing Capital Fund (IRCF) funding was submitted to WG and £10.8m of WG funding has been released for the scheme £7m for Carmarthenshire County Council as the lead authority on this scheme and £3.8m for UHB equipping. Building works commenced on site in mid-July 2024.

Pentre Awel (led by Carmarthenshire County Council)
A refresh of the Full Business Case (FBC) has been completed by Carmarthenshire County Council (CCC) for the City Deal funding, this was also submitted to WG for additional IRCF funding. Funding from IRCF source was declined but £1.333m of All Wales Capital Programme funding has been approved for the scheme in 2024/25.

North Pembrokeshire Health and Wellbeing Centre in Fishguard
A paper to confirm the scope of the scheme was approved by the Executive Team in November 2024.

Cylch Caron
A tender was issued to obtain a housing partner to work with Ceredigion County Council and the Health Board in July 2024. The tender process did not result in the identification of a partner for the project. However, two potential partners have expressed an interest in delivering the scheme, with some variations to those proposed in the tender. In accordance with Procurement Regulations and in order to explore those variations fully to successfully deliver the Cylch Caron Scheme, Ceredigion County Council now propose to run a Competitive Dialogue procurement exercise.

The Competitive Dialogue procurement exercise will commence with an open call for interested parties and includes a qualification stage of essential criteria that must be met. After that initial stage it is possible to discuss proposals put forward by the bidders in order to work up those plans to ensure requirements are met. There may be multiple rounds of discussions before a final bid is invited.

Upon completion of the competitive dialogue the results will be submitted to the UHB Board and Ceredigion County Council Cabinet for tender acceptance

Aberystwyth Integrated Care Centre

A further meeting with Ceredigion County Council and Welsh Government has been arranged for mid February.

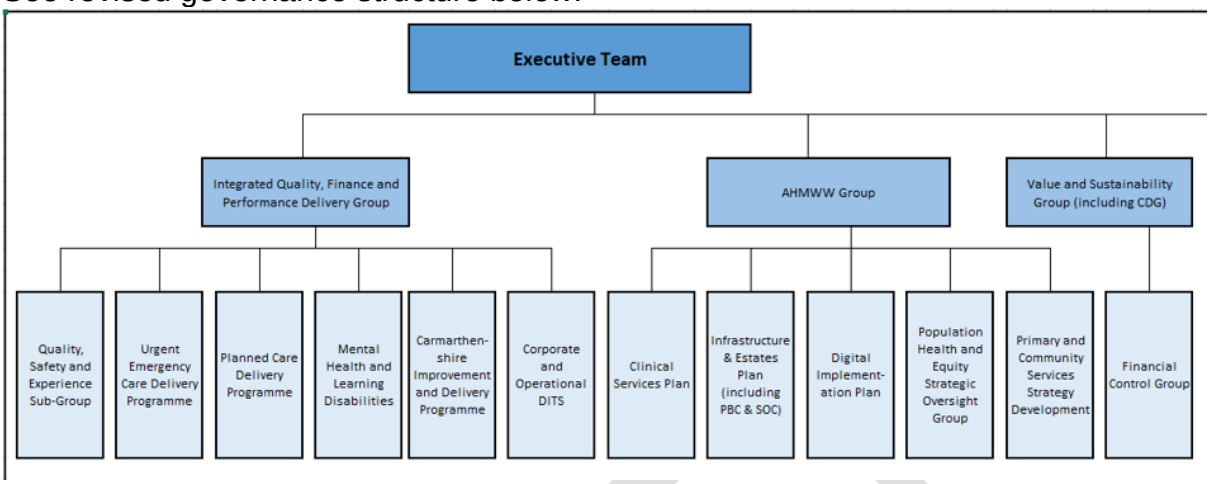
1.4.16 **Governance**

A Healthier Mid and West Wales Group
'A Healthier Mid and West Wales (AHMWW) Group' was established as a Group of the Hywel Dda University Health Board (HDdUHB) Executive Team and constituted from 10th April 2024. The Terms of Reference are broader than the previous A Healthier Mid and West Programme Group which focused solely on production of the Strategic Outline Case (SOC) for Board and Welsh Government approval. These new Terms of Reference reflect delivery of the Health Board's strategy in its wider sense and also reflect the various programmes that feed into it in addition to capital infrastructure planning i.e. the Clinical Services Plan; Digital Plan; Population Health; and Primary Care and Community Services.

A Healthier Mid and West Wales (AHMWW): oversees delivery of the Health Board's strategy and associated programmes; develops and implements the Clinical Services

Plan; ensures alignment between short-term and long-term objectives; focuses on Planning Objectives 6, 7, 8, 9 & 10.

See revised governance structure below.



The A Healthier Mid and West Wales (AHMWW) Infrastructure & Estates Plan Sub-Group has been established as a Sub-Group of the A Healthier Mid and West Wales Group and constituted from 10th April 2024

The purpose of the Infrastructure & Estates Plan Sub-Group is to ensure delivery of the major capital plans and schemes that support delivery of the Health Board's Strategy, 'A Healthier Mid and West Wales; Our Future Generations Living Well (AHMWW)'. This will be developed into the HDdUHB's Estate Strategy which will be produced in support of future AHMWW Outline Business Cases

1.4.17 **Audit Review**

An Advisory review has been commissioned as an additional review for 2024/25. It will appraise the existing capital management reporting and accountability arrangements to ensure compliance with expectations and to identify any opportunities to enhance arrangements

The approach to this advisory review will be to review existing governance arrangements with particular regard to capital reporting in relation to the Capital Sub Committee, AHMWW Infrastructure and Estates Plan Subgroup and to recommend any changes in relation to streamlining or strengthening of our capital governance arrangements.

Objectives of the area under review are:

- **Control Framework:** To ensure that the expected requirements in respect of capital are adequately defined within the existing control framework, including the operational and assurance governance structures including terms of reference and ensuring minimal duplication and mitigating any gaps in controls.

- **Compliance:** To determine whether the existing arrangements are fit for purpose in respect of accountability, monitoring and reporting.
- **Effectiveness:** To consider the effectiveness of the existing arrangements, identifying any duplication, inefficiency and/ or opportunities to enhance the existing arrangements.

Planning Objective 8 Estates Plan
The work associated with the development of the AHMWW Programme is monitored through Planning Objective 8 Estates Plan. It has been reported that the AHMWW programme timeline has been the subject of significant delay in relation to the need to produce a SOC and the revision to the range of options needing to be developed and appraised in the SOC.

1.5 Approach to Capital

1.5.1 From a capital perspective we have split the portfolio of work into 3 categories:

1. Capital portfolio to support the implementation of the UHB's strategic and planning objectives which include the delivery of our **Health & Care Strategy** (All Wales Capital).
2. Capital Schemes supporting operational **business continuity** in the interim years (All Wales Capital);
3. Capital Schemes supporting **'business as usual'** resources through the UHB's Discretionary Capital Programme (DCP) and charitable funds.

1.5.2 This enabling plan will set out the key components of each of the above categories and reflect the UHB's Capital Investment Plans over a 3-year period, plus a 10-year Investment Plan for the known schemes along with identifying the likely All Wales Capital (AWC) requirements.

1.5.3 The key capital implications of the delivery of the capital portfolio including the delivery of our Health & Care Strategy are set out in the "plan on a page":

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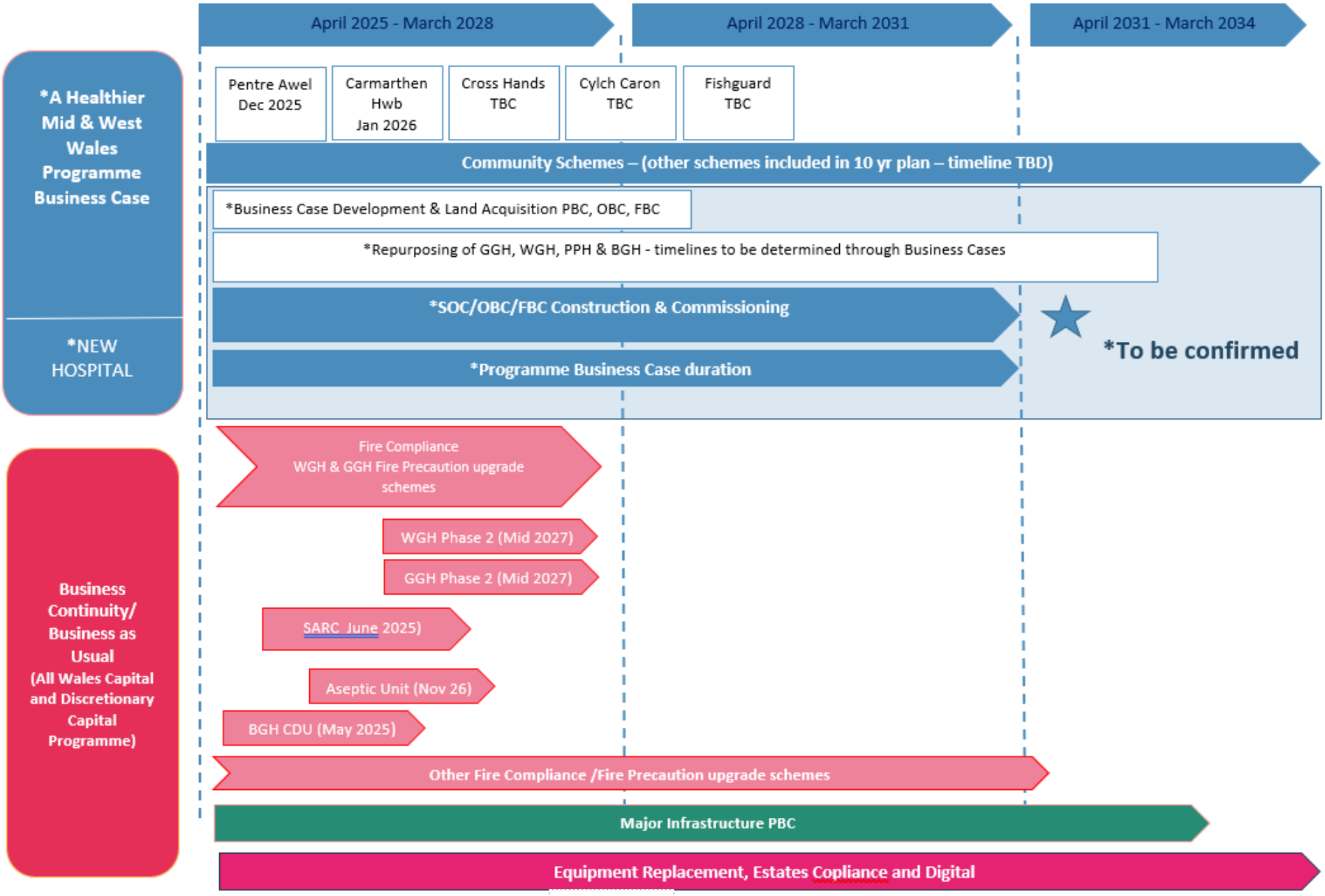
Capital Programme Plan: Plan on a Page



1.5.4 Our Estates Strategy was developed as part of the development of the Programme Business Case to implement our **Health & Care Strategy.** This document aligns the aspiration for the delivery of our clinical model with our current and future estates requirements. This document can be seen in Appendix 1.

1.5.5 Detailed descriptions of our current sites and plans for the development of these and the new Urgent and Planned Care Hospital can be seen in the following Appendices:

- Appendix 2 Urgent and Planned Care Hospital
- Appendix 3 Glangwili
- Appendix 4 Withybush
- Appendix 5 Bronglais
- Appendix 6 Prince Philip
- Appendix 7 Community
- Appendix 8 Estates Strategy

1.5.6 Since these documents were developed Reinforced Autoclaved Aerated Concrete (RAAC) has been identified at Withybush and Bronglais sites and whilst the UHB's long term strategy for the site as seen in Appendix 4, sees RAAC removed at an early estimate cost of £60m, the short to medium term solution is to remediate the critical and high-risk planks to manage the risk at via approved Welsh Government capital funding of £6.533min 2023/24 and £5.453m in 2024/25.

1.5.7 As well as the Estates Strategy the UHB has developed a Property Asset Strategic Plan (Strategic Plan), was Board approved on the 27th of July 2023 - Appendix 8 which calls out the diverse range of property assets supporting both our clinical and non-clinical services and operations.

1.5.8 The Strategic Plan incorporates both the freehold and leasehold sites across the three counties: Pembrokeshire, Ceredigion and Carmarthenshire. The Strategic Plan provides baseline data on the UHBs occupied assets (i.e., the footprint, age profile of the estate) and captures where the UHB has established strategic estate development proposals and approved plans.

1.5.9 The Strategic Plan will act as a support document to ensure the estate is aligned to our transformation plans and business operations, assisting teams to meet their aspirations for delivery of clinical and non-clinical services. Our ambition is to work towards an estate that is modern, flexible, cost effective, low carbon and provides a supportive working environment. In addition, our approach aligns to wider Welsh Government policy ambitions including Town Centre First and wider public sector collaboration to benefit the economy, environment and well-being of the UHB's communities.

1.5.10 The Strategic Plan sets out a plan for estate rationalisation, including a reduction in our lease estate, aligns to the Agile Working programme and

supports our sustainability goals including the Health Board's Decarbonisation Delivery Plan. Importantly the Strategic Plan aligns with our longer-term plans to deliver on 'A Healthier Mid and West Wales' (AHMWW) and sets out actions over the next three years which would move us towards that vision.

1.5.11 There are many challenges that we face with the estate, including the age profile, backlog maintenance, escalating costs, environmental performance and functionality. It is important the UHB seeks to innovate and work in collaboration with our public sector partners to align these estate ambitions. The focus and aim to ensure the retained property and future plans work towards an estate that is high quality, represents good value, is sustainable, meets our service needs and supports our communities.

2.0 GOVERNANCE

2.1 Context

2.1.1 The Infrastructure Investment Plan is delivered in line with national investment objectives outlined within the NHS Wales Infrastructure Investment guidance WHE (2018) 043 released in October 2018 as follows:

- *Supporting the delivery of safe, sustainable and accessible services, and facilitate high standards of patient care;*
- *Support changes to streamlining and transforming healthcare provision, with a focus on prevention and supported self-management, the provision of care closer to home, and the integration and coordination of service delivery with partners;*
- *Promote the maximum efficient utilisation of assets and to improve asset condition and performance; and*
- *Promote the use of innovation to improve the quality of care, to reduce costs and to deliver the necessary service change.*

2.1.2 In the developing the Health Boards infrastructure plans to deliver service proposals, projects must (via funding bids) clearly demonstrate alignment to the NHS Infrastructure Investment criteria i.e.:

- ***Health Gain****: improving patient outcomes and meeting forecast changes in demand;*
- ***Affordability:*** *given the long-term revenue assumptions, there should be explicit reference to reducing revenue costs;*
- ***Clinical Skills and Sustainability:*** *reducing service and workforce vulnerabilities, and demonstrating solutions that are flexible and robust to a range of future scenarios;*
- ***Equity****: where people of highest need are targeted first; and*
- ***Value for Money****: optimising public value by making the most economic, efficient and effective use of resources, including the delivery of efficiency savings.*

2.2 Capital Governance

2.2.1 The governance and assurance associated with capital schemes in the UHB is managed through the Capital Sub-Committee (CSC) which reports into the Strategic Development and Operational Delivery Committee (SD&ODC) of the Board.

2.2.2 The Capital Project Framework continues to be developed. This has included:

- The development of Project Directors / SRO guide, which contains useful information to assist with leadership responsibilities for capital schemes
- Continued with the programme of lessons learnt and post project evaluations.
- Project highlight reports to reflect current progress
- Further development of the Capital Planning SharePoint page on the intranet, to raise awareness of the various capital programmes and to assist with staff engagement and providing useful information.
- Internet pages showcasing the development and Frequently Asked Questions in relation to capital projects completed and community schemes in progress.

2.2.3 These all build on the improvements to Capital governance listed in the previous iteration of this plan.

3.0 NATIONAL POLICY AND FRAMEWORK

3.0.1 In line with the **NHS Wales Infrastructure Investment Guidelines 2018**, the UHB is required to consider how the ambitions of this Capital Infrastructure Plan align with those in the Wellbeing and Future Generations (Wales) Act 2015 and the Welsh Government Strategy "A Healthier Wales: Our Plan for Health and Social Care", published in June 2018. The guidance stipulates a need to place health inequalities at the heart of planning and the need to work with partners including local authorities and third sector. Organisations also need to demonstrate how investment priorities will deliver a move away from traditional models of hospital-based care towards primary and community care settings.

The Plan also aligns with the Ministerial priorities called out in July 2021 and in the NHS Wales Planning Framework 2025-2028

The planning guidance issued for 2025/28 has not specified a requirement for an Infrastructure Investment Plan.

3.1 NHS Planning Framework 2025-2028

3.1.1 The capital portfolio remains contextualised by the NHS Planning Framework 2025-28 letters issued by the Minister and Director General Health and Social Services. These confirm the priorities as follows:

- Timely Access to Care
- Population Health and Prevention
- Building Community Capacity
- Mental Health Access
- Women's Health

3.1.2 The ministerial priorities are familiar to all NHS organisations and provide the focus for the overarching policy context which stems from A Healthier Wales and the First Minister's conversations and engagement with public and staff since the summer. This includes the longer-term focus on population health and prevention.

3.1.3 Our IIP also addresses priorities called out in the Programme for Government. With investments focused on rebalancing funding, workforce and other resources to support primary and community care, and plans demonstrating how their primary, community and secondary care services will be integrated. This shift is demonstrated in the ambition within the Infrastructure Investment Plan. The plan is a key enabler to the implement of the A Healthier Mid and West Wales Strategy.

3.1.4 The UHB occupation of buildings will also maintain focus on reviewing Estates Rationalisation of Non-Clinical space in line with WG request to commission this piece of work with particular focus on:

- Disposing of surplus freehold property
- Terminating leases or renewing leases on a reduced footprint
- Sharing accommodation with other NHS bodies and the wider public sector
- Letting surplus accommodation to the private sector

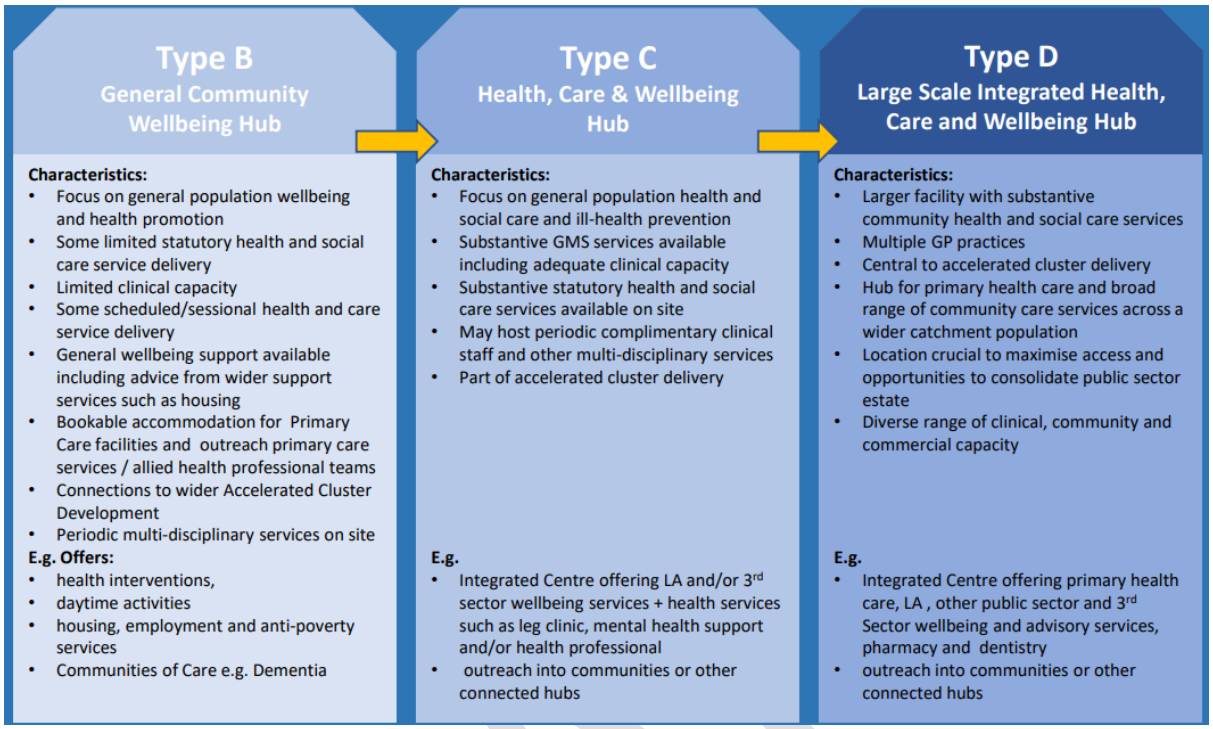
3.2 Regional Capital

3.2.1 The strategic capital planning context continues to evolve at a regional level. West Wales Regional Partnership Board continue to have responsibility for developing a ten-year strategic capital plan in support of current Welsh Government (WG) policy commitments. These include:

- The delivery of Integrated Health and Social Care Hubs (IHSCH's)
- Rebalancing the adult residential social care market
- Eliminating profit from the provision of children's residential care.
- Support innovative housing development to meet care needs

The draft Welsh Government budget for 2025-2026 features the continuation of both the Housing with Care Fund (HCF) and the Integration and Rebalancing Capital Fund (IRCF) in support of these policy commitments.

Directives have been issued by WG to RPB's in support of the continuation of both funding streams. For IHSCH's, the focus is on smaller developments in line with Type B & C of the hub definitions compiled by Welsh Government



Other aspects of the directive also include the need to consider the redevelopment and regeneration of corporate/community assets to create localised hubs, as well as a stronger focus on wellbeing, prevention and third sector involvement as a key driver in hub development.

Crucially, such projects must be achieved with a maximum of £5million budget and achievable prior to March 31st 2027. Whilst no set intervention rates have been mandated by WG, there is an expectation of contribution from grant applicants.

Another key development in support of the next tranche of funding, is the need for West Wales RPB to formalise its priority list of projects that wish to be taken forward during the next two years. Given the financial pressures experienced in IRCF and the current projects in the business case process, it is likely that only a very small number of projects will be submitted to WG as initial applications for business case development.

Formal submission of the prioritised list of schemes will take place as part of the refresh of the Strategic Capital Plan in March 2025.

The Regional Capital Programme Management Office is working closely with the UHB in programming anticipated timelines for Community Schemes.

The assumption in this Infrastructure Investment Plan is that the Community Infrastructure Projects detailed in our Programme Business Case will be included and progressed via the IRCF route.

3.3 Key policy considerations

3.3.1 The UHB remains committed to embodying the key policy considerations that will be recognised within each scheme that is included in this plan. These include:

- WG net zero carbon 2030 ambition contained in the NHS Wales Decarbonisation Strategic Delivery Plan 2020-2030
- The NHS Net Zero Building Standard
- Wellbeing of Future Generations (Wales) Act 2016
- Social Services & Wellbeing (Wales) Act 2014
- Socio-economic Duty
- The Foundational Economy in Health and Social Services 21/22 Programme
- Agile / hybrid working
- One Health developments

3.3.2 The UHB is committed to taking this agenda forward as it develops its Infrastructure Investment decisions.

Decarbonisation

3.3.3 Decarbonisation of the public sector by 2030 is a priority for Welsh Government and UHB, and in response, the UHB has developed its own Decarbonisation Delivery Plan to set out the actions to respond to this ambition and meet NHS specific targets set out in the NHS Wales Strategic Decarbonisation Plan. The Health Board's Delivery Plan sets out a work programme to meet the targets established in the NHS Wales Decarbonisation Strategic Delivery Plan in the areas of carbon management, buildings, transport, procurement, estate planning and land use, and its approach to healthcare including promoting clinical sustainability.

3.3.4 Over the last year the health board has continued to contribute to reducing carbon and embedding sustainable practices through its day-to-day activities by delivery of several energy efficiency/decarbonisation projects, maintenance of the Environmental Standard ISO14001, increased agile working, encouraging reuse and delivery of source segregated recycling schemes and the transition to ULEV fleet.

3.3.5 A number of key projects have already been delivered, as examples, Hafan Derwen Solar Farm, the continued roll out of roof mounted PV solar at community sites, the installation of a heat pump at Cardigan Integrated Care Centre and this financial year the Liquid Petroleum Gas (LPG) project at Glangwili Hospital to reduce oil use which all contributing to reducing our energy consumption and carbon footprint across the estate. We have commenced the transition of our fleet from diesel/petrol fuelled vehicles to 'electric or hybrid vehicles' and have published a regional healthy travel charter to support delivery of our sustainable travel and transport plan for across our region.

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3.3.6 Decarbonisation forms a key component of the UHB's Property Asset Strategic Plan, to ensure investment is aligned to the Health Boards estate transformation plans. As part of the decarbonisation estate aims are, a number of linked property disposals targeting poor performing accommodations and many environmental sustainability initiatives, which include mitigating impacts of climate change through reducing waste and promoting recycling and re-use where possible, supporting Biodiversity and incorporating Biophilic design when developing projects.

3.3.7 The following e-learning has been made available to staff on Electronic Staff Record (ESR):

- NHS Wales - Achieving Net Zero in Wales
- NHS Wales - Climate Change and Sustainability
- Building a Net Zero NHS
- Environmental Sustainability in Quality Improvement
- Healthcare waste management and disposal

There is a 'Sustainability Hub 'and 'Environment Hub' created on SharePoint providing access to knowledge, information, case studies, videos and links to other sources of useful information.

3.3.8 Moving forward, the UHB continues to deliver a pipeline of projects and scope a range of new initiatives that will deliver further emission reductions. The UHB is currently implementing a new Energy Performance Contract via all Wales "Refit " programme, to support with the delivery of further decarbonisation schemes and emission reductions in the future.

Biophilia

3.3.9 Biophilia is the belief that humans are genetically predisposed to be attracted to nature. The concept of biophilic design was introduced in 1984 by E.O Wilson.

3.3.10 The overall aim of biophilia is to increase the well-being of people, biodiversity and the environment using 3 interconnecting areas, that will focus on greening our estate, by greening our spaces, increasing access, enhancing biodiversity and wildlife habitats.

3.3.11 The UHB with the support of the Research and Innovation teams, alongside Swansea University has recently developed an action learning programme. This developed employee awareness of the benefits of biophilic design and how it can be incorporated into current and future design of healthcare facilities, with particular emphasis on the Urgent and Planned Care Hospital. Following the conclusion of the action learning, the UHB's approach has been to build biophilic design into its core programmes and activities as well as advancing enabling activities. Examples of the latter, include a partnership with the National Botanic Garden of Wales, supported by

Shared Prosperity Funding, which led to the application of Biophilic Design principles on the Glangwilli and Prince Philip General Hospital sites. The UHB is also part of a funding application to the Arts and Humanities Research Council to take a 'mission based' approach to advancing Biophilic design in South West Wales.

https://whitearkitekter.com/news/white-arkitekter-and-the-acorn-team-to-deliver-new-velindre-cancer-centre/

3.3.12 Specific learning is also being gleaned from the design associated with the new Velindre Cancer Centre, which is now under construction. Biophilic principles have been incorporated into the design brief, with the new cancer centre aiming to be the greenest in the UK.

Arts in Health

3.3.13 **Hywel Dda UHB Arts and Health Charter -** In early 2024, Hywel Dda launched the first Arts and Health Charter in Wales.

Our Arts and Health Charter is a public promise to integrate the arts into the work of the Health Board, making it an integral part of how we deliver health and wellbeing services.

It sets out an ambitious vision to 'Put creativity at the heart of health and wellbeing' and makes public our intention to 'integrate the arts into the work of the Health Board, to improve health and wellbeing and promote healing and recovery' through a set of 8 Arts and Health Principles and Pledges.

To learn more about HD Arts and Health Charter please visit - **Arts and Health Charter - Hywel Dda University Health Board**

Arts and health are used to refer to all work with creativity, arts and culture that supports people's health and well-being. By 'arts and health' we mean all artforms

and may include visual arts and craft, music, dance, theatre, creative writing, storytelling, singing and more.

Arts and health is delivered by skilled arts and health practitioners, artists, musicians, dancers, writers and theatre makers in collaboration with patients, staff and communities.

Some brilliant examples include live music to soothe and comfort patients, dance for falls prevention, singing to improve lung health and memory, visual arts to improve mental health and well-being.

An Arts and Health Plan is being developed to deliver upon the promises set out in our Charter which will include the development of an Improving Healthcare Environments Plan through our Creative principle - to draw on all art forms to transform healthcare environments to aid healing and recovery and to support people to live healthier, happier, more joyful lives.

We are currently successfully piloting a Flagship Art and Capital project by incorporating the arts into the new Cancer Treatment Unit at Bronglais Hospital in Aberystwyth.

The delivery of our Arts and Health Charter will enable us to explore opportunities for Arts in Health to be prominent in future Infrastructure Investment decisions. Estates and Capital Planning teams are working closely with the Arts in Health Co-Ordinators to embed Arts in Health opportunities within individual schemes and to explore the potential of developing an Improving Healthcare Environments Plan (2025 – 2030) to create more welcoming surroundings for patients, families and staff - building learning, public art development processes and policies across Hywel Dda.

Transport and Accessibility

3.3.14 The UHB has committed to developing and addressing access, travel, transport, and the necessary infrastructure to support service re-configuration (Planning objective 5C)

3.3.15 This is part of the objective to develop business cases to support the repurposing of GGH and WGH as well as the implementation of the new urgent and planned care hospital.

3.3.16 This planning cycle has seen the completion and implementation of a Transport and Accessibility Strategy. Driven by many concerns from the public on travel times and accessing services in the future configuration, the transport strategy sets out how we and our partners will develop transport services for our patients, visitors, and staff over the next 10 years. Our aim is to ensure our general hospitals, community facilities and integrated care centres are easily accessible for all by ensuring the availability of a wide range of sustainable services and transport modes. It is also cognisant of the Climate Emergency declared by Welsh Government in 2019 and the new transport strategy for Wales, Llwybr Newydd, which followed in 2021, urging us

to change the way we travel, with less reliance on the motor car and more use of public transport, walking and cycling. How we intend to deliver the improvements

required is set out in an implementation programme, jointly developed with partners and key stakeholders. The implementation programme will be subject to annual review and will include specific targets to help track progress on achieving our objectives.

4 .0 HEALTH & CARE STRATEGY – A HEALTHIER MID AND WEST WALES: OUR FUTURE GENERATIONS LIVING WELL

4.0.1 The Health & Care Strategy transformation programme, 'A Healthier Mid and West Wales: Our Future Generations Living Well' (AHMWW), was approved by the University Health Board in November 2018 along with the 20-year vision for population health outcomes set out in 'Future Generations: Living Well - our Health and Wellbeing Framework'.

4.0.2 This model of service configuration supports the Board to meet its strategic goals of:

4.1 Background

4.1.1 The UHB has previously taken forward its Programme Business Case (PBC) which was submitted to Welsh Government in February 2022. This set out the high-level intent to deliver the AHMWW strategy and to specifically:

- *The repurposing or new build of GGH and WGH*
- *Implementation of a new urgent and planned care hospital (with architectural separation between them) within the zone of Narberth and St Clears*
- *Work with partners to develop and address access, travel, transport, and the necessary infrastructure to support the service configuration taking into account the learning from the COVID pandemic*
- *Develop plans for all other infrastructure requirements in support of the health and care strategy.*
- *Ensure the new hospital uses digital opportunities to support its aims to minimise the need for travel, maximise the quality and safety of care and deliver the shortest, clinically appropriate lengths of stay.*

- *Implement the requirements of 'My charter' to involve people with a learning disability in our future service design and delivery.*
- *Incorporate Biophilic Design Principles, learning from the best in the world, into the design of the new hospital and the repurposing of GGH and WGH*

The PBC was based on the public consultation which concluded the need for a new Urgent and Planned Care Hospital in an identified geographic zone between Narberth and St Clears. The vision for the Programme is:

- The integration of health and social care to deliver **an integrated community model**, based on an **integrated social model for health** and well-being (the model), at a pace.
- Working with social care and other partners, this will be a long-term commitment, focused on **prevention, well-being, early intervention** and help build resilience to enable people to live well within their own communities.
- The development of a **plan for the existing Community Hospitals**, working with local communities.

This plan has been focussed on the provision of ambulatory care including out-patient services, diagnostics, treatment, observation, rehabilitation, and end of life care.

- A new **urgent and planned care hospital in the South of the Health Board area;**
- Acute medicine to continue at **Prince Philip General Hospital**;
- A **repurposed Glangwili General Hospital and Withybush General Hospital** offering a range of services to support a social model for health and well-being, designed with local people to meet their needs.
- **Implementation of the Bronglais Strategy**
- Development of our **Community Estate**

The submission of the PBC was followed, with WG agreement, by the development of the SOC for the new hospital, Withybush and Glangwili Hospitals. Work on this was suspended at the end of 2023 whilst the results of the Nuffield Trust Review was awaited and subsequent WG correspondence which raised concern that the options being considered in the SOC were too limited. Community Schemes have continued to be progressed as part of the AHMWW Programme.

Capital assumptions

4.1.2 The capital assumptions associated with the Health & Care Strategy were set out in the PBC and ranged from £1.342m to £1.392m excluding optimism bias and between £1.677 and £1.740m with 25% optimism bias.

4.1.3 The A Healthier Mid and West Wales (AHMWW) Infrastructure & Estates Plan Sub-Group has been established as a Sub-Group of the A Healthier Mid and West Wales Group and constituted from 10th April 2024.

The purpose of the Infrastructure & Estates Plan Sub-Group is to ensure delivery of the major capital plans and schemes that support delivery of the Health Board's Strategy, 'A Healthier Mid and West Wales; Our Future Generations Living Well (AHMWW)'. This will be developed into the HDdUHB's Estate Strategy which will be produced in support of future AHMWW Outline Business Cases

The Infrastructure & Estates Plan Sub-Group will be responsible for the:

- Development and completion of the Strategic Outline Case (SOC) for the new urgent and planned care hospital build, Glangwili Hospital and Withybush Hospital for approval by the Health Board and subsequent submission to Welsh Government.
- Progression of the technical work around land acquisition and co-ordination of the provision of appropriate and available information to the Board to assist with further site shortlisting.
- Responding to the completed independent review of the clinical model.
- Progression of the infrastructure implications of the work undertaken on the Clinical Services Plan. The work being undertaken for the short to medium term clinical modelling will feed into pathway work that will need to be undertaken for the Outline Business Cases which form part of AHMWW infrastructure investment requirements.
- Updating of the PBC as required.
- Alignment of CSP infrastructure plans and other interim infrastructure plans to produce a route map in support of the implementation of the strategy.

The Infrastructure & Estates Plan Sub-Group will also oversee the development of the interim infrastructure and estate plans and ensure alignment of short- and medium-term schemes with the strategy. These will include schemes such as fire, business continuity, major infrastructure and those emanating from the Clinical Services Plan (CSP).

The future work plan is dependent upon the agreement reached with WG following discussions at the IIB meeting on the 23rd January 2025. This will need to be a detailed and funded milestone plan relating to the AHMWW PBC and SOC and will also need reflect the UHB Strategy Refresh and associated programmes of work such as the Clinical Services Plan, Interim infrastructure investment, and the Primary Care & Community strategy. The work programme will include significant public, staff and stakeholder engagement and consultation.

Progression of AHMWW programme and infrastructure implications.

The Director of Strategy and Planning presented a comprehensive update to Board at their meeting on 28th November 2024. This included the indicative AHMWW

programme timescales and wider infrastructure and estates implications as highlighted below

Programme Timescale - The pandemic and subsequent programme delays have meant the timescale for delivery of the programme, in particular the new hospital

- network, is substantially longer than originally anticipated. It is now highly likely that the new hospital would not be operational for at least a decade.
- **The timing and sequence of delivery will need to change** - Given the affordability challenges it would appear highly unlikely that all the capital schemes within the programme could be delivered within a decade. The Health Board will therefore likely need to prioritise and sequence the capital schemes and adjust the wider plans to reflect this.
- **The interim plan will need to change** - In accepting that a new hospital will not be operational until the mid to late 2030s, it follows that the key service changes unlocked through a new hospital will now need to be considered ahead of a new facility and within the existing site configuration.
- **The proposed location for the new hospital may need to be reviewed** - In agreeing the strategy, the Health Board set out a 'zone' between Narberth and St Clears where the new hospital would be located, based upon detailed analysis of journey times for the population. Since the strategy was agreed, the Health Board has undertaken an exercise to generate a long list of possible site locations, evaluated and shortlisted these options and undertaken a public consultation leading to two sites remaining, one in St Clears and one in Whitland. Both locations are viable but the analysis has clearly shown that, for those services not provided for at PPH (currently the most notable services are A&E, obstetrics, paediatrics and emergency surgical services), the further west the hospital is located the more activity flows to Swansea Bay. A change of flows would have two consequences: firstly it increases the capacity requirement in Swansea Bay (in the case of acute medicine this was the main reason for retaining that service in PPH as part of the strategy) and secondly it reduces the critical mass (activity volumes) of the Hywel Dda service, which in turn may potentially affect its long-term viability. This latter consideration was for example, in the case of Obstetrics, the primary reason for removing the Narberth site as part of the land shortlisting process. Indeed, there was significant clinical concern from women and children's services about any site for the new hospital further west than Carmarthen.
- **The overall capital costs are likely to increase but the programme may become more affordable** - It is highly likely that an extended implementation period will lead to increased capital costs as old, poor condition buildings are maintained prior to the necessary major capital investment. Paradoxically, whilst the overall cost of the programme may increase, the phasing over a longer period could in fact make it more affordable for Welsh Government as capital investment is spread over more financial years

It highlights that an extended programme timeline could bring potential for more capital investment directed towards digital, prevention and primary and community care early in the programme. In terms of a strategic refresh, the scope of the strategic refresh will need to be agreed but it may include re-consideration of the infrastructure options, and sequencing.

The Board agreed the need for a strategic refresh given the context set out in the Board report.

At the meeting with the Welsh Government Infrastructure Investment Board on the 23rd Jan 2025 the UHB set out the context for the discussions and posed questions

which the UHB considered needed to be jointly agreed with the Welsh Government to be able to make constructive steps towards the delivery of a long term strategy.

Specifically:

1. Does the IIB continue to support the development of a long-term strategic solution for West Wales (recognising the capital affordability challenge)?
2. Which approach would the IIB want the Health Board to take and what is the product we are aiming for?
    - Revised strategy
    - Revised Programme Business Case (PBC) which will allow us to develop a long list of options to be refined through the business case process including some options that won't result in a "new" hospital
3. If new PBC, what is the content of that PBC?
    - Agree whether this is an 'end state' PBC or one which describes the 'end state' and the programme of works that get us to that point.
    - Noting that the latter approach will demonstrate the need for investment over and above that currently being considered through the Business Continuity work

At the meeting the following summary position was reached

- WG are supportive of the development of a long term strategic solution for West Wales
- There was agreement on the need to develop a strategy document. The precise form of that document and the content and component parts are to be the subject of a workshop to be held between WG and UHB officers within 6 weeks of the IIB meeting date.
- It was agreed there needs to be a plan which addresses the clinical services and estate fragility.
- It was agreed the plan will need to include any regional opportunities most particularly with Swansea Bay University Health Board (SBUHB).

WG welcomed the pragmatic approach being adopted by the UHB to find consensual agreement on the best way forward and the shared aim that this will result in a supportable and deliverable programme plan

It is anticipated the Health Board will agree the next steps for the programme and the necessary business cases with Welsh Government over the next few months.

Communications and Engagement

4.1.4 In the health and care strategy, A Healthier Mid and West Wales, the UHB made a commitment to continuous engagement and good communication with our population. This means we work together every step of the way with our staff, patients, carers, people who live and work in our communities, and people or organisations delivering or interested in health, care, and well-being.

4.1.5 A communications and engagement plan will be detailed in association with the Strategic Refresh and the other related workstreams which are subject to engagement and consultation.

Equalities and Health Impact Assessment

4.1.6 An Equality & Health Impact Assessment (EHIA) has been developed for the whole of the Programme Business Case. The EHIA includes an overview of the potential positive and negative impacts on people, and how the UHB will mitigate them and address equality duties. The EHIA was updated as part of the land consultation process when shortlisting for the new Urgent and Planned Care Hospital. The document will be continually updated moving forward. The UHB also plans to undertake focus groups with the public, and particularly with vulnerable or disadvantaged groups (referred to as people with protected characteristics) or people who may be affected by the building of a new hospital, for example those living close to the two potential sites. Information from these groups will be used in the EHIA as we learn more. The programme EHIA has been the subject of interim stage review in December 2024.

Importantly also, separate EHIAs will be produced for each community scheme as they progress.

5.0 COMMUNITY INFRASTRUCTURE DEVELOPMENTS

5.0.1 The PBC includes a range of community initiatives which continue to be developed. These schemes are hugely significant to developing the community model as described in the Strategy.

5.0.2 In referencing the Social Care Integration and Rebalancing programme above, it is clear that this regional fund will present significant opportunities for our community infrastructure developments.

5.0.3 This fund will support RPB's and their partners (including the UHB) to deliver a programme of local community hubs to co-locate front-line health and social care and other services.

5.0.4 The West Wales Care Partnership (WWCP) will 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.

Work has begun on the next tranche of community schemes that have been previously included in this IIP.

5.0.5 The following schemes will be included in the 10-year Regional Capital Plan:

Scheme	Description& current stage
Current work plan	
Cross Hands ICC	The development aims to provide a sustainable solution for the continued provision of primary and community health and social care in the area. **The Full Business Case (FBC) is currently being reviewed to realise within the OBC +10% capital value.**
Fishguard Integrated Health & Wellbeing Centre	Will address wider local health and community needs by developing an integrated Health and Care Centre for Fishguard in partnership with Pembrokeshire County Council **Development of SOC/OBC continues following approval of scoping options by Executive Team in November 2024.**
Aberystwyth ICC	The project aimed to deliver an Integrated Care Centre (ICC) in Aberystwyth to bring together a range of public services under one roof in an environment that is compliant with regulatory standards and is suitable for the delivery of twenty first century care. Work on a revised scope for this scheme has been undertaken by the Regional Capital Team to be considered by key stakeholders. **The project is currently at scoping stage.**
Cylch Caron (led by Ceredigion County Council)	The original aim of the project was to deliver a new health and housing facility in Tregaron and is led by Ceredigion County Council (CCC) in collaboration with Hywel Dda University Health Board (HWDUHB), Tregaron Surgery, Tregaron Pharmacy, and Welsh Government. The vision was to replace the currently scattered unfit for purpose building with a purpose-built centre for the integrated delivery of health and social care services; together with specialist housing for individuals with care needs right at the heart of the deeply rural community of Tregaron. The Tenders for a housing partner to work with Ceredigion County Council and the UHB to deliver this scheme was out to the market and closed on 20th September 2024. The Tender was not met by any of the Interested parties, however there is scope for further discussions with 2 potential partners which is currently being followed up by Ceredigion CC and the UHB. **A positive meeting held with WG on 4th December where next steps on the development of the business case were agreed. A timeline and plan to progress these steps will now be developed**

Carmarthen Hwb (led by Carmarthenshire County Council)	The vision for the Carmarthen Hwb is for a modern and accessible centre in the heart of Carmarthen that will improve quality of life for people in Carmarthen and its surrounding area and drive economic resilience and growth in the town centre. It will promote preventative healthcare through better integrated, better-connected services in a high-quality setting, creatively linking these with culture, learning and leisure opportunities. Specifically, the project proposes dedicated spaces for Hywel Dda University Health Board and University of Wales Trinity St David; a Collections Centre, leisure activities and public services hub operated by Carmarthenshire County Council and shared space for collaborative and community use. Business Justification Case for Integration and Rebalancing Capital Fund (IRCF) funding was submitted to WG and £10.8m of WG funding has been released for the scheme £7m for Carmarthenshire County Council as the lead authority on this scheme and £3.8m for UHB equipping. Building works are progressing on site. Milestone event was held on site 12th December
Future Work Plan	
Llandovery Community Hub	The project offers excellent opportunities to integrate health and social care services alongside third sector services and community organisations. It focuses on the needs of specific client groups but also cross generational opportunities to promote the hub as a beacon for community development needs within Llandovery and the surrounding area. This alongside a bespoke proposal for rural educational opportunities, partnering with universities. There is a strong vision and desire for the project to succeed with significant buy in from key anchor organisations. The proximity of the existing hospital and GP practice to the Hub offers a unique opportunity to build on existing infrastructure to optimise the availability of services and initiatives in the area. Work on this scheme is currently on hold due to resource issues relating to the input required from the Capital Planning Team which is fully employed on other Carmarthenshire schemes.
Milford Haven Narberth and Crymych Pembroke Dock Integrated Health and Wellbeing Centre Tenby Integrated Health and Wellbeing campus South Pembrokeshire Rehabilitation Centre Haverfordwest Central	Not yet commenced

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Amman Valley Lampeter Integrated Care Centre Llandysul Integrated Care Centre	

Pentre Awel (led by Carmarthenshire County Council)

A refresh of the Full Business Case has been completed by Carmarthenshire County Council (CCC) for the City Deal funding, this was also submitted to WG for additional IRCF funding. Funding from IRCF source was declined but £1.333m of AWCP funding has been approve for the scheme in 24/25. Final details of the Agreement for Lease are being worked on.

5.1 Business Continuity

5.1.1 To this point, we have discussed the estates and capital planning requirements of the transformation portfolio. In addition to these, and not part of those Programme Business Cases, we must ensure that we maintain and develop our essential service infrastructure where necessary for the interim period.

5.1.2 Our business continuity schemes are critical to the on-going service delivery across our organisation. Any deterioration in service delivery within the existing model will impact on clinical care and patient outcomes as well as affecting the ongoing engagement and positive relationship with our local population whilst non-maintenance of estate and equipment will also impact heavily on care delivery.

5.1.3 We need to ensure existing services are maintained with an infrastructure and estate which can last until the new hospitals and existing sites and community facilities are completed. These will be the subject of separate business cases to be developed and discussed with WG colleagues in the usual way. An example is the Major Infrastructure PBC, submitted to WG in 2020 which was endorsed in July 2021 for £89m (Feb 2020 prices).

5.1.4 A high level view of the scale of estate and medical devices backlog facing the organisation is as follows:

Area	Total Cost [2023/24]	Includes
Estates Backlog	£256m [including £42m high risk backlog and £165m to address areas categorised by	Glangwili Hospital - £90.2m Withybush Hospital - £72.3m Prince Philip Hospital - £27.7m Bronglais Hospital - £36.0m

	Welsh Government as significant risk]	
Medical Devices Backlog	£26.6m	Replacement equipment recognised as overdue for replacement or due for scheduled maintenance/replacement
Digital Backlog	£15m - £18m	End user device replacement programme for Laptops, Pc's tablets etc, also replacement of local area networks and application and software and upgrades

5.1.5 Whilst discretionary capital is allocated to these areas, All Wales Capital Programme (AWCP) support is required to make large scale impact. There are also service developments which will need to be supported by capital investment in the 'interim years'.

5.1.6 The following are schemes currently included in our forward look AWCP recognising that these are at mixed stages of development ranging from scoping/still to be agreed phase, to business case development to construction phase.

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Description	Status	2025/26	2026/27	2027/28	Progress
Business Continuity Capital Schemes					
Diagnostic Equipment Replacement • Fluoroscopy Withybush					Scheme due for completion in 2025/26
WGH Fire Precaution Upgrade Scheme – BJC	Phase 2 BJC	*	*	*	BJC in production anticipated completion May 2025
GGH Fire Precaution Upgrade Scheme – BJC	Phase 2 BJC	*	*	*	BJC in development anticipated completion autumn 2025
Major Infrastructure Programme Business Case	BJCs in development				Programme Business Case has been endorsed by Welsh Government. Funding has been allocated in 2022/23 to progress with the work required to align the UHB's risk registers and the packaging of schemes for the development of future BJC's. Work has been undertaken in 2024/25 with NWSSP Shared Services to agree a prioritised list of projects.
Aseptics	BJC On Site	* *	*		A BJC has been developed for a small-scale capital refurbishment of the Aseptic unit in WGH. This was approved by UHB Board in January 2025 and has been submitted to WG.
Chemotherapy Day Unit BGH	On site	*			Scheme completion expected May 2025
Aberystwyth Sexual Assault and Referral Centre (SARC)	On site	*			Work is currently on site with scheme completion expected June 2025.
RAAC WGH	On site				Further survey works on going and remedial capital works funded via WG
Business Case Development Programme					
Implementing the "A Healthier Mid and West Wales Programme"					
Detail of next steps to be confirmed					Details of next steps in the business case process will be confirmed with WG during 2025/26
Community Infrastructure Developments					
Cross Hands Health & Wellbeing Centre	FBC	*	*	*	The UHB are currently reviewing the building footprint to align with the available budget in WG.
Aberystwyth Integrated Care Centre	Scoping				Further meeting with WG is planned for February 2025

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Fishguard Health and Wellbeing Centre	SOC/OBC	*	*		Funding to progress with Fishguard SOC/OBC has been approved through WG IRCF Capital.
Bronglais Post Graduate Development (Aberystwyth Integrated Education & Research Centre)	Scoping		TBD	TBD	Options for early consideration at project scoping stage have been developed no further work has been undertaken from a capital planning perspective in 2023/24.
Mental Health & Learning Disabilities priorities					
Preseli Centre, Pembrokeshire	Scoping				Demountable building based on WGH and houses the clinical, administrative and support staff. Poor condition of the facility means a feasibility report is being completed with full costings provided for two options. 1. A Double demountable or 2.
Schemes not led by the UHB					
Carmarthen Hwb	On site	*			Scheme on site anticipated completion January 2026
Pentre Awel	Construction				Pentre Awel will create: £199.5 million of infrastructure including research and business development facilities, a learning academy, an Independence Centre of Excellence incorporating a state-of-the-art care home and rehabilitation centre, extra care housing, a new leisure and aquatics centre with hydrotherapy pool, wellness hotel and outdoor leisure space. A multidisciplinary community health, care and research facility linked to HB services. The UHB is currently engaged in the detailed design discussions with CCC and the Contractor The completion date for Zone 1 is October 2024
Cylch Caron Health and Wellbeing Centre, Tregaron	Refresh OBC		*	*	The Project Board has reconvened Ceredigion CC and HDUHB have re-tested the market for a housing partner. A competitive dialogue will now commence during the Spring of 2025.
Regional Cellular Pathology Services	OBC	*			This is a collaborative project being led by SBUHB.

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					This project is currently deemed to be unaffordable from a WG perspective. The HDdUHB and SBUHB will need to review the position and interim solutions for the individual pathology disciplines.
Other projects					
Bandi Appeal	Scoping				The Bandi appeal has raised c. £1.1m for improvements to children services. Given the condition of the existing outpatients areas in the children's centre in GGH (Ty Arthur), scoping is underway for a refurbishment project with the Bandi trustees. Further fundraising is also being explored with the Bandi trustees.
Paediatric review outcome	Scoping				The paediatrics consultation process will begin in May 2023 and will run for 12 weeks. Three options have been detailed, each with a "do minimum" and "do maximum" options. The likely scenario which aligns to a "do minimum" has been costed at £35,000 for each option. There will be a DCP implication for this in 2025/26.
WG office accommodation scheme	Design	*			Funding approved; design ongoing
Improvement to access control across acute sites	On going				In response to P.O 3L, access control improvements have been scoped across all acute sites. The approach is to target each acute site in a phased manner to ensure affordability from DCP. Additional CCTV cameras have been purchased and will be installed during 2025/26.
BGH Lift shaft remedial works	On site	*			The works will be completed during 2025/26.

KEY

On site
Business case or scoping stage

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5.1.7 In addition to the schemes highlighted above, additional schemes may be reflected in the plans submitted from the County Teams, Women & Children's Directorate, Planned Care and Pathology.

6.0 10 YEAR INFRASTRUCTURE INVESTMENT PLAN

6.0.1 In previous years the NHS Wales Planning returns have provided a template for capital investment plans. This has been used to display the cashflow (where appropriate) and forward look of capital schemes in various sections:

- Business Continuity Schemes
- Schemes that fall under the umbrella of delivering our Health and Care Strategy and PBC
- Digital Schemes

6.0.2 **All Wales Prioritisation**

A letter was issued on 20th November 2023 outlining an All Wales Capital Prioritisation process. The NHS Infrastructure Investment Board (IIB) agreed a framework which provided a common basis for investment decision making.

A prioritisation form was completed for all business case irrelevant of status, where Full Business Case / Business Justification approval has not been received. The documentation was returned to WG at the end of March 2024. The scrutiny of organisation returns was run through a sub-group of the IIB. The aim was to assist officials with clarity around priority schemes that are likely to be supportable going forward. In addition, the work would be essential in informing and influencing Welsh Government budget discussions for 2025- 26 onwards.

The framework was to provide the IIB with a common basis from which investment decisions can be considered and consistently prioritised. The **framework excludes** the following funding routes, namely – Digital Priorities Investment Fund (DPIF) and the **Integration and Rebalancing Capital Fund** (IRCF). However, should any project be reliant upon multiple funding sources, including the All-Wales Capital Programme (AWCP), then these will need to be highlighted.

The overarching objectives, and criteria (including weightings, which were agreed by the IIB) are set out below.

- Overarching Investment Objectives Objective 1 – Ensure quality, safety and operational sustainability of health and care services, prioritising areas with the greatest health and care needs, reducing inequalities to facilitate high standards of care.
- Objective 2 – Support the shift in focus towards prevention by providing more integrated services, in convenient and accessible settings for the population to take more responsibility for their own health & wellbeing.

- Objective 3 – Transform services through innovation, technology, and improved ways of working, to delivery more efficient processes to support resilience, improved experiences and outcomes.
- Objective 4 – Deliver value for money by increasing the efficiency and quality of the estate, while improving the effectiveness of services for the population and workforce, targeting investment in long term priorities, aligning to environmental strategies, whilst minimising nugatory spend.

Criteria and Weightings

	1	2	3	4	5	6	
Criteria	**Fit with Priorities & Policy**	**Clinical Impact**	**Value for money (VfM)**	**Statutory Compliance and Risk (SCR)**	**Equity & Community**	**Wider Benefits and Climate Change**	**Total**
Weighting	25%	20%	16%	13%	13%	13%	**100%**

6.0.3 The UHB in undertook an internal prioritisation process and the outcome of this process is detailed in the table below:

Scheme	Rank
New Urgent & Planned Care Hospital, Glangwili and Withybush Community Hubs	1
Business Continuity - Major Infrastructure	2
Withybush Fire Remedial Works - Phase 2	3
Glangwili Fire Remedial Works - Phase 2	4
Aseptics Project	5
Bronglais Fire Remedial Works	6
Diagnostic Imaging Equipment Replacement Programme	7
Prince Philip Fire Remedial Works	8
Sexual Assault Referral (SARC)	9
Site Refurbishment – Condition/Fabric upgrades	10
RAAC Remedial Works/Removal Withybush	11
ICT Infrastructure Upgrade Programme	12
Preseli Centre	13
User Devices Upgrade Programme	14
Medical Devices Replacement Programme	15
Clinical Services Plan Impact – Functional suitability & changes	16
Endoscopy Decontamination and Hospital Sterilisation and Disinfection Unit (HSDU) - Bronglais	17
Substance Misuse Development, Llanelli	18
Security Infrastructure – Access Control and CCTV	19
AHMWW Bronglais Modernisation	20

AHMWW Prince Philip Modernisation	21
Isolation Facilities	22
Welsh Government Buildings – Picton Terrace	23
Digitally Enabled Transformation	24
Decarbonisation	25
Dental School	26

6.0.4 The outcome of this process which has been shared with UHB's to date is as follows

Phase 1

- The UHB's discretionary capital allocation has been increased from £7.421m to £10.000m
- A Targeted Estates Fund has been created of £40m across Wales to deal with

	£m
Infrastructure	18
Fire Safety	5
Mental health	5
Decarbonisation	6
Infection Prevention Control	3
Decontamination	3
Total	**40**

- An equipment and diagnostic replacement programme allocation has been earmarked of £15m per annum for 2025/26 and 2026/27

Phase 2

- Given the funding challenges faced only a small number of the proposals/bids submitted across Wales can be supported for the future. For Hywel Dda the following developments were called out

    - Fire enforcement Works – Phase 2 at Glangwili and Withybush; and
    - Continue to engage and develop plans for business continuity, linked to major infrastructure risks across sites

We have reviewed the list of priority schemes for the UHB and the table below details these

Table to be inserted

The Community and Primary care schemes are detailed in the Regional Partnership Board 10-year Regional Capital Plan which has been referenced in this document (see under index number 3.2)

6.0.5 Appendix 9 provides a profile of potential expenditure on our capital priorities across the All Wales Capital and Regional Capital Plans.

7.0 BUISNESS AS USUAL – DISCRETIONARY CAPITAL PROGRAMME

7.1 Discretionary Capital Programme

7.1.1 The University Health Board Discretionary Capital Programme (DCP) has to be utilised to manage competing expenditure priorities; it remains extremely difficult for the University Health Board to resolve risks around:

- Infrastructure and statutory backlog.
- Replacement of medical equipment.
- Standardisation of medical equipment across sites to enable cross site working;
- Rolling ward refurbishment programme to upgrade the patient environment;
- Replacement of major radiology equipment – general rooms along with CT & MRI replacements;
- Significant upgrades of IT infrastructure and keeping pace with IT replacements;
- Small value capital developments associated with service improvements and developments.

2025/2026 allocations

7.1.2 For 2025/2026, the allocation of discretionary capital has been confirmed by Welsh Government at **£10.000m**

7.1.3 This means that the University Health Board will face significant backlog pressures in digital, estates maintenance and equipment replacement which continues to mean that not all risks can be mitigated.

7.1.4 Programmes of replacement over a longer timeline are being developed and will need to be the subject of All Wales Capital support.

7.1.5 A proposed allocation of the 2025/26 programme was approved by the Executive Team on 15th January 2025

7.1.6 The current schedule of pre-commitments for 2025/26 is listed in the table below:

Pre-Commitments 2025/26	Option 1 £m
TEF 2025/26	1.700
Welsh Intensive Care System	TBC
Paediatric Consultation	0.800
Pentre Awel contribution	0.300
24/25 slippage/underspend managed into 25/26**	0.500

Residential Accommodation	0.200
CCTV installation of equipment from 24/25	0.459
Total	**3.959**

In addition to the pre-commitments there is a requirement to ring-fence an element of our allocation to deal with the cost of developing business cases and supporting capital developments

Ring-fenced allocations	Option 1 £m
Development of business cases	0.400
Capital support	0.200
TOTAL	**0.600**

The following option was agreed by the Executive Team

	Option 1 £m
Pre-Commitment	**3.959**
Business Case Development	0.400
Capital Support	0.200
Contingency Reserve	1.000
Opportunity risks	0.941
Spend to Save	0.300
Refurbishment of clinical areas	1.000
Statutory and estates programme	0.450
Equipment	0.500
Digital	0.500
Allocation via matrix	0.750
Total	10.000

7.2 Regulatory Compliance and Estate Environment

7.2.1 While major investment has been undertaken in service improvements this has not impacted significantly on the estate backlog performance.

7.2.2 While estate condition based on a 5-facet survey or critical risk analysis will be a key component in developing strategic estate solutions, there are a range of important principles which need to be applied to ensure the UHB takes advantage of the opportunities available and develop the estate appropriate to needs. These include:

- Maximising the use of existing estate and refurbishing rather than new build where possible
- Aligning with national and local planning priorities;
- Ensuring estate is functionally suitable for purpose;
- Ensuring estate is compliant with statutory requirements and latest clinical service and estate standards and guidance;
- Ensuring acute hospital site estate is prioritised for clinical purposes and non-clinical functions moved off site when appropriate;
- Actively working with our partners to maximise opportunities to improve estate utilisation;
- Disposing of unnecessary estate and maximise value;
- Innovative forms of finance will be explored to deliver service and estate modernisation;
- Ensuring compliance with regulatory recommendations such as Healthcare Inspectorate Wales (HIW).

Estates regulatory compliance

7.2.3 A programme of prioritised schemes has been included in the DCP for 2024/25 as outlined above. These are referred to as statutory schemes within the programme to ensure compliance on various aspects of the estate.

7.2.4 Whilst the in-year discretionary apportionment to statutory items will help improve the overall position, longer term emphasis remains on the Major Infrastructure PBC.

7.2.5 This continues to progress. WG have been supportive of the UHB throughout this process and have recently approved £0.150m to enable the UHB to appoint a consultant team to undertake enhanced scoping work. This work will include additional risk assessment information on the UHB priorities, will consider additional risks contained in the latest Estates & Facilities Corporate Risk Registers and provide more detail of the expected cashflow required each year over the programme period.

7.2.6 The PBC which has been endorsed by WG has been developed on the basis of Estate safety and Business Continuity assurance for our acute Estate to support the HB for the interim period until strategic investment is in place as part of the AHMWW programme.

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Estates environmental improvements (infrastructure)

7.2.7 In December 2024, WG announced the Targeted Estates Funding (TEF) for 2024-25 & 2025-26. The funding has been split across several headings:

7.2.8 Importantly, the details of the fund include the ability for projects to span across financial years to be considered.

7.2.9 Like its predecessor fund organisations are required to contribute 30% towards all schemes. A programme will be submitted to WG with a cap of £xxxm contribution from the 2024/25 and 2025/26 DCP, as agreed by the Executive Team in January 2025.

7.3 Medical and Non-Medical Equipment

7.3.1 The requirement to closely manage the medical and non-medical equipment replacement and inventory is reported to the Capital Sub-Committee and Strategic Development and Operational Delivery Committee on an annual basis.

7.3.2 The position was reported to Capital Sub-Committee in July 2024, and the report has highlighted:

- Overall investment in medical devices during 2023/24 was c.£4.08m.
- Welsh Government directly funded an additional targeted £1.74m.
- The updated and estimated replacement cost for the inventory is now £118.37 million across 30,093 devices.
- The value of in-service devices that are due or overdue replacement based on age has risen to £26.3m from a previous figure of £25.9m.
- The number of in-service devices that are due or overdue replacement has risen to 4,603 from a previous figure of 3,558.
- The age profile of in-service devices supporting patient care has reduced slightly compared to last year's position. Currently 65% the inventory is under 5 years old; the previous figure was 69%. There are many new devices imminent due for deployment which will improve this position.

7.3.3 The table below shows the quantity and estimated replacement cost of the medical devices on the inventory. Also shown are the number and value of these devices that had been identified as 'potentially' requiring replacement. From the table below it can be concluded that

- Year-on-year, efforts to replace both capital and revenue devices are limiting the backlog increase. The value of the backlog although higher than last year has been inflated largely because of the higher than usual inflation figure used in the value uplift process carried out annually.
- This information is taken from the Clinical Engineering inventory database that shows devices both Capital and Revenue that are identified as due or overdue for replacement, based on expected service life, or defined end of life data received.

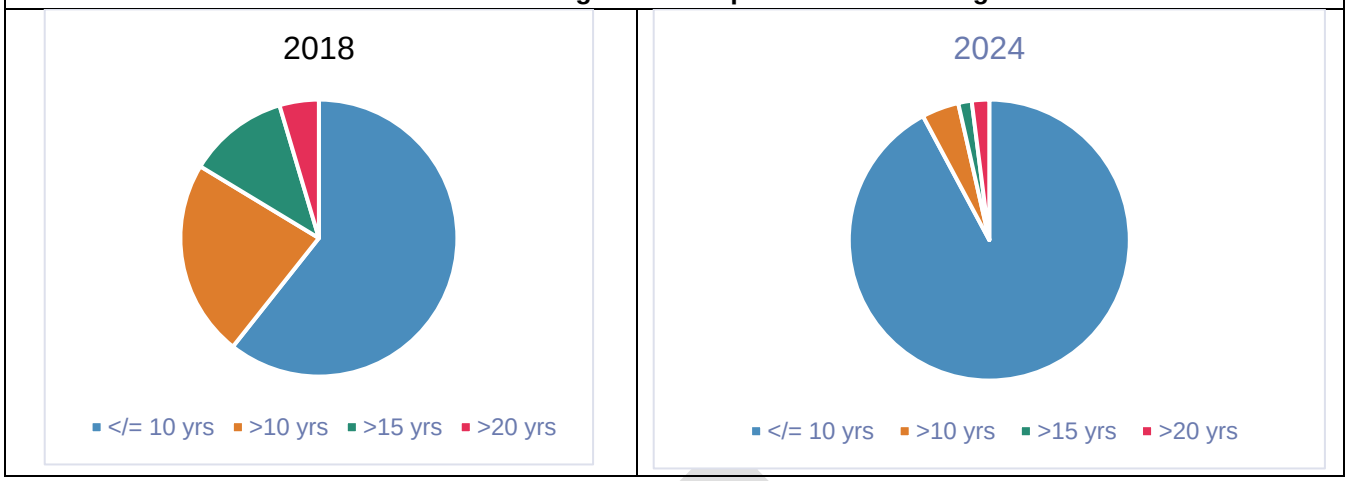
- In the year from June 2023 to June 2024, the number of capital devices by definition, increased by 28 devices. However, the overall value of the inventory items identified for replacement fell by £1.34m.
- Over the same period, the number of devices classified as revenue identified for replacement rose by 1,045 devices representing an increase of 4% having an additional value of approximately £1.7m.
- It follows that although the combined effect seen is an overall increase in backlog by 1073 devices along with an associated near freeze in the replacement backlog rising by only £0.36m.
- It should also be noted that the overall financial backlog has remained consistent with the previous year through the continued investment as per forecast

Devices 'In-Use' identified as potentially Due/Overdue/Requiring Replacement.						
	Capital		Revenue		Overall	
	Qty.	Est. Replacement (£m)	Qty.	Est. Replacement (£m)	Qty.	Est. Replacement (£m)
2024	771	22.040	3,832	4.250	4,603	26,290
2023	743	23.380	2,815	2.550	3,558	25.930
2022	930	27.860	3,633	3.820	4,563	31.680
2021	981	30.560	4,241	4.880	5,222	35.440
2020	1,016	23.480	3,813	5.320	4,829	28.800
2019	1,131	30.070	3,210	5.290	4,341	35.360

7.3.4 From the graph below it can be concluded that:

- From a 2018 position where 78% of devices in service were 10 years old or less, this has improved to 92%.
- Furthermore, 71.7% of In-Use devices are now 5 years or less in service.
- The Health Board should take assurance that these positive trends can be expected to continue through 2024/25 with the further deployment of the devices highlighted earlier.
- It can also be seen that the number of devices in clinical use that are >10 years in service has fallen from 22% (4,234) of the total in 2018 to 4.3% (1,476) in 2024.
- Likewise, the number of devices >15 years has also fallen from 11% (2,177) in 2018 to 2% (537) during the same 6-year period.

Figure 1: Comparison of device ages between 2018 and 2024.



7.3.5 The key conclusions from the report from a capital perspective are:

- that improvements to the inventory will allow service leads to make more informed decisions when planning service developments and medical device replacements.
- without significant and sustained investment in this area or a corresponding reduction in the number of devices in service, the Health Board can expect that the number and value of devices due/ overdue replacement will continue to increase to the potential detriment of patients, staff, and organisational safety.
- intrinsically linked to the increasing number and value of equipment on the medical device inventory are the increased revenue resource requirements to ensure their appropriate maintenance arrangements are in place.
- Whilst there will be a plethora of benefits to be realised from the progress made into medical device investment which will be seen by clinical users, the main motivation behind having a modern stock of medical devices must be the desire to improve patient safety and the outcomes associated with the care provided by the organisation to our patient population. Through its rolling replacement programmes and the clinical/ technological modernisation of its devices, the Health Board can have increased assurance that its clinical staff have the essential tools to deliver the highest standards of patient care which should go beyond minimum expectations of the public.
- With an inventory replacement value of £118.37m and a notional life cycle of 10 years an annual replacement budget of £11.837m is required to stand still. The current value of the DCP allows for an investment of between £0.5m - £1m in the equipment inventory.

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7.4 Digital response

7.4.1 The digital age has created a new set of challenges for healthcare. Traditional digital healthcare models are no longer effective. For example, the purchasing of siloed and unconnected systems, with limited interoperability which reduces the ability to leverage the data for secondary purposes. Therefore, we must adapt to keep up with changing patient expectations.

7.4.2 Digital technology is a significant part of our everyday lives improving the way we socialise, shop and work. It also has great potential to improve how the NHS delivers its services in a new and modern way, providing faster, safer and more convenient care. Our Health Board approach will increase the range of digital health tools and services available. People will be able to seek health information and support online and choose whether they speak to a doctor on the phone or in person. A wide range of NHS Wales approved apps will help people get ongoing support to help them manage their health and wellbeing needs, backed up by face-to-face care when this is needed. As part of this programme will be investing in improving NHS Digital systems and in developing new technology. We will make sure staff have the technology they need to do their jobs, and our systems can talk to each other and share vital information to support the delivery of care, ensuring that everyone is digital included, and staff and patients are not excluded.

7.4.3 In 2019, HDUHB published its Health and Care Strategy, “A Healthier Mid and West Wales (AHMWW): Our Future Generations Living Well” Digital enablement was identified as a core enabler within the document, and will be central in creating an integrated, patient centric, community based and social model of care. A Programme Business Case (PBC) presented the strategic intent in the form of an ambitious 10-year digital transformation Programme with the use of digital as an enabler.

7.4.4 Therefore, digitally enabled transformation is the integration of digital technology into all areas of a business, resulting in fundamental changes to how businesses operate and deliver value. Successful digital transformation delivers multiple benefits, from improved clinical outcomes and patient user experiences, through to improvements in productivity and efficiencies.

7.4.5 Several key challenges face HDdUHB, including increase in demand for healthcare services, a lack of sustainable digital infrastructure, siloed and unconnected systems, and a lack of real-time data. In response to these challenges, a Digital Enablement Plan has been created to drive intelligent insight to deliver more efficient and effective care for staff and people using the healthcare services.

7.4.6 The digital enablement plan will introduce several key foundational building blocks and enable transformation of clinical services at pace. Through the Digital Enablement Plan, HDdUHB will look to:

- Provide digital services and tools to give people more control over their own health and the care they receive from the NHS.

- The ambition is to extend the NHS Wales App to everyone, where General Practitioners have agreed to become involved, as a new digital 'front door' to give people secure digital access to their own medical records; find trusted information about their health online; allow patients to conveniently book appointments and view test results online. In time it will also provide medical advice and consultations securely.
- Give health and care staff the technology they need to help them complete administrative tasks more quickly, freeing up time to spend with patients.
- Set standards that keep information secure and make sure systems talk to each other to provide health and care staff with complete access to joined up patient records.

7.4.7 We have ambitious plans for the future with a 10-year **Digital Enablement Transformation Plan**. This aims to fundamentally change the way we deliver services in the future, improving outcomes and enhancing financial sustainability for the heath board. The scale of change across the organisation will have a significant impact on ways of working and the culture at HDdUHB. The plan represents a level of investment and commitment by HDdUHB

7.4.8 To realise our vision for the people of Mid and West Wales we will need to work at pace, carefully prioritising the delivery of change to maximise impact and enable reinvestment into the programme. This cannot be done in isolation; critical to our success will be working closely with partners in an integrated way, with a shared understanding of priorities. The transformation journey has started but there is more to do to deliver for our citizens.

7.4.9 In 2023, HDdUHB updated the Patient Vision, reflecting the progress to date and the need to go further. Our ambitions include, in the future HDdUHB will have digitised all the events and information that relate to a patients care into an easily accessible data store that can be shared with partners. Clinicians will be able to view all the requests and results relating to a patient, including images, not only from the Health Board but also partners in primary, secondary and community care. By digitising the complete care pathway, from admission through to medicines administration and on to discharge, patients will receive better and safer care as HDdUHB teams will have a clear and easily understood picture of the patient's health.

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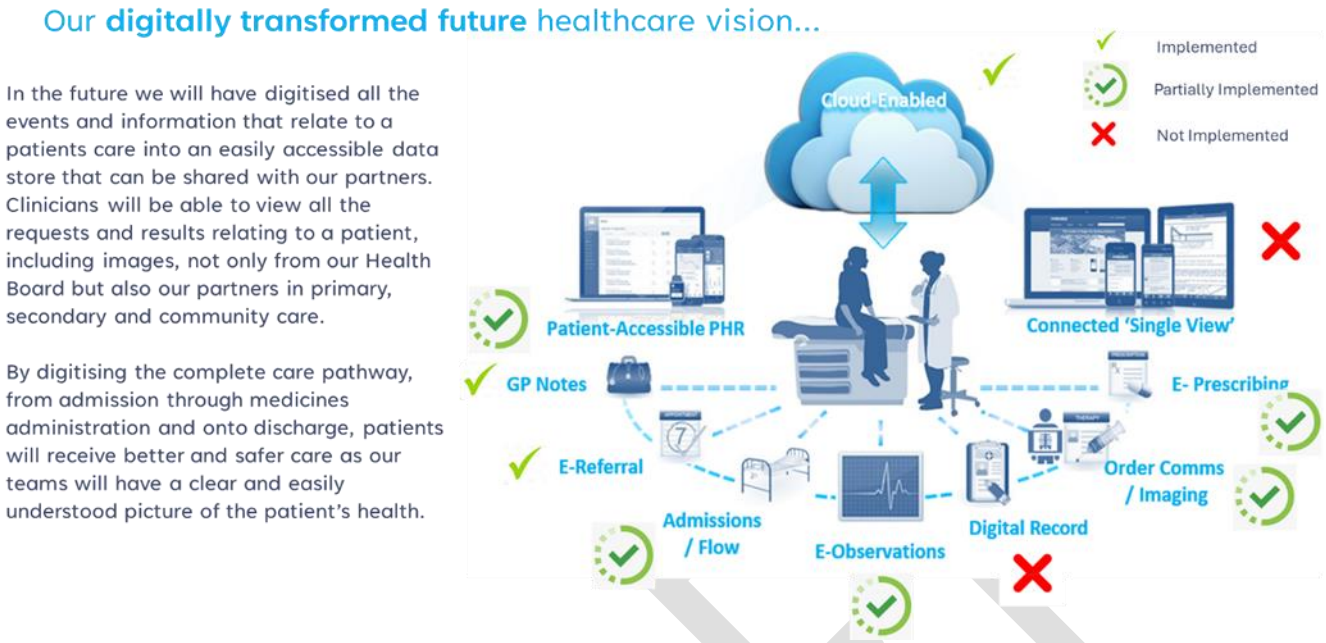
Our Patient Vision



7.4.10 The Health Board committing to the digital programme business case and the digital enablement plan, the Health Board will continue to develop as a digital integrated health organisation. We will work to ensure patients, and staff, local citizens, and partners are able to thrive in the digital future and play active roles in shaping Hywel Dda into a digital exemplar where technology is used to improve the lives and life chances of everyone.

7.4.11 We want everyone to have access to the digital information, tools and services needed to help maintain and improve their own health and well-being. We want health and social care information to be captured electronically, integrated and shared securely. We want digital technology and data to be used appropriately and innovatively to help plan and improve services and ultimately improve outcomes for all.

7.4.12 A key component of the strategic assessment was the evaluation of operational readiness for digital change. The digital roadmap requires and recommends service redesign principles for a whole system approach.

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6.2

12:15, 5 Mins

6.2 - Programme Business Case: Letter of Fire Safety Matters at Bronglais Hospital

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Rob Elliott (Hywel Dda UHB - Director of Estates, Facilities and Capital Management)

For approval

Attachments

6.2.1 SDODC SBAR - PBC for Letter of Fire Safety Matters at BGH 27 02 25.pdf

6.2.2 Appendix 1 - HDdUHB BGH Fire Precaution Works PBC v2.4.pdf

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 February 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Programme Business Case for Letter of Fire Safety Matters at Bronglais Hospital
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Rob Elliott, Director of Estates, Facilities and Capital Management

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 Hywel Dda University Health Board (HDdUHB) continues to work closely with Welsh Government (WG) and the Mid and West Wales Fire and Rescue Service (MWWFRS) in managing Fire Enforcement Notices (FENs) and Letters of Fire Safety Matters (LoFSM) on a range of premises across our Estate.

The Programme Business Case (PBC) for Fire Improvements at Bronglais Hospital (BGH), attached with this paper (Appendix 1) represents a further stage of investment within this overall Fire Safety Programme, now agreed with MWWFRS.

The remaining works at BGH will be completed as a single phase noting the work already completed in previous Financial Years (FY).

This report has already been considered at the Capital Sub-Committee on 16 January 2025.

Cefndir / Background

HDdUHB have set out a full delivery plan of how we will approach all of the above investments across our estate to MWWFRS. The most recent update was presented to them in mid-November 2024.

Welsh Government have been fully engaged in the briefings to MWWFRS and have, to date, supported HDdUHB in providing the necessary capital funding to continue with the programme.

This PBC is an updated document following a previous exercise undertaken in early 2023. At this point in time the required investment was in the order of £30m. This was submitted to WG for scrutiny.

During this period HDdUHB were also in detailed negotiations with MWWFRS on reducing the scope of works at both Withybush Hospital (WGH) and Glangwili Hospital (GGH). These sites have now been fully agreed and a substantial reduction of scope formalised.

Due to this ongoing engagement with MWWFRS on scope reduction it was agreed with WG that the BGH PBC would not receive detailed scrutiny until clarity was received on the scope of works necessary.

It was anticipated that taking the additional time to engage more fully with MWWFRS on the scope of works would allow a significant reduction in capital costs necessary for this programme.

Asesiad / Assessment

HDdUHB has already completed a range of investments within BGH in advance of the progress of this PBC.

Advanced works already completed:

- Low-cost investments - supported by Operational Maintenance budgets and the Discretionary Programme
- All vertical escape routes (funded by the Estates Funding Advisory Board (EFAB) support)

This final scheme of work at BGH will incorporate all remaining work required by the LoFSM not already undertaken in the above.

The Health Board has worked closely with MWWFRS and supported by NHS Wales Shared Services Partnership (NWSSP) Senior Fire Safety Advisor (SFSA) to clarify the minimum scope of work which would satisfy the requirements of the LoFSM at BGH. The negotiation is not fully signed off at this point, but we do have sufficient confidence to progress the PBC given that this is an initial document with more detailed work to follow at Business Justification Case (BJC) stage.

The PBC for the LoFSM at BGH is attached at Appendix 1. The Appendices to the PBC are available if required (not included at this point due to size of document).

The investment as set out in this PBC is £25.224m.

The above figure includes an allowance for the replacement of external cladding areas at BGH which is still subject to further review and agreement with MWWFRS.

The current programme plan for BGH Capital works can be confirmed as follows:

- Refresh of the PBC submission – February/March 2025
- Completion of BJC – May 2026
- Welsh Government approval of BJC – June 2026
- Commencement of works – September 2026
- Completion of compliance works – December 2028
- Reinstatement of Decant Accommodation etc – March 2029

There has been a need to slightly amend the project programme from that originally envisaged due to added complexities in the multi-phased decant programme necessary to minimise impact on clinical services.

Whilst dates have been fully presented to MWWFRS the latest position shown above has not been shared at this point as this has only been identified during the latter stages of the PBC completion. We will meet with the MWWFRS at the earliest opportunity to fully explain the background to the adjustment to programme noted above.

We have also set out in the PBC the potential need for cladding replacement on the external elevations at BGH. This is not currently included in any LoFSM received from MWWFRS. The Health Board is seeking additional assurances on this following the reports made available from the Grenfell inquiry in anticipation of any enhanced standards on external cladding on high rise buildings.

HDdUHB will now be commissioning specialist Fire Engineers working jointly with NWSSP-SFSA and in close liaison with MWWFRS to ensure a long-term solution is implemented on this external cladding. We would stress that at this point we are not in a position to confirm whether this is necessary as this will be dependent on the specialist engineer's findings and future decisions by MWWFRS.

It should be noted that this project is at PBC stage, and this will need endorsement by Welsh Government following their scrutiny process. On successful completion of this scrutiny process, HDdUHB will then be in a position to obtain the necessary funding from Welsh Government to develop the BJC to seek formal approval for capital funding.

Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** the position of this Programme Business Case within the overall HDdUHB Fire Investment Programme
- **SUPPORT** the submission of the attached Programme Business Case to the HDdUHB Board for onward transmission to Welsh Government for Endorsement.
- **NOTE** that further reports will be provided to the Committee as this Fire Programme progresses.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1: To receive an assurance on delivery against all relevant Planning Objectives falling in the main under Strategic Objectives 4 (The best health and wellbeing for our individuals, families and our communities) and 5 (Safe, sustainable, accessible and kind care), in accordance with the Board approved timescales, as set out in HDdUHB's Annual Plan. 2.3: Provide assurance to the Board that, wherever possible, University Health Board plans are aligned with partnership plans developed with Local Authorities, Universities, Collaboratives, Alliances and other key partners, such as the Transformation Group who form part of A Regional Collaboration for Health (ARCH).
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable

Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Extensive site bases survey information and direct input from key operational estate staff
Rhestr Termau: Glossary of Terms:	Contained within the body of the text
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Strategic Development & Operational Delivery Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Funding sought from Welsh Government
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable

Gweithlu: **Workforce:**	Delivering a sustainable estate to support Clinical Functions
Risg: **Risk:**	Business Continuity Management
Cyfreithiol: **Legal:**	Risk of Enforcement from external agencies
Enw Da: **Reputational:**	Not Applicable
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Not Applicable

Hywel Dda University Health Board

Bronglais General Hospital:
Fire Precaution Upgrade Works

Programme Business Case

Version: 2.4

8 January 2025

Version Control

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2.0	18 December 2024	Updates to reflect revised scope including programme and capital costings	H Rees (HDUHB) M Brown (MACE) K Parry (Lee Wakemans)
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1.0 Executive Summary

Following visits from the Mid and West Wales Fire and Rescue Service (MWWFRS) to the Bronglais Hospital (BGH), Hywel Dda University Health Board (HDUHB) received letters of fire safety matters in August 2022 in relation to compliance with fire safety regulations.

A Programme Business Case (PBC) was previously developed to determine the potential investment required to support the necessary actions for ensuring compliance with the requirements within the stipulated timescales but was not formally submitted following a review of the approach undertaken at Withybush Hospital working closely with the NWSSP-SES Fire Lead. This review, resulted in a reduction of the scope, complexity and costs associated with the programme in conjunction with MWWFRS. Taking into account the learning at Withybush a revised approach with a reduced scope of works for the Bronglais site is proposed and reflected in this Programme Business Case.

The strategy is to focus on the works relating to inpatient wards and the main plant rooms along with rooms of the highest fire risk. This differs to Withybush in that it recognises the multistorey nature of Bronglais and retains appropriate treatment to risk areas around theatres and similar areas. At present formal acceptance of this approach at Bronglais is awaited from MWWFRS following reviews on 12 December 2024 but will be fully agreed before the BJC work commences.

The focus of this PBC is the works required to ensure that the Health Board is compliant with the MWWFRS obligations in relation to the fire precaution upgrade works and seeks formal endorsement from Welsh Government (WG) for:

- The proposed approach to the works through a single Business Justification Case (BJC);
- Support for the required capital funding of £21,020,420 (plus an additional risk contingency to be held by WG of £4,204,000 – i.e. a total of £25,224,420);
- Remedial works to the external façade cladding is included within this case but the actual detail of works required is to be determined pending further discussions with MWWFS.

This business case has been structured in line with the Better Business Case Investment Guidance, five case model structure, which is in accordance with HM Treasury best practice and the approach prescribed by Welsh Government.

1.1 Strategic Case

Bronglais General Hospital (BGH) is located in Aberystwyth, mid-west Wales and is built on a steeply sloping site. The original hospital, built in the 1960's, comprises two connected blocks of accommodation: a five-storey high medical block on the lower part of the site, and a six-storey high surgical block on the upper part.

Mid and West Wales Fire and Rescue Service (MWWFRS) visited site in May 2022 and concluded that people were at risk in case of fire. In line with The Regulatory Reform (Fire Safety) Order 2005 MWWFRS issued four letters of fire safety matters dated 31 August 2022 (Appendix 1). These letters set out a series of actions which the UHB must address or risk the potential of escalating to fire enforcement status. This was supplemented in June 2024 with four further letters of fire safety matters being received as a result of fire safety concerns.

The letters of fire safety matters cover a wide variety of works which include general housekeeping improvements. The Health Board has been proactive and undertaken a series of actions to improve matters via works of a lesser nature, including;

- Fire Extinguishers - annual maintenance contract in place;
- Residential Blocks - all works completed;
- Vertical Stair Cores - all fire doors, emergency lighting and firestopping completed;
- Fire Damper maintenance. All existing fire dampers surveyed and remedials under way;
- Fire alarm maintenance - all repairs actioned;
- Emergency Lighting- all repairs actioned;

The outstanding items require substantial further investigation, planning of work and financial investment to remedy:

- Compartmentation – amendments and improvements including fire strategy layout and fire smoke dampers to main and sub compartment walls;
- Fire resisting doors – repairs or replacement;
- General fire stopping.

In order to maintain the safety of all staff, patients and visitors, HDUHB must address all of the areas of concern in line with the stipulated delivery timeline. It is recognised that this is a challenging programme due to the nature of the required works and the complexity of the site, therefore HDUHB have adopted a pragmatic approach to the delivery programme which will be both reviewed with WG and further explored within the next stage business case.

1.1.1 Business Needs

Spending Objective	Existing Arrangement	Business Need
Strategic Driver		
Ensuring the estate is compliant with statutory requirements and latest estate standards and guidance where it is possible to do so and those articulated within the Business Continuity (Major Infrastructure) Programme Business Case submitted to WG	Estate is non-compliant with statutory requirements (Fire Code Regulations) and latest estate guidance (WHTM 05 series).	Compliance with statutory requirements and latest estate guidance requiring substantial upgrade works in respect of fire safety matters as outlined in the MWWFRS letters of fire safety matters.

Spending Objective	Existing Arrangement	Business Need
Investment Objectives		
Ensure compliance with core statutory standards namely Fire Code regulations	Letters of fire safety matters issued from MWWFRS as a result of non-compliance with Fire Code regulations resulting in visitors, staff and patients being at risk in the event of fire.	Compliance with the MWWFRS schedule of requirements to a) ensure safety of individuals on the BGH site and b) avoid the risk of further enforcement action and potentially site closure.
Reduce the risk profile on estate infrastructure	Non-compliance with Fire Code regulations	Ensure the estate is compliant with Fire Code regulations – this will eliminate these elements from the backlog maintenance
Support the delivery of safe, sustainable and accessible services, and facilitate high standards of patient care	Buildings are currently non-compliant with Fire Code regulations resulting in people being at risk in the event of fire – this is not aligned with the aims of delivering safe services and high standards of patient care.	Compliance with Fire Code regulations to support the delivery of safe services.

Table 1: Business Needs

1.1.2 Works Completed

The letters of fire safety cover a wide variety of works which include general housekeeping improvements. HDUHB have confirmed to MWWFRS the actions that have been completed as shown below and referred to in the detailed action plan (Appendix 2):

- Fire Extinguishers - annual maintenance contract in place;
- Residential Blocks - all works completed;
- Vertical Stair Cores - all fire doors, emergency lighting and firestopping completed;
- Fire Damper maintenance. All existing fire dampers surveyed and remedials under way;
- Fire alarm maintenance - all repairs actioned;
- Emergency Lighting- all repairs actioned;
- X ray department - recently partly refurbished, the firestopping remedials are being undertaken as part of those works;
- Pharmacy recently refurbished, the firestopping remedials undertaken as part of those works;
- Front of House / Red Block - relatively recent construction and fire stopping in good condition.

1.1.3 Required Works

A detailed action plan has been developed with close support from NHS Wales Shared Services Partnership fire lead which forms the basis of the outstanding works (Appendix 2). Following initial discussions with MWWFRS the Health Board is confident that the planned works represent the minimum requirements to ensure compliance with the MWWFRS letters of fire safety matters plus other areas of improvement the HB have identified including:

- Inclusion of further lobby areas at key locations;
- Changes to the 60 mins fire compartmentation in some areas;
- Changes of room classification to elevate to 'risk room'.

Spot checks above ceiling voids confirm that whilst general, firestopping appears in good order there do remain areas to be addressed. Breaches vary in size and complexity, ranging from small holes where a cable passes to areas of wall incomplete or missing above the ceiling line.

The location of breaches and the type of repair required varies greatly and as such the difficulty of repair will vary, as will the consequential impact on the ability to maintain a continual clinical service at Bronglais. The type of repair work required, the location of the work and the proximity of adjacent services will determine the complexity of the repair. A summary of work elements includes:

- Reconfiguration of main and sub compartment 60 mins and 30 mins fire resistant compartments;
- Ensuring compartmentation of all required hazard / risk rooms – this will involve fire stopping of holes, infilling at head junctions etc;
- The above will require extensive fire damper works. The reasons for this are covered by Health Board fire Officer guidance as:
  - Firecode (WHTM05/02 Table 7) requires Fire Safety Doors to compartment and sub-compartment penetrations, whereas Fire Dampers are still permitted in hazard room enclosures;
  - Under the legislation (Regulatory Reform (Fire Safety) Order 2005), there is no specific requirement to upgrade the existing hospital to a code-compliant standard. However, recognising the importance of compartmentation and sub-compartmentation in terms of the evacuation strategy, and the potential for this to be compromised through the ventilation system, there is a need to ensure Fire Safety Doors protect the integrity of the compartmentation and sub-compartmentation. Fire Safety Doors triggered by the fire alarm, are more responsive and have better fire / smoke performance characteristics than traditional Fire Dampers which are only heat activated.
- An upgrade to the existing fire alarm systems will be required to accommodate the additional damper connections and control requirements including the upgrade of communication cabling between main fire alarm panels.
- Replacement / repair of doors as necessary to fire compartment lines and risk rooms;
- Emergency Lighting. The site has a mixture of Thorlux Smartlight and Smartscan lighting to certain areas which is deemed suitable to remain., Other areas do not have a suitable standard of emergency lighting and it is proposed that these areas be fitted with Thorlux Smartscan (Appendix 4);
- The works will require elements of asbestos removal;
- The works will involve significant decant arrangements;
- Replacement of existing overcladding to the blue and green blocks is subject to further detailed discussions with MWWFRS.

The following works are excluded from this business case and MWWFRS agreement of this is in progress:

- Residential blocks – works undertaken by Health Board direct;
- Floor void access hatches – deemed acceptable to remain as installed;
- Fire alarm detector heads and fire alarm replacement cabling – works undertaken by Health Board direct;
- X-ray / CT scanner and Pharmacy departments recently partly refurbished. Fire stopping / doors works undertaken by Health Board direct. This PBC will cover any ductwork FSD requirements;
- Other areas of the hospital which have received more recent refurbishment including fire stopping. These are noted as areas shaded blue on the plans contained in Appendix 3;
- Red block which is more recently refurbished and excluded from these proposals;
- Estates department / management block.

It is recognised that undertaking works of this nature, in a live hospital environment is challenging and will result in a high level of disruption and low productivity. Business continuity must be maintained throughout the duration of the works therefore any requirement for service re-provision (i.e. decant facilities / temporary relocations) is also considered to be core scope within this PBC.

Due to the size and complexity of the task and the resulting disruptions it is proposed to approach the works in a phased manner as agreed with both the Hospital Management and MWWFRS. This sequence generally prioritises the inpatient sleeping areas meaning that the highest risk areas are resolved early in the programme.

It is anticipated that a decant facility will be required to facilitate works within ward areas, however, there is no immediately available location which will impact on the ability to deliver the fire precaution upgrade works within the wards and clinical areas without adversely affecting service level.

The UHB is proposing to lease sufficient space within the neighbouring Hafan Y Waun development to provide additional capacity for the duration of the programme in order to provide a decant ward. Mental Health services have very specific needs and it would be uneconomic and impractical for this service to utilise Hafan Y Waun. Therefore it is proposed that an existing ward within the main hospital be adapted for Mental Health service use (anti-ligature measures etc). Y Banwy has initially been identified for this purpose. This approach would help minimise the costs and service risks.

It should be noted that the proposed approach represents an overall site works programme potentially in the order 2.5 years and is based upon a series of assessments and assumptions with the full extent of works, impact of asbestos and methodology restrictions not fully determined at this stage.

1.2 Economic Case

1.2.1 Critical Success Factors

The critical success factors associated with this PBC are:

- Strategic Fit:
  - Compliance with MWWFRS letters of fire safety matters.
- Achievability:
  - Timescales for delivery;
  - Deliverability with minimal site constraints or challenges;
  - Potential affordability (capital).
- Supplier Capacity and Capability:
  - Ability of potential suppliers to deliver the required services;
  - How attractive the option is to the supply side.
- Potential Value for Money.

1.2.2 Main Options

Given the nature of this business case there are limited choices available to the UHB i.e. compliance with fire safety requirements is mandatory. Business as Usual is not a realistic option as this would result in non-compliance with the letters of fire safety matters risking enforcement action and the potential closure of the site. Therefore the scope for this scheme is determined by the MWWFRS stipulated schedule of requirements i.e. undertake works to comply with MWWFRS letters of fire safety matters in a single-phase approach with challenge and joint agreement with the Health Board.

Service Solution

To enable a rolling sequence of ward upgrade works to take place a decant facility will be required. A long list of options has been developed and reduced to two potentially viable options following a sifting exercise:

Option		Appraisal	Sifting
A	Build area on top of red block (new A&E) to create decant capacity	High-cost option to provide and maintain long-term	**Potential**
B	Review potential to rent additional space from a nearby nursing home (Hafan Y Waun) to be utilised as a step-down facility to expedite discharge of patients.	Potential to allow for larger areas to be decanted, shortening the programme No agreement with Hafan Y Waun	**Potential**
C	Allocate an existing ward (Y Banwy – Afallon) to be the decant ward for the duration of the works	High reliance on social care to support discharge of patients for initial release of inpatient bed capacity – challenging	**Potential**

Option		Appraisal	Sifting
		Impact on sustaining a business as usual approach through reduced inpatient capacity	
D	Provide an additional facility (i.e. modular building) on the site footprint to act as decant	Not practical due to severe site constraints and general lack of space – non-viable option	**Discount**
E	Purchase space from the University to decant admin areas releasing space on site for clinical services	Potential to purchase additional space likely to be favourable Unlikely that vacated space would be suitable for the delivery of clinical services	**Potential**

Table 2: Longlist Option Sifting

Options A, B, C and E will continue to be explored as part of the next stage business case process. Option B (the rental of space in Hafan Y Waun) is the emerging preferred option and the current cost and programme in this PBC are based on Option B, with an element of works required in Y Banwy to facilitate a mental health decant remaining within the main hospital.

1.2.3 Preferred Way Forward

The UHB must comply with the requirements of the letters of fire safety matters and has therefore only considered the works required to comply with the letters of fire safety matters. Due to the nature of the situation, and the limited options available, a single stage Business Justification Case is proposed.

1.3 Commercial Case

The detailed consideration of the commercial case will take place within the next stage Business Justification Case.

The preferred funding option for the investment is via Welsh Government Funding as public funding is considered the only viable option.

The Health Board has recently delivered very similar schemes at both Withybush and Glangwili Hospitals. Due to the emergency nature of those works they were procured via The NHS Building for Wales frameworks utilising the NEC Option E (cost reimbursable) form of contract. Following reviews and lessons learnt workshops with NWSSP-SES and Capital Audit a number of recommendations were made and the Health Board propose to take account of these when considering the procurement route for Bronglais.

It is proposed that the designer will be the Principal Contractor and Principal Designer for the purpose of the Construction (Design and Management) Regulations 2015 (CDM 2015).

1.4 Financial Case

The total cost of the investment for the whole programme of work is estimated at £21m plus a WG held project risk contingency of £4.2m (total £25,224,420) as shown in Table 3.

Element	Totals
Business Justification Case – Workstages 2 & 3	£632,000
HDUHB direct cost – Workstages 4 – 6	£1,632,000
Works Cost Phase Summary	£11,891,000
Non-Works Costs	£1,940,000
Equipment	£24,000
Sub Total	**£16,119,000**
HDUHB Project Risk Contingency (allowance 10%)	£1,612,000
Sub Total	**£17,731,000**
VAT (20%)	£3,546,200
VAT Reclaim (assume only on HDUHB directly appointed consultants)	(£256,780)
Sub Total	**£21,020,420**
Welsh Government Held Project Risk Contingency (allowance 20%)	£4,204,000
PBC Total (indexed at Q1 2025)	**£25,224,420**

Table 3: Indicative Capital Costs

An indicative cash flow for the capital expenditure is included in Table 4.

Financial Year	2025/26	2026/27	2027/28	2028/29
Capital Expenditure	£874,580	£6,766,520	£11,181,780	£6,401,540
Cumulative	-	£7,641,100	£18,822,880	£25,224,420

Table 4: Indicative cash flow

1.4.1 Capital Cost Assumptions

The detailed cost report in relation to this business case is included at Appendix 6 with the following key assumptions made in developing the capital costs for this PBC:

- Capital costs – indexed at first quarter 2025 (NB: escalation will have to be carefully considered by WG and NWSSP-SES based on the long programme duration up to end of construction first quarter 2029);

- Design Fees – allowance of circa 18% based on benchmark data for tenders received for Withybush General Hospital Phase 2 Fire Precaution Upgrade works (this sum could vary greatly dependent upon scope and choice of procurement strategy);
- Non-works costs based on benchmark data in agreement with HDUHB;
- Equipment – based on allowance of 0.1% of works costs;
- Project risk contingency of 10% – based on GGH Phase 1 BJC strategy;
- Allowance of 20% for additional project risk contingency to be held by WG – based on GGH Phase 1 BJC strategy;
- VAT at 20% on all with VAT reclaim assumed only on consultants directly appointed by HDUHB;
- Exclusions: Upgrading the existing fire alarm installation undertaken separately by HDUHB outwith this PBC;
- WG and NWSSP-SES to assess and consider escalation for the PBC from Q1 2025 to Q1 2029.
- Replacement cladding works are subject to further detailed discussions with MWWFRS (costs included at circa £1.9m).

1.4.2 Revenue Implications

With the proposed risk based approach to remedials and the corresponding reduction in scope, it is expected that additional fire wardens will be required at a point in time. This is not yet confirmed, but is to be expected following similar requirements from MWWFRS at WGH. As an example, the annual cost for fire wardens at WGH is in the order of £175k per annum to support the greatly reduced capital necessity. This will need further discussions with MWWFRS as the business case process continues.

Leasing costs associated with rental of Hafan Y Waun for the programme duration are capitalised.

The Health Board's assumption is that capital charges including increased depreciation and any impairment charges on completion will be funded by Welsh Government.

1.5 Management Case

1.5.1 Programme Management Arrangements

The programme management structure for this programme is aligned with the Business Continuity (Major Infrastructure) Programme Approach which has been formally constituted and established in line with best practice (Managing Successful Programmes) and will be managed in accordance with PRINCE 2 methodology.

The programme of works identified within this business case will be managed via the BGH Delivery Team with direct reporting into the Project Board and the Capital Sub-Committee (CSC).

The Health Board Chief Operating Officer is the formal Senior Responsible Officer (SRO) and will ensure that the project meets its overall objectives and delivers its expected benefits. The Director of Estates, Facilities and Capital Management is the Programme Director who will be responsible for the successful delivery of the project. The Capital Development Manager will be the Estates lead overseeing operational delivery of the project.

1.5.2 Programme Milestones

Milestone	Target Date
PBC submission to WG	31 March 2025
WG approval to proceed	May 2025
BJC submission to WG	July 2026
WG approval to proceed	August 2026
Commencement of works on site	September 2026
Completion of Fire Remedial Works	December 2028
Completion of Decant Reversal Works	March 2029

Table 5: Programme Milestones

1.5.3 Main Benefits

The main benefit from this project will be HDUHB compliance with fire regulations and the MWWFRS letters of fire safety matters, avoiding closure of the hospital and supporting the safe delivery of patient services. A comprehensive concise fire strategy for the site will be realised. Through the next stage business justification case further consideration will be given to the potential for any reduction in backlog maintenance as a consequence of the proposed works.

1.5.4 Main Risks

A full risk register will be developed as part of the next stage business case. The most significant risks at this stage of the project are:

- The extent of works proposed aligns with previous works at WGH and GGH hospitals, which have taken a pragmatic approach to the classification and treatment of risk rooms for example in non-sleeping accommodation. Whilst these have been accepted elsewhere, at Bronglais the proposals have not yet been accepted by MWWFS. Positive meetings have been held (12 December 2024), but formal confirmation is yet to be received for inclusion in this PBC.
- Availability of Hafan Y Waun to support decant arrangements;
- Degree of cost certainty due to the limited information at this early PBC stage.
- Building Safety Act – potential to become legislation in Wales in 2025 which has the potential to add significant fee value to the scheme.

1.5.5 Post Project Evaluation

The Programme Board will ensure that post project evaluation will be undertaken in accordance with Welsh Government requirements, the details of which will be included in the business justification case.

1.6 Conclusion and Recommendations

This business case sets the required actions and proposed approach to works for Hywel Dda University Health Board to be compliant with fire safety regulations. MWWFRS have aligned the target completion dates for all actions with the proposed works programme and it is anticipated that they will review progress with the Health Board once works have commenced.

The Health Board must comply within the timeframes agreed with MWWFRS or risk escalating to fire enforcement status which would impact on delivery of all hospital services and could ultimately lead to prosecution / the potential closure of Bronglais Hospital.

It is requested that Welsh Government:

- Acknowledge the MWWFRS expectations for completion of works by August 2028 as presented at meetings with MWWFRS on 13 November 2024. The UHB anticipate MWWFRS realigning the milestones to the agreed programme based on discussions during November and December 2024, and in line with similar agreements on both the WGH and GGH sites. The revised milestone will be for completion of fire remedial works by December 2028.
- Endorse this business case based on the proposed cost and approach to delivery of work;
- Support the resource requirements in terms of fees to progress the BJC.

2.0 Introduction

2.1 Scope of Document

Following visits from the Mid and West Wales Fire and Rescue Service (MWWFRS) to Bronglais Hospital (BGH) in 2022, Hywel Dda University Health Board (HDUHB) received letters of fire safety matters in relation to compliance with fire safety regulations. A Programme Business Case (PBC) was previously developed to detail the required investment in relation to the fire precaution upgrade works timescales but was not formally submitted to Welsh Government.

Ongoing discussions with MWWFRS in relation to the scope of the fire strategy at both Withybush and Glangwili Hospitals resulted in a review of the proposed approach for the Bronglais Hospital site and has resulted in an update to the PBC working closely with the NWSSP-SES Fire Lead.

The strategy detailed within this PBC is to focus on the works relating to inpatient wards and the main plant rooms along with rooms of the highest fire risk. At present formal acceptance of this approach at Bronglais is awaited from MWWFRS but will be fully agreed before the BJC detailed work commences.

The PBC seeks formal endorsement from Welsh Government (WG) for the proposed approach to the works through a single Business Justification Case (BJC) approval / capital funding of £21,020,420 plus a WG held project risk contingency of £4,204,000 (total £25,224,420).

The business case is structured in line with the Better Business Case Investment Guidance, five case model structure, which is in accordance with HM Treasury best practice and the approach prescribed by Welsh Government (WG):

- **Strategic Case:** This section provides an overview of the context within which the investment will be made. It sets out the background and strategic context outlining the issues faced by Hywel Dda University Health Board and describes how the proposed investment will support organisational objectives;
- **Economic Case:** This section identifies the options for consideration along with indicative capital costs and the option appraisal process undertaken;
- **Commercial Case:** This section sets out the proposed procurement arrangements for the scheme;
- **Financial Case:** This section confirms funding arrangements and affordability and explains any impact on the balance sheet of the organisation;
- **Management Case:** This section details the plans for successful delivery of the project to cost, time and quality.

A glossary of abbreviations used is included at Section 9.0.

3.0 Strategic Case

This case describes the context within which this programme has been developed and demonstrates that the programme has been informed by, and will address, the identified drivers for change.

Following visits from the Mid and West Wales Fire and Rescue Service (MWWFRS) to the Bronglais Hospital sites, Hywel Dda University Health Board (HDUHB) received letters of fire safety matters in relation to compliance with fire safety regulations. The focus of the programme and this business case is to ensure that the Health Board undertake the necessary actions to ensure compliance within the stipulated timescales.

3.1 Organisational Overview

Hywel Dda University Health Board (HDUHB) is one of seven health boards in Wales and serves the population of mid and west Wales. The Health Board provides primary, community, in-hospital, mental health and learning disabilities services to a population of 384,000 taken from the three counties as follows:

- Carmarthenshire 183,936 residents;
- Ceredigion 79,488 residents;
- Pembrokeshire 120,576 residents.

HDUHB covers more than a quarter of the landmass of Wales and is the second most sparsely populated Local Health Board area, with roughly 13% of the total population of Wales.

Acute and community services are provided via four main hospital sites as well as a range of community-based services. The geography of the Health Board is challenging with journey times between the health board sites ranging from 45 to 105 minutes. The acute sites are:

- Bronglais General Hospital in Aberystwyth (BGH);
- Glangwili General Hospital in Carmarthen (GGH);
- Prince Philip Hospital in Llanelli (PPH);
- Withybush General Hospital in Haverfordwest (WGH).

3.1.1 Summary of Financial Standing

The Health Board's outturn for 2024/25 is a deficit of £31.5m. The annual plan for 2025/26 is under development.

3.1.1.1 Infrastructure Investment Plan

The largest strategic capital commitments in the coming years and, for which detailed planning commenced in 2019/20, relate to the 'A Healthier Mid and West Wales: Our Future Generations Living Well' clinical strategy and the associated infrastructure requirements. Following a paper to the UHB Board in November 2024 the strategy will be subject to a refresh which may impact on the infrastructure requirements listed in the current PBC.

The Infrastructure Investment Plan will prioritise both capital developments and backlog maintenance in line with the current prioritised position and strategic objectives and be informed by the current risks the organisation holds. A core focus of the capital plan is the delivery of essential quality and safety, business continuity schemes including replacements, issues of compliance and infrastructure maintenance.

This business case is a direct response to the issues of compliance and essential fire safety matters identified by MWWFRS letters of fire safety matters and will be reflected in the Infrastructure Investment plan.

3.1.1.2 Discretionary Capital Programme

The UHB receives an annual capital allocation which is allocated into the areas of highest investment needs, primarily focused on backlog and replacement risks in the estate, medical equipment and digital assets. These locally controlled funds are in the main targeted to support issues of quality and safety, and business continuity and is allocated over the following headings:

- Infrastructure and statutory backlog;
- Estates statutory compliance;
- Replacement of medical and other equipment;
- Essential maintenance of estates infrastructure;
- Standardisation of medical equipment and devices across sites to enable cross site working;
- Capital support posts and business case developments;
- Significant upgrades of IT infrastructure and keeping pace with IT replacements.

The UHB faces very significant backlog pressures in IM&T, estates maintenance and equipment replacement which means that not all risks can be mitigated and programmes of replacement over a longer timeline are being developed and will need to be the subject of All Wales Capital support.

3.1.2 Hywel Dda Health and Care Strategy

In 2018, HDUHB published 'A Healthier Mid and West Wales: Our Future Generations living well' (AHMWW), the long-term strategy for transforming health services and delivering quality care closer

to home. The focus is on keeping people healthy with a shift to a social model of health which cannot be separated from our associated workforce, estates, digital and environmental challenges. Hospitals will continue to be a key part of the health and care system, the wider whole system approach will involve the hospitals working much more closely in the community at one end, while forming stronger links to highly specialised services at the other.

The Health Board submitted a Programme Business Case (PBC) to Welsh Government (WG) in March 2022 which sets out the context and high-level need for the resources to support capital and estates planning for the delivery of the Health and Care Strategy transformation programme.

The PBC is yet to be endorsed and the affordability of the programme in the context of the wider WG capital budget is a concern. However, WG had requested a Strategic Outline case be developed for the new hospital and the repurposing of Glangwili and Withybush. A paper presented to the Board in November 2024 proposed that given changes in the UHB's escalation status and changes since the original strategy was developed that now might be an opportune time to refresh the 2018 strategy. Whilst this refresh is unlikely to change the overall direction of travel for the organisation the implementation of the strategy and the infrastructure needed for this may change to reflect changes in digital and new technologies, regional working and standards performance and resilience. The UHB recognises that a new hospital in the south of Hywel Dda is not likely to be operational for another decade and will be presenting to WG Infrastructure Investment Board at the end of January 2025 to agree the next steps for the capital infrastructure associated with the strategy implementation.

A separate PBC has been developed to address the business continuity / estates infrastructure issues across all four acute hospitals which was submitted to Welsh Government and received endorsement in July 2021. The strategic context is such that the existing estate will now need to be sustained for a much longer interim period in advance of significant estate transformation and therefore addressing the essential fire precaution works as detailed in this PBC will be essential to maintaining both continuity of service in the interim period as well as supporting the re-purposing requirements.

3.2 Policy Context

The Health Board has a corporate responsibility to deliver an efficient, safe estate that supports clinical services in line with WHBN-008: Strategic Framework for the efficient management of healthcare estates and facilities. There are also legal responsibilities in the provision of soft and hard FM services requiring adherence to Welsh Health Technical Memoranda (WHTM). WHTMs provide guidance for the design, management and maintenance of healthcare engineering systems including fire safety.

There are a number of regulatory frameworks that the Health Board must comply with in relation to fire safety. These include:

- Building Regulations 2010;
- Regulatory Reform (Fire Safety) Order 2005;
- WHTM 05-01: Firecode – Managing Healthcare Fire Safety (2019);
- WHTM 05-02: Firecode – Fire safety in the design of healthcare premises (2014);
- WHTM 05-03: Firecode – Fire Safety in the NHS (2011);
- Fire and Rescue Services Act (2004).

The Regulatory Reform (Fire Safety Order) consolidated the fire related legislation. As a result, the Healthcare Firecode suite of documents was revised with mandatory requirements for all NHS bodies. The NHS Wales Fire Safety Policy provides an unambiguous statement applicable to the NHS in Wales and premises where patients receive treatment or care. The aims are to minimise the incidence of fire throughout the NHS estate in Wales and to minimise the impact from fire on life, safety, delivery of service, the environment and property.

Compliance with these regulatory frameworks underpins this PBC and HDUHB will maintain focus on continuity of clinical services throughout the work programme.

3.3 Programme Investment Aims

Within the overall NHS planning context, the Minister for Health and Social Services has determined a series of investment objectives for the NHS Infrastructure Investment Programme including capital and revenue funding delivery models. These objectives have been adopted by HDUHB and interpreted for the overarching Estates Infrastructure programme as follows:

- Reduce the risk profile on Estate infrastructure;
- Maintain appropriate levels of patient safety and comfort;
- Extend the operating life of the hospitals;
- Support future service planning by ensuring sufficient infrastructure of systems resilience and capacity for future service modelling;
- Reduce essential backlog maintenance requirements;
- Identify and deliver a cost effective and value for money solution, programme timetable and budget.

The investment aims specific to this Programme Business Case have been developed within the context of the overarching estates infrastructure approach and have a specific focus on ensuring compliance with the NHS Wales Fire Safety Policy on the Bronglais Hospital Site. The schemes of work included within this PBC are specific to BGH. Elements of this works are also packages included in the Estates Infrastructure programme which is the subject of a separate business case.

The specific programme investment aims for this PBC are to:

- Ensure compliance with core statutory standards namely Fire Code regulations;
- Reduce the risk profile on estate infrastructure;
- Support the delivery of safe, sustainable and accessible services, and facilitate high standards of patient care. As part of the BJC process for this fire safety scheme and the business continuity scheme, HDUHB will look for opportunity to carry out concurrent works, to maximise value for money.

3.4 Existing Arrangements

Bronglais General Hospital (BGH) is located in Aberystwyth, mid-west Wales. The hospital has 138 beds and provides a comprehensive range of inpatient and outpatient facilities, mental health services together with a 24 hour Emergency and Urgent Care Centre.

Built on a steeply sloping site near the National Library of Wales, BGH comprises a series of stepped linear accommodation blocks that follow the existing topography and result in a multi storey building with multiple entrances at different floor levels. The original hospital, built in the 1960's, comprises two connected blocks of accommodation: a five-storey high medical block on the lower part of the site, and a six-storey high surgical block on the upper part. The second floor (Level 2) of the medical block is the only floor that continues through into the surgical block, where it becomes the ground floor.

The site includes a number of peripheral buildings, which include domestic scale properties built in the 1900's, and purpose-built residential accommodation blocks and a postgraduate centre that were built in the 1960's.

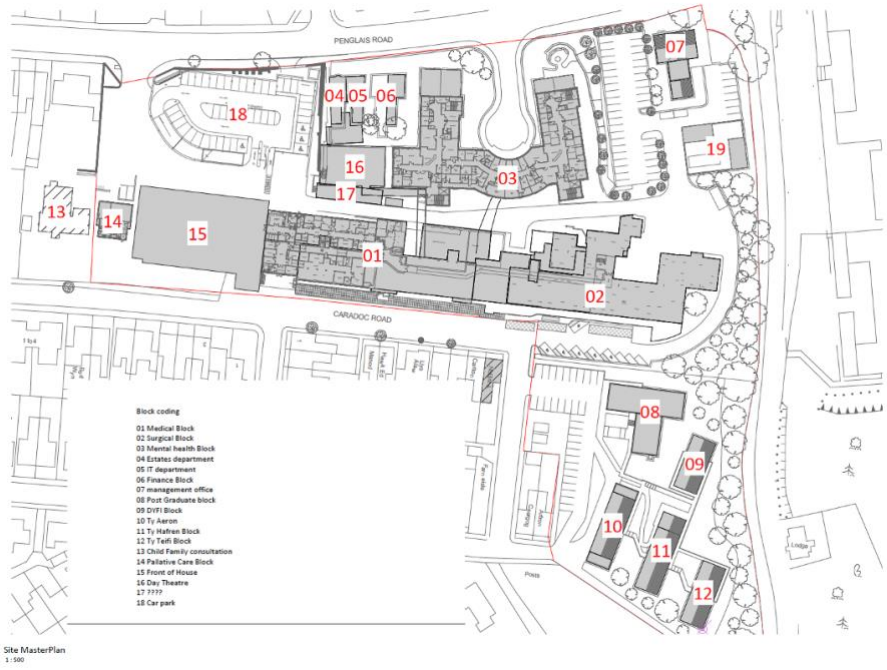

Figure 1: Site Master Plan

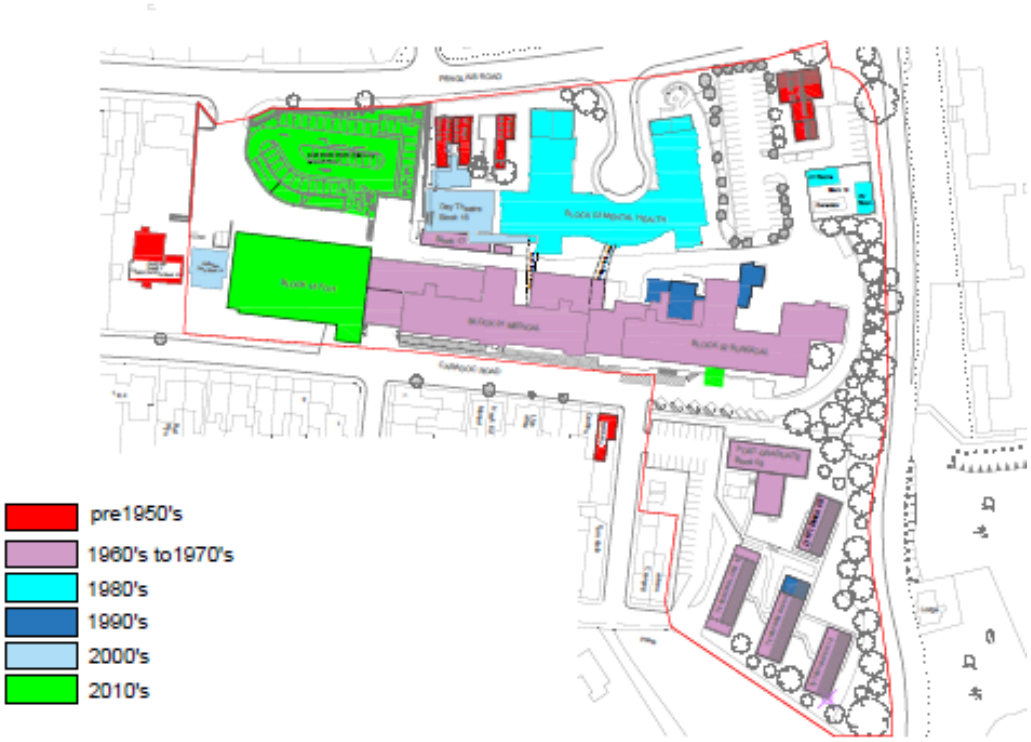

Figure 2: Bronglais Hospital Site – Age Profile of the Existing Estate

The main clinical facilities are accommodated within blocks 1, 2 and 15. Blocks 1 and 2 were constructed in the 1960s and the areas that have not been refurbished are now in a poor state of repair. Block 15 is the result of a Front of House scheme that opened in 2013. As part of the Front of House build several areas in the main hospital have benefited from significant investment and are in good condition. These include the accident and emergency unit, the day care surgical unit, the outpatient department, maternity services, pathology services, operating theatres and multi storey car park. The original 1960s buildings have also been partially refurbished internally. Appendix 3 contains floor plan mark ups indicating the scope of works, including the full extent of areas considered in good condition and excluded from this business case.

The physical constraints of the existing site, structure and fabric have a significant influence on the spatial standards and functional relationships. The long, narrow, linear building form, many level changes, and lack of connecting floors, make it difficult to achieve efficient departmental layouts, and co-locate linked services. Due to the form of the building principal circulation routes pass through the middle of some departments, causing disruption, affecting patient privacy, and security. Investment is still required in several areas to remove significant infrastructure risks. The following table identifies the current backlog maintenance liability for the hospital:

Backlog Maintenance Costs by Risk Category for 2022/23				
High Risk Backlog Costs (£)	**Significant Risk Backlog Costs (£)**	**Moderate Risk Backlog Costs (£)**	**Low Risk Backlog Costs (£)**	**Total Backlog Costs (£)**
£3,222,606	£17,367,512	£12,036,489	£3,378,776	£36,005,383

Table 6: Bronglais Hospital Site – 2023/24 Backlog Maintenance Liability

In line with the AHMWW strategy there is a clear direction of travel for the future of the BGH site. A full range of district general hospital services will continue to be provided from Bronglais as part of a network of services with strengthened roles with the community. As part of this strategy, the Health Board is clear that there is a need to maintain business continuity and a business as usual approach whilst the wider strategy is delivered requiring the UHB to maintain estate and capital requirements to support clinicians to deliver services within the existing model during transition years. The business continuity schemes are crucial to on-going service delivery across the organisation and any deterioration in service delivery within the existing model will impact on clinical care and patient outcomes as well as affecting the ongoing engagement and positive relationship with the local population.

3.5 The Case for Change

An assessment of all acute sites was undertaken in 2018 to determine the extent of works required to bring them in line with statutory compliance regulations and formed the foundation of the PBC submitted to Welsh Government in July 2021 in relation to addressing the business continuity/estates infrastructure issues across all four acute hospitals within the context of the AHMWW Strategy,

Fire compliance was assessed against the current version of HTM 05-02: Firecode – Guidance in support of functional provisions 2015 and it was determined that the core clinical services blocks did not meet the standards with respect to fire safety. In particular the configuration of the blocks, width of existing staircases, doors and corridors combined with the size of existing compartments do not support progressive horizontal escape and as the core non-compliance is related to the configuration of the buildings, refurbishment would not fully resolve these issues.

This assessment of the site also noted that due to the restricted nature of the site there were limited options to provide any decant space impacting on the ability to undertake any development works (including essential upgrade works) on the site without major disruption to the delivery of clinical and essential support services.

Visits from MWWFRS in 2022 has resulted in a series of Letters of Fire Safety Matters being issued, enforcing action on the Health Board. A programme of works was developed in response and the project reached the finalisation of the PBC process (Health Board review in January 2023).

An exercise to reduce scope, complexity and costs at the Withybush Hospital scheme was replicated for both the Glangwili Hospital and Bronglais schemes with MWWFS approval. This has resulted in a change to the original plans and an update to the PBC to reflect the revised scope. Whilst agreed elsewhere, formal approval for the Bronglais proposed approach is yet to be received from MWWFS at time of writing but is anticipated prior to commencement of BJC works.

3.5.1 Letters of Fire Safety Matters

Mid and West Wales Fire and Rescue Service (MWWFRS) visited the Bronglais Hospital site in May 2022 and concluded that some people were at risk in case of fire. In line with The Regulatory Reform (Fire Safety) Order 2005 MWWFRS issued four letters of fire safety matters dated 31 August 2022 (Appendix 1). These letters set out a series of actions for HDUHB to address or risk the potential of further enforcement action. The Health Board has an ongoing duty to ensure the safety of people and MWWFRS advised that arrangements for follow up site visits to monitor progress would be made.

Following a visit to the hospital in June 2024 MWWFRS issued four additional letters of fire safety matters relating to concerns in each of the main blocks. These letters confirmed that the additional stipulated requirements were independent of the action plan agreed in 2022 to avoid duplication of work.

Table 7 sets out the schedule of requirements within the original letter of fire safety matters:

Item	Required Action
ARTICLE 12 – ELIMINATION OR REDUCTION OF RISKS FROM DANGEROUS SUBSTANCES	
Multiplug adaptors and Electrical fittings	Additional electrical sockets are to be provided where trailing leads, adapters or extension leads are in use.
ARTICLE 13 – FIREFIGHTING AND FIRE DETECTION	
Fire Extinguishers	An assessment should be undertaken to ensure that all areas have suitable and sufficient Firefighting equipment installed and in suitable location).(BS 5306-8.
ARTICLE 14 – EMERGENCY ROUTES AND EXITS	
Combustible Material, ignition source and obstruction	All combustible materials, ignition sources and obstructions should be removed from all escape routes, internally and externally.
Signage	A review of signage is required throughout the property. Indicate the nearest way out (in case of fire) with fire exit signs that comply with BS 5499-4.
ARTICLE 17 – MAINTENANCE	
Maintenance	Records must be kept of events, tests, or maintenance of the following equipment / installations. • Suppression system • Automatic operated vent (AOV) linked to the fire alarm system

Item	Required Action
ARTICLE 22 CO-OPERATION AND CO-ORDINATION	
Communication between departments and management	Effective systems of communication must be established with those who are responsible for all departments to ensure all relevant persons are provided with suitable and sufficient information in respect of the fire safety measures implemented.
ARTICLE 13 FIRE ALARM SYSTEM	
Fire Alarm System	The existing fire warning system must be updated as necessary to conform fully to BS 5839-1:2017 Category L1, also as stated in NWSSP-HD/F1/018-JFR April 2022 (shared services document). All work involving the fire alarm should be carried out in accordance with BS 5839-1:2017.

Table 7: MWWFRS Schedule of Requirements – Bronglais Hospital Site

The 2022 letters of fire safety failures specific to each of the blocks set out the action plan for remedial measures and the expected timescales for completion as summarised below. Based on discussions with MWWFRS during November and December 2024, and in line with similar agreements on both the WGH and GGH sites, the UHB anticipate the milestones being realigned to March 2029.

Item	Required Action	Timescale
All Blocks		
Fire Doors	1. All fire resisting doors throughout the premises are to be examined and repaired or replaced to ensure they are effectively self-closing onto their rebates. Gaps between door edge and frame are to be no more than 3-5 mm 2. Self-closing devices on all fire resisting doors to be checked and if required adjusted, repaired, or replaced so the doors close completely into their rebates. 3. All self-closing devices to be regularly inspected / maintained. 4. All fire doors should have intumescent strips / smoke seals 5. All fire door vents should be designed in accordance with the required British Standard.	Phase 1 – January 2025 Phase 2 – October 2027
Compartmentation	An assessment should be undertaken to ensure that there is suitable 30-minute fire resistance sub compartments and 60 minutes fire resistant compartmentation throughout the blocks.	Phase 1 – January 2025 Phase 2 – October 2027
Fire Safety Management	An assessment should be undertaken to ensure there is a suitable and up to date fire management plan.	Complete
Training	It is essential that all staff are fully trained in evacuation procedures for the premises. You should ensure that staffing levels are sufficient and available at all material times to facilitate the movement of residents to safety within the determined safe evacuation time.	January 2023

Item	Required Action	Timescale
Green Block		
Emergency Lighting	An assessment should be undertaken to ensure all Internal and external escape routes are illuminated by emergency lighting that will operate if the local lighting circuit fails. The system should conform to BS 5266.	Complete
Maintenance	Records must be kept of events, tests, or maintenance of the following equipment / installations. • Suppression system • Automatic operated vent linked to fire alarm system	Complete
Blue Block		
Fire Alarm System	The system is to be upgraded to meet a category L1 system., As specified in the British Standard 5839: 1 - 2017 “Fire Detection and Alarm Systems in Buildings”, or the equivalent European Standard.	Complete
Maintenance	Records must be kept of events, tests, or maintenance of the following equipment / installations. • Dampers • Roller shutter doors	Complete

Table 8: MWWFRS Action Plan (2022)

The 2024 letters of fire safety matters have stipulated the following additional actions which are also part of the proposed works packages:

Item	Required Action
ARTICLE 8 – GENERAL FIRE PRECAUTIONS	
Door Wedges	Self-closing fire resisting doors are no propped or wedged in the open position. Doors may be held in the open position by the installation of automatic door releases compliant with stipulated requirements (All Blocks)
Compartmentation	Items preventing the fire doors from closing effectively into their rebates in the laundry corridor to be re-located to a more suitable location. (Blue Block)
	Carpenters Workshop – the underside of the mezzanine floor and staircase to be underdrawn to provide a minimum 30 minutes fire resistance standard (Blue Block)
	Confirmation that the fusible link to the shutter of the old ventilation duct within Level 7 plant room is fully operable (Green Block)
	Gap at the head of the fire door serving the Air Plant room is to be sealed to provide a minimum 30 minutes fire escape (Purple Block)
	Unauthorised locks on fire doors in Banwy annex to be removed (Purple Block)
ARTICLE 9 – FIRE RISK ASSESSMENT	
Significant Findings	Continue to action the significant findings of the Fire Risk Assessments (All Blocks)

Item	Required Action
Update Risk Assessment	Fire Risk Assessment should be reviewed, updated and communicated to the appropriate members of staff (All Blocks)
ARTICLE 11 – FIRE SAFETY MANAGEMENT	
Storage	Combustible items stored within close proximity of ignition sources to be relocated to a more suitable location (Blue Block)
Update Evacuation Plan	Evacuation plan for Angharad Children's Ward to be reviewed, updated and communicated (Blue Block)
ARTICLE 12 – MANAGEMENT OF DANGEROUS SUBSTANCES	
Oxygen Cylinder Storage	Oxygen cylinders to be stored in 30-minute fire resisting compartment (All Blocks)
ARTICLE 13 – FIREFIGHTING AND FIRE DETECTION	
Fire Alarm System	Existing fire detection and warning system to be extended to provide adequate cover to identified areas (Blue, Green and Purple Blocks)
	Confirmation that the old detector head in the paint store, in the Boiler Room is limed and working with the current fire detection and warning system (Blue Block)
Manual Call Point Access	Manual call point in the external carpenters' workshop is obstructed (Blue Block)
Firefighting Equipment	Extinguishers to be examined and re-tagged (Green Block)
ARTICLE 14 – MEANS OF ESCAPE	
Internal Escape Routes	All passages, corridors and staircases forming part of an escape route to be kept free of any obstructions or combustible materials (All Blocks)
External Escape Routes	Surfaces of all external routes of escape to be maintained (Green Block)
Door Locks	Replace locks on identified rooms with a fastening that can be opened easily in an emergency without a key
Emergency Lighting	Emergency lighting in Outpatients to MRI to be relocated (Blue Block)
	Emergency lighting to provide adequate illumination in Microbiology (Green Block)
	Emergency light in HSDU to be restored to full working order (Green Block)
ARTICLE 19 – PROVISION OF INFORMATION TO EMPLOYEES	
Fire Action Notices	Notices detailing action to be taken conform to BS 5499 (Purple Block)
ARTICLE 21 – TRAINING	
Training	Evacuation training sessions to be conducted (All Blocks)

Table 9: MWWFRS Schedule of Actions (2024)

3.5.2 Works Completed

The letters of fire safety cover a wide variety of works which include general housekeeping improvements. The Health Board has been proactive and undertaken a series of actions to improve

matters via works for the less intrusive elements and the Health Board's fire officer has also undertaken an initial review of the existing site fire strategy (Appendix 3).

HDUHB have confirmed to MWWFRS the actions that have been completed as shown below and referred to in the detailed action plan (Appendix 2):

- Fire Extinguishers – annual maintenance contract in place;
- Residential Blocks – all works completed;
- Vertical Stair Cores – all fire doors, emergency lighting and firestopping completed;
- Fire Damper maintenance. All existing fire dampers surveyed and remedials under way;
- Fire alarm maintenance – all repairs actioned;
- Emergency Lighting– all repairs actioned;
- X ray department – recently partly refurbished, the firestopping remedials are being undertaken as part of those works;
- Pharmacy recently refurbished, the firestopping remedials undertaken as part of those works;
- Front of House / Red Block – relatively recent construction and fire stopping in good condition.

3.6 Business Needs

Following receipt of the letters of fire safety matters, HDUHB is at risk of enforcement action for non-compliance and potentially the enforced closure of areas of the site. In order to maintain the safety of all staff, patients and visitors, HDUHB must address all of the areas of concern in line with the agreed scope of works with MWWFRS and the proposed delivery programme.

Therefore this PBC describes the required action and associated investment plan to ensure compliance with the fire safety matters as identified by MWWFRS. It is recognised that this is a challenging programme due to the nature of the required works and the complexity of the site, therefore the Health Board have adopted a pragmatic approach to the delivery programme which will be both reviewed with WG and further explored within the next stage business case.

The strategic drivers underpinning this PBC are aligned with the organisational strategy:

- Supporting the transformation programme, planning priorities and strategic objectives;
- Ensuring the estate is functionally suitable for purpose;
- Ensuring the estate is compliant with statutory requirements and latest estate standards and guidance where it is possible to do so and those articulated within the Business Continuity (Major Infrastructure) Programme Business Case submitted to Welsh Government.

The table below provides an overview of the business need in relation to the investment objectives:

Spending Objective	Existing Arrangement	Business Need
Strategic Driver		
Ensuring the estate is compliant with statutory requirements and latest estate standards and guidance where it is possible to do so and those articulated within the Business Continuity (Major Infrastructure) Programme Business Case submitted to WG	Estate is non-compliant with statutory requirements (Fire Code Regulations) and latest estate guidance (WHTM 05 series).	Compliance with statutory requirements and latest estate guidance requiring substantial upgrade works in respect of fire safety matters as outlined in the MWWFRS letters of fire safety matters.
Investment Objectives		
Ensure compliance with core statutory standards namely Fire Code regulations	Letters of fire safety matters issued from MWWFRS as a result of non-compliance with Fire Code regulations resulting in visitors, staff and patients being at risk in the event of fire.	Compliance with the MWWFRS schedule of requirements to a) ensure safety of individuals on the BGH site and b) avoid the risk of further enforcement action and potentially site closure.
Reduce the risk profile on estate infrastructure	Non-compliance with Fire Code regulations	Ensure the estate is compliant with Fire Code regulations – this will eliminate these elements from the backlog maintenance
Support the delivery of safe, sustainable and accessible services, and facilitate high standards of patient care	Buildings are currently non-compliant with Fire Code regulations resulting in people being at risk in the event of fire – this is not aligned with the aims of delivering safe services and high standards of patient care.	Compliance with Fire Code regulations to support the delivery of safe services.

Table 10: Business Needs

3.6.1 Required (Outstanding) Works

In developing the PBC during 2022/23 the Health Board completed an initial assessment of the likely extent of works. A spot check above ceiling voids indicated that in general, firestopping appeared in good order, however, there remained some areas to be addressed. The breaches are likely to vary in size and complexity, ranging from small holes where a cable passes to areas of wall incomplete or missing above the ceiling line. Of note is the top level of Purple Block, where ceiling level compartmentation between rooms does not appear to exist. Another example is where compartment lines are amended and require infills above existing corridor doors. HDUHB is aware that the buildings contain asbestos and it is likely that asbestos removal will be required to facilitate the fire safety improvement works.

The Health Board has undertaken a review of requirements with its fire officer and NWSSP's Fire Lead and indicated several improvements that should be made. These relate to:

- Inclusion of further lobby areas at key locations;
- Changes to the 60 mins fire compartmentation in some areas;
- Changes of room classification to elevate to 'risk room' where appropriate.

The outstanding items require substantial further investigation / planning of work and financial investment to remedy.

The Health Board has progressed the fire precaution upgrade works on both the Withybush and Glangwili Hospital sites and in conjunction with MWWFRS has incorporated lessons learnt into the scope of works for the Bronglais Hospital site. This has resulted in a reduction in the works which only focuses on the works relating to inpatient ward areas and main plant rooms and rooms of highest fire risk. The Bronglais proposals have been reviewed positively by MWWFRS on 12 December 2024 and the Health Board is confident that the planned works represent the minimum requirements to ensure compliance with the MWWFRS letters of fire safety matters. Formal communication is awaited.

The location of breaches and the type of repair required varies greatly and as such the difficulty of repair will vary, as will the consequential impact on providing a continual clinical service at Bronglais. The type of repair work required, the location of the work and the proximity of adjacent services determines the complexity of the repair, below is a list of examples:

- Prior alterations to remove / adjust services to gain access to repair compartment breaches;
- Removal of ceilings locally to access the work and bring in materials;
- Congested services in ceiling voids resulting in limited working space;
- Working off access scaffold to reach higher breaches;
- Restricted access in occupied areas, particularly patient accommodations;
- Proximity of asbestos and the associated encapsulation or removal issues;
- Compartment walls missing / breaches over entrance doors restricting access to wards and other departments;
- Replacing / repairing fire door-sets leading into wards and departments;
- Installing fire smoke dampers in main and sub compartment areas;
- Installing smoke dampers to risk / hazard areas;
- Compartment breaches in inpatients areas resulting in decant requirements;
- Compartment breaches in outpatient areas resulting in delayed treatments;
- Compartment breaches in theatre areas resulting in missed procedures;
- Compartment breaches in kitchen area resulting in alternative arrangements required.

The locations impacted are:

- Horizontal and vertical primary escape routes.
- Day patient accommodation, consultation / treatment areas, theatres.
- In patient accommodation, ward areas, theatres.
- Main kitchen.
- Staff areas.
- The floor voids which form their own fire compartment.
- Vertical risers, especially the connection/link to the floor voids.

Due to the size and complexity of the task and the resulting disruptions it is proposed to approach these remaining works in a phased manner as agreed with MWWFRS.

A decant facility will be required to facilitate the works. Due to capacity pressures no potential exists within the existing footprint to reduce the available services.

The UHB is currently leasing space at the adjacent development known as Hafan Y Waun to provide additional capacity whilst Meurig Ward is temporarily closed for emergency repairs to be made to the ward roof. This case includes for rental of additional space at Hafan y Waun, along with adaption works to facilitate hospital use and reversion upon completion. Following consultation with the hospital management team, it was noted that Mental Health services have very specific needs, and it would be uneconomic and impractical for this service to utilise Hafan Y Waun. Therefore is proposed that an existing ward within the main hospital be adapted for mental health service use (anti-ligature measures etc). Y Banwy has initially been identified for this purpose. This approach would help minimise the costs.

Whilst the options for decanting wards / departments will need further exploration, there are services where decant will not be suitable and piecemeal working will be required. These areas are identified below along with a proposed solution.

Area	Approach
Blue Block	
Physiotherapy	Decant & re-provide elsewhere
Outpatients	Decant & re-provide elsewhere
Dining Room	Temporary Closure
Kitchen	Internal decant to servery/dining room with limited menu and freezer-based menu. Will require temporary/additional cold storage and regeneration area. Note. It may be beneficial to purchase rather than hire some equipment and retain on site long term due to current equipment provision levels, and a pending business case to move to permanent cook/freeze. This should be reviewed at the next stage.

Area	Approach
Pharmacy	Further consideration required at BJC
Accident & Emergency	Phased working (2 sections)
Green Block	
2 Theatres, Endoscopy, ITU	Reduce service – take over 1 theatre and rotate zones as needed
Ceredig Ward	Phased working (2 phases)
Rhianon, Tirion	Reduced works as recent refurbishment undertaken by estates
Bio-Chemistry	Further consideration required at BJC
Pathology	Further consideration required at BJC
X Ray	Reduced works as recent refurbishment undertaken by estates
HSDU	Temporary closure and cost for off site supply/transport etc.
Purple Block	
Day Surgery	Reduced works as recent refurbishment undertaken by estates
Leri	Reduced works as recent refurbishment undertaken by estates
Enlli Ward	Phased approach
Undercroft Stores	Phased approach

Table 11: Proposed approach to departmental works

It should be noted that the above approach represents an overall works programme potentially in the order of 2.5 years and is based upon a series of assessments and assumptions with the full extent of works, impact of asbestos and methodology restrictions not fully determined at this stage. Following engagement of a construction partner the proposed methodology will be refined and explored within the next stage business justification case.

3.7 Potential Scope and Service Requirements

The scope of this programme business case is to ensure compliance with fire safety regulations as stipulated in the letters of fire safety matters and associated schedules of requirements issued by MWWFRS in August 2022 and June 2024.

The overall works required will be extensive, a summary of work elements includes:

- Reconfiguration of main and sub compartment 60 mins and 30 mins fire resistant compartments;
- Ensuring compartmentation of all required hazard/risk rooms – this will involve fire stopping of holes, infilling at head junctions etc;
- The above will require extensive fire damper works. The reasons for this are covered by Health Board Fire Officer guidance as:

  - Firecode (WHTM05/02 Table 7) requires Fire Safety Doors to compartment and sub-compartment penetrations, whereas Fire Dampers are still permitted in hazard room enclosures;
  - Under the legislation (Regulatory Reform (Fire Safety) Order 2005), there is no specific requirement to upgrade the existing hospital to a code-compliant standard. However, recognising the importance of compartmentation and sub-compartmentation in terms of the evacuation strategy, and the potential for this to be compromised through the ventilation system, there is a need to ensure Fire Safety Doors protect the integrity of the compartmentation and sub-compartmentation. Fire Safety Doors triggered by the fire alarm, are more responsive and have better fire / smoke performance characteristics than traditional Fire Dampers which are only heat activated.
- An upgrade to the existing fire alarm system will be required to accommodate the additional damper connections and control requirements including the upgrade of communication cabling between main fire alarm panels;
- Replacement / repair of doors as necessary to fire compartment lines and risk rooms;
- Emergency Lighting. The site has a mixture of Thorlux Smartlight and Smartscan lighting to certain areas which is deemed suitable to remain. Other areas do not have a suitable standard of emergency lighting and it is proposed that these areas be fitted with Thorlux Smartscan (Appendix 4);
- The works will require elements of asbestos removal;
- The works will involve significant decant arrangements;
- Replacement of existing overcladding to the blue and green blocks is subject to further detailed discussions with MWWFRS.

A Programme Business Case (PBC) was previously developed to determine the potential investment required but following a review of the approach undertaken at Withybush Hospital and working closely with the NWSSP-SES Fire Lead a revised scope has been agreed for the Bronglais scheme. The strategy is to focus on the works relating to inpatient wards and the main plant rooms along with rooms of the highest fire risk. The following works are excluded from this business case and MWWFRS agreement of this is in progress:

- Residential blocks – works undertaken by Health Board direct;
- Floor void access hatches – deemed acceptable to remain as installed;
- Fire alarm detector heads and fire alarm replacement cabling – works undertaken by Health Board direct;
- Xray / CT scanner and Pharmacy departments recently partly refurbished. Fire stopping / doors works undertaken by Health Board direct. This PBC will cover any ductwork FSD requirements;
- Other areas of the hospital which have received more recent refurbishment including fire stopping. These are noted as areas shaded blue on the plans contained in Appendix 3;
- Red block which is more recently refurbished and excluded from these proposals;
- Estates department / management block.

It is recognised that undertaking works of this nature, in a live hospital environment is challenging and will result in a high level of disruption and low productivity. Business continuity must be maintained throughout the duration of the works therefore any requirement for service re-provision (i.e. decant facilities / temporary relocations) is also considered to be core scope within this PBC.

3.8 Benefits

The main benefits associated with this business case are:

- Ensuring the safety of patients, visitors and staff in relation to fire safety matters;
- Compliance with MWWFRS letters of fire safety matters – eliminating the risk of enforcement action;
- Removal of the fire enforcement notices.

3.9 Risks

The main risk associated with this business case is the failure to comply with fire enforcement notices / letters of fire safety matters leading to risk of prosecution and potentially the enforced closure of buildings.

- Detrimental impact on delivery of essential patient services;
- Failure to comply with MWWFRS timelines;
- Failure to secure necessary capital funding;
- Difficulty in assessing quantity of works and capital costs;
- Difficulty in gauging / obtaining materials.

3.10 Constraints

There are a number of constraints to the delivery of the programme requiring management:

- Availability of capital funding;
- A need to comply with the actions and timeframes stipulated by MWWFRS;
- A need to minimise disruption to services during the construction phases.

3.11 Dependencies

The programme is dependent on the following considerations:

- Welsh Government support and funding for the proposed approach;
- MWWFRS support to the proposed approach;
- WG and NWSSP SES support to proposed approach;
- HDUHB has an ongoing programme of maintenance and minor capital investment work through their discretional programme which will also be reviewed and considered alongside this PBC and in relationship to the Business Continuity PBC.

4.0 Economic Case

The purpose of the economic case is to identify and appraise the options for the delivery of the scheme and to recommend the option that is most likely to optimise value for money.

4.1 Critical Success Factors

The critical success factors associated with this PBC are:

- Strategic Fit:
  - Compliance with MWWFRS letters of fire safety matters.
- Achievability:
  - Timescales for delivery;
  - Deliverability with minimal site constraints or challenges;
  - Potential affordability (capital).
- Supplier Capacity and Capability:
  - Ability of potential suppliers to deliver the required services;
  - How attractive the option is to the supply side.
- Potential Value for Money.

4.2 Main Options

Given the nature of this business case there are limited choices available to the Health Board i.e. compliance with fire safety requirements is mandatory. A series of technical surveys have been undertaken to allow initial assessments and assumptions of the required works to be made, however, the full extent of works, impact of asbestos and methodology restrictions cannot be fully determined at this stage. Refinement of the programme and works packages will be considered further within the next stage BJC.

4.2.1 Scoping Options

The scope for this scheme is determined by the MWWFRS stipulated schedule of requirements pertaining to the Bronglais site i.e. undertake works to comply with MWWFRS letters of fire safety matters.

Business as Usual is not a realistic option as this would result in non-compliance with the letters of fire safety matters risking escalation of enforcement action and the potential closure of the site.

4.2.2 Service Solution Options

To maintain an operational hospital site, a phased approach to the works will be required. This will continue to be reviewed throughout the programme and fully defined in the next stage business case, however initial reviews have been undertaken with senior site management representatives (Assistant General Manager and Head of Nursing) to consider the impact on maintaining service continuity. To enable a rolling sequence of ward upgrade works to take place a decant facility will be required.

The options for providing an additional facility to act as a decant ward with the outcome of the longlist option sifting exercise are shown below:

Option		Appraisal	Sifting
A	Build area on top of red block (new A&E) to create decant capacity	High-cost option to provide and maintain long-term	**Potential**
B	Review potential to rent space from a nearby nursing home (Hafan Y Waun) to be utilised as a step-down facility to expedite discharge of patients.	Potential to allow for larger areas to be decanted, shortening the programme No agreement with Hafan Y Waun	**Potential**
C	Allocate an existing ward (Y Banwy – Afallon) to be the decant ward for the duration of the works	High reliance on social care to support discharge of patients for initial release of inpatient bed capacity – challenging Impact on sustaining a business as usual approach through reduced inpatient capacity	**Potential**
D	Provide an additional facility (i.e. modular building) on the site footprint to act as decant	Not practical due to severe site constraints and general lack of space – non-viable option	**Discount**
E	Purchase space from the University to decant admin areas releasing space on site for clinical services	Potential to purchase additional space likely to be favourable Unlikely that vacated space would be suitable for the delivery of clinical services	**Potential**

Table 12: Longlist Option Sifting

Options A, B, C and E will continue to be explored as part of the next stage business case process. Option B (the rental of space in Hafan Y Waun for the duration of the works) is the emerging preferred option and the current costs and programme in this PBC are therefore based on Option B, with an element of works required in Y Banwy to facilitate a mental health decant remaining within the main hospital.

There are a number of departments that cannot be easily relocated on a temporary basis. Table 11 details these department with considerations to the proposed approach for undertaking works. Further exploration through the next stage business case anticipated.

4.2.3 Service Delivery Options

The UHB has assumed that due to the scale of the programme that a standard Building for Wales contractor procurement route will be adopted for the works in line with the schemes underway at the Glangwili and Withybush Hospital sites.

4.2.4 Service Implementation Options

The programme of works associated with the approach is based upon a block by block and floor by floor approach to works with an anticipated completion of March 2029.

4.2.5 Funding Options

The UHB has assumed that in line with the schemes at Glangwili and Withybush Hospital sites, Welsh Government funding will be required.

4.3 Preferred Way Forward

The UHB must comply with the requirements of the letters of fire safety matters and has therefore only considered the works required to comply with the letters of fire safety matters. Due to the nature of the situation, and the limited options available, a single stage Business Justification Case is proposed.

The cost implications of the preferred way forward are described in Section 6.0 (Financial Case) and the timescales are as described in Section 7.0 (Management Case).

5.0 Commercial Case

5.1 Commercial Arrangements

The detailed consideration of the commercial case will take place within the next stage Business Justification Case with the commercial arrangements forming a key part of the business cases. The preferred funding option for the investment is via Welsh Government Funding as public funding is considered the only viable option.

5.2 Procurement Strategy

The delivery of the required solution requires procurement in relation to the design and build of fire safety improvements in accordance with the agreed brief.

The Health Board has recently delivered very similar schemes at both WGH and GGH. Due to the emergency nature of those works they were procured via The NHS Building for Wales frameworks utilising the NEC Option E (cost reimbursable) form of contract. Following reviews and lessons learnt workshops with NWSSP-SES and Capital Audit a number of recommendations were made and the Health Board propose to take account of these when considering the procurement route for Bronglais. These include:

- The Health Board retaining control of design by directly employing a fire engineer lead muti-disciplinary team.
- This team is afforded suitable time to fully survey and design / schedule the works.
- A more agile, smaller contractor used to working with the Health Board in live hospital environments is engaged to carry out the works.
- The route to market is via a suitable existing framework e.g. the South West Wales Regional Contractors Framework (SWWRCF).
- With the works being suitably scoped, a lump sum form of contract is proposed rather than cost reimbursable.
- The programme allows for the works to be tendered prior to submission of the BJC and the tender returns being used to inform the cost model.

It is proposed that the designer will be the Principal Contractor and Principal Designer for the purpose of the Construction (Design and Management) Regulations 2015 (CDM 2015).

Due to the nature of these works, the limited options available to remedy matters and the technical nature, approval is sought from Welsh Government to adopt the Business Justification Case approach. The programme indicated within this document assumes this is acceptable.

5.3 Personnel Implications

The internal project management arrangements and requirements for specialist advice to support the design, procurement and delivery of the projects will be reviewed on an ongoing basis to ensure that adequate resources are available to deliver projects to the quality, cost and timelines required. The resource implications for each project or work package will be identified in the BJC.

5.4 Proposed Charging Mechanisms

At the completion of the projects there will be no ongoing service arrangements provided by the Procurement partner and therefore no recurring charges associated with the project.

5.5 Potential for Risk Transfer

The general principle is that risks should be passed to "the party best able to manage them", subject to value for money (VFM). As there is no firm or finalised procurement strategy at present this is yet to be agreed. Once agreed the contractual arrangements will address the ability to transfer risk.

Risk category	Potential Allocation		
	Public	Private	Shared
Design Risk	✓		
Construction and development risk	✓		
Transition and implementation risk	✓		
Availability and performance risk	✓		
Operating risk	✓		
Variability of revenue risks	✓		
Termination risks	✓		
Technology and obsolescence risks	✓		
Control risks	✓		
Residual value risks	✓		
Financing risks	✓		
Legislative risks	✓		
Other project risks	✓		

Table 13: Risk Allocation Matrix

5.6 Accountancy Treatment

All projects will be on the balance sheet of the Health Board.

6.0 Financial Case

6.1 Indicative Capital Costs

The total cost of the investment for the whole programme of work is estimated at £21,020,420 plus a WG held project risk contingency of £4.2M (total £25,224,420) as shown in Table 14. These costs will be further refined as part of the next stage business case.

Element	Totals
Business Justification Case - Workstages 2 & 3	£632,000
HDUHB direct cost – Workstages 4 – 6	£1,632,000
Works Cost Phase Summary	£11,891,000
Non-Works Costs	£1,940,000
Equipment	£24,000
Sub Total	**£16,119,000**
HDUHB Project Risk Contingency (allowance 10%)	£1,612,000
Sub Total	**£17,731,000**
VAT (20%)	£3,546,200
VAT Reclaim (assume only on HDUHB directly appointed consultants)	(£256,780)
Sub Total	**£21,020,420**
Welsh Government Held Project Risk Contingency (allowance 20%)	£4,204,000
PBC Total (indexed at Q1 2025)	**£25,224,420**

Table 14: Indicative Capital Costs

An indicative cash flow for the capital expenditure is included in Table 15:

Financial Year	2025/26	2026/27	2027/28	2028/29
Capital Expenditure	£874,580	£6,766,520	£11,181,780	£6,401,540
Cumulative	-	£7,641,100	£18,822,880	£25,224,420

Table 15: Indicative cash flow

6.1.1 Capital Cost Assumptions

The detailed cost report in relation to this business case is included at Appendix 6 with the following key assumptions made in developing the capital costs for this PBC:

- Capital costs – indexed at first quarter 2025 (NB: escalation will have to be carefully considered by WG and NWSSP-SES based on the long programme duration, escalation required to first quarter 2029);
- Design Fees – allowance of circa 18% based on benchmark data for tenders received for Withybush General Hospital Phase 2 Fire Precaution Upgrade works (this sum could vary greatly dependent upon scope and choice of procurement strategy);
- Non-works costs based on benchmark data;
- Equipment – based on allowance of 0.1% of works costs in agreement with HDUHB;
- Project risk contingency of 10% – based on GGH Phase 1 BJC strategy;
- Allowance of 20% for additional project risk contingency to be held by WG – based on GGH Phase 1 BJC strategy;
- VAT at 20% on all with VAT reclaim assumed only on consultants directly appointed by HDUHB;
- Exclusions: Upgrading the existing fire alarm installation undertaken separately by HDUHB outwith this PBC;
- WG and NWSSP-SES to assess and consider escalation for the PBC from Q1 2025 to Q1 2029.
- Replacement of existing overcladding to the blue and green blocks are subject to further detailed discussions with MWWFRS (costs included at circa £1.9m).

6.2 Revenue Implications and Affordability

With the proposed risk based approach to remedials and the corresponding reduction in scope, it is expected that additional fire wardens will be required at a point in time. This is not yet confirmed, but is to be expected following similar requirements from MWWFRS at WGH. As an example, the annual cost for fire wardens at WGH is in the order of £175k per annum to support the greatly reduced capital necessity. This will need further discussions with MWWFRS as the business case process continues.

Leasing costs associated with rental of Hafan Y Waun for the programme duration are capitalised.

The Health Board's assumption is that capital charges including increased depreciation and any impairment charges on completion will be funded by Welsh Government.

6.3 Funding Arrangements

This programme of works requires funding from the Welsh Government NHS All Wales Capital programme.

7.0 Management Case

This section of the PBC demonstrates the approach that HDUHB will take to support the delivery of the programme in accordance with best practice. The programme management arrangements are aligned with those described in the Estates Infrastructure Programme Business Case ensuring that the Health Board is able to make progress against the identified key priority areas but also has sufficient flexibility to respond to changing requirements.

7.1 Programme Management Arrangements

The programme management structure for this programme is aligned with the Business Continuity (Major Infrastructure) Programme Approach which has been formally constituted and established in line with best practice (Managing Successful Programmes) and will be managed in accordance with PRINCE 2 methodology.

The programme of works identified within this business case will be managed via the BGH Delivery Team with direct reporting into the Project Board and the Capital Sub-Committee (CSC).

The Estates Infrastructure Programme Board will provide strategic direction in order to develop the specific capital investment proposals associated with this Programme Business Case and ensure that these are aligned with the Business Continuity (Major Infrastructure) PBC. Progress will be reported to the Health Board via the Capital Sub-Committee and Service Development and Operational Delivery Committee as illustrated in Figure 3:

Figure 3: Governance Structure

7.1.1 Programme Roles and Responsibilities

The Health Board Chief Operating Officer is the formal Senior Responsible Officer (SRO) and will ensure that the programme meets its overall objectives and delivers its expected benefits. The Director of Estates, Facilities and Capital Management is the Programme Director who will be responsible for the successful delivery of the programme.

Role	Responsibility
Project Board	Responsible for successful delivery of the Programme to meet MWWFRS requirements: • Monitor programme / project plan for completion at key stages in capital investment process and monitor on a monthly or as required basis; • Provide strategic leadership and direction to the Delivery Team; • Approve project plan for completion of key stages and monitor on behalf of HDUHB; • Provide a challenge mechanism for the project; • Receive project reports and outputs ensuring sufficient detail is provided; • Progress strategic specific issues and monitor the associated work programmes; • Support the development of technical briefs and outline design in conjunction with the Delivery Team; • Ensure that there are adequate project management arrangements in place; • Brief WG / MWWFRS on a regular basis to ensure good communication and understanding of project; • Monitor capital costs; • Support and guide the development of technical documentation in support of the delivery team and approval of the Health Board.
Delivery Team	Responsible for delivering the projects • Develop programme / project plan for completion at key stages in capital investment process and monitor on a monthly or as required basis; • Implementation of project plan activities on a daily basis; • Develop and monitor project planning, phasing and sequencing programme; • Manage associated work programme; • Provide operational and technical lead for the site; • Communicate with the site operational managers and master planning team; • Ensure suitable project management arrangements are in place; • Implement project systems and controls e.g. risk, change management; • Issue regular progress reports to the Programme Board; • Develop capital costs; • Develop BJCs; • Participate in internal and external audit processes.

Table 16: Programme Roles and Responsibilities

7.1.2 Use of Special Advisors

The following team of specialist advisors has been appointed to by the Health Board to support the PBC. Additional advisors will be appointed to support the individual projects as appropriate.

Advisor	Responsibility
MACE Ltd	Project Management
Lee Wakemans Management	Quantity Surveyors / Cost Advisors
Strategic Healthcare Planning	Business Case Authors

Table 17: Specialist Advisors

7.2 Programme Milestones

At the next stage in the business case process, HDUHB will expedite the detailed exploration of the preferred way forward for the various components of the programme through the development of appropriate scoping strategies and business case for approval. An indicative programme for delivery of the proposed work packages has been included within this business case (Appendix 5). The Programme Director will ensure that subsequent business cases are developed in accordance with the agreed programme. The key milestones are shown in Table 18 below:

Milestone	Timeline
Internal Approvals	
Capital Sub-Committee	16 January 2025
Strategic Development and Operational Delivery Committee	27 February 2025
Board Meeting	27 March 2025
External Approvals	
PBC submission to WG	31 March 2025
WG approval to proceed	16 May 2025
Procurement / BJC	
Appointment of Design Team	August 2025
BJC Submission to WG	July 2026
WG approval to proceed	August 2026
Commencement of works on site	September 2026
Completion of Fire Remedial Works	December 2028
Completion of Decant Reversal Works	March 2029

Table 18: Programme Milestones

7.3 Arrangements for Change Management

The Health Board recognises the challenges associated with delivery of these works whilst maintaining an operational site and works will be implemented in a systematic way that causes the least disruption to services. The project structure has been established to implement the necessary changes and ensure operational management leadership remains central to this.

To take this process forward working groups will be established during the further development of the BJC involving the key hospital managers and nursing heads, or delegated leads. These groups will be fully consulted with regards to any changes to the works that may impact the provision of health services. Any fundamental changes to the project scope or timeline will be authorised in advance by the Project Director and established Project Board.

7.4 Risk Management

There are a number of objectives from the implementation of a robust risk management process:

- Secure predictability: by analysing the risks, greater insight can be gained into the likelihood of successfully delivering the project within budget, on programme and to the required quality;
- Manage the risk exposure proactively: a clear understanding of the threats and opportunities will ensure that robust mitigation strategies can be put in place and opportunities are realised. This significantly reduces the chance of failure through a constant reassessment of the project's risk profile;
- Define mitigation strategies: provide clear mitigation strategies and action plans which are to be addressed by the appropriate owners;
- Ensure opportunities are both identified and realised;
- Address contingency management: ensure that the contingency of both client and contractor allowances are managed, providing adequate cover for identified risks. If the opportunity arises to release contingency back in to working capital this should be addressed in line with the requirements of the project.

Risk management helps with matters of cost control and with overall project delivery by assessing potential problems and formulating mitigation measures through the implementation of a structural approach so that:

- Potential risks to a project are identified;
- Management action plans are drafted as a response to the risks;
- Contingencies can be allocated to reflect identified risks;
- An audit trail is produced for the decisions taken;
- There is increased team understanding of the project and of the implications of certain courses of action;
- Risk events are responded to more swiftly and effectively.

Risk management will be an ongoing project control measure that encourages all participants to be proactive in identifying areas of concern and potential risk that can, when identified at an early enough stage, be managed to reduce / eradicate the impact on the programme.

A risk register will be developed to record and log details of any item or event which is considered by the project team to put the objectives of the programme at risk as part of the next stage business case.

The risk register is a management tool that logs potential risks to the programme, primarily driven by health and safety, cost, programmes delays or any other risks that may be relevant to its successful completion.

The register is a live document and will be updated at regular intervals in Project Team and Board meetings as appropriate. The Project Manager will manage and retain ownership of the risk register throughout the programme. The risk register will be updated by both adding newly identified risks and reallocating risk funds where activities no longer pose risk.

7.4.1 Main Risks

At this early stage of the programme, only the most significant risks have been identified. These will be reviewed and developed into a detailed risk register at the next stage:

- The extent of works proposed aligns with previous works at WGH and GGH hospitals, which have taken a pragmatic approach to the classification and treatment of risk rooms for example in non-sleeping accommodation. Whilst these have been accepted elsewhere, at Bronglais the proposals have not yet been accepted by MWWFS. Positive meetings have been held (12 December 2024), but formal confirmation is yet to be received for inclusion in this PBC.
- Availability of Hafan Y Waun to support decant arrangements;
- Degree of cost certainty due to limited information at this early PBC stage.
- Building Safety Act – potential to become legislation in Wales in 2025 this has the potential to add significant fee value to the scheme.

Based on the schemes underway at WGH and GGH the following table provides an overview of the anticipated main risks to be explored in the next stage Business Justification Case.

Risk	Mitigation Measure
Control of noise – noise levels during construction not acceptable to hospital causing works to stop	Hospital to advise any times/periods when specific restrictions apply during early meetings. Individuals identified with authority to stop works. SCP to maintain regular contact with operational team to resolve issues associated with disruption ASAP.
Disruption to existing services during construction impacting on hospital services	Liaise with Hospital regularly throughout the project. Contractor strategy to be developed to deal with such circumstances.

Risk	Mitigation Measure
Ward disruption to works – Events happening on wards results in contractors having to stop works	Suitable contingency/float to be allowed in programme AND/OR Suitable decant strategy to be prepared and agreed AND/OR Individual rooms to be vacated as per Phase 1 phasing strategy
Fire Precaution works required in key function / high risk areas that must remain operational. E.g. Pharmacy and Labs result in increased cost/duration	Stakeholder meeting to be arranged to discuss approach to working in these areas.
Incomplete / restricted surveys not identifying the entire scope of fire stopping (both sides of wall / entire length of corridors etc)	Establish fire stopping works from other side
Extent of asbestos works / incomplete surveys underestimated	Survey where possible and proceed with caution. Asbestos removal required in U G Duct – stakeholder workshops to be arranged to discuss detailed scope to ensure all aligned in expectations
Capital costs underestimated at BJC	Score updated in line with experience at similar sites. Risk scored high however estimates on cost, programme impact and mitigation actions are covered through the risks on the register.
Significant changes in inflation of key materials / labour or shortages	Contractor to procure the materials in a timely manner
Increased costs due to unknown works	Survey wherever possible.
Unrealistic programme set for the main construction phase.	Detail surveys will determine any issues.
Nature and location of works leads to lack of contractor / tender interest	Review with NWSSP for framework interest. Consider meet the buyer type event.

Table 19: Main Risks

7.5 Benefits Realisation

The main benefit from this project will be HDUHB compliance with fire regulations and the MWWFRS letters of fire safety matters, avoiding closure of the hospital and supporting the safe delivery of patient services.

A comprehensive concise fire strategy for the site will be realised.

Through the next stage business justification case further consideration will be given to the potential for any reduction in backlog maintenance as a consequence of the proposed works.

7.6 Contingency Plans

There are no contingency plans should this project fail to achieve approval. The Health Board are at risk of escalating to fire enforcement status which would impact on delivery of all hospital services.

7.7 Programme Assurance

7.7.1 Risk Potential Assessment

The impact of the programme has been scored against the risk potential assessment (RPA) model (Appendix 7). The project has been assessed as low risk which will continue to be monitored via the Project Board and escalated as required.

7.7.2 Equality and Health Impact Assessment

Due to the nature of this business case, the Health Board has determined that an Equality and Health Impact is not required. Ensuring that buildings are compliant with fire safety regulations will improve the safety for all patients, staff and visitors to the hospital.

7.7.3 Integrated Impact Assessment

An Integrated Impact Assessment (IIA) has been completed by the Health Board to determine impact on service and workforce (Appendix 8).

As an infrastructure upgrade project there are no long-term impacts anticipated, however there will be disruption to services during the delivery phase of the works. The aim is to minimise this impact and a communications plan will be developed to keep staff informed throughout the works duration.

7.8 Post Project Evaluation

The Programme Board will ensure that post project evaluation will be undertaken in accordance with Welsh Government requirements, the details of which will be included in the business justification case.

The Health Board is committed to ensuring that a thorough and robust post-project evaluation (PPE) is undertaken to ensure that positive lessons can be learnt from the project. The lessons learnt will be of benefit to:

- HDUHB – in using this knowledge for future projects including capital schemes;
- Other key local stakeholders – to inform their approaches to future major projects;
- The NHS more widely – to test whether the policies and procedures which have been used in this procurement are effective.

PPE also sets in place a framework within which the benefits realisation plan can be tested to identify which benefits have been achieved and which have not. NHS guidance on PPE has been published and the key stages which are applicable for this programme are:

- Evaluation of the project procurement stage;
- Evaluation of the various processes put in place during implementation;
- Evaluation of the project in use shortly after the works are completed.

8.0 Conclusion and Recommendations

This business case sets the required actions and proposed approach to works for Hywel Dda University Health Board to be compliant with fire safety regulations. MWWFRS have aligned the target completion dates for all actions with the proposed works programme and it is anticipated that they will review progress with the Health Board once works have commenced.

The Health Board must comply within the timeframes agreed with MWWFRS or risk escalating to fire enforcement status which would impact on delivery of all hospital services and could ultimately lead to prosecution / the potential closure of Bronglais Hospital.

It is requested that Welsh Government:

- Acknowledge the MWWFRS expectations for completion of works by August 2028 as presented at meetings with MWWFRS on 13 November 2024. The UHB anticipate MWWFRS realigning the milestones to the agreed programme based on discussions during November and December 2024, and in line with similar agreements on both the WGH and GGH sites. The revised milestone will be for completion of fire remedial works by December 2028.
- Endorse this business case based on the proposed cost and approach to delivery of work;
- Support the resource requirements in terms of fees to progress the BJC.

9.0 Glossary of Abbreviations

Abbreviation	Definition
AHMWW	A Healthier Mid and West Wales: Our Future Generations living well
BGH	Bronglais General Hospital
BJC	Business Justification Case
CDM	Construction (Design and Management)
CEIMTS	Capital, Estates, Information Management and Technology sub-committee
CSF	Critical Success Factor
FM	Facilities Management
GGH	Glangwili General Hospital
GIFA	Gross Internal Floor Area
HBN	Health Building Note
HDUHB	Hywel Dda University Health Board
HTM	Health Technical Memoranda
IM&T	Information Management and Technology
MWWFRS	Mid and West Wales Fire and Rescue Service
NHS	National Health Service
PBC	Programme Business Case
PPE	Post Project Evaluation
PPH	Prince Philip Hospital
SRO	Senior Responsible Officer
TBC	To Be Confirmed
UHB	University Health Board
VAT	Value Added Tax
VFM	Value for Money
WGH	Withybush General Hospital
WG	Welsh Government
WHTM	Welsh Health Technical Memoranda

10.0 Appendices

1. Letters of Fire Safety Matters
2. BGH Fire Precaution Works Action Plan
3. Proposed Fire Compartmentation
4. Emergency Lighting Upgrade Areas
5. Project Programme
6. Capital Costs
7. Risk Potential Assessment
8. Integrated Impact Assessment

6.3

12:20, 5 Mins

6.3 - ARCH

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning)

For information

Attachments

6.3 SDODC ARCH Update Feb 2025.pdf

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 February 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	A Regional Collaboration for Health (ARCH) Portfolio Update Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lee Davies, Director of Strategy and Planning
SWYDDOG ADRODD: **REPORTING OFFICER:**	Siôn Charles – Head of ARCH Strategy & Service Planning

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides an update on the activities of the A Regional Collaboration for Health (ARCH) Portfolio and the regional discussions held between Hywel Dda University Health Board (HDdUHB) and Swansea Bay University Health Board (SBUHB) for the period October 2024 to February 2025.

Cefndir / Background

Primary discussion at ARCH Regional Recovery Group and progress of the ARCH Service Transformation Programmes are summarised in this report.

The ARCH NHS Regional Recovery Group met on 10 December 2024.

The ARCH Regional Planning Group met on 19 November 2024, 17 December 2024 and 21 January 2025.

Asesiad / Assessment

ARCH SERVICE TRANSFORMATION PROGRAMME UPDATES

Regional Pathology

- Board (SBUHB and HDdUHB) approval of Transitional Memorandum of Understanding (MoU) for Regional Pathology Network (ODN)
- Board development session with SBUHB Board December 2024
- Revised Schedule of Accommodation for new build developed and agreed
- Revised cost forms for Outline Business case (OBC) ‘preferred’ option developed
- Baseline service activity, quality, workforce and finance metrics established to assist in development of service specification
- Establishment of Laboratory Information Management System (LIMS) 2.0 working group, project team and work packages

- Dedicated project team funding ended 30 September 2024. Now only one member of staff left in post until February 2025 (secondment)
- Capital affordability (Welsh Government (WG) capital constraints and new Infrastructure Investment Board (IIB) guidance on business case development)
- Service sustainability (estates and workforce challenges) in the short to medium term
- Limited organisational capacity to support regional LIMS 2.0 roll out

South West Wales Regional Cancer Services

- Second permanent Computerised Tomography (Simulator) (CT SIM) capital business case developed and approved by Health Boards for onward submission to Welsh Government. WG Capital scrutiny comments responded to at end of November 2024.
- Future Radiotherapy service model (Linac expansion) across South West Wales options appraisal process developed (5th Linac) and initial outputs produced, working with key stakeholders across SBUHB and HDdUHB.

South West Wales Regional Stroke Programme

- Exploring opportunities to run pilot with MoveLab – Currently with SBUHB Information Governance.
- SBUHB and HDdUHB are agreed to trial Visionable (Stoke pre-hospital triage software). Implementation review ongoing.
- Commenced recruitment of externally funded Regional Stroke Programme Manager.

Regional Diagnostics

- Endoscopy and Radiology – A full-service status report is being compiled for both services across the two Health Boards to highlight the following information:
    - National and Regional Context
    - Services Specification/Profile – types of service, sites, equipment etc
    - Posts/Vacancies from Staff Improvement Plan (SIP) list in Whole Time Equivalents (WTEs)
    - Budget Profile/Funding Envelope for a full year, including anticipated additional money.
    - Commissioned activity/insource outsource etc.
    - Long Term Agreement (LTAs)/ Service Level Agreements (SLA)s and any cross-boundary working arrangements.
    - Performance end of year 2023/24 and year to date.

- This work will be completed by the end of January 2025. Regional opportunities in both Endoscopy and Radiology services will be identified after these reports are finalised.
- A Regional Diagnostics Clinical Reference Group is being formed in Q4, led by Jonathan Arthur, Deputy Director of Health Science at HDdUHB as Chair.

Eye Care programme

- On-going meetings: meetings have continued bi-weekly with the operational teams from both Health Boards to drive regional working.
- A meeting took place between the clinical leads from both Health Boards on Friday 17 January 2025. The outcome from this meeting will be discussed with the Senior Leadership Team from both Health Boards to inform the next Regional Programme Board.

Orthopaedics programme

- The Programme Board convened on 17th December.
- An annual plan is in the process of being developed, detailing the planned activity for the upcoming year. This will be aligned with the requirements of the regional model and focus on its continued implementation and development for a number of sub-specialties.
- The Operations Group convened on 11 December 2024 to advance regional collaboration efforts. Both operational teams have developed strong working relationships over the past year, establishing a solid foundation for ongoing and future joint initiatives.
- Both Health Boards have implemented outsourcing activities to achieve the Ministerial target of zero patients waiting longer than 104 weeks by March 2025. The Regional Programme Board (RPB) continues to monitor performance and promote shared learning to enhance operational efficiencies.
- Progress continues in evaluating operational requirements and exploring solutions for managing a shared Patient Tracking List (PTL), which aims to address sub-specialty inequities across the region.
- A regional project team, initiated by HDdUHB, is supporting the implementation of Open Predictor, an Artificial Intelligence (AI) tool designed to enhance arthroplasty patient risk stratification across the region.
- HDdUHB has made strides in implementing the Getting Ready for Surgery policy. Discussions on pathway management continue, underscoring progress toward standardising clinical processes regionally.
- Both teams have initiated the review of demand and capacity planning for 2025/26, providing critical insights for the regional orthopaedic annual plan.
- On 3 December 2024, the Arthroplasty Sub-Specialty group met, with strong engagement from Hywel Dda consultants. Concerns regarding the growing acute revision burden in HDdUHB were raised and are currently under review.
- Discussions on the regional hand model are ongoing. The revised proposal was reviewed at the Clinical Implementation Network (CIN) meeting on 29 November 2024, highlighting challenges related to theatre access in Hywel Dda. A workshop on 16 December 2024 brought stakeholders together to discuss operational processes and pathways to support the model's implementation.
- Several meetings of the Foot and Ankle Sub-Group have culminated in the approval of a regional proposal at the Programme Board meeting on 25 November 2024. Consultants subsequently held the first Regional Ankle Arthritis Network meeting, with regional operations set to commence in February 2025.

ARCH STRATEGIC INITIATIVES UPDATES
(RESEARCH, ENTERPRISE, INNOVATION, WORKFORCE, EDUCATION AND SKILLS)

ARCH Innovation Forum

- ARCH Innovation Forum publicised, and inaugural event planned for February 2025.

Regional Commercialisation Strategy

- Academic Health Solutions concluded stakeholder discussions and have produced a final draft Commercial Strategy and Delivery Model**.**

Regional Governance

- Swansea Bay UHB and Hywel Dda UHB Joint Committee inaugural meeting held on 15 January 2025.
Argymhelliad / Recommendation The Strategic Development and Operational Delivery Committee is asked to: • **NOTE** the Hywel Dda UHB and Swansea Bay UHB regional discussions and the ARCH Portfolio Summary Update.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.3 Provide assurance to the Board that, wherever possible, University Health Board plans are aligned with partnership plans developed with Local Authorities, Universities, Collaborative, Alliances and other key partners, such as the Transformation Group who form part of A Regional Collaboration for Health (ARCH).
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	4. Learning, improvement and research 3. Data to knowledge 2. Culture and valuing people
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	4a Planned Care and Cancer Recovery 4b Regional Diagnostics Plan 5b Research and innovation 6a Clinical services plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Each element of ARCH is being developed against a series of evidence bases.
Rhestr Termau: Glossary of Terms:	Included within the body of the report.

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	All items have been discussed within the ARCH programme structure.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	ARCH is funded by the three organisations which form the partnership.
Ansawdd / Gofal Claf: Quality / Patient Care:	The regional models of service will place the patient at its centre and work together with patients and citizens to co-produce healthier people and communities to deliver better outcomes that matter to people. ARCH partners will work with our population to develop local values, focused on the health of our communities. Working with the wider public and third sectors, the Health Boards will implement new regional service models based on the principle of care being provided closer to home. Expanding access through the development of new infrastructure and redeveloping and redefining the use of existing infrastructure will radically transform patient pathways across the region. ARCH will provide a significant contribution to: 1. Addressing the chronic staff shortages for certain specialities/services and in doing so improve quality of care through meeting the correct standards of staffing and providing more consistent staffing. 2. Improving the efficiency with which services are delivered. 3. Increasing non NHS income through expanding research, clinical trials and other collaborative partnerships with industry. Over time, reduce or stabilise the burden from chronic disease through prevention and public engagement with their health.
Gweithlu: Workforce:	ARCH will provide a significant contribution to addressing the chronic staff shortages identified across the Health Board; this will be achieved through: i. Improving training numbers and retention ii. Where appropriate moving to regional delivery of certain service models In doing so reducing the premium rate variable pay costs.
Risg: Risk:	The ARCH Board maintains a wide ranging risk register that is reviewed at every ARCH Board meeting and by the Delivery and Leadership Group of the ARCH Partnership (an Executive Level meeting at which all three partners are represented).
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable

Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Equality Impact Assessments will be undertaken on each of the projects within the PDP as they are developed as an integral part of each business case.

7

12:25, 0 Mins

7 - FOR APPROVAL

7.1

12:25, 5 Mins

7.1 - 534 Patient Access Policy (from Watchtower Group)

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Stephanie Hire (Hywel Dda UHB - General Manager Scheduled Care)

For approval

Attachments

7.1 SDODC SBAR Access Policy Aug 2024 - Extension FINAL.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 February 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Extension to the review dates of Strategic Development and Operational Delivery Committee - Access Policy Review
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Stephanie Hire, General Manager, Scheduled Care Services
SWYDDOG ADRODD: **REPORTING OFFICER:**	Amorelle Jones, Service Delivery Manager Planned Care (Performance & Transformation)/ Jim Plunkett, Validation Manager

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 Strategic Development and Operational Delivery Committee (SDODC) is asked to approve extension to the review date (12 August 2024) of the Access Policy until 30 May 2025.

Cefndir / Background

It is imperative that Hywel Dda University Health Board (HDdUHB) has up to date and accurate written control documentation in order to comply with relevant legislation/regulations and minimise any associated risk. The Access Policy ensures that the period patients wait for elective (planned) care is measured and reported in a consistent and fair manner and in line with National Referral to Treatment (RTT) times rules.

The Health Board's Access Policy was officially last reviewed in August 2021 and was due for review by 12 August 2024. During July 2024, the policy was reviewed within the Scheduled Care directorate with a conclusion of no changes required. During the time of that review, a national consultation on Referral to Treatment times rules was commenced by Welsh Government.

Asesiad / Assessment

Justifications for the extension to the review date of the policy are detailed below. The extension date has been determined by the lead officers and assurance has been provided by the lead authors that the documents remain fit for purpose during the extension period.

- In July 2024, Welsh Government (WG) commenced a consultation on a refresh of the National Referral to Treatment Guidelines across all Health Boards. The consultation closes 12 August 2024. The Health Board's Scheduled Care directorate is actively engaged in the process.

- This WG consultation coincided with the internal review of the access policy (due 12 August 2024) where no changes to the access policy were recommended. The recent internal review took the following into account since the last review in August 2021:
  (a) Have there been any changes to national referral to treatment guidelines?
  (b) Any further official guidance provided by the Welsh Assembly Government?
  (c) Any significant changes to local service delivery impacting the access policy?
  (d) Any significant changes to Information systems that may affect administration of elective care pathway patients?

- The new rules are now not going to be confirmed until the end of March 2025.

- The national rules are due to be submitted to Chief Operating Officers and Medical Directors for consultation and to the wider planned care audience.

Argymhelliad / Recommendation

The Committee is requested to:

- **APPROVE** the extension to the review dates of the Access policy until 30 May 2025 when the new national guidelines are expected to be agreed.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.16 Approve relevant corporate policies and plans within the scope of the Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 5. Equitable 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services 4. The best health and wellbeing for our individuals, families and communities 5. Safe sustainable, accessible and kind care 6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	4 Planned care, diagnostics and cancer Recovery

Gwybodaeth Ychwanegol: **Further Information:**

Ar sail tystiolaeth: Evidence Base:	https://hduhb.nhs.wales/about-us/performance-targets/performance-documents/elective-care-policy/ All Wales Access Policy
Rhestr Termau: Glossary of Terms:	Within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Not Applicable

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	Not Applicable
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Not Applicable
Gweithlu: **Workforce:**	Not Applicable
Risg: **Risk:**	Not Applicable
Cyfreithiol: **Legal:**	Not Applicable
Enw Da: **Reputational:**	Not Applicable
Gyfrinachedd: **Privacy:**	Not Applicable

Cydraddoldeb: Equality:	Not Applicable

Cydraddoldeb: Equality:	Not Applicable

8

12:30, 0 Mins

8 - ANY OTHER BUSINESS

9

12:30, 0 Mins

9 - MATTERS AND RISK FOR ESCALATION TO BOARD

Maynard Davies (Hywel Dda UHB - Independent Member)