



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date **01/07/2025**

Time **09:30 - 12:30**

Location **Microsoft Teams Meeting/ Ystwyth Boardroom; Ystwyth Board
Room Avocor (Hywel Dda UHB - Generic Account)**

Strategy and Planning Committee

HDD_Strategy and Planning Committee

NHS Wales

Agenda - 1 July 2025

1 Governance and Risk

09:30, 0 min

1.1 Welcome and Apologies

09:30, 0 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

1.2 Declarations of Interests

09:30, 0 min

All

1.3 Minutes from the Strategy and Planning Committee meeting on 24 April 2025

09:30, 0 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

1.4 Table of Actions the Strategy and Planning Committee meeting on 24 April 2025

09:30, 5 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

1.5 Corporate Risks Assigned to SPC

09:35, 0 min

Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)

There are no reportable risks assigned to SPC currently.

1.6 Operational Risks Assigned to SPC

09:35, 5 min

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health)

1.7 Targeted Intervention Update

09:40, 10 min

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

2 Strategy, Planning and Partnerships

09:50, 0 min

2.1 Annual Plan Progress: Including Planning objectives Update

09:50, 10 min

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

2.2 Maturity Matrix

10:00, 5 min

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

2.3 Estates Plan

10:05, 25 min

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning)

2.4 Regional Joint Committee Update Report and A Regional Collaboration for Health

10:30, 10 min

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Sion Charles (ARCH)

2.5 Partnership Governance Assurance Report

10:40, 10 min

Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health), Bruce Bolam (Hywel Dda UHB - Deputy Director Public Health/Consultant in Public Health)

2.6 Regional Partnership Board Update

10:50, 10 min

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

3 BREAK

11:00, 5 min

4 Population Health, Primary and Community

11:05, 0 min

4.1 Starting and Developing Well Team (Public Health) Impact & Learning Report 2024-25

11:05, 30 min

Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health), Jo McCarthy (Hywel Dda UHB - Consultant in Public Health), Ben Williams (Hywel Dda UHB - Principal Public Health Practitioner)

4.2 Deep Dive PO7: Primary Care and Community Strategic Plan Update

11:35, 10 min

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

4.3 Cluster Update

11:45, 10 min

Rhian Bond (Hywel Dda UHB - Assistant Director of Primary Care), Laura Lloyd Davies (Hywel Dda UHB - Cluster Development Manager)

4.4 Review of Clinical Pharmacy Services at NHS Hospitals in Wales

11:55, 10 min

Jill Paterson (Hywel Dda Health Board - Director of Primary Care, Community and Long Term Care), Owain Williams (Hywel Dda UHB - Clinical Director of Pharmacy and Medicines Management)

5 Capital and Estates

12:05, 0 min

5.1 Capital Programme for 2025-26 and Capital Governance

12:05, 5 min

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Eldeg Rosser (Head of Capital Planning)

Including:

Capital Planning Equipment Replacement Programme

CSC Workplan

CSC Annual Report

5.2 Withybush Hospital Fire Prevention Scheme Phase 2 Business Justification Case

12:10, 5 min

Rob Elliott (Hywel Dda UHB - Director of Estates, Facilities and Capital Management), Christine Thomas (Hywel Dda UHB - Assistant Major Capital Development Manager)

6 For Information

12:15, 0 min

6.1 Sustainability Report

12:15, 0 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

6.2 Joint Commissioning Committee Planning, Performance and Finance Sub-Committee Reports

12:15, 0 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

6.3 Strategy & Planning Committee Workplan 2025-26

12:15, 0 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

7 Any Other Business

12:15, 0 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

8 Date and Time of Next Meeting

12:15, 0 min

8.1 28 August 2025, 09:30 - 12:30, Ystwyth Boardroom & MS Teams

12:15, 0 min

30 October 2025
18 December 2025
26 February 2026

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1 - Governance and Risk

1.1

09:30, 0 Mins

1.1 - Welcome and Apologies

***Winston Weir (Hywel
Dda UHB -
Independent Board
Member)***

1.2

09:30, 0 Mins

1.2 - Declarations of Interests

All

1.3

09:30, 0 Mins

1.3 - Minutes from the Strategy and Planning
Committee meeting on 24 April 2025

*Winston Weir (Hywel
Dda UHB -
Independent Board
Member)*

| For approval

Attachments

1.3 2025-04-24 - Strategy and Planning Committee - Minutes(3).pdf

MINUTES OF THE HDD_Strategy and Planning Committee MEETING

Date of Meeting: **09:30, Thursday 24 April 2025**
 Venue: **Microsoft Teams Meeting/ Ystwyth Board Room Avocor (Hywel Dda UHB - Generic Account); Ystwyth Board Room Avocor (Hywel Dda UHB - Generic Account)**

Present: Mr Winston Weir, Independent Board Member, Chair
 Mr Maynard Davies, Independent Member, Vice Chair
 Mr Michael Imperato, Independent Member
 Ms Chantal Patel, Independent Member

In Attendance: Mr Lee Davies, Director of Strategy and Planning
 Mr Andrew Carruthers, Chief Operating Officer
 Dr Ardiana Gjini, Director of Public Health
 Mr Huw Thomas, Director of Finance
 Ms Charlotte Wilmshurst, Assistant Director of Assurance and Risk deputising for Ms Joanne Wilson, Director of Corporate Governance/Board Secretary
 Ms Rhian Bond, Assistant Director of Primary Care, deputising for Ms Jill Paterson, Director of Primary Care, Community and Long Term Care

Minutes Ref.	Items SPC (25)08, SPC (25)09, SPC (25)10 and SPC (25)20	Action
	Mr Shaun Ayres, Director of Delivery	
	Item SPC (25)11 Ms Helen Morgan-Howard, Head of Transformation Programme Office	
	Item SPC (25)13 Ms Bethan Lewis, Assistant Director of Public Health Strategic Business and Operations	
	Item SPC (25)16 Mr Leighton Phillips, Director of Research, Innovation and Value	
	Items SPC (25)17 Ms Eldeg Rosser, Head of Capital Planning Mr Rob Elliott, Director of Estates, Facilities and Capital Management	
	Item SPC (25)18 Mr Julian Wheeler Jones, Discretionary Capital Projects Manager	
	Item SPC (25)19 Mr Paul Williams, Head of Property Performance	

Item SPC (25)20

Ms Anne Simpson, Head of Strategic Commissioning

SPC (25)01

Welcome and Apologies

Mr Winston Weir welcomed members to the first Strategy and Planning Committee (SPC) meeting.

The following apologies for absence were noted:

- Ms Jill Paterson, Director of Primary Care, Community and Long Term Care
- Ms Joanne Wilson, Director of Corporate Governance/Board Secretary

SPC (25)02

Declarations of Interests

Ms Chantal Patel declared an interest in agenda items SPC (25)17: Capital Programme for 2025-26 and Capital Governance; and SPC (25)20: 5th Linac as a Swansea University staff member.

SPC (25)03

Minutes from the Strategic Development and Operational Delivery Committee meeting on 27 February 2025

RESOLVED - the minutes of the Strategic Development and Operational Delivery Committee (SDODC) meeting held on 27 February 2025 were **APPROVED** as an accurate record of proceedings.

SPC (25)04

Table of Actions the Strategic Development and Operational Delivery Committee meeting on 27 February 2025

All actions were complete with no matters arising.

SPC (25)05

Strategic Development and Operational Delivery Committee Annual Report

Ms Charlotte Wilmshurst presented the Strategic Development and Operational Delivery Committee (SDODC) Annual Report, indicating that the Committee was disestablished on 31 March 2025 and that the Strategy and Planning Committee (SPC) had been established with effect from 1 April 2025. Mr Maynard Davies, the outgoing Chair indicated that the report was an accurate reflection of the key points addressed during the year. The incoming Chair, Mr Weir acknowledged the outgoing Chair's contribution over the past three years which had set a high standard for future Committees. Mr Weir also thanked everyone involved in organising and contributing to the Committee.

Mr Lee Davies also thanked Mr Maynard Davies for his chairing of the Committee.

Decision:

The Committee **ENDORSED** the SDODC Annual Report 2024-25.

SPC (25)06

Strategy and Planning Committee (SPC) Terms of Reference

Ms Wilmshurst presented the SPC Terms of reference (ToR) which had been approved by the Board on 30 January 2025; and were ratified by the Committee.

Decision:

The Committee **RATIFIED** the ToR.

SPC (25)07

Ministerial Directions

Ms Wilmshurst presented the Ministerial Directions (MDs), which were noted by the Committee and provided assurance that the Hywel Dda University Health Board is compliant with the Non Statutory Instruments (NSIs) (MDs) issued by WG between 31 January 2025 and 31 March 2025.

Decision:

The Committee:

- **NOTED** the re-alignment of the Ministerial Direction which is now reportable to SPC in line with revised governance arrangements as approved by Board at its meeting in January 2025; and
- **RECEIVED ASSURANCE** that HDdUHB is compliant with the NSIs (MDs) issued by WG between 31 January 2025 and 31 March 2025.

SPC (25)08

Targeted Intervention Update

Mr Shaun Ayres joined the meeting.

Mr Shaun Ayres presented the Targeted Intervention Update, indicating that each of the criteria had been aligned with both recently established SPC and Finance and Performance Committee (FPC). The report had also been updated to reflect the most recent assessment of the position against each of those criteria. The meeting noted an error in the Annual Plan delivery commitment, which was listed as an Alert instead of an Advise. HDdUHB is on track to deliver its commitments, the impact of which was highlighted under the respective escalation for relevant areas. Clarity is required regarding the Strategic Refresh.

Mr Ayres also indicated that cancer performance improved in February 2025 to 63.5%, although this improved performance needs to be consistent before the service is in a position to be considered for de-escalation. The Health Board's commitment in the plan is to reach 80%. Cancer and Urgent Care present the highest risks aside from finance and the identification and delivery of savings. Mr Ayres highlighted the recent de-escalation from Targeted Intervention to Enhanced Monitoring in Planned Care and Leadership and Governance. The meeting noted that HDdUHB is embarking on the revision to the Maturity Matrix to ascertain its maturity as an organisation.

In response to Ms Patel's enquiry regarding the lack of evidence demonstrating how actions are being implemented and the resultant impact on the organisation as a whole, Mr Ayres indicated that this point was not an Alert but an Advise; that the position was challenging and that limited investments were made

in diagnostics, which is integral for the single cancer pathway and Intravitreal Injection Therapy (IVT) to deliver those commitments.

In response to Mr Maynard Davies' enquiry regarding workshops with Welsh Government (WG) to evaluate the draft proposals, Mr Lee Davies indicated that that workshops relating to the infrastructure plans were in the process of being scheduled for June 2025, advising that WG were supportive of a joint strategic vision. Regarding Criterion 7, Mr Lee Davies indicated that the Consultation Institute is no longer in operation and HDdUHB is being supported by other agencies.

Responding to Ms Patel's enquiry regarding Criterion 46 relating to Speak Up and how ethnic minorities can gain access during out of hours, Ms Alwena Hughes Moakes confirmed that the People, Organisational Development & Culture Committee (PODCC) monitors the scheme; and agreed to follow up with a colleague to further support it.

AHM

Ms Patel also enquired about governance of the Joint Committee. Mr Lee Davies confirmed that a report was presented to Board on 27 March 2025, with the next Joint Committee meeting scheduled for May 2025. There will be visibility through SPC of the discussions in those forums.

Decision:

The Committee **NOTED** the TI Update.

SPC (25)09

Planning Objectives Closure Report

Mr Ayres presented the Update on the 2024/25 Annual Plan, referencing Board Seminar discussions regarding smoking cessation, reducing obesity and public health; and acknowledging that there was a significant amount of information to consider regarding the review of the 2024-2025 delivery of planning objectives. He emphasised the importance of accurately capturing progress and addressing any delays. In response to Ms Patel's enquiry regarding the change in approach to the Primary Care Strategy and the flexibility built into the planning objectives, Mr Lee Davies confirmed that there is a mechanism for amending planning objectives mid-year, if necessary, although this is not a regular occurrence. Ms Rhian Bond outlined the challenges faced in engaging patients and staff in developing the Primary and Community Services Strategy, including adverse weather conditions and car parking issues during public engagement events.

In response to Ms Patel's enquiry regarding the involvement of external researchers in drafting questions to elicit the desired responses, Ms Bond, indicating that Ms Hughes Moakes had provided support, outlined the engagement efforts and the need for patient education on a wider range of service provision, in addition to the conflicts faced when seeking professional opinions regarding the shift and upscaling of services. This confusion arises from the contractual limitations faced by independent

contractors, who have their own business interests. Consequently, having an unbiased conversation can be challenging.

Emphasising the importance of effective communication and engagement with the community, Ms Hughes Moakes reflected on the previous year's engagement efforts, noting that they were conducted at a fast pace and sometimes did not align with the community's availability. She highlighted the need to meet people at times and locations that suit them, rather than when it is convenient for the Health Board. Ms Hughes Moakes also stressed the importance of continuous engagement and learning from past experiences to improve future communication efforts.

Decision:

The Committee:

- **RECEIVED ASSURANCE** on the reported delivery during 2024/25 of the Planning Objectives aligned to the Strategy and Planning Committee, in order to assure the Board.
- **DISCUSSED** the Planning Objectives identified as behind in its status and/or not achieving against its key deliverables and seek further assurance on these items through the relevant report and/or the Committee's work programme.

SPC (25)10

Annual Plan Progress

Mr Ayres presented the Annual Plan 2025/26 report, outlining HDdUHB's strategic priorities and operational improvements for the year ahead. While the Board aims to submit an Integrated Medium-Term Plan (IMTP), financial challenges have necessitated a one-year plan instead, with a focus on restoring financial discipline. The plan does not meet the statutory duty to breakeven but achieves a control total of £31.55m, marking a step toward financial stability. Mr Ayres noted the recent receipt of a letter from Welsh Government requesting that HddUHB achieves more than the control total of £31.55m, which the Health Board has not yet responded to. Mr Ayres also highlighted the comprehensive nature of the plan, covering performance, finance, and quality. The plan aligns with the NHS Wales' Planning Framework 2025–2028, ensuring national priorities such as timely access, population health, and mental health are embedded into local delivery.

Mr Ayres emphasised the Health Board's commitment to reducing Planned Care waiting times, with a goal of 100% compliance for patients waiting under 52 weeks for a first outpatient appointment. In terms of Diagnostics, a three-phase transformation strategy aims to eliminate urgent suspected cancer imaging backlogs, with a target of 80% compliance with the Single Cancer Pathway by March 2026. For Urgent and Emergency Care (UEC) the focus remains to reduce ambulance handovers and long Emergency Department (ED) waits. Strengthened planning processes, including a Planning Maturity Matrix, to ensure readiness for scrutiny and future de-escalation from Targeted Intervention status will lead to improved governance and oversight.

Highlighting that the programme aims to support the Clinical Care Groups in developing and embedding ways of working, Mr Ayres indicated a need for clear connections between Strategic Objectives and individual Executive Objectives, cascading to Service Group General Managers. The Committee noted that the organisation is in a transition period, working towards clarity and control.

In response to Mr Wier's enquiry regarding the absence of any reference to the 3-year Financial Plan, Mr Huw Thomas, emphasising the need to de-risk over Quarter (Q) 1 and test further in Q2, indicated that a detailed plan for sustainability will be presented to the Board in September 2025.

Mr Ayres left the meeting.

Decision:

The Committee:

- **RECEIVED ASSURANCE** with regard to the Annual Plan for 2025/26.
- **APPROVED** the approach and process with regard to the review of our status against the Planning Maturity Matrix.

SPC (25)11

Deep Dive PO6: Clinical Services Plan

Ms Helen Morgan-Howard joined the meeting.

Ms Helen Morgan-Howard presented the Deep Dive Planning Objective 6: Clinical Services Plan (CSP), indicating that the nine services included in the CSP are in different positions with varying scales of change. Certain changes could be implemented quickly, while others would be more involved. The hurdle criteria set required that all options be deliverable within a two to four-year period, with any capital requirements contained within what could be delivered through a Business Justification Case (BJC).

The Committee noted that the wording on the hurdle criteria was agreed upon with Welsh Government, ensuring alignment. Welsh Government had been part of the options development and is engaged in the project.

In response to Ms Patel's enquiry regarding the costing of the CSP, Mr Lee Davies indicated that each option developed has associated costs, estimated at this stage. Costs are broken down into the minimum required on day one and the full implementation over the next two to four years. Some options may result in cost savings initially, with additional costs for service development.

In response to Mr Michael Imperato's enquiry regarding taking legal advice at critical junctures, Ms Hughes Moakes indicated that Hugh Irwin & Co (HICO) were involved in the process, ensuring documentation was appropriate, providing independent analysis of feedback; and critical challenge during the Quality Assurance process regarding matters such as detailed travel

times. Legal challenges were being mitigated as best as possible, recognising the complexity and political nature of the consultation.

Ms Morgan-Howard left the meeting.

Decision:

The Committee **NOTED** the Clinical Services Plan.

SPC (25)12

A Healthier Mid and West Wales Update

Mr Lee Davies presented the A Healthier Mid and West Wales (AHMWW) Update report, indicating that Mr Rob Elliott would be available later in the meeting to address Estates issues. Providing an update on the current position with WG and referencing a shift from an adversarial position to collaborative approach with WG, Mr Lee Davies advised that there had been discussions regarding investing in existing infrastructure that is already facing significant challenges or alternatively, investing in new infrastructure that could alleviate pressure from aging hospitals. This would involve evaluating the current state of facilities and determining the best approach to ensure patient safety and operational efficiency. Discussions had considered the possibility of managing certain aspects off-site and exploring regional opportunities. This could involve identifying areas where services can be decentralised or relocated to optimise resources and improve service delivery.

The Committee noted the importance of developing a long-term vision that addresses current challenges while building towards a sustainable future. This includes considering the steps needed to de-risk the current situation and ensure that investments lead to lasting improvements.

Decision:

The Committee

- **NOTED** the strategy discussions with Welsh Government held on the 21 March 2025 and the follow-on meeting planned for June 2025.
- **DISCUSSED** the Estates Risks as noted in this report, supported by:
 - The Risk & Patient Impact Report (Annex A) which includes a review of initial priorities, their specific risks and consequences for patient services.
 - PowerPoint Presentation on the Business Continuity Major Infrastructure Programme (Annex B).

SPC (25)13

Deep Dive PO10: Population Health

Ms Bethan Lewis joined the meeting.

Ms Bethan Lewis presented the Planning Objective 10: Population Health report, providing an overview and reflecting on the achievements of the past year and outlining the next steps. Ms Lewis indicated that the Future Generations Commissioner had put forth key recommendations in their 10th Anniversary Report, which highlighted the continuation of work through the Social

Model for Health Steering Group to ensure the maturity of the principles with all partner organisations. The focus was on examining opportunities to implement matters discussed and learning at the Social Model for Health Summit from keynote speakers; and putting those principles into practice within the community.

In response to Mr Imperato's enquiry regarding progress being translated into trackable figures or indicators, Ms Lewis outlined the challenges and possibilities of tracking immunisation rates, smoking cessation access, and other Ministerial Priorities. Mr Weir emphasised the importance of measuring progress and working in partnership with individuals to take responsibility for their own healthcare, highlighting the importance of engaging the Committee with Key Performance Indicators (KPIs) for assurance. Ms Lewis agreed to investigate and include trajectories in the next SPC report.

BL

Mr Thomas indicated that the Digital Analytics team could provide support in presenting information and possibly in modelling. He advised that work is ongoing with several dashboards, including work performance, activity, quality and safety outcomes, and population health. He noted that the population health dashboard is the least developed at this stage, as metrics are yet to be finalised. Mr Thomas emphasised that it is on the list of things to progress with the Digital team.

Referencing the Audit Wales cancer Report, Mr Maynard Davies noted that 40% of cancers are avoidable, which is an area of importance for Public Health Wales. He emphasised that this particular area of work is sometimes not the first thing that comes to mind when considering Cancer services. Highlighting that removing 40% of cancers from the system, would significantly impact the service, Dr Ardiana Gjini also noted that this percentage is likely to increase due to rising obesity rates, which are now on par with smoking as a positive risk factor for cancer.

Decision:

The Committee **NOTED** the population Health Update report.

SPC (25)14

Public Service Boards Well-being Assessments - Well-being of Future Generations (Wales) Act 2015

Ms Bethan Lewis presented the Public Service Boards (PSBs) Wellbeing Assessments - Wellbeing of Future Generations (Wales) Act 2015 (WBFGA), indicating that there wouldn't be any significant changes to the well-being plans until the review process begins next year. Mr Imperato enquired how often the Regional Partnership Board (RPB) meets, noting that the last meeting was in January 2025. Dr Gjini clarified that the RPB meets quarterly and is not a statutory structure of the Well-Being of Future Generations Act but has statutory partners.

The Committee noted that the RPB meeting took place during the week commencing 31 March 2025, and that there is also a

Prevention Board which plays a crucial role in promoting family strength and preventing child abuse and neglect through various means such as policy, education, funding, and collaboration. It works with organisations throughout the region to mobilise research and practices which enable children to grow up in safe, stable, and nurturing families and communities. The Prevention Board also co-chairs with partners to focus more on direct health issues. Dr Gjini also indicated that PSBs are structured for each of the Local Authorities. In the region, the partnership structures still operate at the Local Authority footprint as statutory structures of the WBFGA. However, the partnership landscape is busy and not necessarily clear in terms of where the role of the RPB stretches and where the role of the PSB ends. The well-being assessments were last made in 2022, with a minimum three-year cycle. The next review is expected in 2026-27. Efforts are being made to merge similar issues across the region rather than individually within Local Authority footprints. The context in terms of population well-being and demographics is not significantly different between the three Local Authorities, but there are political differences.

Mr Weir requested an update from the RPB be included on the agenda for the next meeting on 31 July 2025.

JP

Decision:

The Committee **RECEIVED ASSURANCE** that the Health Board is working effectively with Statutory Partners in order to meet the required obligations as laid out by the Well-being of Future Generations (Wales) Act 2015 and the Social Services and Wellbeing (Wales) Act 2014.

SPC (25)15

Pharmaceutical Needs Assessment: Annual Review

Ms Bond presented the Pharmaceutical Needs Assessment (PNA) report, which is due for review and reproduction in October 2026. The report outlined the plan to review the current PNA and the population health needs assessment for Pharmaceutical services through professional collaboratives with GPs and community pharmacies via clusters, overseen by a Health Board-wide group.

Ms Bond indicated that since the inception of the PNA, three supplementary statements have been issued due to changes in the provision of pharmaceutical services:

- Solva Surgery cessation of dispensing rights on the termination of the General Medical Services (GMS) contract (April 2023).
- Superdrug Llanelli when the branch was closed (December 2023).
- Saundersfoot Surgery following notification of their intention to cease dispensing (April 2025).

In conclusion, Ms Bond emphasised the importance of ensuring sufficient pharmaceutical service provision and collaboration with local community pharmacies.

Decision:

The Committee **NOTED:**

- The process in place for oversight of issuing Supplementary Statements in line with the Regulations; and
- The outline process for the review and re-issuing of the Hywel Dda PNA.

SPC (25)16

Value Based Healthcare Update

Mr Leighton Phillips joined the meeting.

Mr Leighton Phillips presented the Value Based Health Care (VBHC) Update report, highlighting the balance between context, action, and impact. He agreed to share the Strategic Plan for VBHC after the meeting.

LP

Mr Phillips indicated that the Programme team operates in three ways: capturing and measuring outcomes, resource utilisation, and informing different consultations and planning decisions. The team invests in new models of care where there are prospects of delivering greater value than the current model; and supports different parts of the organisation to cease low-value activities that have become normalised over time.

Emphasising that the impact described in the report is organisational, Mr Phillips indicated that it enables teams within Operational, Strategic and Public Health Directorates to implement change. The VBHC Strategic Plan will be refreshed over the next 12 months, with engagements around it to ensure organisational traction.

In response to Mr Weir's enquiry regarding Committee engagement, Mr Lee Davies advised that there is more work to be done to link all strategic plans; and emphasised the importance of aligning the various strategic areas that are important to the organisation, including the Strategy Refresh and the Strategic Plan in the coming months.

Mr Weir noted that there was an opportunity to consider service delivery measures rather than only delivering the service. The focus was on improving the lives of patients, not the number of patients seen.

Mr Lee Davies suggested that incorporating value, digital aids, population health, and other functions was likely to improve outcomes for the population, although consolidating service-specific problems data into a report that provides governance oversight would be challenging due to problems data being service specific and therefore difficult to consolidate. Mr Thomas indicated that even fundamental indicators, such as demonstrating improved patient outcomes through problems data, can serve as a valuable measure of the effectiveness of HDdUHB services.

Mr Phillips left the meeting.

Decision

The Committee:

- **RECEIVED ASSURANCE** from this report on the work of the Value Based Health Care Programme.
- **NOTED** that this is responsive to the priorities of the organisation as well as the nationally agreed pathways.

SPC (25)17

Capital Programme for 2025-26 and Capital Governance

Ms Eldeg Rosser and Mr Rob Elliott joined the meeting.

Ms Eldeg Rosser presented the Capital Programme for 2024/25, 2025/26 and Capital Governance Update Report, highlighting the following:

- The Health Board's audited position against the Capital Resource Limit (CRL) for 2024-25 showed an underspend of £85k against an allocation of £45.5m.
- This achievement was attributed to the efforts of the Estates, Procurement, Digital, Finance and Operational teams.
- The unaudited position is expected to remain unchanged through the audit of the annual accounts in May 2025.
- On 27 March 2025 the Board approved the split of the Discretionary Capital Allocation for 2025-26 as follows:

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

- Additional items of expenditure include:
 - Combined heat and power plants: £500k.
 - Increase in Targeted Estate Fund (TEF) contribution from £1.7m to £1.9m.
- A list of contracts requiring the use of the Health Board seal will be updated throughout the year.
- Feasibility work on a reduced schedule of accommodation for the Cross Hands scheme has been completed.
- A meeting with Welsh Government is being scheduled to support the redesign and full business case development.

- Collaboration is underway with Swansea Bay University Health Board (SBUHB) for short and medium-term solutions for cellular pathology site constraints.
- In terms of Reinforced Autoclaved Aerated Concrete (RAAC), remedial work on Withybush Hospital completed in March 2025; ongoing survey work will continue.

Mr Weir extended thanks to Ms Rosser and the teams for achieving the CRL limit, acknowledging the effort involved.

In response to Mr Maynard Davies' question regarding RAAC and the possibility of needing to shut down areas as the planks continue to deteriorate, Mr Elliot advised that the situation had been managed, and all allocated capital utilised. The Health Board is currently in a monitoring phase and will be conducting regular annual inspections of all RAAC planks. Remediation has only been applied to those classified as very high and high risk. Amber or low-risk planks remain in their original state. This is an ongoing issue.

Structural engineers, who are specialists in this area across the UK, have indicated that further deterioration is expected. However, no evidence of this has been observed in any inspections thus far, although it is still early in the process. It is anticipated that additional expenditure will be required.

HDdUHB will need to continuously monitor and analyse any investigations and surveys that arise in the interim. Welsh Government is well-informed about the situation. They are aware that no RAAC planks have been removed, only remediated. Therefore, they are fully apprised of the Health Board's status in this regard.

Mr Thomas acknowledged the effort dealing with capital this year, noting that this year, due to late WG funding there is likely to be more equipment in vesting arrangements being held in off site warehouses, in HDdUHB's name, which requires a high level of due diligence to ensure that the arrangements are robust. Unfortunately, this increases the risk during audits because more testing is required.

Mr Weir recognised the efforts made to ensure that all equipment and other items were in place to meet the 2024-25 CRL; and appreciated the work done to make the most of the resources allocated by Welsh Government.

Mr Elliott provided a detailed overview of the Major Infrastructure Business Continuity - Risks & Patient Impact Report. He indicated that the major infrastructure plan and bids for WG funding date back to the 2018-19 financial year, highlighting the challenges faced in previous years. The programme has undergone many iterations, culminating in a prioritised list of approximately £15m over a three-year period by the middle of 2024-25. Nevertheless,

this amount merely addressed the superficial aspects of the issue and failed to present a sustainable resolution.

Towards the end of last year, Mr Elliott decided to adopt a different approach by engaging more fully with NHS Wales Shared Services Partnership (NWSSP). NWSSP colleagues aimed to provide advice on the risks faced by various Health Board estates, particularly given the fragile state of the oldest estate in Wales; and the £250m Estates backlog. The collaboration involved transparent communication regarding the risks, with NWSSP colleagues visiting all acute sites to verify and assure the appropriateness and reality of these risks. This process led to the creation of a jointly written document, fully supported by NWSSP.

Mr Elliott emphasised that this document marks the beginning of a journey rather than the end. It provides assurance that the major risks will be monitored over the next three to four years, but it does not include funding for condition upgrades such as flooring, decoration, painting, ceilings, and lighting, which are significant issues in the estate. The document aims to present a clear view of the risks without requiring technical interpretation. It has been sent to Welsh Government and is one of only three supported projects in their prioritised list for the Health Board.

The next steps involve completing the scoping work and working with NWSSP colleagues to identify the details behind these schemes. Mr Elliott expressed his enthusiasm and commitment to this project, noting that it has been part of his role for many years and is now close to being finalised.

Mr Lee Davies emphasised the significant risks associated with these areas, highlighting the implications for patient care beyond just the estate concerns. The intention was to ensure that Independent Members were fully aware of the reality of the situation and its potential consequences. The report is now publicly accessible and may attract public interest. However, it effectively illuminates the daily risks faced by operational services. This was the primary reason for presenting it to the Committee.

In response to Ms Wilmshurst's enquiry about fluctuating risks, Mr Elliott acknowledged that the highest risks identified are those concerning the enveloping at GGH, which pose threats related to water ingress, infection control, and patient safety. However, he noted that the primary concern for him was the appearance of the estate, necessitating action.

Mr Carruthers indicated via the MS Teams chat that mitigating actions have been taken to reduce the rate of any deterioration, such as removing tiles from roof spaces, preventing water ingress via various sections of the roof and trying to address drainage and leakage in the roof.

Mr Elliott indicated that the Health and Safety Committee (HSC) will monitor governance and risk; while his role is to develop the

business cases, engage with Welsh Government, and ensure that the appropriate governance is in place to undertake day-to-day management of the risks currently within the operational team, and which will shortly be managed by Mr James Severs, Mr Simon Chiffi and Mr Simon Day.

Mr Elliott explained that when the scoping is completed, discussions with the Welsh Government will be necessary to determine the costs and funding available. He emphasised the need for a phased approach, addressing the higher risks first and the lesser risks later. He highlighted that electrical work would be prioritised at the top of the list. Mr Elliott stressed the importance of pressing for maximum funding from the Welsh Government to ensure assurance over the coming years.

Mr Weir acknowledged the detailed report, highlighting the time and effort invested in ensuring its completion. He commended the joint ownership by Welsh Government and noted the improved engagement compared to previous years. Both Mr Weir and Mr Imperato commended the transparency and clarity of the report, recognising the scale of the challenge and the amount of funding required to bring the estate to a reasonable condition.

The Independent Members agreed at their de-brief following the Committee meeting that Board should be advised of this matter.

Ms Rosser and Mr Elliott left the meeting

Decision:

The Committee:

- **RECEIVED ASSURANCE** from the update on the Capital Programme and CRL for 2024/25
- **NOTED** the allocation of the DCP for 2025/26 and the potential changes since Board ratification
- **RECOMMENDED FOR APPROVAL BY THE BOARD**, that the seal can be applied for all schemes listed in Annex 1
- **NOTED** the capital schemes governance update
- **NOTED** the RAAC update
- **RECEIVED ASSURANCE** from the Capital Sub Committee update
- **APPROVED** the Capital Sub Committee Annual Report
- **CONSIDERED** the Major Infrastructure Business Continuity - Risks & Patient Impact Report.

SPC (25)18

Withybush Hospital Fluoroscopy Project

Mr Julian Wheeler Jones joined the meeting.

Mr Julian Wheeler Jones presented the Proposed Fluoroscopy Replacement and Associated Infrastructure/Enablement Work at Withybush Hospital (WGH), highlighting the following:

- The project aims to modernise diagnostic equipment and infrastructure at WGH, funded by Welsh Government in line with NHS Wales guidance.
- Funding was secured on 13 June 2024, and 30 January 2025, supporting equipment purchases and infrastructure upgrades.
- The project aims to reduce waiting times, enhance diagnostic capabilities, and ensure sustainable healthcare services. The fluoroscopy replacement scheduled for this financial year aligns with broader NHS Wales Imaging service improvements.
- The contract award complies with NHS Wales Infrastructure investment guidance, funded by Welsh Government. The NWSSP procurement construction framework was utilised for projects between £200K and £2m, compliant with UK and EU procurement laws.
- The tender process involved engaging a single call-off contract, utilising standard Joint Contracts Tribunal (JCT) contract templates via a multi-supplier framework.
- The tender was assessed in detail against subcontractor pricing, the framework agreed uplift percentages and the works requirements using industry data to benchmark the submitted rates and rates from previous phases of works to confirm acceptance and value for money. The tender was in line with the NWSSP construction framework – award and call off procedures.
- The tender process included assessment for pricing, value for money and compliance with industry benchmarks.
- The budget set at £1.8m was selected for best fit for timelines and value.
- The evaluation criteria included framework compliance, quoted price (100%), social value, and alignment with the WBFGA.

Mr Wheeler Jones left the meeting.

Decision:

The Committee **APPROVED** for onward ratification by Board on 29 May 2025, award of the contract at £1,846,777.51 (excluding VAT) to T. Richard Jones (Betws) Ltd, with call-off agreement to be prepared and executed by the Health Board.

SPC (25)19

Energy Performance Contract

Mr: Paul Williams joined the meeting.

Mr Paul Williams presented the Energy and Carbon programmes of work – New Energy Performance Contract (EPC) update report, highlighting HDdUHB's commitment to enhanced energy efficiency, carbon reduction, investment in the estate, and resilience in patient environments. The EPC aims to achieve financial savings by implementing various Energy Conservation Measures (ECMs) across multiple sites.

Mr Williams indicated that the previous EPC with Centrica ended in March 2025, and outlined plans for a new contract procured via the Re:Fit 4 Wales Framework, with funding facilitated by Salix Finance. The new EPC partner, Vital Energi, has been selected to execute energy-saving initiatives such as LED lighting replacement, heating system upgrades, chiller fan motor replacements, and building management system optimisations.

Key milestones were detailed, including the submission of an Investment Grade Proposal (IGP), a bid for Welsh Government Invest to Save funding, and projected financial benefits. Mr Williams highlighted anticipated annual savings of £789k, alongside significant reductions in energy consumption and carbon emissions. He also highlighted that since the new EPC is funded via a repayable loan rather than upfront capital funding, changes in utility rates over the 10-year loan term could impact financial savings. If energy prices drop significantly, the Health Board may ultimately pay more on the loan compared to savings. Although the contract guarantees annual financial savings of £789k, if the implemented ECMs underperform, there may be financial penalties for the provider. Additionally, any downtime caused by HDdUHB could lead to lost savings, requiring close monitoring.

In response to Mr Weirs enquiry regarding cost savings and whether they were based on the current year's tariffs, Mr Williams indicated that the savings were based on 2023-24 tariffs and will be reviewed when the project goes live. Forecasted utility prices are expected to rise over the next 10 years. In response to Mr Weirs supplementary question, Mr Thomas confirmed that the savings were included in the Financial Plan going forward.

Mr Williams left the meeting.

Decision:

The Committee:

- **RECEIVED ASSURANCE** from the current project development including the financial and risk status.
- **NOTED** the ongoing scrutiny to finalise the Investment Grade Proposal to support sign off to inform the Board paper for May 2025, and WG business case approval process.
- **NOTED** the further procurement work and approval requirements to appoint the HDdUHB client side support team.
- **RECOMMENDED** for onward ratification by Board on 29 May 2025 the Energy & Carbon programmes of work – New Energy Performance Contract outline.

SPC (25)20

5th LINAC

Mr Ayres and Ms Anne Simpson joined the meeting.

Ms Anne Simpson presented the Approval to Progress with 5th Linac (Radiotherapy Treatment machine) Business Case,

highlighting that the South West Wales Cancer Centre (SWWCC) serves almost a third of Wales' population and is one of three specialist cancer centres. Radiotherapy is a critical treatment for cancer patients, and demand is projected to increase significantly. The centre currently operates four Linacs but faces capacity constraints due to rising treatment demand. Without additional resources, waiting times for radiotherapy will continue to increase, potentially affecting patient outcomes.

The business case advocates utilising an existing empty bunker at Singleton Hospital to house a 5th Linac, with plans to operationalise it by 2026/2027. This would help meet increasing demand for radiotherapy services. Indicative revenue costs for operating the 5th Linac are approximately £2m, split equally between SBUHB and HDdUHB. The capital cost is estimated at £5m.

Beyond the 5th Linac, additional expansion options include constructing new bunkers and exploring a satellite centre for long-term service sustainability. Demand projections suggest the need for seven Linacs by 2030/31. The approval process requires joint Health Board revenue funding and Welsh Government major capital approval. Delays in implementation pose significant risks to patient safety, service delivery, and healthcare performance metrics.

Mr Ayres and Ms Simpson left the meeting.

Decision:

The Committee:

- **RECOMMENDED** for onward ratification by Board on 29 May 2025 the 5th Linac brief in order to approach WG for a scoping meeting, in view of formally initiating the capital project.
- **NOTED** the risk that the 5th Linac may not be fully operational by 2026/27, and that limited interim solutions (e.g. outsourcing) will need to be explored, and these have significant revenue consequences.
- **NOTED** the seriousness of adverse patient safety and outcomes including the mortality risk if the 5th Linac development does not proceed at pace.

SPC (25)21

JCC Planning, Performance and Finance Sub-Committee Reports

The Strategy and Planning Committee **NOTED** the Joint Commissioning Committee Planning, Performance and Finance Sub-Committee Highlight Report.

SPC (25)22

Strategy and Planning Committee Workplan 2025-26

The Strategy and Planning Committee **NOTED** the SPC Annual Workplan.

SPC (25)23

Date and Time of Next Meeting

1 July 2025, 09:30 - 12:30, Ystwyth Boardroom & MS Teams

28 August 2025

30 October 2025

18 December 2025

26 February 2026

1.4

09:30, 5 Mins

1.4 - Table of Actions the Strategy and
Planning Committee meeting on 24 April 2025

*Winston Weir (Hywel
Dda UHB -
Independent Board
Member)*

| For discussion

Attachments

1.4 SPC Table of Actions - 24 April 2025.pdf



PWYLLGOR STRATEGAETH A CHYNLLUNIO / STRATEGY AND PLANNING COMMITTEE

TABL GWEITHREDOEDD / TABLE OF ACTIONS

DYDDIAD / DATE: 24 APRIL 2025

MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
SPC (25)08	Targeted Intervention Update To liaise with colleagues to support the Speak Up scheme with out of hours access for ethnic minorities.	AHM	1 July 2025	Complete Communications colleagues have promoted access to the scheme through our various communication channels.
SPC (25)13	Deep Dive PO10: Population Health To investigate with a view to including Key Performance Indicators (KPIs) and trajectories in the next SPC population Health report.	BL	1 July 2025	Complete An SBAR and supporting documentation have been prepared outlining the metrics to be included as part of phase one and the timescales associate with preparing these for inclusion in the escalation criteria.
SPC (25)14	PSBs Well-being Assessments - Well-being of Future generations (Wales) Act 2015 (WBFGA) To provide an update from the Regional Partnership Board (RPB).	JP/LJ	1 July 2025	Complete On agenda.
SPC (25)16	Value Based Healthcare Update To share the Value Based Health Care (VBHC) Strategic Plan.	LP	1 July 2025	Complete Value Based Health Care (VBHC) Strategic Plan shared on 7 May 2025.

AHM: Alwena Hughes Moakes	BL: Bethan Lewis	JP: Jill Paterson	LJ: Linda Jones	LP: Leighton Phillips

1.5

09:35, 0 Mins

1.5 - Corporate Risks Assigned to SPC

***Joanne Wilson
(Hywel Dda UHB -
Director of Corporate
Governance/Board
Secretary)***

There are no reportable risks assigned to SPC currently.

| For assurance

1.6 - Operational Risks Assigned to SPC

***Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning),
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health)***

| For assurance

Attachments

[1.6.1 SPC SBAR ORR July 2025 v6 \(002\).pdf](#)

[1.6.2 Appendix 2 Strategy Planning ORR May 2025.pdf](#)



PWYLLGOR STRATEGAETH A CHYNLLUNIO STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 July 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational Risks Assigned to Strategy and Planning Committee (SPC)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning Andrew Carruthers, Chief Operating Officer 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

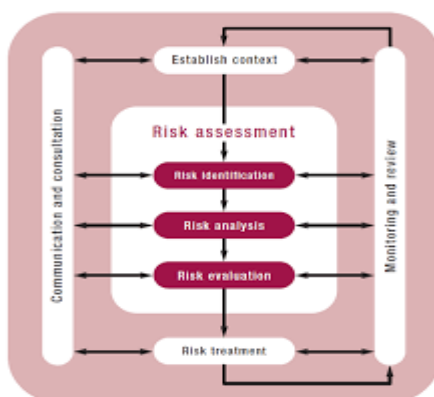
ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The Committee is asked to request assurance from the risk owners that the operational risks in the attached report 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 Clinical Care Groups and Executive Functions (collectively referred to as Functions) 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 (the Health Board) to provide assurance to the Board that risks 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.

Relevant discussion should be reflected in the Strategy and Planning Committee (SPC) 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.

A revised approach to risk tolerance was agreed by the Board at its meeting in March 2025 to reflect the organisation's readiness to bear the risk after risk treatment, to achieve its objectives. The previous approach as agreed in September 2018 which set the tolerance levels for risk aligned to risk impact domains.

The revised approach utilises the target risk score (TRS) of risks to demonstrate the lowest level of risk exposure that the Health Board is willing to tolerate, following the completion of all planned actions aligned to each risk. The TRS represents the ultimate level of risk achievable given the available means and resource. Once the TRS is achieved, if the risk continues to exist, it should then be tolerated / accepted unless further actions are identified or made possible (e.g., additional resources). If achieving the TRS is deemed unacceptable (i.e., the TRS is too high), further discussion or escalation is required. The TRS should be quantified, and where possible aligned to performance targets (including quality metrics), with a set timescale for achieving the reduction of the current risk score to the TRS.

Risks will be 'treated' until a discussion to 'tolerate' a risk is triggered – this would be when the Executive Risk Owner for operational risks does not support the TRS. The Board will be asked to accept any risks where the Health Board is unable to treat within its available means.

The process for risk reporting and monitoring within the Health Board is outlined at Appendix 1.

Asesiad / Assessment

The SPC Terms of Reference state that:

- 3.1.23. Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee and its Sub-Committees, and report any areas of significant concern e.g., where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board's risk appetite/tolerance, recommend acceptance of risks to the Board.
- 3.1.24. Receive assurance through Sub-Committee Update Reports and other management/task and finish group 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).

Following the Committee restructure from 1 April 2025, eight risks have been aligned to SPC based on the following criteria:

- SPC has been selected by the risk lead as the 'Assuring Committee' on Datix;
- Risks have been identified at operational level (previously Service and Directorate level*) on Datix risk module.
- The current risk score is 'extreme' or 'high'; and
- The current risk score is either equal to or exceeds the target risk score.

*From April 2025 service level risks (previously unreported) and directorate level risks have been amalgamated and are now referred to as operational level risks, as agreed at Board in March 2025. This has resulted in previously unreported risks now meeting the criteria for reporting.

Changes Since Risks last reportable to Board level Committee

Total Number of Open Risks	8	
New Risks since last reportable to Board level Committee (including risks previously at service level)	4	See note 1
De-escalated/Closed Risks since last reportable to Board level Committee	3	See note 2
Increase in Risk Score since last reportable to Board level Committee ↑	1	See note 3
Decrease in Risk Score since last reportable to Board level Committee ↓	1	See note 4
No Change in Risk Score since last reportable to Board level Committee →	2	See note 5
EXTREME (RED) Risks (based on 'Current Risk Score')	1	
HIGH (AMBER) Risks (based on 'Current Risk Score')	7	

Note 1 – New Risks added since last reportable to Board level Committee (including risks previously at service level)

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1855 – Risk of no non-drug adult allergy service due to the end of commissioning arrangements with Cardiff and Vale University Health Board (CVUHB)	19/05/23	Director of Strategy and Planning	4x3=12 (Reviewed 28/04/25)	Risk re-opened on 21 February 2025. While “prior approval” process in place, there is no guarantee that the referral will be accepted by CVUHB. The Health Board is part of the All-Wales group, which continues to discuss potential new arrangements. In the meantime, the Health Board is issuing a specification to the market to invite solutions (what can they offer) rather than going out to procurement, with a timescale of eight weeks, anticipated to conclude in June 2025.	1x3=3 (Expected Date to Achieve TRS - TBC)
695 – Risk to sustainability of Care Home Sector due to financial, operational and service level issues. <i>(Previously service level risk)</i>	05/02/19	Chief Operating Officer	3x4=12 (Reviewed 07/05/25)	Since 2019 there have been two Home closures: one 35-bed Elderly Mentally Infirm (EMI) Nursing Home in October 2019 and the other in November 2022, a 47 nursing bed home. However, sector remains fragile with one nursing home in Escalating Concerns which has subsequently closed in March 2024. The Regional Partnership Board (RPB) is exploring the possibility of a public sector Nursing Home based in Llanelli. A report is being submitted to the Integrated Quality, Financial Performance and Delivery Group (IQFPDG) in June 2025 requesting consideration to tolerate this risk at its current score and potentially closed, as there will always be fluctuations of	2x4=8 (Expected Date to Achieve TRS - TBC)

				care homes in and out of Escalating Concerns, however we follow processes in conjunction with Local Authorities to manage these concerns.	
1953 – Risk of being unable to deliver effective Fibroscan service due to a lack of sufficient and reliable equipment (Previously service level risk)	02/09/24	Director of Public Health	2x5=10 (Reviewed 17/04/25)	While control measures in place, they are limited in their effectiveness and availability for wider outreach service.	1x5=5 (To achieve by 31/03/26)
1773 – Risk of Covid 19 vaccine waste due to ordering schedule and vaccine hesitancy (Previously service level risk)	14/12/23	Director of Public Health	3x3=9 (Reviewed 25/04/25)	Risk likelihood remains possible due to the need to order thawed vaccine with variable expiry dates with increasing hesitancy amongst remaining population to vaccinate.	2x3=6 (To achieve by 31/03/26)

Note 2 – Risk de-escalated / closed since last reportable to Board level Committee:

Risk Reference & Title	Date risk identified	Lead Director	Update
1877 - Risk of financial impact on service delivery due to lack of recurring funding for Prevention and Early Years from Welsh Government (WG)	24/06/24	Director of Public Health	The risk was closed on 28 April 2025 as prevention funding secured from WG removing current risk. As the year progresses, an assessment of any ongoing issues will be explored but risk can close for that identified.
340 - Risk of business cases not being funded within required timescales due to pressure on Discretionary Capital	01/09/16	Director of Strategy and Planning	Risk has reduced in score and no longer meets the reporting requirements for this Committee.
1544 - Risk to delivering NHS Wales Decarbonisation Strategic Delivery Plan	17/01/22	Director of Strategy and Planning	Risk has reduced in score and no longer meets the reporting requirements for this Committee.

Targets by 2030 due to lack of investment / resource			

Note 3 - Increase in Risk Score since last reportable to Board level Committee

Risk Reference & Title	Date risk identified	Lead Director	Previous risk score	Current risk score	Update	Target Risk Score
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	3x4=12	4x4=16 (Reviewed 28/04/25)	Control measures will only manage sight on all priority areas stretched across a pressured service at a very senior level.	1x4=4 (To achieve by 30/09/25)

Note 4 – Decrease in Risk Score since last reportable to Board level Committee:

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	4x4=16	2x4=8 (Reviewed 17/04/25)	The funding for the programme's Whole School Approach to Emotional and Mental Wellbeing (WSAEMWB) has been secured for an additional year, and staff funding secured through core funding to provide security.	1x4=4 (To achieve by 31/03/26)

Note 5 - No Change in Risk Score since last reportable to Board level Committee

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1931 – Risk that funding allocated for Public Health services will	01/08/24	Director of Public Health	3x4=12 (Reviewed 28/04/25)	Whilst the controls are designed to help mitigate the impact of this risk, the rationale for the high risk score is due to current	1x4=4 (To achieve by 31/03/26)

not be available when required due to financial improvement measures				controls only having a limited effect as the financial improvement measures do not recognise the ring fenced and grant funded budgets within Public Health Directorate for exemption all year effect.	
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 28/04/25)	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	2x3=6 (Expected Date to Achieve TRS - TBC)

				the Annual Plan on track. This agile approach allows for swift adaptations to changing circumstances, ensuring that resources are 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, attached at Appendix 2, details the responses to each 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 of the one risk included in this report:

HYWEL DDA RISK HEAT MAP					
	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTR OPHIC 5		1953 (NEW)			
MAJOR 4		1882 (↓)	1931 (→) 695 (NEW)	1844(↑),	
MODERAT E 3			1773 (NEW), 1301 (→)	1855 (NEW)	
MINOR 2					
NEGLIGIB LE 1					

The table below details when the eight Operational level risks assigned to the SPC 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 22 May 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	1844			
High	1931, 1855, 695, 1953, 1773, 1301, 1882			
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 provide 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 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 and Assurance Audit Meeting (CCAAM), which is attended by the Head of Operations, alongside key Estates and Facilities colleagues including Head of Facilities Information and 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 Committee is asked to:

- **RECEIVE ASSURANCE** that all identified controls are in place and working effectively.
- **RECEIVE ASSURANCE** that all planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact if the risk materialises.

- **CHALLENGE** where assurances are inadequate.

This in turn will enable SPC to provide the necessary assurance (or otherwise) to the Board through its Update Report, that the Health Board is managing these risks effectively.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	To seek assurance on the management of the operational risks allocated to the Committee and provide assurance to the Board that operational risks are being managed and monitored effectively, reporting any areas of significant concern.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained in the report.
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

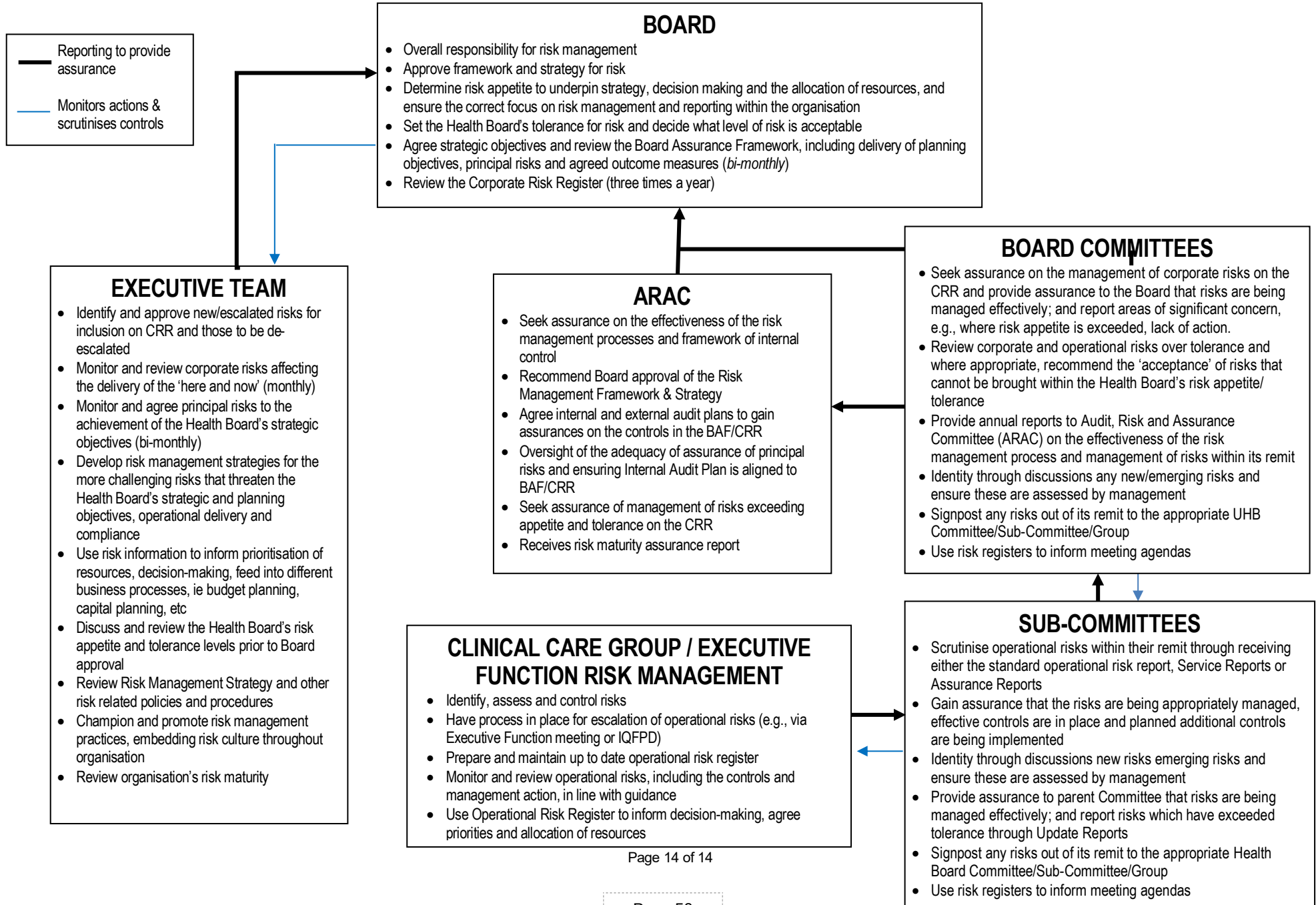
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across HDdUHB's services reviewed by risk leads/owners.
Rhestr Termiau: Glossary of Terms:	Current Risk Score - Existing level of risk taking into account controls in place.

	Target Risk Score - The ultimate level of risk that is desired by the organisation when <u>planned</u> controls (or actions) have been implemented. Tolerable risk – this is the level of risk that the Board agreed for each domain in January 2024 – Risk Appetite Statement.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Relevant Executive Directors.

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 organisations are expected to have effective risk management systems in place.
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.
Cydraddoldeb: Equality:	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.

Appendix 1 – Committee Reporting Structure



Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for 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 (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
1844	Director of Public Health	Public Health -	Public Health	Gjini, Ardiana	Lewis, Bethan	Lewis, Bethan	Lewis, Bethan	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.	Appointment of new Deputy Director of Public Health / Consultant in Public Health complete and in post. With additional posts returning from leave there are now 2.7 wte Consultants in Public Health in post also in team. Workplan alignment to priorities completed by Executive Director of Public Health and will be rolled out alongside Heads of Service to maximise leadership and cement of annual planning goals.	Service/Business interruption/disruption	4	4	16	Control measures will only manage sight on all priority areas stretched across a pressured service at very senior level. Prioritise 'go live' with recruitment of substantive Consultant roles Explore fast track locum recruitment approach to recruiting to provide rapid cover whilst substantive recruitment running. Monitoring of planning objectives with team members assigned as leads to ensure timely escalation of any movement anticipate on achieving plan targets. Recruitment to vacant full time Consultant post to be completed	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 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 one locum via bank for rapid appointment achieved Monitoring to review actions undertaken at end of each quarter and is currently on track. Recruitment process commenced, awaiting approval	Strategy and Planning Committee	1	4	4	Target score updated to reflect correct impact as per risk identified and reduced likelihood to reflect aim of having an appropriate staffing profile delievring on population health priorities. Treat	28-Apr-25		

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for 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 (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
695	Primary Care, Community Strategy & Long Term Care	Long Term Care & Chronic Conditions	Long Term Care	Carruthers, Andrew	Paterson, Jill	McCarthy, Julia	McCarthy, Julia	05-Feb-19	There is a risk of of unmanaged closure, de-registration and business failure of General Nursing and Elderly Mentally Infirm (EMI) Nursing care homes within the Hywel Dda area. This risk is exacerbated by the pressures caused by providers citing cost of living crisis This is caused by financial, operational and service-level issues within a number of care homes across the Hywel Dda area (some of which were evident pre-COVID-19). The full extent of the issues contributing to this risk is currently unknown. This will lead to an impact/affect on availability of nursing care home beds (regionally), admission rates of residents to hospital, number of required out of area placements, number of patients experiencing delayed transfers of care (DTOC) (from both Health and Social Care), capacity of homes that remain open, but are required to absorb demand from homes that close, Hywel Dda's reputation, and Hywel Dda's financial position (due to higher cost placement options potentially needing to be sourced). Risk location, Carmarthenshire, Ceredigion, Health Board wide, Pembrokeshire.	Joint 'Escalating Concerns' processes between Health and Social Care and joint processes for reviewing management information from nursing care homes are in place across the Hywel Dda footprint. The Long-Term Care Team monitors the care and support delivered to residents placed in health-commissioned nursing care home beds. An internal process for the escalation of concerns around provider performance has been established. Provider meetings are in place. Provider meetings enable an insight into issues that providers have and allow for an early discussion around any financial or service-level issues they are facing, as well as ongoing plans regarding the registration of beds. Joint processes with Local Authorities to engage with the sector and providers are in place. Joint work with Local Authorities and West Wales Care Partnership (WWCP) has been further extended to working with the Institute of Public Care (IPC) on implementing ideas and projects resulting from the WWCP Market Stability Report. IPC are producing a short report, setting out key observations, summaries of the ideas and themes (to include details about the level of support and early indications of deliverability), and a set of recommendations and options for next steps in terms of turning ideas into projects to be prioritised.29/11/22 A purpose built 84 bed dementia nursing/residential home in	Service/Business interruption/disruption	3	4	12	Since 2019 there have been two Home closure one 35-bed EMI Nursing Home in October 2019 and the other in November 2022 a 47 nursing bed home. However, sector remains fragile with one nursing home in Escalating Concerns which has subsequently closed in March 2024. The Regional Partnership Board is exploring the possibility of a public sector Nursing Home based in Llanelli. A report is being submitted to the Integrated Quality, Financial Performance and Delivery Group (IQFPDG) in June 2025 requesting consideration to tolerate this risk at its current score and potentially close, as there will always be fluctuations of care homes in and out of escalating concerns, however we follow processes in conjunction with Local Authorities (LAs) to manage these concerns.	Cross organisational sign off of / consultation on the Joint Pre Placement Agreement and Schedules.	Devantier, Tracy	Completed	Soft engagement on the PPA began in 10/2021, with mixed responses per county. The revised timescale for implementation was 31/03/2022, but provider feedback meant this was not possible and it is assumed the new implementation date is 31/03/2023, to allow commissioners the time to work through the issues outlined by providers. 15/06/ Work has continued on the PPA and feedback has been gathered from providers including Care forum Wales, some problems exist such as fee clauses (fee method and review processes) , termination clauses which the Health Board are reviewing with legal, Finance and director of Primary care. The PPA consultation was launched on 12 Nov 24 with the closing date of 4 Jan 2025.	Strategy and Planning Committee	2	4	8		Treat	07-May-25

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Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for 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 (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
																The Regional Partnership council to explore the possibility of a public sector Nursing Home based in Llanelli.	Devantler, Tracy	31-Aug-25	A feasibility study has been undertaken, to be reported and discussed into the Regional Partnership Board.							
																Support Carmarthenshire council to submit Full Business Case (FBC) to Welsh Government for the reopening of Plas Y Bryn (PYB) Nursing Home, following the approval of the Outline Business Case.	Devantler, Tracy	31-Aug-25	A feasibility study for the reopening of Plas Y Bryn (PYB) Nursing Home in Carmarthenshire assessed two legally viable models for integrating nursing care into the home under the partnership between Carmarthenshire County Council and Hywel Dda University Health Board, considering quality of care, governance, resource allocation, financial and operational feasibility, and legal implications. The study was commissioned in response to a significant regional shortage of residential and nursing care beds, especially for dementia patients, as identified in the West Wales Care Partnership Market Stability Report. PYB presents an opportunity to address this gap through a public sector-led approach. The Outline Business case (OBC) was approved by Welsh Government in relation to Plas Y Bryn, and been invited to proceed to the Full Business Case stage. It is the intention to submit the FBC in early July 2025. FBC will be submitted by Carmarthenshire council with input from the Health Board.							

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1931	Director of Public Health	Public Health -	Public Health	Gjini, Ardiana	Lewis, Bethan	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. 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.	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. Ringfenced budgets recognised to protect from underspend savings targets.	Finance inc. claims	3	4	12	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 the financial improvement measures are not recognising the ring fenced and grant funded budgets within Public Health Directorate for exemption all year effect.	Explore the opportunity to include ring fenced and grant funded budgets onto the exclusion criteria for financial improvement measures for directorate. Review current detailed forecasting with each service lead and ensure robust approach in place for all budget allocation. 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. Review current savings plans for directorate against monthly underspending to maximise available resource for population health priorities.	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. Review complete, additional spending plans and forecast in progress Ongoing monitoring of spending to ensure maximum spend against ringfenced budgets in place new action	Strategy and Planning Committee	1	4	4	Target score reduced to lower value as aim is for directorate to have flexibility within allocated budgets to prioritise key areas of work to enhance population health as savings plans realised for the 2 year period.	Treat	17-Apr-25

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1855	Director of Strategy and Planning	Strategy and Planning	Strategic Development and Operational Planning: Commissioning	Davies, Lee	Ayres, Shaun	Ayres, Shaun	Ayres, Shaun	19-May-23	There is a risk of the Health Board being unable to refer new patients to a non-drug adult allergy service. This is caused by the termination by Cardiff and Vale University Health Board of current commissioning arrangements on 1st November 2023, exacerbated by a national shortage of immunologists. A "prior approval" process is available, however it is unknown if all GPs/referring clinicians are referring via this route. Whilst the service ended on 1st November 2023, an element of the financials will have to stay in the system at Cardiff as they have agreed to see and treat the Hywel Dda residents who are in the system at that point. In 2019/20 outturn Cardiff & Vale saw 120 new outpatients (cost of £19,564 to the UHB) and 243 follow up patients (£50,700). This will lead to an impact/affect on adult patients being unable to access relevant clinical support to manage their condition. Potential clinical acute episodes. Potential non-adherence with national standards. Limited financial envelope due to monies staying in the Cardiff & Vale system. Risk location, Health Board wide.	1. Head of Strategic Commissioning part of All Wales group, which are discussing potential new arrangements 2. GPs/referring clinicians would be able to refer patients via the "prior approval" process. A prior approval is normally defined as a request for a patient to receive routine treatment outside of local services or established contractual arrangements. Such a request will normally fall within a number of categories, in this instance it would fall within:- • Lack of local/commissioned service provision/expertise The referring clinician is able to complete a prior approval application, which would be considered by the Hywel Dda Prior Approval Panel. 3. In line with other HBs, Hywel Dda has written to Cardiff & Vale University Health Board asking that they consider continued support until 31st March 2024 and to continue to work with the joint group to explore either the potential to maintain the service beyond 1st April 2024 or alternative service models that may enable us to collaboratively provide a sustainable service on a longer-term basis	Safety - Patient, Staff or Public	4	3	12	Risk re-opened on 21st February 2025. While "prior approval" process in place, there is no guarantee that the referral will be accepted. The Health Board is part of the All Wales group, which continue to discuss potential new arrangements. However, in the meantime, the Health Board is issuing a spec to the market to invite solutions (what can they offer) rather than going out to procurement, with a timescale of 8 weeks (end of June 2025).	To scope the possibility of commissioning the service with North Bristol, as part of an All Wales approach	Ayres, Shaun	30/04/2024-30/04/2025 31/08/2025	As of April 2025, discussions with the All Wales group continue, with decisions not yet agreed upon. Work remains ongoing.	Strategy and Planning Committee	1	3	3			28-Apr-25

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1953	Director of Public Health	Public Health -	Public Health: Health Improvement & Wellbeing	Gjini, Ardiana	Lewis, Bethan	Dainton, Joanna	Hughes, Lisa -	02-Sep-24	There is a risk of that unable to deliver effective Fibroscan service to support Hepatology care and deliver elimination Hepatitis B & C strategic plan. This is caused by a lack of sufficient and reliable Fibroscan equipment within service. This will lead to an impact/affect on the ability to sustain services across Health Board locations (with particular challenge at Pembrokeshire clinics) and the accuracy of the results in existing equipment out of service support, ultimately impacting on patient outcomes. Risk location, Health Board wide.	Patient have been clinically reviewed via the inpatient service scan. Patients can be referred to GGH and PPH if required and Fibroscan available. Ability to loan equipment from GGH for 2 days per week maximum with some clinic interruptions likely. All four Fibroscanners now replaced with robust replacement service plan if out of order.	Safety - Patient, Staff or Public	2	5	10	While control measures in place, they are limited in their effectiveness and availability for wider outreach service.	Purchase replacement Fibroscanner for Pembrokeshire in line with those at other sites to include back up plan when out of use through Capital funds. Seek purchase of additional Fibroscan unit to support outreach function through Charitable funds. Ensure all team leads aware of need to report issues with Fibrosan at Pembrokeshire in a timely manner to reduce risk to patient outcomes. Explore project opportunity for Primary Care based outreach approach with company and audit effectiveness towards securing additional unit from capital end of 25/26.	Lewis, Bethan	Completed	Fibro scan purchased from Capital to replace Pembrokeshire unit. request made to Charitable funds, unable to support on this occasion due to amount of funding. Team aware, shared by Lead Nurse exploring project opportunity scope and plan	Strategy and Planning Committee	1	5	5	Target score in place at 5 as when actions complete and all units purchased there will be a fully equipped service with robust servicing arrangements.	Treat	17-Apr-25
1773	Director of Public Health	Public Health -	Public Health: Vaccination Centres	Gjini, Ardiana	Lewis, Bethan	Lewis, Bethan	Jones, Glenna	14-Dec-23	There is a risk of of vaccine waste within the Covid-19 vaccination programmes. This is caused by the lead in time required to ordering and managing large scale Primary care planning in a position where vaccine hesitancy is increasing. This will lead to an impact/affect on the effective use of Covid-19 vaccines available within the programme, which could result in a reduction of availability in another part of the overall programme wider across Wales, as well as incurring increased costs. Risk location, Health Board wide.	Close management of vaccine delivery plans to facilitate limiting ordering on weekly basis of thawed product to a minimum whilst continuing to allow flexibility for opportunistic vaccination to maximise uptake. To ensure close monitoring of stock levels and use on digital system in place across all delivery centres / practices.	Finance inc. claims	3	3	9	Risk likelihood remains possible due to need to order thawed vaccine with variable expiry dates with increasing hesitancy amongst remaining population to vaccinate.	Explore control of vaccine orders through single point of contact in communication hub to provide strict management of control versus usage monitoring.	Jones, Glenna	Completed	in progress System devised for ordering covid vaccines through the Public health communication hub. A sharepoint ordering form highlighting clinic size and dates to ensure orders are sufficient for clinic capacity.This system will e roled out also for Flu vaccinations in Autumn/Winter.	Strategy and Planning Committee	2	3	6	Target score reflective of need to aim for a reduction of waste to lower levels than currently realised.	Treat	25-Apr-25

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function	Clinical Service Sub-Group / Executive Function	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for 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 (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
																Explore opportunity to store frozen vaccine in HB freezers in preparation for Autumn programme with national leads and local Pharmacy leads.	Jones, Glenna	Completed	Discussions ongoing, not possible for Spring campaign and to explore for next Autumn as larger volumes across HB Freezer capacity not sufficient. continue to explore options for Autumn/Winter 25/26							
1301	Director of Strategy and Planning	Strategy and Planning	Strategic Development and Operational Planning: Planning	Davies, Lee	Ayres, Shaun	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. Risk location: Health Board wide	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	3	3	9	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. The centralised team, comprising skilled professionals from	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.	Strategy and Planning Committee	2	3	6		Treat	28-Apr-25

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for 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 (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
									Risk location, Health Board wide.						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 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 Servicesâ€”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	Utilise existing vacancy to enhance team to support work on Targeted Intervention.	Ayres, Shaun	31/03/2024-31/03/2024 31/03/2025- 30/06/2025	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 April 2025, we have been unable to secure resource.							

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for 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 (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
1882	Director of Public Health	Public Health -	Public Health: Health Improvement & Wellbeing	Gjini, Adriana	Lewis, Bethan	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, 'Whole School Approach to Emotional & Mental Wellbeing (WSAEMWB)' 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	Core funding to support role secured within directorate restructure plans. Funding secured for a year extension for 2025/26.	Health Equity	2	4	8	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.	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.	Strategy and Planning Committee	1	4	4	Target score reduced to reflect aim t have sufficient recurrent funding allocation for key population health programmes and no risk to exist.	Tolerate	17-Apr-25

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for 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 (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
									Welsh Government's statutory framework. Influencing local mental health and wellbeing priorities via county level 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.								Williams, Ben	Completed	ongoing work to identify alternative sources							
																Develop contingency plans for alternative operational delivery in the event of reduced capacity within the service.	Williams, Ben	Completed	Funding secured for additional year to continue programmes of work							
																Secure additional recurrent funding to support delivery of whole school approach programme for next financial year.	Williams, Ben	31/03/2026	New action							

1.7

09:40, 10 Mins

1.7 - Targeted Intervention Update

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

| For information

Attachments

[1.7 SPC De-escalation Criteria Assessment.pdf](#)



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Strategy & Planning Committee – June 2025

De-escalation Criteria Assessment

Executive Summary



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This paper provides the Strategy and Planning Committee with an assessment of progress against the de-escalation criteria for Targeted Intervention status. Five key criteria have been evaluated using an assurance system - Alert, Advise and Assure.

The Health Board demonstrates significant planning capability across most criteria, with particular strength in the Clinical Services Plan delivery. However, challenges remain with Welsh Government approval of the Annual Plan due to financial deficit levels, despite robust planning processes being acknowledged.

Assessment Overview

Criteria Assessed

- Criterion 4 - Submission of Balanced and Credible Annual Plan
- Criterion 5 - Evidence of Integrated Planning
- Criterion 6 - Clinical Services Plan Roadmap and Implementation
- Criterion 7 - Planning Maturity Matrix Assessment
- Criterion 8 - Regional Planning Progress

Criterion 4 - Annual Plan Submission



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Assessment – ALERT

Key Achievements

The 2025/26 Annual Plan development demonstrates significant planning maturity:

- Robust Process - Commenced October 2024 with structured cross functional workshops engaging clinical leaders, operational managers, finance teams, and workforce planners
- Independent Validation - NHS Wales Audit awarded reasonable assurance for plan development and substantial assurance for governance arrangements
- Strategic Integration - Successfully connects urgent care transformation, planned care recovery, workforce stabilisation and digital initiatives
- Financial Transparency - Clear framework addressing £51.1m underlying deficit with identified savings of £19.0m recurrent and £24.5m nonrecurrent

Critical Challenge

Welsh Government's (WG's) response (6 June 2025) deemed the plan “unsupportable and unacceptable” due to financial deficit levels, not planning quality. Notably, WG acknowledged that processes provide assurance, indicating the issue is financial recovery expectations rather than planning capability.

Recommendation

While planning capability is clearly demonstrated and independently validated, the Welsh Government's non-approval prevents full criterion satisfaction. Continued dialogue on realistic financial recovery timescales is essential.

Criterion 4 - Integrated Planning



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Assessment – ADVISE

Progress Demonstrated

The organisation shows improved integration across traditional planning silos:

- Cross Functional Synthesis - Planning Maturity Matrix workshops reveal genuine collaborative working between operations, planning, finance, workforce, and clinical services
- Workforce Stabilisation Programme - Exemplifies integration by connecting workforce challenges to financial sustainability and operational performance
- Clinical Care Groups - New governance structure provides vertical integration, placing accountability closer to clinical teams
- External Validation - Internal Audit confirmed “triangulation of critical enablers” with alignment to Ministerial Priorities and Targeted Intervention actions

Integration Mechanisms

- Integrated Governance Groups meeting fortnightly across all domains
- “Alert, Advise, Assure” reporting framework for systematic escalation
- Joint Committee with Swansea Bay University Health Board (SBUHB) for cross boundary planning
- Four phase digital transformation programme ensuring strategic alignment

Criterion 4 - Integrated Planning



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Areas for Development

- Integration consistency varies across service areas, stronger in acute than non-acute
- Need to progress from annual planning cycles to sustainable Integrated Medium Term Plan (IMTP) capability and capacity
- Some stakeholder feedback indicates some elements of integration could be further improved

Criterion 6 - Clinical Services Plan



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Assessment – ASSURE

Significant Achievements

The Clinical Services Plan demonstrates exemplary programme management:

- Structured Approach - Three phase roadmap addressing nine fragile service areas
- Systematic Progression - Phase 1 (clinical case) and Phase 2 (options) completed with comprehensive outputs
- Successful Launch - Phase 3 public consultation launched on schedule (29 May 2025)
- External Validation - Hugh Irwin & Company quality assurance under Enhanced Consultation Framework

Programme Strengths

- Rigorous Methodology - Hurdle criteria testing against clinical sustainability, deliverability, accessibility, strategic alignment, and financial sustainability
- Detailed Analysis - Granular workforce modelling for each service configuration including establishments, recruitment, training, and rota sustainability
- Comprehensive Impact Assessment - Quality, Health, Equality, and Regional assessments completed as “live documents”
- Strong Governance - Regular Board engagement with formal approvals at key milestones

Key Point

The successful consultation launch demonstrates mature programme management capability and organisational readiness for complex transformation, whilst maintaining democratic accountability through

Criterion 7 - Planning Maturity Matrix



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Assessment – UNDER REVIEW

Process Improvements

Significant strengthening of the maturity matrix approach:

- Learning Integration - Previous cycle recommendations fully embedded in current process
- Evidence Based Approach - Clear emphasis on tangible, verifiable evidence for all scoring
- Enhanced Governance - Strengthened Board scrutiny and validation arrangements
- Inclusive Engagement - Broad stakeholder participation across clinical, operational, planning, workforce, and finance

Key Considerations

- Deliberately cautious approach prioritising honest self-appraisal over optimism or pessimism
- Recognition that robust process doesn't automatically guarantee delivery outcomes
- Acknowledgement of inherent biases in “lived experience” assessments
- Ongoing strategy refresh remains critical enabler for alignment

Next Steps

- Further Executive and Board review before final submission
- All judgements to be supported by clear evidence and/or transparent narrative
- Continued focus on translating process improvements into outc

Criterion 8 - Regional Planning Progress



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Assessment – ADVISE

Current Position by Service

Orthopaedics

- Both Health Boards achieved 104 week Ministerial target by March 2025
- Regional Standard Operating Procedure (SOPs) for arthroplasty developed and implemented
- 50 SBUHB longest waiting patients treated at Prince Philip Hospital
- Shared Patient Tracking List (PTL) development ongoing but not yet operational

Ophthalmology

- Region broadly maintaining compliance for <52 and 104 week waits
- Four subspecialty charters approved (Glaucoma, Cataract, Medical Retina, Paediatrics)
- Single service model design work underway
- Digital Eye Care Platform (DECP) implementation required by March 2026
- Challenges remain in achieving the 65% R1 Ophthalmology challenge

Criterion 8 - Regional Planning Progress



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Stroke Services

- Regional Programme Board reestablished with quarterly meetings
- Baseline pathway mapping and demand modelling complete
- Video triage pilots operational at Withybush and Morriston Hospitals
- Business case for hyperacute hub remains amber/red rated
- Significant workforce challenges (70 WTE requirement)

Urology and Upper GI

- Included within Clinical Services Plan consultation
- No dedicated regional workstream established
- Tangible regional benefits unlikely before 2026/27

Governance Arrangements

- Regional Joint Committee (RJC) established May 2025
- Clinical Services Group providing oversight of specialties
- Terms of Reference updated with quarterly reporting cycles
- Digital initiatives at varying stages of implementation

Criterion 8 - Regional Planning Progress



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Areas Requiring Attention

- Specific milestones absent for several workstreams
- Comprehensive Regional Risk Register
- Quantitative analysis needed to demonstrate activity increases
- Workforce feasibility assessments require development
- Full benefits realisation tracking not yet established
- Programme Resources

Next Steps

- Agree explicit, timebound milestones for each regional specialty
- Ensure establishment of shared PTL by Quarter (Q) 3 2025/26
- Commission Clinical Services Group to develop urology/upper GI workstreams
- Implement integrated dashboard for quarterly monitoring



Overall Position

Criterion 4 - Annual Plan Alert - WG non-approval despite robust process validated by audit. Continue dialogue on financial recovery expectations including setting out an options appraisal.

Criterion 5 - Integrated Planning Advise - Progress demonstrated but IMTP capability development needed. Focus required on 2026/27 planning cycle.

Criterion 6 - Clinical Services Plan Assure - On track with public consultation successfully launched. Maintain momentum through consultation period.

Criterion 7 - Maturity Matrix Under Review - Process strengthened with better evidence base. Awaiting final Executive and then Board assessment and validation.

Criterion 8 - Regional Planning Advise - Some progress evident but clear milestones and benefits tracking needed. Early stages for several workstreams.



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2 - Strategy, Planning and Partnerships

2.1

09:50, 10 Mins

2.1 - Annual Plan Progress: Including Planning objectives Update

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

| For discussion

Attachments

[2.1.1 SPC SBAR Annual Plan Update June 2025.pdf](#)

[2.1.2 Appendix 1 JP to PK - HDUHB - Return of Annual Plan.pdf](#)

[2.1.3 Appendix 2 Hywel Dda Annual Plan.pdf](#)

[2.1.4 Appendix 3 2025-06-06 - JP to PK 2025-26 Annual Plan & Financial Position - Next Steps.pdf](#)

[2.1.5 Appendix 4 Planning Objective 10+ 8 +7+6 Highlight Report June 25 Dra~.pdf](#)



PWYLLGOR STRATEGAETH A CHYNLLUNIO STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 July 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on 2025/26 Annual Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Shaun Ayres, Director of Delivery Daniel Warm, Head of Planning Angharad Lloyd-Probert, Senior Project Manager (Planning)

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

The Health Board developed an Annual Plan for 2024/25, setting out the key delivery expectations for the organisation in response to Targeted Intervention and the broader challenges facing health services in West Wales.

The 2024/25 plan concluded at the end of March 2025 and at the March 2025 Public Board meeting, Board approved the one-year Annual Plan for 2025/26, which was subsequently submitted to Welsh Government on 31 March 2025.

This paper provides the Strategy and Planning Committee (SPC) with an update on the 2025/26 Annual Plan including the Planning Objectives aligned to it.

Cefndir / Background

At the March 2025 Public Board meeting, Board approved the one-year Annual Plan for 2025/26, which was subsequently submitted to Welsh Government on 31 March 2025. This plan, representing the second year of the Targeted Intervention (TI) journey, establishes a clear trajectory towards sustainable healthcare delivery, whilst targeting a financial control total of (£31.55m), a marked improvement on the Health Board's underlying deficit of (£51.1m).

As was noted to Public Board in May 2025, HDdUHB received correspondence from Welsh Government (Appendix 1) on 11 April 2025 highlighting that, whilst the Health Board has submitted a Plan that meets the Target Control Total (TCT), the Board is also currently planning on deteriorating in 2025/26 from its forecast outturn position in 2024/25 of a £24m deficit. Welsh Government therefore asked the Health Board to:

- Improve upon and de-risk the financial position to improve upon the TCT for 2024/25 in 2025/26 in line with the improvement trajectory that is expected
- Set out the options and choices available to the organisation in order to improve further upon the current plan alongside the impacts of doing so

- Increase confidence in delivery of the savings plan
- Set out the route map to in-year financial balance by 2027/28, as a second order requirement after detailing further improvement in 2025/26

In response, a comprehensive submission was made on 30 April 2025 (provided as Appendix 2), which re-affirms the Health Board's ambitions whilst recognising the considerable challenges ahead. The response outlined:

- The need to progress and de-risk delivery of plans through Quarter (Q) 1 2025/26
- The intention to develop plans to improve upon this position in Q2, aiming for a position which is below £30m
- The options and choices available to the organisation in order to improve further upon the current financial plan, in particular the circa £11.7m investments in priority areas
- The Health Board's commitment to establishing a clear route map to in-year financial balance by 2027/28

As outlined in the letter, the investments of circa £11.7m focus on cancer, diagnostics and ophthalmology; nurse staffing; the mitigation of estate risks; prevention, public health and value; as well as digital transformation. Consequently, they directly support the delivery of Ministerial Priorities, alongside responding to the Health Board's most significant clinical risks.

On 6 June 2025, the Health Board received formal notification regarding its 2025/26 Annual Plan (Appendix 3), which requires additional recovery actions to be submitted by 30 June 2025. Whilst the plan was developed and approved in accordance with the financial parameters and control total guidance available at the time of submission, subsequent review has identified the need for further measures to improve the financial position. The Board is required to identify additional savings beyond the £31.5m already planned, review planned investments of £11.7m and demonstrate an accelerated trajectory toward financial balance. This creates a material risk to both performance delivery and financial sustainability that requires the issue to be brought to the attention of SPC. The Executive Team alongside their senior leadership is developing comprehensive recovery actions that will attempt to address the financial requirements with, and highlight any impact before, said actions are undertaken.

Asesiad / Assessment

Performance Priority Areas

The following analysis examines four critical performance areas where current approaches have proven insufficient to achieve required Targeted Intervention requirements. Each area demonstrates sustained challenges, indicating intervention is required to achieve sustainable improvement.

Emergency Ambulance Handovers Exceeding One Hour

Current performance shows 1,059 monthly handovers against a target of 680, representing a 56% gap affecting 379 patients monthly. Statistical analysis over 27 months reveals zero instances of achieving target performance, with our best month (721 handovers) still exceeding target by 6%. The probability of achieving target under current conditions is extremely low, indicating fundamental constraints rather than pure inefficiencies. Recent six-month performance has deteriorated by 9.8%, averaging 996 handovers compared to 907 previously. The Annual Plan requirement for summer performance of 717 handovers to enable winter compensation sits below our best-ever achievement, requiring sustained exceptional performance that statistical analysis suggests is beyond current system capability. Intervention must focus on alternative capacity or demand reduction rather than process optimisation alone.

Pathways of Care Delays (PoCDs)

Performance shows 234 delays against a target of 174, creating a 34% gap affecting 60 patients monthly. Over 27 months, target achievement stands at 0% suggesting an extremely low probability of sustained delivery under current conditions. Whilst the overall trend shows monthly improvement of 1.7% delays, the performance has deteriorated by 4.4% over six months, suggesting volatility and improvement momentum is stalling. Analysis by county reveals Carmarthenshire at 106 delays versus a required 85, indicating a 25% variance from planning assumptions. Each delayed discharge typically occupies beds for weeks rather than days, creating cascade effects through Emergency Departments (EDs) and ambulance handovers. Success requires accelerated partnership working, expanded trusted assessor implementation, and additional intervention schemes beyond current plans.

Cancer Services Performance

Cancer pathway delivery demonstrates progress against targeted intervention criteria, with the Single Cancer Pathway achieving ASSURE status through three consecutive months above the 60% de-escalation threshold, reaching 62.4% in April 2025. This improvement reflects comprehensive interventions across key tumour sites, including major diagnostic capacity expansion in urology (Local Anaesthetic Transperineal (LATP) biopsy +260/year, Magnetic Resonance Imaging (MRI) +336/year, flexi cystoscopy +898/year), workforce innovation shifting Prostate-Specific Antigen (PSA) follow-up to digital platforms, and implementation of “one-stop” gynaecology models.

However, the sustainability of these improvements requires continued vigilance and protected investment. Underlying pathway indicators show positive trends including reduced diagnostic waiting list volumes (net reduction of 167) and increased treatment volumes, particularly in urology. The assessment emphasises the critical need to maintain monthly progress monitoring for high-risk tumour sites, prioritise workforce resilience in radiology, urology, and dermatology, and ensure planned investments are delivered to protect compliance across the annual cycle. Performance remains within narrow margins of compliance, with workforce fragility in key specialties presenting ongoing risks to sustained delivery.

Planned Care and Diagnostics Performance

Planned care performance reveals significant achievement alongside persistent systemic challenges requiring urgent attention. The elimination of 52-week outpatient breaches for three consecutive months represents a substantial accomplishment, whilst 104-week Referral to Treatment (RTT) performance, despite achieving zero breaches, has been reclassified from ASSURE to ADVISE following detailed operational analysis revealing fundamental sustainability concerns.

Critical capacity constraints persist across diagnostic services, with ophthalmology R1 performance classified as ALERT within the escalation framework, at 34% against the 65% standard, representing significant patient safety risk given the sight-threatening nature of delayed interventions. Theatre capacity analysis demonstrates cyclical performance patterns driven by operational inefficiencies, including over 350 hours of lost theatre capacity monthly and staffing deficits of 50.68 whole time equivalent posts across theatre departments. Non-obstetric ultrasound and non-cardiac MRI services remain significantly below the 85% eight-week standard at approximately 51%, whilst endoscopy services achieve 69% compliance. These diagnostic bottlenecks create cascading upstream pressures requiring strategic intervention beyond routine service improvement, with particular emphasis on workforce development and fundamental capacity expansion to achieve sustainable compliance.

Welsh Government Planned Care Support Programme

The Health Board's Planned Care recovery efforts have received significant reinforcement through Welsh Government's announcement in May 2025 of a comprehensive national programme designed to reduce waiting lists by 200,000 pathways across Wales. This initiative represents a substantial injection of additional capacity, providing targeted support through two complementary mechanisms that directly address HDdUHB's most pressured services.

The first element involves a nationally procured insourcing arrangement delivering 164,000 first outpatient appointments across the eleven highest-pressure specialties Wales-wide. For HDdUHB specifically, this translates to 13,246 additional first outpatient appointments, with allocations strategically targeted at the Health Board's most constrained services: 3,188 ophthalmology appointments, 2,666 orthopaedic appointments, 1,396 urology appointments, and 1,334 dermatology appointments. These allocations directly correspond to areas where capacity constraints have most significantly impacted patient access and waiting times.

The second component requires local delivery of an additional 2,827 first outpatient appointments through Health Board-managed arrangements, whether through internal capacity expansion or external commissioning. This represents approximately 5.7% of the total 50,000 Wales-wide local delivery target, reflecting HDdUHB's proportional share based on March 2025 waiting list positions. The programme emphasises that all additional capacity must represent 100% additionality above existing service levels, ensuring genuine expansion rather than substitution of planned activity.

Transformation Funding Support

Beyond capacity expansion, HDdUHB has secured £701.119k in dedicated transformation funding for 2025/26 to support systematic pathway improvements and sustainable service redesign. This funding targets multiple strategic areas including clinical implementation networks for orthopaedics and gynaecology (£64.122k combined), healthcare pathway clinical editors (£125k), and comprehensive optometry community pathway development totalling £160.073k.

The largest single allocation supports the 3Ps Waiting Well Policy (Promoting healthy behaviours, Preventing deconditioning whilst waiting, and Preparing for treatment and recovery) implementation through single point of contact development (£339.424k), directly addressing referral management and pathway efficiency challenges that contribute to downstream waiting pressures. Additional funding focuses on community optometry pathway expansion, including project management, leadership, and triage capabilities designed to shift appropriate activity from Secondary Care settings whilst maintaining quality and accessibility.

Administrative and Implementation Support

Recognising the significant operational challenge of managing increased patient throughput, Welsh Government has provided £194k specifically for additional booking, data, and administrative support to handle the enhanced volume from both national insourcing contracts and local delivery requirements. This funding has been made available in advance to enable recruitment and preparation ahead of programme implementation in July 2025.

The combined support package of over £1.4m provides both immediate relief for waiting list pressures and sustainable foundations for long-term service improvement. The programme's emphasis on treating patients in chronological order will particularly benefit those approaching 104-week thresholds, supporting HDdUHB's continued compliance with this critical standard whilst enabling local teams to focus on implementing transformation initiatives that will deliver lasting benefits beyond the current financial year.

Planning Objectives

The Planning Objectives remain a key element of the Annual Plan for 2025/26, and as noted in the SPC update in April 2025, four of these are aligned to the Committee, namely:

Planning Objective	Executive Lead	Updated position on 2024/25 Planning Objectives
PO6: Clinical Services Plan	Director of Strategy and Planning	On-track – currently out to consultation
PO7: Primary and Community Strategic Plan	Director of Primary Care, Community and Long-Term Care	On-track – timelines for the delivery have been revised.
PO8: Estates Plan	Director of Strategy and Planning	Behind – this is based on the timeline for the completion and submission of a Board approved A Healthier Mid and West Wales (AHMWW) Strategic Outline Case (SOC).
PO10: Population health	Director of Public Health	On-track

Whilst the Planning Objectives for 2025/26 continue to be in development, key aspects will be reviewed as part of other Committee agenda items. However, a number of the 2024/25 Planning Objectives continue to have actions to be completed – Appendix 4 provides the current position on these.

For the Clinical Services Plan, the public consultation for Phase 1 launched on the 29 May 2025 following Board approval. The consultation will run until 31 August 2025 and will seek the views of our staff, patients, partners and communities, including those who use these services from bordering areas in south Gwynedd, north Powys and Swansea / Neath Port Talbot. Our Clinical Services Plan consultation focuses on nine healthcare services most in need of support and aimed at addressing fragilities, improving standards, or reducing waiting times for people in need of diagnosis and treatment.

The services included are critical care, dermatology, emergency general surgery, endoscopy, ophthalmology, orthopaedics, radiology, stroke and urology. There are no changes to how people access emergency care (A&E) or minor injury care as part of this consultation (there is an ongoing separate consultation on minor injury care at Prince Philip Hospital, in Llanelli).

With respect to Primary Care at the previous SPC meeting, this was noted as being behind, however, the timelines have been reviewed and revised, such that the Planning Objective is now on-track. Since the last update, the Strategic Group recognised the challenges regarding the previous arrangements for the Clinical Reference Group, however they reaffirmed the importance of engaging with clinical professionals to gauge their views and feedback on options reported to Board/Executives over the last few months. There has been agreement to support the discussions with existing forums which would feed into a wider engagement event in October 2025 with a focus on:

- The proposed model of delivery
- Priorities / Options
- Key principles – how we can achieve and deliver transformation

An update on the Estates Plan is included on the agenda, however progress on the Planning Objective remains behind schedule. Whilst some outcomes within Planning Objective 8 have been delivered the timeline for completing and submitting a Board approved A Healthier Mid and West Wales (AHMWW) Strategic Outline Case (SOC), has not been met. A further

meeting with WG is planned for July 2025 to progress discussions on areas HDdUHB might progress and the WG affordability framework.

An update on Population Health plan is included on the agenda, with the Planning Objective currently on-track. Whilst some key areas are a resume of planning milestones for 2024/25, there are a number of new planned milestones for population health and prevention priority areas to deliver through 2025/26.

In supporting the development of 2025/26 Planning Objectives, a Plan on a Page is being developed for each, and these will be presented to the next Committee meeting.

Financial and Performance Trade-offs

The escalation status assessment reveals fundamental tensions between performance recovery and financial sustainability that require explicit acknowledgement. Welsh Government's requirement for additional £7.5m savings beyond the approved Annual Plan creates competing imperatives that are not mutually inclusive with sustained performance improvement. The original 2025/26 Annual Plan represented a carefully calibrated balance across finance, workforce, performance, quality, and safety domains, achieved through extensive triangulation and stakeholder engagement.

The scale of additional savings required, combined with urgent care performance challenges requiring wholesale systematic change, suggests that difficult resource allocation decisions may be unavoidable. Whilst comprehensive Quality Impact Assessments and Equality Impact Assessments will be applied to all proposed changes, some decisions necessary to meet revised financial expectations may inevitably create tensions with performance objectives in other areas. The Health Board remains committed to protecting patient safety and statutory compliance as non-negotiable priorities. The next 30 days will be critical in determining how these competing imperatives can be reconciled whilst maintaining transparency about potential trade-offs and their broader implications.

Argymhelliad / Recommendation

The Committee is asked to **DISCUSS** the update on the 2025/26 Annual Plan.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.21 Seek assurance on delivery against all Planning Objectives aligned to the Committee, in accordance with the Board approved timescales, as set out in the Health Board's Annual Plan, 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:	6. All Apply

Enablers of Quality: Quality and Engagement Act (sharepoint.com)	
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	6 Clinical services plan 7 Primary and community strategic plan 8 Estates plan 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:	Annual Plan 2025/26 Board May 2025
Rhestr Termiau: Glossary of Terms:	Not applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Board May 2025

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

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



Llywodraeth Cymru
Welsh Government

Phil Kloer
Chief Executive
Hywel Dda University Health Board

Philip.Kloer@wales.nhs.uk

Our Ref: JP/PK/AP

11th April 2025

Dear Phil

Hywel Dda University Health Board – Submission of Annual Plan 2025/26

Thank you for your Accountable Officer letter, dated 28th March along with the submission of your Annual Plan and supporting information.

I note that your Board has endorsed and submitted an Annual Plan for 2025-26 which meets the target control total (TCT) set for 2024-25. Whilst this is a clear baseline position, as we have discussed the expectation set by the Cabinet Secretary in 2024/25 and condition of additional funding was a plan that delivers an improvement trajectory towards in-year financial balance within three years. I would also reflect that whilst significant progress has been made and forecast delivery beyond the TCT set in 2024/25, the Board is currently planning on deteriorating in 2025/26 from its forecast outturn position in 2024/25 of a £24m deficit. This is an important milestone for the health board to continue on its improvement trajectory towards a sustainable and balanced financial position.

Whilst we are yet to fully appraise your submission, we have recognised that you do not plan to meet some of the targets set out in the strategic objectives and would urge you to reconsider this position in addition to the financial actions set out. I therefore ask you to undertake further work urgently on:

- Improving upon and derisking the financial position to improve upon the TCT for 2024-25 in 2025-26 in line with the improvement trajectory that is expected
- Setting out the options and choices available to the organisation in order to improve further upon the current plan alongside the impacts of doing so.
- Increasing confidence in delivery of your savings plan.
- Setting out the route map to in-year financial balance by 2027-28, as a second order requirement after detailing further improvement in 2025/26.

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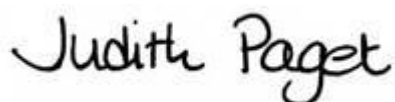
Whilst I understand and recognise the challenging financial position of the health board, the current position is not supportable. It is imperative that you address the concerns that have been highlighted. The Cabinet Secretary for Health and Social Care has been very clear on their expectations for the health board to continue the good progress made in 2024/25.

As part of the submission process, you were invited to a Scrutiny Session, where officials expressed their concerns against some areas of your plan. Whilst I note improvements were subsequently made to the final submission, some concerns remain.

The Welsh Government alongside the Cabinet Secretary have been very clear in their expectations of NHS organisation in Wales. I urge you to work with your executive team and Board to address the issues raised in this letter.

I expect to receive an updated position by 30th April and if you require any further guidance please let me know or contact Samia Edmonds or Hywel Jones in the first instance.

Yours sincerely

A handwritten signature in black ink that reads "Judith Paget". The script is cursive and fluid, with the first letters of each word being capitalized and prominent.

Judith Paget CBE

cc: Nick Wood, Deputy Chief Executive NHS Wales
Samia Edmonds, Planning Programme Director
Hywel Jones, Director of Finance, Health and Social Services Group



Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Ein cyf/Our ref: CEO.17201

Gofynnwch am/Please ask for: Kelly Sursona

Rhif Ffôn /Telephone: 01267 239569

Dyddiad/Date: 30th April 2025

Swyddfeydd Corfforaethol, Adeilad Ystwyth
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building
Hafan Derwen, St Davids Park, Job's Well Road,
Carmarthen, Carmarthenshire, SA31 3BB

Mrs Judith Paget
Director General Health and Social Services

By e-mail to: Judith.Paget001@gov.wales

Dear Judith,

Thank you for your letter dated 11th April 2025 regarding our Annual Plan for 2025/26. As requested we have fully considered the content of your letter, initially in our Formal Executive Team meeting and subsequently within a Board Seminar.

As a Board we take extremely seriously our responsibilities to deliver on the ministerial priorities whilst operating within our allocated funding. As noted in your letter we have made significant strides over the past 12 months in responding to our service, workforce and financial challenges which have historically prevented us from delivering this. We wholeheartedly agree that it is paramount this improvement trajectory continues.

A key aspect of our approach over the last year has been setting ambitious expectations, underpinned by robust delivery plans. We believe this is essential to ensure plans are both bold and credible, and ultimately delivered upon. This however does not set a limit to our ambitions, as has been demonstrated through 2024/25 where we exceeded our annual plan expectations in a number of areas including planned care, nurse staffing and finances.

We commenced our planning process earlier this year and, as an organisation in Targeted Intervention, have worked closely with Welsh Government officers on the development of the plan. The main elements were considered by the Board in a Seminar in February and the document finalised in early March and subsequently published on our website as part of the Board papers. We are making complex decisions and, as a principle, we aim to be transparent with our Board, government and public about the trade-offs we are making within the plan.

The key deliverables within our Annual Plan were developed through a detailed assessment of demand and capacity, workforce redesign and recruitment plans, savings opportunities and service change aspirations. We have sought to strike a balanced approach, delivering improvements across all domains of access, quality and finance, in a sustainable manner. As a result, for the first time we are able to develop

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Hafan Derwen, Parc Dewi Sant, Heol
Ffynnon Job,
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building,
Hafan Derwen, St Davids Park, Job's Well Road,
Carmarthen, Carmarthenshire, SA31 3BB

Cadeirydd / Chair **Dr Neil Wooding**
Prif Weithredwr / Chief Executive **Prof Phil Kloor**

Bwrdd Iechyd Prifysgol Hywel Dda yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Hywel Dda
Hywel Dda University Health Board is the operational name of Hywel Dda University Local Health Board

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn amgylchedd di-fwg Hywel Dda University Health Board operates a smoke free environment

a plan that meets the Target Control Total, whilst simultaneously delivering improvements across the ministerial priorities and setting the foundations for longer-term transformation through the Clinical Services Plan and our programmes for Digital, Primary Care and Population Health.

Whilst this represents a highly ambitious set of plans, underpinned by £44m of savings, we fully accept that this does not yet move us towards financial balance. We also know we need to go further on urgent and emergency care and have aspirations to make progress in other areas, including going beyond 104 weeks for RTT performance.

The annual plan of course represents a point-in-time assessment and since the finalisation of the plan work has continued.

In the first instance it is necessary to progress delivery of the existing plans and our intention is to significantly de-risk the plan through quarter one, in line with the approach we took last year. Unlike last year, our recurrent savings plans of £19m are fully based on plans which have been developed by our operational and clinical teams. We are currently working to reduce the risk profile of these schemes to secure delivery in-year.

As part of our deliberations, the Board has also made the choice to assume £25m of non-recurrent opportunities continuing into 2025-26. Our focus will be on converting these non-recurrent opportunities into further recurrent savings.

We note that we are currently an outlier across Wales in our investments which are being made into the system. We have £11.7m in our planned investments this year. While significant, these have been thoroughly scrutinised, as follows:

1. Investment in cancer, diagnostics and ophthalmology

We have recognised that our performance in our diagnostic 8 week target and single cancer pathway in particular requires improvement, alongside challenges in delivering our IVT service.

Within cancer and diagnostics, we have held a significant demand/capacity mismatch within these services for a number of years, the impact of which has grown and increased our backlog.

We have consequently provided additional funding of £1.5m in our plan to Radiology (in addition to allocating £1.8m of funding recurrently from our planned care recovery fund). We have also allocated an additional £0.7m to address endoscopy demand issues, which includes addressing our surveillance backlog.

Demand within our SACT units has grown significantly, and we have therefore invested £0.4m to maintain safe staffing levels across our units and maintain our delivery trajectory.

Within ophthalmology, we have recognised £1.6m of funding needed to support the delivery of the IVT service. This mainly relates to the cost of drugs.

2. Investment in nurse staffing

You will be aware that we are currently managing a significant risk in Band 2/3 challenges across the Health Board. We have therefore set aside £2.3m which is the current best estimate of the potential full year impact of this challenge. We have addressed the likely liability of back-pay within our 2024/25 financial accounts.

Nurse staffing across 25A areas remains a concern, along with staffing within our MHLID inpatient service. We have therefore set aside £1.4m to address these areas. Because recurrent funding has not been provided to address these challenges in previous years, there has been a reliance on temporary staff costs. Allocating this funding will allow permanent recruitment and reduce our reliance on agency.

3. Mitigating estate risks

The condition of our estate has created a significant level of risk, which we need to mitigate. To this end, in our plan, we have increased our maintenance budget by £0.4m, we have increased our budget to respond to the RAAC monitoring requirement by £0.2m, and have provided £0.2m for fire wardens at WGH as a mitigation deemed necessary by Mid and West Wales Fire and Rescue Service due to the reduced scope of fire compliance capital works. This has increased our budget in estate and facilities by £0.8m in total.

4. Prevention, public health and value

We have recognised the success of the work of the VBHC team with Heart Failure and have needed to substantiate the costs of this service at £0.6m. While significant, there has been a notable improvement in our performance in Heart Failure. Unfortunately, this has not yet realised a cashable benefit to allow it to be self-funding. By substantiating, this provides an opportunity to consolidate the service and enables further VBHC work to progress into the new financial year.

We have recognised £0.3m for work which is required to begin to address underinvestment in our work on childhood obesity.

5. Other areas

Following a robust process, we have accepted business cases for areas of digitally enabled transformation. In addition to delivering national programmes, we have recognised a requirement to introduce a flow and e-obs system to facilitate the improvements we need to see across our urgent and emergency care system. We are confident that the £1.8m allocated to this will allow us to deliver notable improvements and identify issues which cause delays at a patient level across our services. This will provide a key opportunity to deliver further savings into year 2 and 3 of our plan.

We have also recognised that the costs of litigation are increasing significantly and have allocated £0.3m to addressing this increased level of costs.

While this is a significant level of investment, there is a robust process in place, overseen by the Finance and Performance Committee, to scrutinise the investments before they are released from reserves and to track the impact of investments on improvements in performance, quality, safety and the delivery of return on investment.

At this point, while we have a line of sight to deliver our £31.5m control total, we do not have an assured plan to deliver against this. We are therefore focused on de-risking the savings requirement in quarter one to allow us to have greater assurance over our trajectory.

It is our collective commitment to work to de-risk our performance against £31.5m in quarter one and to develop plans to improve upon this position in quarter two, aiming for a position which is below £30m. Our aim is to assess the opportunities where it may be possible to go beyond what is in our plan, both in-year and in subsequent years. I would be keen for my Executive Team to work with your officers to undertake this assessment as we seek a path to in-year financial balance by 2027-28.

In respect of the options and choices to further improve upon the current plan, it is important to note the £44m savings assumption goes beyond last year, which itself was the highest savings delivery ever achieved by this Health Board. As noted above, we do not yet have an assured plan (green / amber rated savings schemes) to reach this level. On that basis we as a Board do not consider it credible to further extend our savings assumptions, at least at this stage.

Beyond savings, the key choices made by the Board are as set out above and in the presentation in our scrutiny session. This reflects the Board's judgement on the appropriate balance across access, quality and finance. As described above, financial provision has been made within the plan to address some (but not all) of the most significant clinical and delivery risks facing the Health Board, however not yet committed. Naturally, there are areas where we could go further to improve service provision and reduce clinical risk, equally there are options to delay or reduce these investments, with a corresponding improvement to our financial forecast, if these risks could be addressed through alternative means.

Since the plan was finalised there is increasing clarity on the national plan to reduce planned care waiting times and that will have a bearing on our local plans. Dialogue is ongoing with Welsh Government officers and I am optimistic this will allow us to secure and exceed our planned care trajectories. It may also allow us the opportunity to review our local investment plans as described above.

In summary, we are fully committed to eroding our financial deficit and agree that continuing our improvement trajectory is of paramount importance for 2025/26. We have an ambitious and balanced plan, including £44m of savings, improved delivery across each of the ministerial priorities and transformational change. In line with last year our approach is to progress and de-risk delivery of this plan through quarter one and we will pursue further improvements beyond this and into subsequent years.

Yours sincerely,



Dr Phil Kloer
Chief Executive Officer

**Cyfarwyddwr Cyffredinol Grŵp Iechyd, Gofal Cymdeithasol a'r
Blynyddoedd Cynnar / Prif Weithredwr GIG Cymru**

**Director General Health, Social Care & Early Years Group / NHS
Wales Chief Executive**



**Llywodraeth Cymru
Welsh Government**

Dr Philip Kloer
Chief Executive
Hywel Dda University Health Board

Our Ref: JP/HJ/SB

6 June 2025

Dear Phil

2025/26 Annual Plan & Financial Position – Next Steps

Thank you for your response letter of 30th April with regard the health board's 2025/26 annual plan. This letter confirms receipt of that supplementary information provided on your plan, and to set out next steps.

Whilst your submission provided some assurance about the processes in place across your organisation and the conversations being explored, it ultimately failed to deliver a material improvement to your plan and its financial position. We have also discussed this at your subsequent JET meeting of 1st May. Your plan remains unsupportable and unacceptable, and further actions are essential to deliver the level of improvement that is expected.

For clarity, ten NHS bodies have submitted balanced financial plans for 2025/26, with four health boards unable to meet that requirement and forecasting substantial deficits which cannot be supported. It is imperative that further actions are taken by those four health boards to deliver financial improvement. This is an essential requirement, alongside delivery of other ministerial priorities such as implementing the priority enabling actions of the NHS Wales Planning Framework.

It is anticipated that a decision letter will soon be issued by the Cabinet Secretary to your Chair confirming that the health board has breached its statutory financial and planning duties, which draws the planning process to a close in order to focus on delivery and improvement, and it is anticipated the immediate next steps set out below become a priority for the organisations focus and response.

In terms of next steps:

- You are required to set out by return to me by **30th June** the detailed actions that the health board can and will take to reduce the current financial forecast from £31.5m to an improved position.

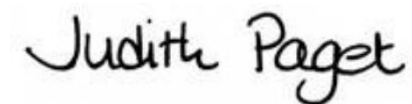
- These must be meaningful and deliverable actions that will reduce the current forecast with clear delivery profiles and milestones in 2025/26.
- As we have discussed, a clear requirement was set for 2025/26 by the Cabinet Secretary in allocating additional funding in 2024/25, that the health board would submit a plan with an improvement trajectory towards in-year financial balance over the next three years. Your current plan to deliver the target control total set in 2024/25 of £31.5m does not meet this requirement. For clarity, I am expecting you submit detailed actions to deliver a forecast position that maintains your outturn position of 2024/25 as a minimum as a stepping stone to that expected improvement trajectory set out.
- We will be arranging for the four health board Chief Executives and Chairs to meet with the Cabinet Secretary and myself over coming weeks to discuss this requirement and expectation further.
- Whilst this process is undertaken, and improvement actions identified, there will be a pause on approving any capital developments that would result in additional capital allocations to the health board, unless there are schemes with immediate urgent, safety, or contractual issues that necessitate an urgent decision. Regular interaction with lead officials will be expected to ensure any key immediate issues by exception can be considered as required.
- As part of these recovery actions for the Hywel Dda position specifically, it is anticipated that:
 - The health board is taking actions to significantly reduce its planned investments set out for 2025/26 of £11.7m. We have discussed the health board is a significant outlier in this regard and planning investments the board cannot resource, for benefits that are unclear.
 - You provide assurance that the actions are in place to deliver your existing planned savings assumptions in full.
 - There are tangible and specific additional actions set out that can be delivered by the health board to reduce the current forecast deficit, with clear consideration of managing any associated impacts of these actions.
 - Rapid progress is made on mitigating your current risks and reducing the expenditure run rate, given your challenging month 1 position. I am expecting rapid actions early in the financial year to reduce risk and provide clarity and confidence in delivery.

If you would value a discussion on this requirement in more detail and the actions that will be implemented, or have any clarification issues, please contact Samia Edmonds and Hywel Jones directly in the first instance who will be happy to support.

As above, it is anticipated that a decision letter will soon be issued by the Cabinet Secretary to your Chair confirming that the health board has breached its statutory financial and planning duties. This, alongside the response to this requirement, will be an important factor when next considering the health board's escalation status.

Following receipt of your further recovery actions on 30th June, provided this submission meets the requirements set out above, the focus on forecast delivery will continue via your scheduled IQPD, JET, and escalation meetings, as well as via routine monitoring mechanisms.

Yours sincerely

A handwritten signature in black ink that reads "Judith Paget". The script is cursive and fluid, with the first name and last name clearly distinguishable.

Judith Paget CBE

cc: Hywel Jones, Director of Finance HSCEY Group / NHS Wales
Samia Edmonds, Planning Director, HSCEY Group

Planning Objective: 6 – Clinical Services Plan

Executive Lead: Lee Davies/ Mark Henwood

Reporting Period: Up to May 2025

Overall status: On-track

- Rationale for overall status: PACE project plan for Phase 3 – Public Consultation is on track overall.

Progress against planned outcomes / trajectories / milestones:

- **November 2024:** The Board approved the Clinical Services Plan (CSP) and the four options submitted to progress to Phase 3 – Public Consultation. This included simplifying the view of the options by service and considering phased assessments based on existing resources. The Board also approved the procurement process and the utilization of Hugh Irwin & Co (HICO) for quality assurance of Phase 3. Opinion Research Services (ORS) were approved to support the independent analysis of questionnaire feedback.
- **December 2024:** A phased assessment was conducted for the nine services within the scope of the CSP, evaluating their varied options.
- **January 2025:** The Board approved the CSP Consultation Mandate.
- **February 2025:** Pre-consultation planning activities commenced, including the development and testing of the questionnaire with a readers panel. The main consultation documents were drafted and progressed to design. The CSP Sub Group agreed on the alternative options process for the public consultation phase, utilising the current Hurdle and Evaluation Criteria process from Phase 2.
- **March 2025:** Development of the summary document, animation, and detailed consultation planning activities progressed. Regional Impact Assessments were shared with Powys Teaching Health Board (PTHB), Betsy Cadwaladr University health Board (BCUHB), and Swansea Bay University health Board (SBUHB) for feedback following the Quality Impact Assessment (QIA) panel checks in February 2025.

Activities planned for next milestone and reporting period

- **May 2025** Completed - Production of detailed Consultation Plan for Board in May 2025 with request for Board approval to go live with a CSP Public Consultation on that day.
- **May 2025** Completed - Production and implementation of all related planning in relation to Public Consultation for the CSP for the planned period between 29MAY2025-31AUG2025.
- **May 2025** Completed - Refreshed impact assessments EqIA's, Regional Impact Assessment and HIA's with support and feedback from EDI and Public Health.
- **May 2025** Completed - Refined Support Document Suite (a directory of links in relation to all technical information accessed and utilised throughout Phase 1 – Issues Paper and Phase 2 – Options Development process.
- **STAGED January 2025 – January 2026** Public Consultation quality assurance through HICO

Any other Comments

Matters for information:

- **March 2025** - Further engagement sessions have taken place with Stroke colleagues in Bronglais Hospital (BGH) to listen to concerns and share the information used within the programme to date. This has also included sharing information with neighbouring Health Boards on the CSP programme.
- **May – June 2025** There is potential that the CSP Public Consultation will overlap with the proposals for a Prince Philip Hospital (PPH) Minor Injuries Unit (MIU) engagement. There could be aspects contained within the CSP consultation that could further cause concern for those in within the PPH catchment area.

Planning Objective: 7	Executive Lead: Jill Paterson, Director Primary Care, Community and Long Term Care

Reporting Period: April – June 2025

Overall status: On-track

Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery)

The timescale to achievement had previously been recognised as being a challenge given the wide scope and number of service areas included within the Strategic Plan. Engagement in the Clinical Referenced Group (CRG) has proved to be challenging

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):

Strategic group recognised the challenges regarding the previous arrangements for CRG, however reaffirmed the importance of engaging with clinical professionals to gauge their views and feedback on options reported to Board/Executives over the last few months. Agreed to support the discussions with existing forums that would feed into a wider engagement event in September 2025 with a focus on:

- The proposed model of delivery
- Priorities / Options
- Key principles – how we can achieve and deliver transformation.

Activities completed in previous reporting period	Activities planned for next milestone and reporting period
As above	June 2025 – August 2025 - Focus groups are currently being booked for June/July/August with General Medical Services (GMS), Practice Managers, Community Pharmacy, Dental, Optometry, Allied Health Professionals, Community Nursing Teams to review the options and listen to their views. (Utilising existing collaborative meetings where possible) - Linking with the existing meetings scheduled for June (eg Think Tank and Clinical Priorities Advisory Group (CPAG)) on Six Goals/ Urgent and Emergency Care (UEC)to further discussions around alignment and take the options specifically around out of hours, 111 etc into that forum - Supported by the Team we will be hosting meetings led by Sion James and Will Mackintosh to have a discussion on best practice Primary Care models, to determine what our model should look like September 2025 - Wider engagement event will take place that will provide an opportunity for feedback from focus groups but wider discussion on the model and priorities.

Any other Comments

Matters for information: Ongoing – is how we link with the Strategic Refresh and timescales for public engagement during the autumn. The work over the next couple of months will help us shape what might require engagement or consultation noting there are differences.

Risks to delivery: Clinical input is essential to shaping the potential shift left to enable engagement with workforce and the population

Any other comments: Alignment with the wide Health Board strategic work is key to ensure the fragmented approach in delivering a Primary Care and Community services Strategic Plan

Planning Objective: PO8 Estates Plan

Executive Lead: Lee Davies

Reporting Period: Quarter 1 – April, May ,June, 2025

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). Hywel Dda University Health Board (HDdUHB) was 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. At the meeting the following summary position was reached :

1. WG are supportive of the development of a long term strategic solution for West Wales
 2. 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
 3. It was agreed there needs to be a plan which addresses the clinical services and estate fragility.
 4. 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 HDdUHB to find consensual agreement on the best way forward and the shared aim that this will result in a supportable and deliverable programme plan. A further meeting with WG is planned for July 2025 to progress discussions on areas the Health Board might progress and the WG affordability framework.

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):

1. Response to the Nuffield Trust Review to be presented to Infrastructure Investment Board	7. Submission of Business Justification Case (BJC) for Carmarthen Hwb
2. Secure Ministerial endorsement to AHMWW Programme Business Case (PBC)	8. Appointment of Supply Chain Partner Fishguard SOC/ Outline Business Case (OBC)
3. Completion and submission of Board approved SOC	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
4. Review and refresh 10 year Regional Capital Plan	10. Scoping agreed for Aberystwyth Integrated Care Centre (ICC)
5. Submission of Full Business Case (FBC) Cross Hands	11. BJCs for major infrastructure
6. Submission of FBC for Pentre Awel	12. Continued implementation of Hywel Dda University Health Board (HDdUHB) Decarbonisation Plan

Activities completed in previous reporting period

1. WG AHMWW meeting March 2025
2. Participated in the refresh of the 10 year Regional Capital Plan
3. Development of bids for Decarbonisation scheme through WG Invest to Save funding
4. Progress of Community Schemes to include:
5. Continued discussion with WG on Cross Hands timeline and capital costs for refreshed FBC
6. Meeting with WG on Aberystwyth ICC 12 February 2025
7. Internal review of options for Fishguard Health and Wellbeing Centre

Activities planned for next milestone and reporting period

1. Meeting with WG on 3rd July,2025 to agree AHMWW next steps
2. Continuation of development of Community Schemes (Fishguard, Pentre Awel, Carmarthen Hwb, Cross Hands in line with project timelines and key milestones).
3. WG Meeting on Cross Hands scheme 16 July 2025

Any other Comments

Matters for information: All other matters reported via S&PC SBAR updates and reports to the AHMWW Group.

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 impact would be the highly 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 significant interim investment in the current estate

Planning Objective: 10 – Population Health

Executive Lead: Dr Ardiana Gjini, Executive Director of Public Health

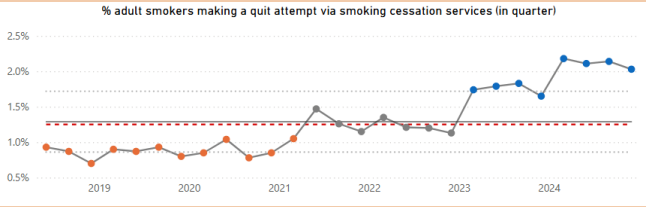
Reporting Period: Quarter 1 – April – June 2025

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)

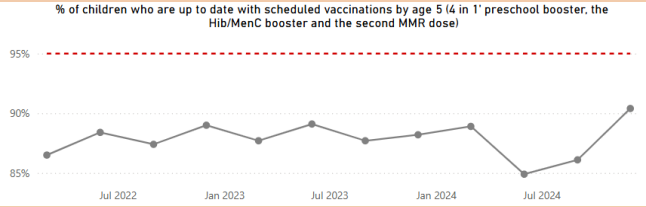
Key deliverable actions for reporting period in Quarter 1 are on track. Whilst some key areas are a resume of planning milestones for 2024/25 there are a number of new planned milestones for population health and prevention priority areas to deliver through 2025/26.

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):



Current position reflects a sustained performance at 2.1%, with the overall performance at 6.36% against an All-Wales target of 5%.

The latest data is showing an improving variation



Quarter 3 uptake position showed an improvement from previous reporting period with uptake at 90.4%.

The latest data is showing usual variance.

Activities delivering in Quarter 1:

- 10.1 Strengthening Prevention & Population Health Programs** – strengthened immunisation outreach with planning for targeted summer drop-in sessions across the three counties for catch up childhood immunisation, and targeted Respiratory Syncytial Virus (RSV) catch up programme. Letter drop signposting population to check immunisation status sent to 197,000 homes. 75.2% of all schools in Hywel Dda are currently ‘action planning’ for whole school approach to emotional and mental wellbeing, ahead of trajectory measure for quarter. Improvement noted against smoking cessation initiatives with 17% compliance for CO validation of quit attempt, ahead of trajectory measure for quarter. Review of Vaping Policy for Health Board in progress.
- 10.2 Advancing Prevention in Healthcare Services** – 20-4-7 framework developed identifying core interventions for priority communities. Assertive outreach through Wallich third sector support achieved towards elimination of Hepatitis B and C plan. Eliminating HIV steering group established, a multiagency group brought together with the aim of eliminating transmission of Human Immunodeficiency Virus (HIV) by 2030.
- 10.3 Embedding the Social Model for Health & Wellbeing** – Delivery Plan drafted and with all partners to approve and agree prioritisation. Summit report and wider learning finalised. Exploration commenced into an asset-based approach for wellbeing assessments.
- 10.4 Addressing Priority Population-Level Risks** – Climate Adaption Plan under development in conjunction with local partnerships and on track. Health Coaching project plan developed in conjunction with Value based Healthcare (VBHC) and awaiting approval. Making Every Contact Count (MECC) training across Health Board and Local Authority teams being developed to expand.
- 10.5 Driving Innovation and System Development**– planning and consultation in progress across Health Board to align prevention in system-wide transformation, aligning to CSP, Fragile Services and the Strategy refresh. Discussions commenced regarding digital

Priority areas to deliver in Quarter 2:

- 10.1 Strengthening Prevention and Population Health Programs**– mid-year review of immunisation uptake refining target outreach approaches, implementation of expanded school-based prevention and mental wellbeing initiatives as schools re-open, implementation of smoking cessation and vaping prevention initiatives including targeted engagement in high-prevalence areas.
- 10.2 Advancing Prevention in Healthcare Services** - initial implementation in select GP clusters and high-risk healthcare settings, coordination of implementation to improved screening, workforce capacity building and data.
- 10.3 Embedding the Social Model for Health & Wellbeing**– strengthening community health partnerships to connect individuals to prevention initiatives.
- 10.4 Addressing Priority Population-Level Risks** – Climate Adaptation Plan refined and finalised for approval, service enhancements delivered at scale integrating workforce development into Primary and Secondary Care of health coaching.
- 10.5 Driving Innovation and System Development** – initiation of change processes embedding prevention into Health Board strategies, pilot phase launched for social innovation, digitals tools and Artificial Intelligence- (AI-) driven activity.

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% uptake by 2027 in planned outcome measure for percentage of children who are up to date with their scheduled immunisations by age 5 years (Annual target for 2026 is 90%).

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 increased to 16 due to increased absence in team and service has a vacant full time Consultant post.

2.2 - Maturity Matrix

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

| For information

Attachments

[2.2.1 SPC SBAR Maturity Matrix June 2025.pdf](#)

[2.2.2 Appendix 1 Maturity Matrix Framework.pdf](#)

[2.2.3 Appendix 2 Maturity Matrix Scores.pdf](#)



PWYLLGOR STRATEGAETH A CHYNLLUNIO STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 July 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Planning Maturity Matrix Update (two-year follow-up)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Daniel Warm, Head of Planning Shaun Ayres, Director of Delivery

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 Planning Maturity Matrix was established following the Health Board's escalation into Targeted Intervention (TI) in 2022. It was specifically designed to strengthen our organisational planning capability and ensure alignment with Welsh Government expectations.

Following baseline and one-year assessments, this paper summarises outcomes from the two-year follow-up conducted in May 2025. It highlights current planning maturity across nine domains, recognising progress, ongoing challenges, and key strategic issues requiring Board-level attention. The results presented directly inform discussions regarding sustained improvement and ultimate de-escalation from TI status.

A detailed breakdown of the maturity assessment and scoring mechanisms is provided in the Assessment section and comprehensively set out in **Appendix 2**.

Cefndir / Background

The Planning Maturity Matrix was introduced in direct response to the Health Board's escalation into Targeted Intervention (TI) status in 2022. Its primary aim was to establish a structured, transparent and robust process through which the organisation could systematically evaluate and continuously improve its planning capabilities. This structured approach was developed in close collaboration with Welsh Government and drew explicitly on the lessons and experiences of other Health Boards, especially those that had faced similar escalation challenges.

The Matrix was formally approved by the Strategic Development and Organisational Delivery Committee (SDODC) in December 2022. It evaluates maturity annually across nine clearly defined domains, each scored on a scale from 0 (no progress) to 5 (exemplar):

1. Strategy Development
2. Strategy Alignment and Integrated Medium-Term Planning (IMTP)
3. Dynamic and Engaged Planning

4. Operational Planning
5. Best Practice Approach to Improvement
6. Realistic and Deliverable Plans
7. Systems for Performance, Accountability, and Improvement
8. Measurable and Improving Performance
9. Assurance

Welsh Government explicitly expects the Health Board to achieve at least Level 3 ('Initial Achievements') across all these domains. Achieving and sustaining this maturity benchmark is recognised as a critical requirement for the Health Board's eventual and sustainable de-escalation from TI and wider escalation status. It ensures that organisational planning processes are sufficiently mature, credible, and sustainable in the longer term. A full understanding of the Domains and requirements can be found in **Appendix 1**.

A fundamental strength of the Maturity Matrix approach lies in its inclusivity and engagement with stakeholders from across all levels of the organisation. Each annual self-assessment explicitly invites and incorporates the diverse views and lived experiences of teams and individuals, encompassing clinical, operational, financial, planning, governance, and other stakeholder groups. This diversity of input is critical, not only because it reflects the true, day-to-day experiences of our teams, but also because it provides a richer, more accurate representation of organisational maturity.

Inevitably, capturing such diverse views can sometimes highlight differences in individual perceptions and experiences. However, experience from previous assessment cycles has demonstrated that despite these variations, final maturity scores across stakeholder groups have consistently aligned remarkably closely. This convergence in scoring outcomes reinforces the rigour, robustness, and reliability of the Maturity Matrix as an assessment tool, validating the integrity of the scoring process.

In addition, regular internal audits provide further validation and assurance of the maturity assessment process. Audits have specifically emphasised the importance of an evidence-based scoring approach, rigorous Board-level scrutiny, and consistent stakeholder participation. The Health Board has continuously refined the assessment methodology to incorporate these recommendations, ensuring transparency, consistency, and ongoing organisational learning.

This paper presents the outcomes of the latest two-year maturity reassessment, clearly identifying areas where progress has been achieved, highlighting domains that require further development, and outlining strategic priorities moving forward. Its purpose is to support informed and robust discussions at Board level, providing clarity around organisational planning maturity and underpinning clear decisions to further strengthen the Health Board's trajectory towards sustainable improvement and ultimate de-escalation.

A detailed breakdown of maturity scoring and domain-specific assessments is provided in **Appendix 2**.

Asesiad / Assessment

The Maturity Matrix was introduced in response to the Health Board's escalation into Targeted Intervention (TI) status, providing a structured way to evaluate our planning maturity across nine crucial areas. This structured approach is vital because it clearly highlights our current strengths and identifies specific areas where improvement is needed. By doing this, the Matrix not only guides internal discussions about strategic and operational priorities but also helps

ensure alignment with Welsh Government expectations and supports our ongoing dialogue about de-escalation from TI status.

This assessment represents a comprehensive and open review of our current maturity, two years since implementing the Matrix. It evaluates progress against both our original baseline and subsequent 12-month review, providing detailed insights into our planning effectiveness. The findings from this review are critical because they inform our strategic discussions at the Board and Committee levels, shape planning assurances, and help frame our dialogue with the Welsh Government about escalation status. Moreover, these findings directly influence the development and delivery of our future annual plans, highlighting areas where targeted improvement is essential to achieve strategic goals and sustain operational change.

Our assessment was developed through a carefully structured and inclusive process involving two key workshops. Initially, senior stakeholders from operational services, finance, workforce, governance, planning, capital, commissioning, and transformation collectively reviewed and scored each domain. This approach ensured we captured diverse perspectives and professional experiences, resulting in consensus-driven outcomes. These initial findings were further validated and expanded by the Executive Team, ensuring a comprehensive and balanced view reflective of the wider organisational context.

The evaluation process incorporated a thorough review of past assessments, integrated recent internal audit insights such as those from the Planning Process Audit (May 2025), and considered feedback from a range of stakeholders who directly support and deliver our plans. This inclusive and detailed approach ensures the assessment genuinely reflects real-world planning capabilities and limitations, recognising the value of different professional perspectives in shaping a credible, deliverable plan.

Ultimately, this detailed assessment provides valuable guidance for our ongoing strategic and operational development. It clearly highlights areas of achievement and identifies critical gaps requiring further improvement. These insights are essential for informing our next annual planning cycle, enabling targeted actions to strengthen our capability for sustained change and continuous improvement, aligning with both internal priorities and external expectations from Welsh Government.

Results

A full presentation on the background, domains, scoring and evidence base to support the Maturity Matrix can be found in **Appendix 2**, but at a high-level the scores, alongside the key considerations leading to those scores are summarised in the table below:

Domain / key considerations leading to 2-year score	Baseline score (2023)	12 month follow-up score (2024)	2 year follow-up score (2025)
1. Strategy Development	3	2	1
Key considerations leading to domain 1 score	Whilst we have a Strategic refresh and Clinical Services Plan (CSP) underway; along with advancements such as the social model for health and well-being commitments, the continued uncertainty regarding the long-term direction is impeding short and medium-term service planning.		

	• The challenge in developing a credible plan to financial balance and longer-term sustainability. • Potential need for further development of a clinically led strategy, beyond the scope of CSP 1.		
2. Strategy alignment and development of a 3-year Integrated Medium-Term Plan (IMTP)	1	2	2
Key considerations leading to domain 2 score	• Improved triangulation between operational, workforce, and finance plans. • Earlier planning assumptions and structured feedback were positives. • Still lacking long-term financial and workforce modelling. • Some felt alignment was only possible with what is currently known, not future strategy. • Lack of link to key levers (eg Value Based Healthcare (VBHC), Enabling Quality Improvement in Practice (EQUIP), Digital). • Operational delivery disconnect from planning intentions. • We require an Integrated Medium Term Plan (IMTP) to make progress.		
3. Dynamic and engaged planning	1-2	2	2
Key considerations leading to domain 3 score	• Earlier and more structured planning workshops were well received. • Improved engagement with operational teams. • Health Board Partnership Forum feedback suggested some staff felt disengaged. • Regional collaboration (eg with Swansea Bay University Health Board (SBUHB)) was noted, but new Regional Joint Committee not yet evidenced in terms of clear outputs/outcomes. • General consensus: progress made, but not yet fully embedded. • Planning link to delivery remains a challenge. We struggle to plan and deliver change. • Good engagement is visible.		
4. Operational planning	1	1	2
Key considerations leading to domain 4 score	• Stronger demand and capacity planning processes. • Improved triangulation of plans, especially in acute services. • Primary and community services still operate in silos. • Savings plans not always early or robust enough. • Some areas (eg hybrid roles, integrated posts) still underdeveloped.		

	Planning link to delivery remains a challenge. We struggle to plan and deliver change, although there does appear to be improved alignment with plans		
5. Best practice approach to improvement	2	2	2
Key considerations leading to domain 5 score	- VBHC now reported to Strategy and Planning Committee, but acknowledgement VBHC may need further embedding (some investments made without value-based assessment). - Mixed adoption of Getting it Right First Time (GIRFT) and Healthcare Inspectorate Wales (HIW) recommendations. - Improvements in benchmarking and internal data use noted. - Still seen as an area needing more consistent application		
6. Realistic and deliverable	0	0	1
Key considerations leading to domain 6 score	- In-year delivery challenges hinders longer term development of a plan. - Robust Annual Plan in place. Plan achieved target control total and was approved by the Board for submission to WG. - Our plan for 2024/25 was ambitious and yet, overall, we delivered what we set out to achieve and, in a number of key areas, actually over-delivered (finance, Referral to Treatment (RTT), nurse staffing). - Still lacking a clear multi-year plan to reach financial sustainability.		
7. Systems and processes for performance, accountability, and improvement	2	1	2
Key considerations leading to domain 7 score	- Escalation processes (Directorate Improving Together Sessions (DITs), Executive Improving Together session (EITs), TI) are in place and functioning. - Management vs escalation processes need to be clarified as new operational structure matures - Escalation and performance management is now business as usual - Concerns about excessive bureaucracy and reporting burden. - Accountability structures exist but may not be fully effective. - Debate over whether current processes are delivering results. - General agreement on progress, but not yet at a results-driven level.		
8. Measurable and improving performance	1	1	2

Key considerations leading to domain 8 score	• Some improvements in performance metrics (eg cancer, RTT), but improvements in Urgent and Emergency Care (UEC) are critical • Still a need for Specific, Measurable, Achievable, Relevant and Time-bound (SMART) objectives and clearer impact tracking. • Seen as closely linked to Domain 7 including mechanisms of assurance. • Consensus that performance is improving, but not yet consistently measurable.		
9. Assurance	2	3	3
Key considerations leading to domain 9 score	• Assurance processes are strong. Challenge remains delivery. • Board prepared to address difficult challenges - this year we have had Prince Philip Hospital (PPH) Minor Injuries Unit (MIU), Tregaron, Bronglais Paediatrics. • While the Board has effectively managed several complex service challenges, internal reflections have acknowledged the need to further strengthen consistency in addressing challenging prioritisation and resource allocation decisions		

Observations and Reflections aligned to Maturity Matrix Scores

The two-year maturity assessment has revealed nuanced shifts in our planning maturity, including a noteworthy reduction in the scoring of Strategy Development (Domain 1). However, it is essential to position this change constructively. While the decrease in score from 2 to 1 explicitly recognises that the Health Board currently lacks a fully articulated and embedded overarching strategy, it should also be viewed positively as an honest and mature reflection of our current strategic review position. This transparency demonstrates organisational integrity and self-awareness, acknowledging the complexity and necessary time associated with significant strategic refresh processes, notably the ongoing review of A Healthier Mid and West Wales (in a post pandemic environment and the time which has passed since the original strategy was approved), the emerging Clinical Services Plan, and the development of the Primary Care Strategy.

Indeed, the recognition of this strategic review activity as incomplete does not equate to strategic initiatives being off-track. Rather, it underscores the inherent challenge of operating effectively within a strategic framework that is actively under review and yet to be fully finalised. Such reviews are inherently complex, requiring substantial engagement, thoughtful consideration, and iterative development. Progress continues positively across all areas, with tangible milestones being pursued, stakeholder engagement ongoing, and clarity gradually emerging as these crucial strategic documents mature.

This situation naturally creates a tension between the strategic domain and the practical domains of planning and alignment. Despite the strategic ambiguity, the Health Board has notably improved in the domains directly related to operational effectiveness, namely Operational Planning (Domain 4), Strategy Alignment (Domain 2), and Systems and Processes for Performance, Accountability, and Improvement (Domain 7). These improvements indicate that practical measures and structured processes, such as cross-functional planning workshops, strengthened triangulation of workforce, finance, and operational considerations, and improved performance management, continue to develop positively even as the broader strategic direction undergoes further clarification and refresh.

Encouragingly, measurable improvements have been observed in several operational and performance-focused domains. Notably, Operational Planning (Domain 4), Systems and Processes for Performance, Accountability, and Improvement (Domain 7), and Measurable and Improving Performance (Domain 8) each demonstrated progression from earlier baseline assessments (Year 1). These gains primarily reflect improvements in structured planning practices, improved triangulation of demand, capacity, and workforce data; and the implementation of clearer frameworks for performance accountability. While these developments are positive, they remain at an early stage of maturity, with further embedding required to consistently translate improved processes into sustained operational outcomes.

Similarly, progress within the Realistic and Deliverable Plans domain (Domain 6) represents a modest yet notable step forward, achieving a basic level (1) from an initial absence of progress. This progression recognises the Health Board's improved capability to deliver a credible, Annual Plan in line with the Welsh Government Target Control Total of £31.5m, supported by Board approval and alignment with key performance metrics. However, it is important to acknowledge that significant challenges remain, particularly in developing a clearly articulated, multi-year financial sustainability plan, which continues to be a critical dependency for future stability and to submit an IMTP.

Meanwhile, the Best Practice Approach to Improvement (Domain 5) remains unchanged. Although discrete areas have made commendable strides in benchmarking performance and selectively embedding value-based healthcare practices, consistency in application across the Health Board is yet to be fully realised. This inconsistency continues to limit the Health Board's potential to systematically benefit from recognised best-practice methodologies.

Assurance (Domain 9) continues to reflect strength relative to other domains, reinforced by established governance structures, robust scrutiny, and clear audit validation.

In summary, these domain-specific movements reveal an organisation that is demonstrably advancing in practical areas of operational planning and performance management, while simultaneously experiencing ongoing constraints due to incomplete foundational strategic clarity. While the immediate improvements are important and noteworthy, their long-term sustainability and progression toward higher maturity levels will inevitably rely on successfully concluding and embedding the overarching strategic refresh and associated strategic plans.

Argymhelliad / Recommendation

The Committee is asked to **REVIEW and ENDORSE** the scoring of the Planning Maturity Matrix for the two-year review prior to its submission to Board on 31 July 2025, and subject to Board approval onward submission to Welsh Government.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

3.1.1 Receive assurance that the planning cycle is being taken forward and implemented in accordance with Health Board and Welsh Government requirements, guidance and timescales.

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:	Not applicable
Rhestr Termiau: Glossary of Terms:	Not applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	This is a key component in the delivery of the Targeted Intervention work programme
Ansawdd / Gofal Claf: Quality / Patient Care:	This is a key component in the delivery of the Targeted Intervention work programme
Gweithlu: Workforce:	This is a key component in the delivery of the Targeted Intervention work programme
Risg: Risk:	Risks will be assessed as part of the ongoing process of both the development of the Targeted Intervention work programme and its subsequent monitoring
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.

Planning Maturity Matrix – Appendix 1

Progress Levels	0 - No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Key Elements						
Domain 1: Strategy development Responds to national, local and partnership priorities, and the wider determinants of health. Translates national policies into local strategy, planning, and delivery.	No vision or evidence of a clear understanding of national, local and partnership priorities, or the wider determinants of health.	- Agreed vision, scope and methodology with clear leadership at a Board and strategy programme level. An understanding of All Wales, local and partnership priorities. - Establishment of a governance structure to provide oversight and direction. - Clear demonstration of alignment to our Strategic and Planning Objectives, and our Strategy 'A Healthier Mid and West Wales'	- Development of a co-designed long term integrated clinical services strategy with evidence of strong clinical, stakeholder and public engagement and involvement throughout. A patient led approach is evident. - Identified clinical leads that own and drive strategic developments. - The Well Being of Future Generations Act's five ways of working, along with the Health Board's well-being objectives (and strategic objectives) and the principles of A Healthier Wales are apparent and embedded. - The strategy is embedded into organisational plans and is informed by population health needs, locality needs assessments and patient / carer experience.	- The strategy reflects national and local health and partnership priorities, is informed by population and health needs assessments and incorporates the wider determinants of health. - Board approved patient centred Clinical Services Strategy that delivers sustainable health and well-being outcomes for the local population.	- Local plans and national policy are aligned showing contribution to the wider economy, impact on health and well-being and effectiveness. - Key enablers such as quality, safety, workforce and finance are fully aligned. - A performance and accountability framework / Board Assurance Framework (BAF) is in place that delivers the strategy and is linked to population health outcomes.	- The strategy is responsive to national / local and partnership priorities with clear links to the Research, Innovation and Improvement Co-ordination Hub, Regional Partnership Board and Public Service Boards. - At the forefront of new skills and techniques. Strategic achievements and learning for improvement is shared elsewhere via conferences and publications. - Capacity to support strategic planning is evident and is not perceived as separate to core business. Demonstrable working across public and third sector with clearly described outcomes and benefits to the Hywel Dda population, those with protected characteristic and socio-economically disadvantaged groups.
Domain 2: Strategy alignment and development of a 3 year Integrated Medium Term Plan (IMTP) Evidence of alignment of strategy with components of the plan.	No alignment is visible between the Integrated Medium Term Plan (IMTP) and national and / or Health Board strategies.	- Alignment is visible between the IMTP and strategy. The organisation plans on a continuous annual cycle. - Linked to the business case planning process, including the Programme Business Case (PBC) for A Healthier Mid and West Wales and informed by local and national evidence base. - The Board sets out commissioning intentions.	- Evidence of triangulation between operational services, workforce and finance. The IMTP is tested for cost impact and able to support schemes that require longer term funding models. Robust and profiled projections of demand and capacity. - Directly linked to performance and accountability and informed by detailed and future facing modelling.	- The business case planning process informs the development of an IMTP. - Prioritisation framework agreed and implemented. - Agreed governance and accountability framework to underpin development of the IMTP at a Programme level. - Robust gateway review process and prioritisation framework in place. The IMTP is tailored to deliver clear service transformation. Impact of commissioned or supporting organisations taken into consideration.	Coherent aligned plans, including a Commissioning Plan, are performance managed, with staff owning, acting on and learning from variation.	Plan is achieving the quadruple aim (cost, outcomes, clinical and patient experience). Elements of our IMTP are shared and adopted elsewhere across Wales and the UK.
Domain 3: Dynamic and engaged planning	No evidence that A Healthier Mid and West Wales (AHM&WW) / IMTP is owned across the	Staff and partners are aware of, and engaged in AHM&WW / IMTP development.	Stakeholders are engaged in and co-design priority setting using our 'continuous engagement'	Joint development and communication of AHM&WW / IMTP with key partners including other Health Boards, Local Authorities, Third Sector,	The AHM&WW / IMTP benefits patients, carers, the public, partners and health communities.	Feedback and learning from continuous engagement activities including protected characteristic groups and

Progress Levels	0 - No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Key Elements						
Reflecting a dynamic, engaged and ongoing approach to planning. Process is positively influencing outcomes.	organisation and within the community.	Organisational staff respond to corporate requirements but may not 'own' the process.	model and a patient led approach. - Engagement at individual, team and organisational level is improving. - Strengthened partnership working arrangements. - NHS Wales Planning guidance is embedded in the planning process.	patients, carers and members of the public. - Organisational engagement is evident in practice and reflected in AHM&WW / IMTP. - Broad engagement to inform Equality Impact Assessments (EqIAs) and Socio-Economic Duty Assessments.	- Planning is co-ordinated throughout the organisation. Feedback from engagement activities influences and challenges the plan. - Track record of continuous engagement with stakeholders	socio economic disadvantaged groups informs local priority setting and the development of the Clinical Services Strategy / IMTP.
Domain 4: Operational Planning Evidence of demand and capacity planning, linking to triangulation of Operational plans, workforce and finance	No evidence of demand and capacity planning.	- Operational plans are in place and contain an appropriate level of detail to support service delivery. - Sufficient Capability and Capacity within the Planning team to embed Operational Planning throughout the organisation.	- Operational plans are regularly reviewed and remedial action undertaken. - Evidence of triangulation between operational services, workforce and finance. The IMTP is tested for cost impact and able to support schemes that require longer term funding models. Robust and profiled projections of demand and capacity.	- Demonstrable improvement in the triangulation of plans based on a clear and consistent approach to demand and capacity modelling - Ensuring there is a clear monitoring and tracking process for all.	Coherent aligned plans, including, with staff owning, acting on and learning from variation.	- Demand and capacity modelling is at the core of planning processes across the Health Board. - Data driven decision making processes underpinning all operational pathways. - A demonstrable correlation associated with the shifting of resources, predicated on the increased deliverability or the non-fulfilment of the original resource allocation.
Domain 5: Best Practice approach to improvement Ambition to deliver best practice levels of efficiency, effectiveness, quality and safety.	No evidence of ambition to achieve best practice. No evidence of benchmarking.	Published commitment to best practice with training, improvement and innovation strategy in place. Commitment to and engagement with national programmes.	Utilises a value based healthcare approach to planning. Benchmarking within NHS delivers improvements.	Demonstrable improvements that can be evidenced and delivered.	Maintain the value based healthcare approach. Plans are future proofed and based on changes in technology and healthcare innovation reflecting clinical excellence and patient experience.	Centres of excellence for clinical and / or teaching services. High performing across non-clinical measures eg staff survey, corporate standards.
Domain 6: Realistic and deliverable Sensitivity analyses, risk assessment of deliverability, reference to track record of delivery. Sustainable and affordable.	One year Annual Plan developed but limited evidence that it is credible and deliverable.	Development of a robust Annual Plan that builds assurance as a key step towards submission of an approvable IMTP and includes a finance and delivery framework.	Development of an approvable outcomes focused IMTP that reflects the AHM&WW priorities and includes a robust 3-year financial plan. IMTP to reflect return on investment, evidence of impact and key success factors. Key risks (quality, service, access, workforce, finance) identified with evidence of controls.	Track record and current performance illustrates achievement on a wide range of issues and themes. Evidence of plans for delivery and implementation.	Forward look risk assessments anticipate problems to assure resilience.	Ability to modify plans and actions to keep on track is recognised by others via conferences and publications.
Domain 7: Systems and processes for	No alignment of performance	Clear metrics and reporting against All Wales and	Performance processes in place with	Performance processes connect to agreed strategic	Integrated approach to performance and	Improvement, performance and

Progress Levels	0 - No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Key Elements performance, accountability, and improvement. Rigorous systems for individual, team, and organisation wide accountability. Agreed Escalation processes are operational. Culture of ownership and striving for improvement permeates the organisation.	outcomes and key metrics to national strategies to drive the priorities on an All Wales or local basis. • Accountability and escalation arrangements are not clear or operational. • Lack of understanding and willingness to use performance management tools and engage in performance management at an individual, team or organisation wide level.	evidence based local priorities as per Health Board Annual Plan / Integrated Medium Term Plan. • Top down performance management demonstrated in reporting and early feedback with alignment to service transformation support. • Accountability for delivery is demonstrated but is not consistently in place across the organisation.	regular reporting on finance, performance, quality and workforce. Trends identified and clear corrective actions with associated timescales reported to Board. • Early identification of sub-optimal performance, managed using techniques such as Impact Improvement Plans. • Performance and Accountability Framework in place. Regular service reviews by the Executive, and key performance messages acted on by Divisions. • Alignment of the transformation programme and performance priorities has commenced.	priorities including those of other key partners and reflect an integrated approach to performance and accountability. • Processes, supporting metrics and outcome assessments are considered in advance with Board contribution and approval. • Performance and accountability processes reflect objectives and work is in place to embed at the appropriate organisational level. • Transparent lines of accountability. Escalation and ownership of performance issues is considered normal business. • Matrix management / delivery to support service integration has commenced.	accountability at all levels of the organisation and demonstrated with reporting at Board, associated Sub Committee's, and Divisions. • All Health Board strategies have prioritised outcomes that are reflected in Board and local reporting. • Feedback and learning is embedded in organisational processes and benchmark reporting takes place. • Management of team and individual performance both operationally and in relation to strategic delivery. • Full alignment to the Health Board's BAF, Corporate Risk and Service Risk Registers. • Resources required to deliver outcomes have been quantified and funding source identified ie additional or re-allocation of existing resources. • Alignment between Personal and Development Reviews (PADRs), service outcomes, and the Health Board's strategic outcome measures.	accountability is fully integrated throughout the Health Board. • The Health Board can provide clear transparency in terms of resource utilisation and performance achievements to a wide range of internal and external stakeholders. • Positive performance culture where accountability for service and programmes is fully understood and demonstrably achieves significant improvements in delivery and quality of partnership working with local communities. • All services are clear on the key organisational performance priorities over the next five years. • Performance focussed assessment by Board and services on developments and improvements. • Peer review, transformation support benchmarking align and feed into the strategic planning cycle.
Domain 8: Measurable and improving performance Improved access to appropriate, timely healthcare, and planned care in line with national requirements and locally agreed priorities, delivered by robust application of a pathway approach.	• Plans that support delivery do not have clear agreed whole system outcome measures. • Processes for measuring performance are under-developed and not consistently applied across pathways. • Key elements of service delivery are not quantified and	• Operational plans are in place and contain an appropriate level of detail to support service delivery. • Pathway plans clearly set out month on month performance trajectories.	• Tangible action being taken and measurable performance improvement demonstrated across patient pathways. • Operational plans are regularly reviewed and remedial action undertaken. Service delivery is not in line with performance trajectories.	• Performance trajectories achieved in key priority pathway areas. • Evidence of improved timely access to end-to-end healthcare services and sustained improvement in performance, quality and patient experience.	• The majority of national and local priority performance measures are achieved and performance is sustained across the entire patient pathway. • Individuals, Teams and the organisation use performance reports to build on service improvement with the aim of optimising the use of the resources available to the Health Board to maximise performance.	• Health Board performance is on par with other top performing healthcare organisations across the UK.

Progress Levels	0 - No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Key Elements						
Sustained improvement in performance, quality and patient experience in unscheduled care delivered by robust application of a pathway approach.	timescales are not defined.					
Domain 9: Assurance: Clarity on monitoring, assurance and delivery mechanisms.	Insufficient evidence of local monitoring, assurance and delivery mechanisms.	Board and organisation clear on roles and accountabilities.	Board demonstrates how it will ensure effective leadership and governance accountability with adequate capacity, processes and engagement in place to deliver strategic priorities and the IMTP.	Board has track record of dealing successfully with difficult issues. Delivery, monitoring and evaluation mechanisms in place.	Resilience assured through accountability, succession planning and external independent assurance. Core processes manage plan objectives.	Board members are recognised advocates of good governance. Clear and robust arrangements for tracking delivery in place.

Appendix 2 - Enhanced Planning Maturity Matrix Analysis Summary

DOMAIN 1 - Strategy Development

Weighting Method	Precise Score	Rounded Score
60% Exec/40% Deputy	1.450	1
50% / 50%	1.375	1
60% Deputy/40% Exec	1.300	1

Analysis - Deputies scored this domain at 1, whilst Executives showed mixed responses ranging from 1-3, with an average of 1.75. The workshop discussion revealed concerns about the absence of a clear, agreed strategic direction, with participants noting they cannot adequately answer questions about organisational intent when developing business cases or service changes. Whilst Executives acknowledged positive elements such as strategy refresh work and Clinical Service Plan (CSP) development, there was consensus that the Health Board doesn't have a coherent strategic framework that translates into operational decision-making. The mathematical convergence across all weighting methods at score 1 demonstrates organisational alignment on this fundamental gap.

DOMAIN 2 - Strategy Alignment

Weighting Method	Precise Score	Rounded Score
60% Exec/40% Deputy	2.000	2
50% / 50%	2.000	2
60% Deputy/40% Exec	2.000	2

Analysis - Both Deputies and Executives scored this domain at 2. Executive feedback highlighted persistent challenges in linking strategy to operational delivery, particularly regarding integration with key levers such as Value Based Healthcare (VBHC), Enabling Quality Improvement in Practice (EQUIP), and Digital programmes. Workshop participants recognised improvements in planning processes and triangulation of workforce, finance, and operational elements, but acknowledged continued difficulties in translating planning intentions into delivery outcomes. The consistent scoring reflects shared recognition of progress made alongside continued structural challenges in strategy-to-delivery translation.

DOMAIN 3 - Dynamic and Engaged Planning

Weighting Method	Precise Score	Rounded Score
60% Exec/40% Deputy	2.150	2
50% / 50%	2.125	2
60% Deputy/40% Exec	2.100	2

Analysis - Deputies provided a baseline score of 2, whilst Executives averaged 2.25. Workshop discussion revealed significant process improvements, with earlier planning initiation, structured workshops, and enhanced stakeholder engagement through multiple iterations. Participants noted improved coordination and feedback mechanisms, though concerns remained about clinical engagement depth and consistent application across all organisational areas. The tight clustering of precise scores around 2.1-2.15 indicates broad consensus on developing capability with room for enhancement.

DOMAIN 4 - Operational Planning

Weighting Method	Precise Score	Rounded Score
60% Exec/40% Deputy	2.000	2
50% / 50%	2.000	2
60% Deputy/40% Exec	2.000	2

Analysis - Both groups scored this domain at 2. Executive feedback acknowledged process improvements whilst highlighting continued challenges in achieving optimal triangulation of service, workforce, and financial planning. Workshop participants recognised the development of more integrated approaches but noted concerns about early availability of savings plans and the robustness of longer-term demand and capacity planning. The unanimous scoring reflects shared understanding of incremental progress within continuing structural planning challenges.

DOMAIN 5 - Best Practice Approach to Improvement

Weighting Method	Precise Score	Rounded Score
60% Exec/40% Deputy	2.150	2
50% / 50%	2.125	2
60% Deputy/40% Exec	2.100	2

Analysis - Deputies scored 2, with Executives averaging 2.25. Executive feedback recognised demonstrable service delivery improvements whilst acknowledging that value-based approaches require deeper embedding and improved integration. Workshop discussion revealed ongoing challenges in consistently applying value-based assessment to investment decisions, with recognition that improvement approaches remain sporadic rather than systematically embedded. The consistent rounded scoring across methods reflects shared recognition of progress made alongside distance still to travel.

DOMAIN 6 - Realistic and Deliverable

Weighting Method	Precise Score	Rounded Score
60% Exec/40% Deputy	1.150	1
50% / 50%	1.125	1
60% Deputy/40% Exec	1.100	1

Analysis - Both Deputies and Executives scored this domain at their lowest levels (1 and 1.25 respectively). Executive feedback revealed significant methodological concerns about the assessment criteria for the domain, particularly IMTP dependency requirements. However, confidence was expressed in Annual Plan delivery capability and improved stakeholder confidence from Welsh Government. Workshop participants noted the achievement of target control total and Board approval of Plan submission, whilst acknowledging continued challenges in longer-term sustainability planning and de-prioritisation activities.

DOMAIN 7 - Systems and Processes for Performance, Accountability and Improvement

Weighting Method	Precise Score	Rounded Score
60% Exec/40% Deputy	2.150	2
50% / 50%	2.125	2
60% Deputy/40% Exec	2.100	2

Analysis - Deputies scored 2, with Executives averaging 2.25, suggesting recognition of embedded performance management capabilities. Executive feedback highlighted the establishment of performance management as "business as usual" whilst acknowledging that operational structure maturation requires clarification of management versus escalation processes. Workshop discussion revealed tension between extensive process development and effectiveness of outcomes, with concerns about bureaucratic burden potentially limiting delivery capacity. The rounded convergence at 2 reflects shared recognition of process maturation alongside questions about operational effectiveness.

DOMAIN 8 - Measurable and Improving Performance

Weighting Method	Precise Score	Rounded Score
60% Exec/40% Deputy	1.850	2
50% / 50%	1.875	2
60% Deputy/40% Exec	1.900	2

Analysis - Deputies scored 2, whilst Executives averaged 1.75. Executive feedback acknowledged differential performance across service areas, with Planned Care improvements contrasted against Urgent and Emergency Care (UEC) challenges. Internal consistency concerns were noted regarding improvement evidence claims. Workshop participants recognised demonstrable progress in specific areas whilst acknowledging the need for more comprehensive and sustained improvement across all service domains.

DOMAIN 9 – Assurance

Weighting Method	Precise Score	Rounded Score
60% Exec/40% Deputy	3.000	3
50% / 50%	3.000	3
60% Deputy/40% Exec	3.000	3

Analysis – There was perfect alignment for this domain with both Deputies and Executives scoring 3. Executive feedback demonstrated unanimous confidence in assurance processes, Board decision-making on difficult issues, and appropriate escalation frameworks. Workshop discussion acknowledged strong governance capabilities whilst noting that delivery execution remains the primary organisational challenge. Questions were raised about identification consistency, though the universal scoring reflects strong consensus on governance and assurance capability across all organisational levels.

Overall Scores

Weighting Method	Precise Average	Rounded Average
60% Exec/40% Deputy	1.989	2
50% / 50%	1.972	2
60% Deputy/40% Exec	1.956	2

Key Finding - All three weighting methodologies produce identical rounded scores across all domains, demonstrating remarkable organisational consensus and assessment maturity independent of methodological approach.

Overall Conclusion

This comprehensive analysis reveals significant organisational maturity in planning capability assessment, with mathematical convergence across all weighting methodologies providing robust validation of findings. The consistent emergence of an overall score of 2 across three different approaches demonstrates sophisticated organisational self-awareness and genuine consensus between leadership levels.

Assessment Maturity Indicators

The Health Board demonstrates advanced capability in realistic self-evaluation, with leadership groups showing aligned perspectives on both strengths and development areas. The mathematical independence of outcomes from weighting methodology suggests mature, consistent and evidence-based assessment rather than procedural guidance.

Capability Profile

The assessment reveals a developing organisation with strong governance foundations (Domain 9 achieving Level 3) and consistent capability across operational domains (six domains at Level 2). Two domains identified for priority development (Domains 1 and 6 at Level 1) provide clear focus areas for strategic investment and improvement initiatives.

Development Trajectory

The findings indicate an organisation in constructive transition, with established processes and improving capabilities across multiple planning domains. The identification of specific development priorities, coupled with demonstrated strength in assurance and governance, suggests appropriate foundations for continued capability enhancement.

Strategic Positioning

Results position the organisation within the developing maturity category, with evidence of sustained progress in multiple domains and clear identification of areas for continued focus. The consistency of assessment across leadership levels provides confidence in the robustness of findings and supports informed strategic planning for capability advancement.

Methodological Robustness

The convergence of outcomes across different weighting approaches validates the assessment process and provides the Board with flexibility in methodology selection whilst maintaining

confidence in results. This mathematical consistency reduces potential debate around procedural aspects and enables focus on improvement planning and implementation.

2.3

10:05, 25 Mins

2.3 - Estates Plan

***Lee Davies (Hywel
Dda UHB - Executive
Director of Strategy
and Planning)***

| For assurance

Attachments

2.3.1 PO 8 Estates Plan update for July 25 v0.1.pdf

2.3.2 Strategy Property Environmental Task Force Group Property Strategy U~.pdf

PWYLLGOR STRATEGAETH A CHYNLLUNIO
STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 July 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Planning Objective (PO) 8: Estates Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive 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 Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT
<u>Sefyllfa / Situation</u> The report provides the updated summary position relating to Planning Objective (PO) 8: Estates Plan which continues to report delays in implementing the infrastructure elements of the strategy until an approach can be agreed with Welsh Government (WG). The report also provides an update on the progress relating to community infrastructure schemes which are still progressing and progress against the delivery of the Property Asset Strategic Plan (2023 – 2026). <u>Cefndir / Background</u> Previous reports to Strategic Development and Operational Delivery Committee (SDODC) (now dis-established) and Board have highlighted 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 if phased

- Further work is required to prioritise Hywel Dda University Health Board (HDdUHB) schemes which will be informed through the Primary Care and Community Strategy review underway and the associated engagement planned for 2025.

The need for 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 WG Infrastructure Investment Board (IIB) on the 23 January 2025. The meeting was Chaired by the Deputy Chief Executive, NHS Wales and HDdUHB Executive representatives the Chief Executive, Executive Director of Strategy and Planning, Interim Medical Director and Chief Operating Officer.

The presentation to the IIB set out the context for the discussions and highlighted key questions which HDdUHB considers must be jointly agreed with WG in order to make constructive progress towards the delivery of a long-term strategy.

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 to a workshop between WG and HDdUHB officers within six weeks of the IIB meeting date.
- It was agreed a plan is required 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 HDdUHB's pragmatic approach to reach a consensual agreement on the best way forward and the shared goal to develop a supportable and deliverable programme plan.

Following IIB, a workshop was held with WG on the 20 March 2025 to discuss the programme, products, timelines, and resource. A further follow up meeting has been arranged for the 3 July 2025.

As part of our strategic plans for all Health Board estate there is a requirement to comply with WG Estatecode and backlog reporting which is also a key priority for this Health Board. Having up to date condition surveys will ensure we are better placed to reduce the risk of unplanned estate failures but will also support current strategic and investment development planning.

Asesiad / Assessment

WG Meeting

A meeting has been arranged with WG on 3 July 2025 in which it is hoped HDdUHB can obtain:

- A clearer understanding of the status of the Programme Business Case (PBC) and the potential need for this to be redrafted
- An understanding and agreement on any areas HDdUHB may be able to progress in the interim. This may relate to priority service and/or infrastructure issues primarily at Withybush (WGH) or Glangwili (GGH) Hospitals. Also, any essential site development control planning which will be a likely precursor to site modernisation opportunities
- Feedback from WG on the funding framework for strategic infrastructure modernisation

This continues to be managed through the A Healthier Mid and West Wales Group.

Discussions will be held with WG around the requirements to arrange new five to six Facet Estatecode surveys (statutory compliance, condition, functionality, space occupancy, environmental performance and possibly a quality assessment).

Community Infrastructure Schemes update

Cross Hands

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. A meeting with WG was held on 30 May 2025 to understand what is deliverable within the cost envelope available, with a follow up meeting arranged for mid-July 2025.

Carmarthen Hwb

Construction work is progressing on the project and the current completion for this scheme is early 2026. Work has commenced on developing the commissioning plan for the development and site visits have been organised for some staff members.

Pentre Awel

The completion of the Hydrotherapy Pool element of this development is anticipated in July 2025 with the Clinical Unit expected in early 2026. The Agreement for Lease has been agreed and the Collaborative Agreement is being worked on.

North Pembrokeshire Health and Wellbeing Centre in Fishguard

The next steps is a workshop to shortlist the options and agree a preferred way forward in line with the business case process, with key partners at the end of June 2025

Cylch Caron

A tender process for partners to work with us in a Competitive Dialogue procurement exercise has now closed and the outcome of this process will be discussed with WG in a meeting on 30 May 2025. A resource schedule has been submitted to WG calling out the costs of refreshing the current Outline Business Case (OBC).

Aberystwyth Integrated Care Centre

WG colleagues are exploring the possibility of funding a feasibility report into the development of a site plan for the Rheidol and WG buildings.

The community schemes are subject to regular review at the Capital Sub Committee.

Planning Objective (PO) 8: Estates Plan

An update on Planning Objective (PO) 8: Estates Plan is contained within agenda item 2.1: Annual Plan: Including PO Updates, which continues to report delays in implementing the Strategy until an approach can be agreed with Welsh Government. Once agreed the Health Board will be developing an Estate Strategy to support strategic delivery planning objectives. In the interim period the Health Board will continue to deliver on the Board approved

Property Asset Strategic Plan (2023 – 2026), which will be updated in 2026 line with the agreed strategy. An update on progress is attached in Appendix 1.

Argymhelliad / Recommendation

The Strategy and Planning Committee is asked to **RECEIVE ASSURANCE** from the:

- Progress of discussions with WG in relation to advancing the 'A Healthier Mid and West Wales' Programme.
- Progress of Community Schemes
- Progress against the delivery of the Property Asset Strategic Plan (2023 – 2026) (Appendix 1)

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.11. Seek assurance on the development of the Estates Strategy and Infrastructure Investment Enabling Plan aligned to the A Healthier Mid and West Wales Strategy, and review documents prior to Board approval.
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	8 Estates plans
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 Strategy and Planning Committee:	A Healthier Mid and West Wales Group

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.



Strategy Property & Environmental Task Force Group

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 June 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Property Asset Strategic Plan – Update position
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Paul Williams, Head of Property Performance

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 Hywel Dda University Health Board (HDdUHB) has developed a Property Asset Strategic Plan (the Strategy) that provides an overview of the existing and planned changes to the baseline estate portfolio for all freehold and leasehold sites across the three counties, Pembrokeshire, Ceredigion and Carmarthenshire.

The Strategy submitted to the Board was endorsed on the 25 of May 2023 for the period 2023 – 2026. The Strategy will be updated in 2026/27 and will be aligned to the Health Board's refreshed clinical and estate strategic plans, reflecting the period 2026 – 2030.

The aim of this report is to update the Strategy Property and Environmental Task Force Group (SPETFG) on the current status of the Health Board's property asset delivery plans which includes estate updates not previously contained within the original report.

Cefndir / Background

The Strategy provides an overview of the estate baseline data on the Health Board's occupied assets, the footprint, the age profile etc, and captures where the Health Board has established strategic estate development plans, being scoped, in development or approved and being delivered.

The aim of the Strategy is to provide updated base estate information on the property asset portfolio to support decisions around future service and estate development, and ensure plans align to the Health Board's transformation and business operations. This will include whether assets are retained, disposed or developed. The baseline information updated below in respect of footprint, age profile and estate backlog are examples of information that will inform property strategy decisions and will be included in the next Strategy revision.

Estate footprint:

The key aim is to continue to explore opportunities to rationalise estate and improve the quality, sustainability and suitability of our buildings. Since the year 2000 the estate footprint has increased by 25%, which reflects site developments, acquisitions and disposals in the freehold

and leasehold estate. The scale of which is equivalent to an increase in area of Glangwili General Hospital (GGH). This is in part due to more modern estate development having larger footprints, as designed to current standards. The position is summarised in the table below at each locality:

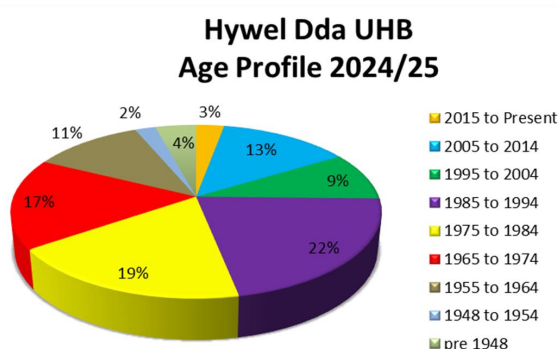
Locality	Acute Hospital Increased estate	Community estate (Increase / decrease)	Leasehold estate (Increase)	Total net change (m2)
Carmarthen	8,818	-503	5,562	13,877
Llanelli	6,717	-1,280	12,723	18,160
Ceredigion	4,321	1,956	1,611	7,888
Pembrokeshire	6,595	280	1,114	7,989
Total	Circa 48,000 m² estate increase / 25% of the entire estate footprint			

Note – the above position reflects the reported estate changes included in the Strategy.

Age Profile

The age profile will be a key consideration within the Strategy. The key indicators of the estate are summarised below as an overarching position for the Health Board estate:

- 34% of the Heath Board estate is 50+ years in age / 16% of the estate is 20 years and younger
- Glangwili Hospital (GGH) – oldest Acute Hospital in Wales / oldest blocks nearing 70 years in age.
- Bronglais Hospital (BGH) - Original blocks – 60 years in age
- Prince Philip Hospital (PPH) – Original blocks 35 years in age
- Withybush Hospital (WGH) – Original blocks – 50 years in age



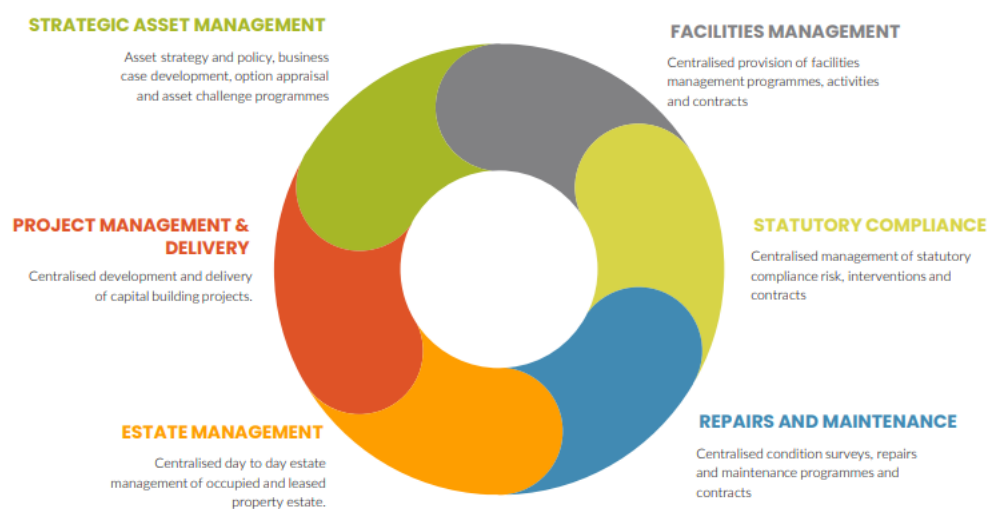
Estate Backlog summary: A further consideration of estate planning is estate backlog, as a key driver to reduce backlog is to redevelop or dispose of an asset. The estate backlog as at February 2025 is circa £266m, split into the following risk rated categories and Acute Hospital sites:

- High Risk Backlog £26m / Significant Risk - £183m
- GGH Backlog - £90m / WGH - £67m / BGH £51m / PPH - £28m

This Strategy will be a key component of an overarching Estate Strategy Development Plan that will be developed to support the Clinical and Operational Strategy delivery plans being developed in 2025/26.

In addition, a further key enabler for transitioning the organisation asset management is the introduction of a Corporate Landlord approach, a concept current being developed within an agreed operating model, example below:

TYPICAL CORPORATE LANDLORD TARGET OPERATING MODEL



The above agenda to be reported separately but will need to align to future iterations of the Strategy with a focus on reporting financial estate information and improved cost control that is currently not included in the report. Also align to improved estate management control and performance.

Asesiad / Assessment

The output of the Strategy is to deliver estate change, whether this is estate development, estate rationalisation or acquisition, these plans align to the Health Board's transformation and business operations. There are many reasons and organisation drivers for delivering an effective property asset strategy, as examples:

- To align asset plans to strategic business planning that focuses on quality, functionality and operational and financial sustainability.
- Support strategic decision making and wider organisational objectives and priorities.
- Ensure a sustainable asset base, deliver value for money and better plan resources.
- Align plans to Agile Working developments, provide a targeted approach to decarbonisation, target a value-based estate, identify collaboration opportunities, etc.
- Can align to Welsh Government strategic objectives, from 'Town Centre First' approach and wider public sector collaboration plans to benefit around the economy, environment and well-being of HDdUHB communities.

- Support property estate risks and ensure that the property portfolio is safe and fit for purpose.
- Support decarbonisation and climate change adaptation objectives and targets.

The following sections will update the Committee on the progress against planned estate development plans, the acquisition and disposal programmes of work, including any further property portfolio plans not previously reported, as a summary update position:

Carmarthenshire County (Llanelli and Surrounding Areas)

Property	Services	Site Plans & Linked Schemes	Current Status
Cross Hands Health Centre , Carmarthen Road, Cross Hands (Freehold asset)	Community Health Centre: Community services including Ophthalmology, Physiotherapy, Podiatry, GP Branch Surgery x 2 and District/Community Nurse base	Disposal of site linked to the Cross Hands Health and Wellbeing Centre delivery plans.	Disposal subject to delivery of the new centre.
Units 7 & 9 The Beacon , Dafen, Llanelli (Leasehold)	Administrative / training Base: Workforce & Occupational Development	Unit 7 - five years ended on 30 April 2024 / new lease agreed Unit 9 – Lease holding over.	Option to terminate the leases upon providing three months-notice.
Unit Dura Park , Bynea, Llanelli (Leasehold)	Administrative & Operational Base, Engineering Lab and Stores: Research and Development (R&D) and Clinical Engineering (CE)	Lease Disposal – linked to Pentre Awel project delivery. R&D to relocate to Pentre Awel / CE to remain at Dura Park.	R&D to relocate Pentre Awel prior to end of lease May 2026 / CE lease at Dura Park ends 31 January 2029.
Felinfoel Resource Centre , Felinfoel, Llanelli (Leasehold)	Administrative Base: Primary Care	Primary Care Team planning to relocate to Ashgrove Managed Practice building in 2025/26.	Timescales to be confirmed by the Primary Care team, as staff engagement being planned.
Antioch Centre , Copperworks Road, Llanelli (Leasehold)	Blood Test Clinic: Phlebotomy	Lease ended May 2024.	The Phlebotomy service relocated to the Dafen 2A lease in Llanelli. Planned move to Pentre Awel by March 2026.
Units 2 and 4 , Llangennech (Leasehold)	Medical Record Storage units: (Unit 2 managed by Health Board on behalf of other Health Boards)	The financial dilapidation risk of remaining on site has been raised with the service, linked to condition. Service	If the option to relocate is agreed six months-notice to break the lease is required on both units. Other Health

		reviewing options to consolidate and relocate medical records.	Boards to be engaged.
Unit 2a Dafen Industrial Estate, Heol Cropin, Dafen, Llanelli (Leasehold)	Public Health Wales: Vaccination Centre and staff base / Phlebotomy service	Lease holding over with agreement with Landlord to continue occupation until 31 March 2026.	Plan is to end lease at end of March 2026 or retain if an alternative use is approved - medical record store to be explored.
Carmarthenshire Council Offices, Eastgate, Llanelli (Leasehold)	Administrative Base: Community Teams – District Nurses, Acute Response Team etc	Local Authority charge per desk use / no lease.	Approval in principle to explore a new Community Hwb lease in Llanelli to support relocation of majority of staff from East Gate and other community sites. Project Group to be established.
Carmarthenshire Council Offices, Ty Elwyn, Llanelli (Leasehold)	Administrative Base: Carmarthenshire Drugs & Alcohol Team and Carmarthenshire Mental Health Team	Local Authority charge per desk use / no lease.	To explore options to relocate to the Llanelli Community Hwb and Health Improvement & Wellbeing Centre projects.
Unit 24 Stradey Business Centre, Mwrwg Road, Llangennech, Llanelli (Leasehold)	Administrative Base: School of Nurses / Health Visitors	Lease is holding over.	Possible option to relocate services to the Llanelli Community Hwb and terminate the lease to be explored.
Carmarthenshire Community occupations – site occupation reviews (Leaseholds)	The Community team exploring options to relocate from Ty Parc y Rhyn, Ammanford, Llanybie, Trimsaron and Cwmamman occupations	Carmarthenshire Community team exploring options to relocate staff to Amman Valley Hospital.	Accommodation at Amman Valley Hospital is being scoped to support this plan.

Carmarthenshire County (Carmarthen and North Carmarthenshire)

Property	Services	Site Plans & Linked Schemes	Current Status
Pond St. Clinic, Pond Street, Carmarthen (Freehold)	Community Health Centre: Sexual Health, Dental Services, Child/Adolescent Mental Health	Disposal – Linked to Carmarthen Hwb Project delivery.	2025/26 Quarter 1 target date for site disposal.

Penlan , Penlan Road, Carmarthen (Freehold)	Mental Health Learning Disabilities/Sexual Health Community Team: Learning Disabilities, Sexual Health	Disposal – Linked to Carmarthen Hwb relocation plans. Targeted Estate Fund approved to support relocation of the Learning Disability services from Penlan to Ty Bryn site, Hafan Derwen.	2025/26 Quarter 1 target date for site disposal.	Subject to
Ty Myddfai , Cillefwr Ind. Est., Johnstown (Leasehold)	Mental Health: Psychological Wellbeing	Service moving to Carmarthen Hwb.	End of Lease September 2026. The option to terminate earlier to be explored with the landlord.	
Glien House , Cillefwr Ind. Est., Johnstown (Leasehold)	Administrative Base: Workforce and Training	The training facilities relocating to Carmarthen Hwb & the Staff relocating to WG Building by March 2026.	Break option to be served in September 2025 to terminate the lease end of March 2026.	
Ty Gorwel , Blk 14 St Davids Park, Carmarthen (Leasehold)	Administrative Base: Finance / Planning & Transformation teams	Staff to relocate to WG Building by July 2026.	The Health Board have agreed to defer the break option by 12 months to allow lease break in August 2026.	
St Anne's , Blk 03 St Davids Park, Carmarthen (Leasehold)	Administrative/Clinical Base: Women & Children Services	Planned relocation to the Carmarthen Hwb.	Lease ended January 2026. Service relocated temporarily to Hafan Derwen site pending move to Carmarthen Hwb.	
IAS , Blk 01 St Davids Park, Carmarthen (Leasehold)	Administrative/Assessment Base: Integrated Autism Service	Lease ended end 2024/25.	Mental Health & Learning Disabilities relocated to 79 Bro Myrddin building.	
Blk 07 , St Davids Park, Carmarthen (Leasehold)	Administrative Base: Community Teams	Joint Community team moving to Carmarthen Hwb.	An option to also occupy Hafan Derwen site alongside the Hwb is being explored.	
Blk 08 , St Davids Park, Carmarthen (two leases)	Administrative Base: Planning & Transformational teams	Planned move to WG Building.	Lease ended 18 May 2025. Staff temporarily moved to Ty Gorwel. Planned relocation to Welsh Government Building by July 2026.	

Blk 02, St Davids Park, Carmarthen	Training Facility	Temporary Additional training facility.	Occupation relinquished in 2024/25. Training consolidated at Glein House site.
Mobile Dental Unit, St David's Park (Leasehold)	Dental Services	Planned relocation to the Carmarthen Hwb.	Lease to be relinquished when service moves to the Hwb
Renal Leases - Glangwili, Withybush and Padarn Surgery in Aberystwyth	Renal Network Wales occupations	New Leases being arranged, as the Health Board hosts the service.	Leases to be completed, awaiting agreement of all parties.
Teilo Surgery, Llandeilo	Community Services occupation	New lease being arranged with the GP Practice.	Leases to be completed, awaiting agreement of all parties.

Ceredigion Property Portfolio Summary

Property	Services	Site Plans & Linked Schemes	Current Status
Tregaron Hospital, Dewi Road, Tregaron (Freehold)	Community Hospital: In-Patient ward, Outpatients, Physiotherapy, Community Services	Site disposal linked to Cylch Caron Project delivery plans.	Programme to be confirmed. Project group established to progress the Cylch Caron project.
Llys Steffan, Temple Terrace, Lampeter (Freehold)	Mental Health Base: Primary Mental Health Team – Clinical and Administrative base	Disposal linked to Aberystwyth Integrated Care Centre proposals.	No update at this stage.
Gorwelion, Llanbadarn Road, Aberystwyth (Freehold)	Mental Health Base: North Ceredigion Community Mental Health Team and West Wales Substance Misuse Service	Disposal linked to Aberystwyth Integrated Care Centre proposals.	No update at this stage.
Ty Helyg, Caradog Road, Aberystwyth (Freehold)	Mental Health and Women & Children Services: Clinical and Administration base	Disposal linked to Aberystwyth Integrated Care Centre proposals.	No update at this stage.
Padarn Health Centre, Penglais Road, Aberystwyth (leasehold)	Health & Treatment Centre: Aberystwyth Sexual and Reproductive Healthcare Centre	Lease holding over with Aberystwyth University. Disposal linked to Aberystwyth Integrated Care Centre proposals.	Plan to extend lease in line with project delivery timescales.

National Library of Wales , Herbert Morgan Offices, Aberystwyth (Leasehold)	Administrative Base: Ceredigion County Team Offices	Previously utilised as a temporary office base to alleviate pressures on the BGH site. Occupation ended.	Staff relocated to Local Authority Rheidol site in Aberystwyth. Occupation ended.
Pant-y-Fedwen , 9 Market Street, Aberystwyth (Leasehold)	Administrative & Treatment Centre: Community Services	Lease agreement in place. Disposal linked to Aberystwyth Integrated Care Centre proposals.	No update at this stage.
Teifi Surgery , New Road, Llandysul (Leasehold)	Administrative & Treatment Centre: Community Services	Lease holding over.	Possible disposal of site linked to Community Team plans to relocate services to General Practitioner building Llyn y Fran in Llandysul. Subject to approval and engagement.
Rheidol , Local Authority Building, Aberystwyth (occupation ownership to be confirmed)	Administrative Base: 50 Desk Office Base to support site accommodation pressures at Bronglais Hospital	A Tenancy has been established to support a 50-desk base.	Options to extend occupation and arrange a lease are being explored, this subject to approval.
Y Bwa , Hafan Y Waun, Aberystwyth (Leasehold)	Local Authority Residential Home: Health Board use of 19 beds	A Tenancy is drafted awaiting completion with Ceredigion Local Authority.	Options to extend occupation and arrange a lease are being explored, this subject to approval.
Sexual Health Referral Centre (SARC) , Rheidol Building, Aberystwyth (Leasehold)	SARC Clinical & Administration Base	New lease arranged from December 2024 to support 20-year occupation.	Delivery of capital works phase.
Thomas Parry Building , Aberystwyth (Leasehold)	Aberystwyth University: Training Facility	New lease agreement with the University established to deliver training on site.	The term of the agreement is subject to the disposal of the site, as currently being marketed for sale by the University.

Pembrokeshire Property Portfolio Summary

Property	Services	Site Plans & Linked Schemes	Current Status
Haverfordwest Health Centre , Winch Lane,	Health & Treatment Centre:	No linked schemes currently.	The Community service to review future

Haverfordwest (Freehold)	District Nurses, Dietician, Dental, Podiatry, Family Planning, Cardiac & CNS, Macmillan.		accommodation options for the site.	
Pembroke Dock Health Centre , Water Street, Pembroke Dock (Freehold)	Health & Treatment Centre: Speech and Language team (SALT), Dental, Paediatric and Family Planning	Links to Llanion House lease review and South Pembrokeshire Hospital accommodation review.	The Community service to review future accommodation options for the site.	Subject to
Fishguard Health Centre , Ropewalk, Fishguard (Freehold)	Health & Treatment Centre: Physiotherapy, Ante Natal, District Nursing Team, Health Visitors, Mid Wives, Podiatry, GP Surgery	The disposal of the site is linked to Fishguard Integrated Care Centre (ICC) delivery plans.	Project group established to progress this project.	
Llanion House , Llanion Park, Pembroke Dock (Leasehold)	Mental Health Learning Disabilities: South Pembrokeshire Community Learning Disabilities Team	New lease arrangement established with Pembrokeshire Coastal Authority. New lease provides improved break options.	Option to relocate service to Pembroke Dock or South Pembrokeshire Hospital being explored by the Community and Mental Health and Learning Disability teams.	
Unit 1 Honeyborough , Industrial Estate, Neyland (Leasehold)	COVID Testing Centre: Pembrokeshire testing facility	Lease ended 31 March 2025.	No further action.	
Johnston Surgery , Church Road, Johnston, Haverfordwest	GP Managed Practice	Lease completed 2024.	Lease ends 31 March 2027.	
Solva Surgery	GP Managed Practice	Lease completed 2024.	A separate license agreement for accommodation in St David's.	

Summary of Strategic Development Projects (approved or in development)

Property	Services	Current Status
Pentre Awel project , Llanelli (New Leasehold)	Carmarthenshire (Llanelli): Research and Development and Community Therapies services	Agreement for Lease completed. Head Lease to be completed upon completion of Local Authority arranged capital works and prior to occupation which is expected to be in Quarter 4 2025/26. Planned relocation of services from Dura Park, Dafen Unit 2A and Prince Philip Hospital (PPH) sites.

Cross Hands Health & Wellbeing Centre, Cross Hands (Planned freehold)	Carmarthenshire (Cross Hands): Health Care Community Services, Local Authority Library, Dyfed Powys Police, Third Sector partners and GP Surgeries	Delivery subject to Full Business Case approval. Programme dates to be confirmed. Project group established to progress this project. Planned disposal of Cross Hands Health Centre.
Llanelli Hwb, Llanelli Town Centre Project	Carmarthenshire (Llanelli)	The Health Board confirmed to the Local Authority that it would not be involved with this project.
New Health Improvement & Wellbeing centre project, Llanelli (Planned Freehold)	Carmarthenshire (Llanelli): Smoking Cessation, Public Health and preventative services, Psychological and psychosocial support and Drug and alcohol service provision	Following confirmation that the North Dock site option was no longer available the service is exploring new site options in the Llanelli locality. The project remains subject to Welsh Government approval.
Carmarthen Hwb, Carmarthen (Leasehold)	Health, Wellbeing, Culture and Learning Centre: Community Health Services and Training	The project is scheduled to be handed over by the Local Authority in Quarter 4 2025/26. Agreement for Lease and Head Lease negotiations with the Local Authority are nearing completion. The scheme to support disposal of Pond Street Clinic and Penlan sites, five leases and reduction of Health Board existing estate use.
WG Building, Carmarthen (Leasehold)	Health Board Corporate Head Quarters	The Leasehold with Welsh Government is signed and completed for a 125 term on a rent-free basis. Approved capital works have commenced and will be completed by December 2025. Planned occupation between January – July 2026. The Scheme will support termination of three leases and reduction of Health Board estate use.
Cylch Caron Project, Tregaron (Planned Leasehold)	Joint partnership scheme with WG and Local Authority: To deliver Community Health Services and Administration	Project Board and groups established to progress this project. Business Case to support disposal of existing Tregaron Hospital.
Aberystwyth Integrated Care Centre, Aberystwyth (Tenure to be agreed)	Joint Partnership with Welsh Government and Local Authority: To explore options at Rheidol site in Aberystwyth	Early engagement with Welsh Government and Local Authority representatives has commenced. Project group to be established to progress this project. The scheme will target the rationalisation of four freehold sites and two leases as part of the Integrated Care Centre (ICC) project delivery plan.

Fishguard Integrated Health & Wellbeing Centre, Fishguard (Tenure to be agreed)	Pembrokeshire	Project group established to progress this project. The plan is to dispose of existing Fishguard Health Centre.

Note – those sites that have been disposed are shaded for ease of reference.

Summary

The above position includes estate change already been delivered, that planned by 2025/26 (early 2026/27) and that planned beyond this period; and will be included within future updates. The estate changes planned for 2025/26 (early 2026/27) are listed below for ease of reference:

- Pentre Awel – disposal of Dura Park (Clinical Research lease), Phlebotomy (Dafen 2A) and services from PPH site.
- Carmarthen Hwb – disposal of Pond Street, Penlan, Glien House (Training), Ty Myddfai, Dental Unit and Building 7 (St Annes already vacated).
- WG Building - disposal of Ty Gorwel, Glein House (Offices) (Building 8 already vacated) and reduction of estate use at GGH and Hafan Derwen sites.
- Lease Disposal and Acquisition targets:
 - Felinfoel Resource Centre disposal – Primary Care team to action.
 - Dafen Unit 2A – Planned end of lease 31 March 2026 (option to retain being explored linked to Medical Record proposal).
 - New Community Hwb Lease, Llanelli – linked disposals / reduce occupation at East Gate and Unit 24, Llangennech, and PPH site occupations.
 - Carmarthenshire Community Occupations – options to dispose / reduce occupation at Ty Parc y Rhyn, Ammanford, Llanybie, Trimsaron and Cwmamman occupations.
 - Teifi Surgery, Llandysul – subject to approval / engagement and delivery of the Llyn y Fran arrangement with the GP Practice – Ceredigion County project.
 - Thomas Parry Building – possible need to identify new training base in Aberystwyth.
 - Pembrokeshire Community Team opportunities – Llanion House / Pembroke Dock estate plans.
- Renewal of Leases:
 - Renal Leases (GGH, WGH and Padarn Surgery, Aberystwyth).
 - Teilo Surgery, Llandeilo.
 - Y Bwa, Aberystwyth – arrangement of lease (subject to review / approval).
 - Rheidol Occupation (50 Desk use) - arrangement of lease (subject to review / approval).

The above position will be monitored and reported as required, with all necessary approvals to be arranged where not currently in place.

Argymhelliad / Recommendation

The SPETFG is asked to:

- **RECEIVE ASSURANCE** from the progress and current status of the estate delivery plans.
- **NOTE** the priority estate plans being delivered in 2025/26 and early 2026/27.

- **NOTE** that the Strategy is to be updated in 2026/27, this will be aligned to the Health Board's refreshed clinical and estate strategic plans, reflecting the period 2026 – 2030

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.11. Seek assurance on the development of the Estates Strategy and Infrastructure Investment Enabling Plan aligned to the A Healthier Mid and West Wales Strategy, and review documents prior to Board approval.
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)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	8 Estates plans
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	1. Plan and deliver services to increase our contribution to low carbon

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Board endorsed Property Asset Strategic Plan
Rhestr Termau: Glossary of Terms:	Contained in the report.

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategy and Planning Committee:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Linked to capital and revenue delivery plans
Ansawdd / Gofal Claf: Quality / Patient Care:	Improved quality of service and access.
Gweithlu: Workforce:	Improved quality of workforce environments
Risg: Risk:	Carbon impact, infrastructure and financial.
Cyfreithiol: Legal:	Subject to legal review of contracts.
Enw Da: Reputational:	Links to organisational responsibilities for decarbonisation and the estate performance.
Gyfrinachedd: Privacy:	Works being arranged in patient environments.

Cydraddoldeb: Equality:	Subject to future review but may not be required.

2.4

10:30, 10 Mins

2.4 - Regional Joint Committee Update Report and A Regional Collaboration for Health

*Lee Davies (Hywel
Dda UHB - Executive
Director of Strategy
and Planning), Sion
Charles (ARCH)*

| For assurance

Attachments

[2.4 SPC SBAR Regional Joint Committee and ARCH Update Report July 2025.pdf](#)



PWYLLGOR STRATEGAETH A CHYNLLUNIO STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 July 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Regional Joint Committee Update Report and ARCH
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive 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

The purpose of the report is to present an update on the Regional Joint Committee (RJC) and A Regional Collaboration for Health (ARCH) to the Strategy and Planning Committee (SPC). The report outlines regional discussions held between Hywel Dda University Health Board (HDdUHB) and Swansea Bay University Health Board (SBUHB).

Primary discussion at the RJC and progress of the Regional Clinical Services Programmes are summarised in this report.

Cefndir / Background

The RJC is a new joint committee reporting the HDdUHB and SBUHB Boards. The RJC met for the first time in January 2025.

The HDdUHB Board agreed governance arrangements for the RJC on 27 March 2025. The RJC will replace ARCH governance and delivery arrangements. This transition is underway.

ARCH meetings during this reporting period:

- Regional Planning Group met on 18 March and 15 April 2025

Meetings of the new RJC and subgroups held during this reporting period:

- The RJC met on 7 May 2025
- The Regional Clinical Services Group met on 20 May 2025

Asesiad / Assessment

The RJC in May 2025 approved the proposed governance arrangements, including the revised Terms of Reference, covering the establishment of the RJC, leadership, work programme, and transitioning arrangements.

The RJC endorsed the proposed work programme, focusing on regional population health and wellbeing challenges. The RJC regional work programme includes objectives for:

- Regional Health Economy
- Clinical Services
- Workforce and Organisational Development
- Digital and Data
- Research, Development and Innovation
- Finance and Contracting
- Capital Planning

The RJC will receive an updated work programme and development of collaborative models for regional working in August 2025.

Work is underway to prepare a resource analysis to assist in understanding existing resources and any required additional resources to support delivery of the work programme.

Public Health Wales led a presentation on establishing a Southwest Wales Regional Health Economy. The discussion highlighted the need for regional collaboration and the importance and benefits of a well-being economy for population health. The August 2025 RJC meeting will receive a Southwest Wales Regional Health Economy Action Plan.

The RJC received a presentation on the work programme for the Clinical Services Plan, which outlined regional performance targets for eye care, orthopaedics, diagnostics, endoscopy, radiology, pathology, and cancer services. RJC members endorsed the areas identified for progression and agreed to receive detailed plans at its meeting in August 2025. Further work included: exploring regional opportunities to optimise existing capacity and engaging professional support for alternative service delivery methods.

The RJC received outline plans to improve urgent and emergency care services, proposing a regional workstream to transform the operating model. RJC members endorsed the proposal for an exploratory workshop and agreed to receive an update on the outcomes.

The RJC received a presentation on Digital initiatives for 2025/26 included information on the enablement of regional pathology and ophthalmology models. Acknowledging the barriers to the production of a more ambitious and further-thinking work programme, RJC members reflected on the time constraints and demanding existing agenda. The RJC requested a revised Data and Digital work programme, in time for consideration at the August 2025 meeting.

RJC members received a presentation on updated plans for a learning event to support regional working, and endorsed the proposal, agreeing to allocate staffing resources and incorporate financial resource requirements in the 2026/27 budget planning for both Health Boards. RJC members agreed that subject to this agreement, the Chair of Hywel Dda University Health Board should chair the working group designing the event; and to receive an update at the August 2025 meeting.

A presentation on the regional approach to research, development, and innovation proposed the appointment of a shared, Regional Research and Development Director. The RJC agreed the appointment in principle and tasks the Chief Executives with leading further discussions at Executive level on the role's scope and salary, whilst ensuring appropriate appointment procedures are followed.

Argymhelliad / Recommendation

The Committee is asked to **NOTE** the:

- Report of the RJC meeting held on 7 May 2025 and Regional Clinical Services Group on 20 May 2025;
- Progress made in establishing the new governance arrangements; and
- Progress and plans for developing the 2025/26 regional work programme.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.
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:	Agendas and minutes of meetings 2025-26
Rhestr Termau:	Contained within the report

Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Lead Director Strategy and Planning Committee

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

2.5 - Partnership Governance Assurance Report

Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health), Bruce Bolam (Hywel Dda UHB - Deputy Director Public Health/Consultant in Public Health)

| For assurance

Attachments

[2.5.1 SPC Partnership Governance Assurance Report 1 July 2025.pdf](#)

[2.5.2 SPC Partnership Governance Assurance Report 1 July 2025.pdf](#)

[2.5.3 Appendix 1 RPB Governance Diagram Partnership Governance Assurance Re~.pdf](#)

[2.5.4 Appendix 2 RPB Preventions Board ToR Partnership Governance Assuranc~.pdf](#)

[2.5.5 Appendix 3 RPB CYP ToR Partnership Governance Assurance Report.pdf](#)

[2.5.6 Appendix 4 PSB Governance diagrams Partnership Governance Assurance R~.pdf](#)



PWYLLGOR STRATEGAETH A CHYNLLUNIO STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 July 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Partnership Governance Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Ardiana Gjini, Executive Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Trina Nealon, Principal Public Health Practitioner

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 the report is to provide assurance to the Strategy and Planning Committee (SPC) in respect to the governance arrangements of strategic partnerships that Hywel Dda University Health Board is a member of - specifically the West Wales Regional Partnership Board (RPB), the sub-groups of the Preventions Board and the Children's and Young Peoples (CYP) Board and the Public Service Boards (PSBs) of Ceredigion, Carmarthenshire and Pembrokeshire.

Cefndir / Background

Hywel Dda University Health Board (HDdUHB) is a statutory member of Public Services Boards (PSBs) in Carmarthenshire, Ceredigion and Pembrokeshire and the West Wales Regional Partnership Board (RPB).

The RPB and PSB's are supported by Delivery and Sub-Groups focusing on specific target areas that have been informed by population health needs assessments and reflected in agreed Well-Being Plans.

The Executive Director of Public Health and the Director of Primary Care and Community and Long Term Care represent the Health Board at these statutory meetings and provide assurance to the Health Board via a bi-monthly Statutory Partnerships Update Report.

PSBs were established under the Well-being of Future Generations (Wales) Act 2015 (WFGA), with the purpose of improving the economic, social, environmental and cultural well-being of populations within their geographic areas by strengthening joint working across all public services in Wales. The effective working of PSBs is subject to overview and scrutiny by the Well-being of Future Generations Commissioner and Audit Wales, as well as by designated Local Authority overview and scrutiny Committees.

The Well-being of Future Generations (Wales) Act 2015 requires each local authority area in Wales to establish a Public Services Board (PSB). The Health Board is represented on these strategic partnerships by the Executive Director of Public Health.

RPBs, based on Local Health Board footprints, became a legislative requirement under Part 9 of the Social Services and Well-being (Wales) Act 2014 (SSWBWA). Their core remit is to promote and drive the transformation and integration of health and social care within their areas, linking with PSB partners and established Delivery Groups.

Asesiad / Assessment

1. West Wales Regional Partnership Board

The governance diagram of the RPB is attached as Appendix 1.

1.1 RPB Preventions Board

A Preventions Board, co-chaired by the Health Board's Executive Director of Public Health directs the development and delivery of an agreed regional work programme on behalf of the RPB. The Board provides assurance to the Integrated Executive Group (IEG) and RPB on delivery of the programme. The Terms of Reference are attached as Appendix 2.

The Preventions Board will focus on primary (building resilience) and secondary prevention (targeting action towards areas where there is a high risk of a problem occurring). Initial focus will be targeting four priorities, to be reviewed at least annually:

- Community based care – Prevention and community coordination Model of Care, including activity supported outside of the Regional Integration Fund (RIF)
- The Emotional Health and Wellbeing Model of Care, including activity supported outside of the RIF
- The activity of the Innovations Forum (the social value forum for the Region)
- Regional action to support continuous engagement

The Preventions Board has agreed a work programme reflecting emerging and existing RPB and IEG priorities, linking to relevant PSB delivery and thematic groups as necessary.

1.2 Children and Young People's Board

A CYP Board has been established and the Terms of Reference, including the governance diagram, is attached as Appendix 3. The Board provides assurance to the IEG, RPB, HDdUHB and other relevant groups.

The purpose and role of the CYP Board is to bring together senior representatives from Statutory partners and the Third Sector, to set the strategic direction and to further improve, integrate and transform Health and Social Care services for children and young people in West Wales.

The CYP Board have drafted five strategic priorities:

1. Ensure the best start in life for children in West Wales through integrated regional delivery and continuous improvement of early years and maternity services and outcomes.
2. Develop and implement a clear, consistent regional approach to equitable support and funding for children and young people with complex health and care needs, including those who are looked after or in the care system.
3. Establish a regional, person-centred transitions model that ensures smooth progression to adult services, supporting well-being and long-term outcomes.

4. Identify, evaluate, and scale innovative, preventative approaches that strengthen the emotional and mental health and wellbeing of children and young people.
5. Deliver integrated, child- and family-centred neurodevelopmental support through coordinated partnerships across Health, Education, Social Care, and third sector organisations.

Public Service Boards

PSBs must produce a Local Assessment of Well-being which informs the production of Well-being Plans, containing Well-being Objectives that contribute to achieving the national Well-being Goals as laid out by Welsh Government. All three PSB Well-being Plans were published in 2023 for a three-year period.

Numerous PSB sub-groups have been established with agreed governance processes, reflecting priorities outlined in the Plans, also linking to other statutory partnership arrangements, such as Community Safety Partnerships. These structure diagrams are attached as Appendix 4.

All PSB Well-being Plans have cross-cutting objectives of reducing poverty and inequalities - with Poverty Sub-Groups in place. Common themes to increase economic sustainability, growth and workforce, an acknowledgement of the importance of climate, nature and environment and 'connected communities', feature in all three PSBs. The Health Board is represented in all relevant delivery and sub-groups.

Work will commence in 2026 to refresh the Population Health Needs Assessments with updated PSB Well-being Plans to follow in 2027. The Health Board will support the development of these three-year plans, ensuring alignment with HDdUHB's long-term strategy refresh and existing implementation plans.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** regarding partnership governance arrangements and processes.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

3.1.6. Consider the development of strategies and plans developed in partnership with key strategic partners and monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need.

3.1.7. Seek assurance that partnership governance and partnership working is effective and successful.

Cyfeirnod Cofrestr Risg Datix a Sgôr
Cyfredol:
Datix Risk Register Reference and
Score:

Not Applicable

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	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:	Well-being of Future Generations (Wales) Act 2015 Social Services and Well-being (Wales) Act 2014
Rhestr Termau: Glossary of Terms:	Contained within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Statutory Partnership Report, HDdUHB Meeting, 26 June 2025 PSB Well-being Plan Update provided to the Strategic Planning Committee 24 April 2025

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Improving the well-being of the population is at the forefront of this legislation.
Gweithlu: Workforce:	Implementing the five ways of working required under the Well-being of Future Generations (Wales) Act 2015 should lead to increased collaboration and integration between services, professionals and communities. "A Healthier West Wales: Transformation proposal by the West Wales

	Regional Partnership Board” includes a key programme of work focused on “an asset-based workforce”. This work will be refreshed as part of the development of new proposals to implement the requirements of the Regional Integration Fund.
Risg: Risk:	The UHB has a duty to work collaboratively to address the 7 Well-being Goals for Wales. Embedding the principles of the act into everyday business is therefore paramount and contributing to the project and delivery groups of PSBs needs to demonstrate the synergy with achieving the UHBs goals.
Cyfreithiol: Legal:	The Well-being of Future Generations (Wales) Act 2015 (the Act) provides that the UHB (as a designated public body) must publish a Well-being Statement, Well-being Objectives and provide an Annual Report on progress towards meeting these objectives. An aim of the Act is to place communities at the heart of decision making. The public can use the Act to ensure that public bodies are taking the approach to decision making that utilises the 5 ways of working in line with the sustainable development principle when developing or making changes to services that impact upon them and their community. The UHB will need to ensure that all transformation and service change projects, including capital developments, take account of the new statutory requirements.
Enw Da: Reputational:	There is a statutory requirement for the UHB to contribute to the work of the PSBs.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	The focus of equality runs throughout the work of the PSBs aligned to the Well-being goal: A More Equal Wales



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Strategy & Planning Committee

1 July 2025

Partnership Governance Assurance Report

Dr Ardiana Gjini, Executive Director of Public Health



Background

- Hywel Dda University Health Board (HDdUHB) is a statutory member of Public Services Boards (PSBs) in Carmarthenshire, Ceredigion and Pembrokeshire and the West Wales Regional Partnership Board (RPB).
- The RPB became a legislative requirement under Part 9 of the Social Services and Well-being (Wales) Act 2014 (SSWBWA).
- PSBs were established under the Well-being of Future Generations (Wales) Act 2015 (WFGA), with the purpose of improving the economic, social, environmental and cultural well-being of populations within their geographic areas by strengthening joint working across all public services in Wales.
- The effective working of PSBs is subject to overview and scrutiny by the Well-being of Future Generations Commissioner and Audit Wales, as well as by designated Local Authority overview and scrutiny Committees.
- The WFGA places a collective well-being duty on each Board to improve the economic, social, environmental and cultural well-being of its area through its contribution to meeting seven national Well-being Goals established by Welsh Government.



Partnership Governance Assurance Report



GIG
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NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

RPB

Promotes and drive the transformation and integration of Health And Social Care within their areas, linking with PSB partners and established Delivery Groups. The RPB Preventions Board and Children and Young People's (CYP) Board are key delivery groups within this Structure.

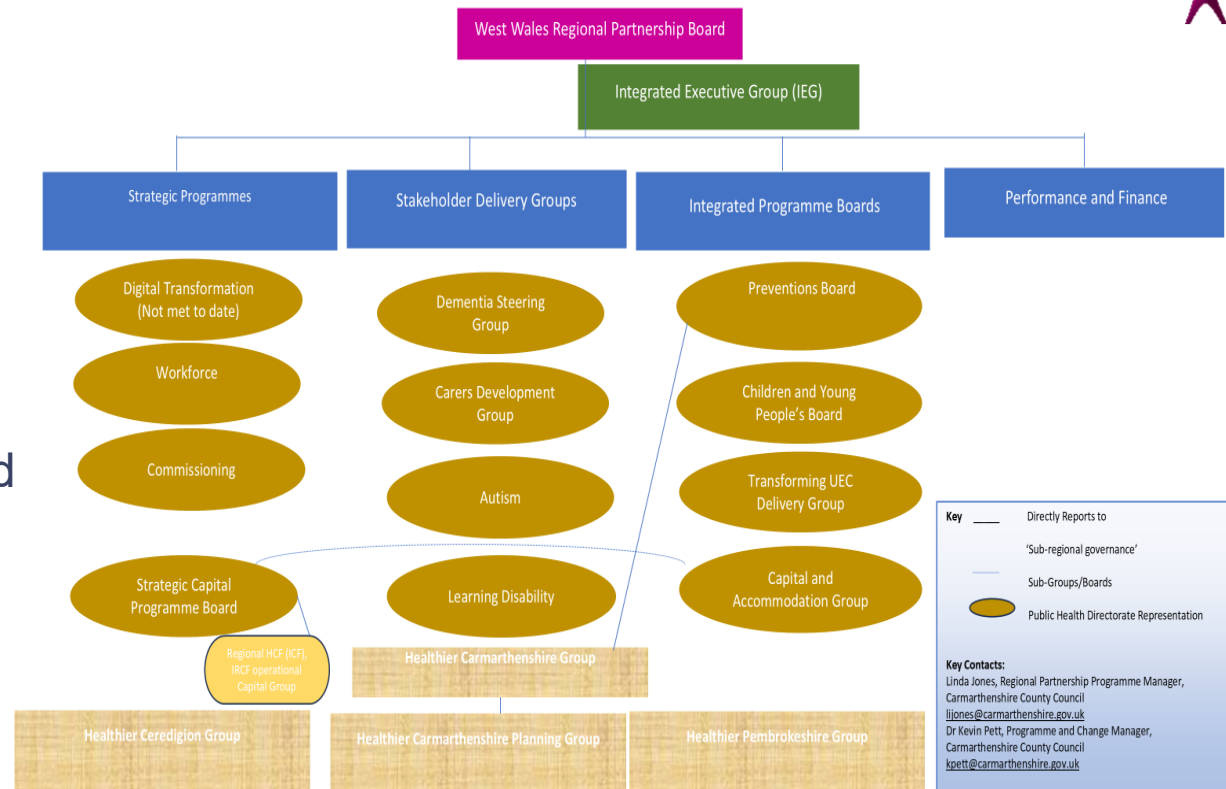
The RPB Preventions Board:

1. Directs the development and delivery of an agreed regional work programme on behalf of the RPB
2. Provides assurance to the Integrated Executive Group (IEG) and RPB on delivery of the programme.

Priorities for the RPB Preventions Board include:

- Community based care – Prevention and community coordination Model of Care, including activity supported outside of the Regional Integration Fund (RIF)
- The Emotional Health and Wellbeing Model of Care, including activity supported outside of the RIF
- The activity of the Innovations Forum (the social value forum for the Region)
- Regional action to support continuous engagement

WWRPB Structure Diagram



Last Updated: 30 October 2024

RPB Children and Young Peoples Board

The CYP Board sets the strategic direction with an aim to further improve, integrate and transform Health and Social Care services for children and young people in West Wales.

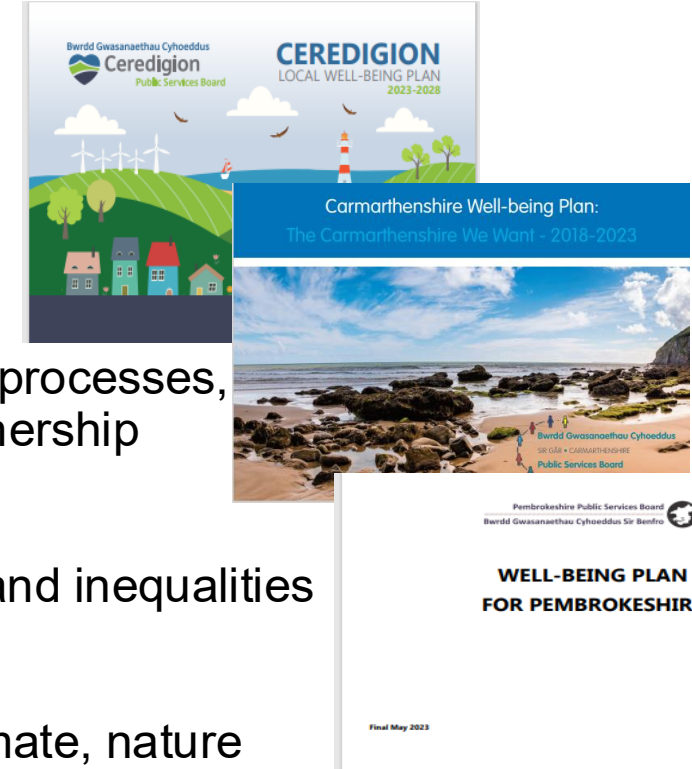
The group has agreed **five priorities**:

1. Ensure the best start in life for children in West Wales through integrated regional delivery and continuous improvement of early years and maternity services and outcomes.
2. Develop and implement a clear, consistent regional approach to equitable support and funding for children and young people with complex health and care needs, including those who are looked after or in the care system.
3. Establish a regional, person-centred transitions model that ensures smooth progression to adult services, supporting well-being and long-term outcomes.
4. Identify, evaluate, and scale innovative, preventative approaches that strengthen the emotional and mental health and wellbeing of children and young people.
5. Deliver integrated, child- and family-centred neurodevelopmental support through coordinated partnerships across Health, Education, Social Care, and Third Sector organisations.



Public Service Boards (PSBs)

- Each PSB meets quarterly to report progress against their Well-being Plan.
- A Statutory Partnerships Paper is presented to the Health Board bi-monthly.
- Numerous PSB sub-groups have been established with agreed governance processes, reflecting priorities outlined in their Plans, also linking to other statutory partnership arrangements - such as Community Safety Partnerships.
- All PSB Well-being Plans have cross-cutting objectives of reducing poverty and inequalities with 'Poverty Sub-Groups' in place.
- Common themes include economic sustainability, growth and workforce, climate, nature and environment and 'connected communities.'
- Sub-Groups (or Delivery Groups), vary across the three PSBs, some reflecting a place-based theme (such as Ceredigion's Lampeter Health and Well-being Group) or targeting a specific issue such as Carmarthenshire PSB's Planning for our Future Workforce.





Recent achievements

RPB CYP Board

- Priority objectives agreed and engaged.

RPB Preventions Board

- Whole School Approach (WSA) to Healthy Weight engagement in mapping and prioritisation; good practice shared across All-Wales study of effective preventative practice, Urgent and Emergency care (UEC) transformation, Social Model for Health and Wellbeing and age friendly communities.

PSBs

- **Ceredigion:** Development of a Fair Work Charter
- **Carmarthenshire:** Commitment to join the WHO Global Network to promote inclusive environments of adult adults
- **Pembrokeshire:** Developing the 'strengthening communities workstream'



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



GIG
CYMRU
NHS
WALES

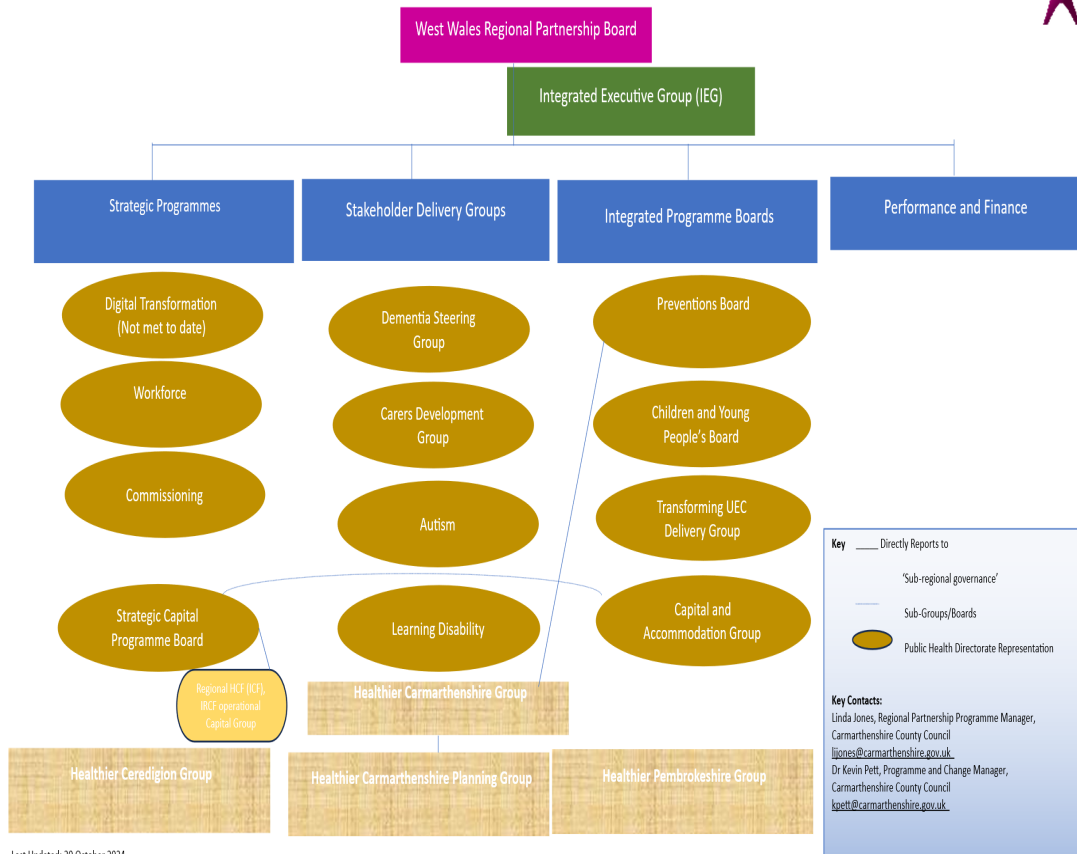
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Partnership Governance Assurance Report

Strategy and Planning Committee, 1 July 2025

Appendix 1: Governance Diagram West Wales Regional Partnership Board

WWRPB Structure Diagram



Last Updated: 30 October 2024

Appendix 2: Terms of Reference, The West Wales Regional Partnership Preventions Board

Reviewed at Preventions Board 9 January 2025. Signed off by assumed consent 15 January 2025.



West Wales Preventions Board

Terms of Reference

Vision

Prevention is about people staying healthy, happy and interdependent for as long as possible - connected to active, resourceful and kind communities. Supporting prevention means making better choices as easy as possible for people while acknowledging the effect of wider determinants of health and wellbeing – whatever stage of life people are at. When people do need help, they are supported to manage their health and wellbeing earlier and more effectively.

While Welsh Government and the Future Generations Commissioner for Wales recognise three levels of prevention (see below), the Preventions Board will focus on **Primary** and **Secondary Prevention**, given other fora address Tertiary Prevention (and Acute Spending).

- **Primary prevention** – Building resilience – creating the conditions in which problems do not arise in the future. A universal approach.
- **Secondary prevention** – Targeting action towards areas where there is a high risk of a problem occurring. A targeted approach, which cements the principles of progressive universalism.
- **Tertiary prevention** – Intervening once there is a problem, to stop it getting worse and prevent it reoccurring in the future. An intervention approach.
- **Acute spending** – Spending, which acts to manage the impact of a strongly negative situation but does little or nothing to prevent problems occurring in the future. A remedial approach.

Purpose

Appendix 2: Terms of Reference, The West Wales Regional Partnership Preventions Board

Reviewed at Preventions Board 9 January 2025. Signed off by assumed consent 15 January 2025.

1. To direct the development and delivery of an agreed regional work programme on behalf of the Regional Partnership Board (RPB) and respective Public Services Boards (PSBs)
2. To provide assurance to the Integrated Executive Group (IEG), RPB and PSBs on delivery of the programme.

Scope

This will be reviewed at least annually. Board activity will initially focus on four key elements:

- **Community based care – Prevention and community coordination**
Model of Care, including activity supported outside of the Regional Integration Fund (RIF)
- **The Emotional Health and Wellbeing** Model of Care, including activity supported outside of the RIF
- The activity of the **Innovations Forum** (the social value forum for the Region)
- Regional action to support **continuous engagement**

In addition, review of **PSB Wellbeing Objectives** highlight the importance of:

- Place-based approaches to addressing health inequality
- Healthy eating and healthy weight
- Health improvement linked to community engagement and activities to support strong communities
- The role of green spaces in supporting wellbeing
- An asset-based approach to supporting community capacity and capability
- Mitigating the impacts of poverty
- Continuous engagement with communities

Key responsibilities and activities

1. Agree a work programme reflecting the above scope
2. Oversee the activity of regional delivery/ operational groups involved in delivering the programme
3. Identify and take forward new activity in response to emerging RPB and PSB priorities
4. Make best use of available resources, maximising existing streams and identifying additional funding streams to support activity within the programme and coordinate bids for funding as appropriate
5. Maintain links with other relevant programme boards and strategic programme boards (including those outside the RPB and PSB infrastructures) and local operational groups as necessary
6. Maintain links with relevant PSB working/ thematic groups

Appendix 2: Terms of Reference, The West Wales Regional Partnership Preventions Board

Reviewed at Preventions Board 9 January 2025. Signed off by assumed consent 15 January 2025.

7. Identify metrics and measures to evidence impact of the programme, as part of the regional outcomes framework

Accountable to

IEG
RPB
PSBs

Accountable for

Regional and local groups, including:

Sub-group	Sponsor
Continuous engagement group	Hazel Lloyd-Lubran
Innovations Forum	Sue Denman

While outside of the formal governance arrangements, update reports will be requested from the Social Model of Health and Wellbeing Steering Group

Reporting

The Group will:

- Report progress to IEG and PSBs on an annual basis
- Escalate issues and make recommendations to the IEG and PSBs, as appropriate
- Receive, consider and review reports and recommendations of relevant sub-groups
- Link to other boards and groups within the RPB and PSB structures and partner agencies

Membership

IEG sponsor/s

Hazel Lloyd Lubran, CAVO

Dr Ardiana Gjini, Executive Director of Public Health, HDdUHB

RPB Team

Kevin Pett

Members

Member	Organisation and RPB links	Sector	Deputy
CVCs			
Hazel Lloyd Lubran	CAVO, IEG	3 rd sector	
Jessica Bickerton	PAVS	3 rd sector	Vanessa John

Partnership Governance Assurance Report
Strategy and Planning Committee, 1 July 2025

Appendix 2: Terms of Reference, The West Wales Regional Partnership Preventions Board

Reviewed at Preventions Board 9 January 2025. Signed off by assumed consent 15 January 2025.

Marie Mitchell	CAVS	3 rd sector	
Public health - HDdUHB			
Dr Ardiana Gjini	HDdUHB	Public Health	Bruce Bolam
Joanna Dainton	HDdUHB	Public Health	
PSB/ co-ordination			
Gwyneth Ayers	Carmarthenshire CC	PSB	Llinos Evans
Diana Davies	Ceredigion CC	PSB	Tim Bray
Nick Evans	Pembrokeshire CC	PSB	Lynne Richards
Partnerships			
Anna Bird HDdUHB	- Partnerships for unpaid carers, armed forces and sensory loss - Wider Health/ partnerships	HDdUHB	N/A
Heads of service			
Avril Bracey	Carmarthenshire CC	LA	N/A
HoS (vacant)	Pembrokeshire CC	LA	
HoS (vacant)	Ceredigion CC	LA	
County directors - HDdUHB	Organisation and RPB links	Sector	Deputy
Peter Skitt, HDdUHB	- Clinical Care Group Service Director	HDdUHB	Janet Knill, Jina Hawkes, Sonia Hay
Mental health and learning disability			
Liz Carroll, HDdUHB	-Together for Mental Health -RILP	HDdUHB LD&MH	Matt Richards
Avril Bracey, Carmarthenshire CC	-Carmarthenshire DMT -Dementia SG -Together for Mental Health - RIF Capital - APB - Safeguarding Board	LA LD&MH	Corinne Everett-Guy
Commissioning			

Partnership Governance Assurance Report

Strategy and Planning Committee, 1 July 2025

Appendix 2: Terms of Reference, The West Wales Regional Partnership Preventions Board

Reviewed at Preventions Board 9 January 2025. Signed off by assumed consent 15 January 2025.

Chris Harrison, Carmarthenshire and Pembrokeshire CCs	- DMT x2 - Pembrokeshire H&SC leadership team - Dementia SG	Commissioning	
Children			
Head of Childrens – Darren Mutter	- County DMT - Children’s PG - Regional HOCS	LA Children	Jan Coles (Carms CC)
RPB team			
Linda Jones	-RPB (IEG and programme groups)		Kevin Pett
Elin Brock	-Innovations Forum lead	Research and Innovation Co- ordination Hub	
Nikeela Uprichard	-regional continuous engagement lead	RPBT	
Nominations			
Joanna Jones	Integrated Services	Carmarthenshire CC/ Hywel Dda UHB	
Elen James	- Ceredigion - Corporate Lead officer	Porth Cymorth Cynnar	
Richard Smith Richard.Smith3@wales.nhs.uk	-Supporting Model of Care 1		
Kelly White	Hywel Dda UHB/ Carmarthenshire CC	Preventions	
Victoria Edwards	Hywel Dda UHB	County level lead	N/A
James White	Pembrokeshire CC	LA	

Representatives will have responsibility for maintaining two-way links with the colleagues and governance structures identified in the ‘key links’ column above.

Named deputies will be permitted. Deputies must have authority to take decisions on behalf of their organisations. Members are reminded that it is their responsibility to ensure a deputy is in attendance in their absence.

Co-chairs

Appendix 2: Terms of Reference, The West Wales Regional Partnership Preventions Board

Reviewed at Preventions Board 9 January 2025. Signed off by assumed consent 15 January 2025.
Co-chairs will be appointed by IEG and appointments will be reviewed on an annual basis.

Hazel Lloyd Lubran:	Ceredigion Association of Voluntary Services
Dr Ardiana Gjini:	Executive Director of Public Health

Proceedings of meetings

The chair of the Board shall arrange for minutes of the proceedings of each meeting to be taken, approved and recorded. Papers will usually be circulated at least five working days prior to the scheduled meeting date as far as is reasonably practicable. The RPB Team will provide secretariat support for this group.

Quorum

Meetings will be quorate when the following are represented:

- Each local authority
- A CVC representative
- The Health Board

Frequency

Quarterly.

Appendix 3: Terms of Reference, The West Wales Regional Partnership Children and Young People (CYP) Board



Terms of Reference

The West Wales Regional Partnership Children and Young People (CYP) Board Terms of Reference

Type of meeting: Board

Scope of meeting: Regional

Purpose of this meeting

1.1 The purpose and role of the CYP Board is to:

To bring together senior representatives from the Statutory Partners (Carmarthenshire County Council, Ceredigion County Council, Pembrokeshire County Council and Hywel Dda University Health Board) and the Third sector, to set the strategic direction and to further improve, integrate and transform health and social care services for children and young people in West Wales.

Objectives

The objectives of this Board are to:

- identify and set high level strategic priorities for children and young people within the region (including needs identified in the Population Assessment, the Market Stability report and the wider evidence base), aligned with national and local priorities
- prioritise 3 or 4 key priority areas for annual delivery by CYP operational groups, where the input from the Board could add value to work – which may not have happened without intervention from the Board.
- review existing governance structures and operational groups for the delivery of children and young people's programmes, projects and services within the region, with the aim of streamlining and strengthening governance and reporting arrangements.
- receive and consider reports on progress from operational CYP operational groups, with the specific purpose of challenging efficacy, outcomes and existing arrangements for delivery and considering alternative approaches based on good practice and the wider evidence base.
- identify and respond to potential "blockers" and "enablers" e.g information sharing, to the further improve, integrate and transform health and social care services for children and young people across region,
- ensure the regional landscape/infrastructure in so far as possible, is conducive to the further improvement, integration and transformation health and social care services (e.g flexibility in terms of funding, cultural alignment, attitude to risk),
- lobby and advocate for children and young people's health and social care services, nationally, regionally and locally, reporting (6 mthly) to the IEG and WWRPB

Governance

The group is accountable to:

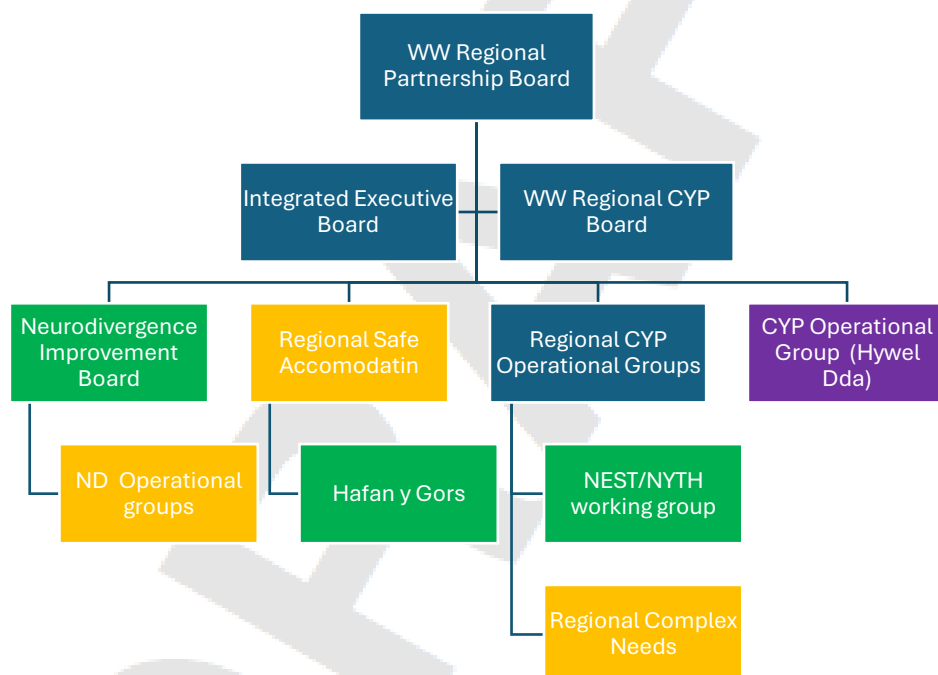
- ☒ Integrated Executives Group (IEG)
- ☒ Other West Wales Regional Partnership Board, Health board relevant groups.

IEG sponsor:

Status reports from this group will be presented to RPB biannually.

Status reports from this group will be presented to IEG quarterly.

Existing Governance Diagram



The meeting occurs every quarter

Virtual meetings will be arranged on a fixed recurring pattern.

The meetings will run from 18th July 2024

A schedule of meetings will be published 5 days in advance.

Chairing arrangements

The Chair and Vice-chair will be agreed by the membership for a one year term from July until the following June.

The Vice-chair will chair a meeting in the absence of the appointed Chair.

Role	Name	Post	Organisation	Email
Director of Social Care and Housing	Micheal Gray	Co-chair	Pembrokeshire County Council	
Director of Public Health, Hywel Dda University Health Board	Ardiana Gjini	Co-chair	Hywel Dda University Health Board	

RPB Team Lead

RPBT lead and Email	RPBT deputy and Email
Joanne Portwood JPortwood@carmarthenshire.gov.uk	< Enter name of RPBT deputy >

Quorum

Meetings will be quorate when achieving a minimum attendance of < Enter the minimum number of attendees, execs, roles or organisations required >.

Membership:

Name	Post	Organisation	Email	Exec
Darren Mutter	Head of Children's Services	Pembrokeshire County Council		
Jan Coles	Head of Service: Children and Families	Carmarthenshire County Council		
Audrey Somerton Edwards	Director of Social Services Ceredigion Council	Ceredigion Council		
Angela Lodwick	Assistant Director of Mental Health and Learning Disabilities	Hywel Dda University Health Board		
Tracey Humble	Service Delivery Manager for Community Paediatrics	Hywel Dda University Health Board		
James Severs	Executive Director of Therapies and Health Science	Hywel Dda University Health Board		

Chris Harrison	Head of Strategic Joint Commissioning	Pembrokeshire County Council		
Ben Williams	Principal Public Health Practitioner	Hywel Dda University Health Board		
Hazel Lloyd Lubran	Chief Executive of CAVO	Third Sector (tbc)		

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Other members may be co-opted on a temporary basis depending on the live schemes in progress across the region. Temporary invitations may be given for one-off meetings, or limited to agenda items, to give progress updates to the group. These additional members will be agreed by the chair.

In the event that the Chair of the group declares a conflict of interest, or the West Wales Regional Children and Young People Partnership Board decides that such individual has a conflict of interest, then the members of the West Wales Regional Children and Young People Partnership Board shall appoint a chair from amongst themselves to chair the meeting or the relevant part of the meeting.

The agenda with any supporting documentation will be agreed by the chair or vice chair 7 days prior to the meeting to enable a structured meeting.

Secretariat will be provided by the West Wales Regional Partnership Team, who will distribute the approved agenda, record minutes of the proceedings, decisions made, and actions agreed (including who is responsible for each action point) of each meeting to be taken. These will be approved by the chair, or vice chair in the absence of the chair, prior to distribution. The detail of these documents will be at the discretion of the Chair.

Minutes, decisions and actions papers will usually be circulated to the members within 5 working days after the scheduled meeting date, or as soon as practicably possible. Copies of the meeting documents will be stored in the RPBT's SharePoint site/ Members area of the website.

Recordings or transcriptions may be taken for the purpose of compiling the meeting records but will be deleted after creation of the notes. The recordings may be turned off during the meeting by request to the chair.

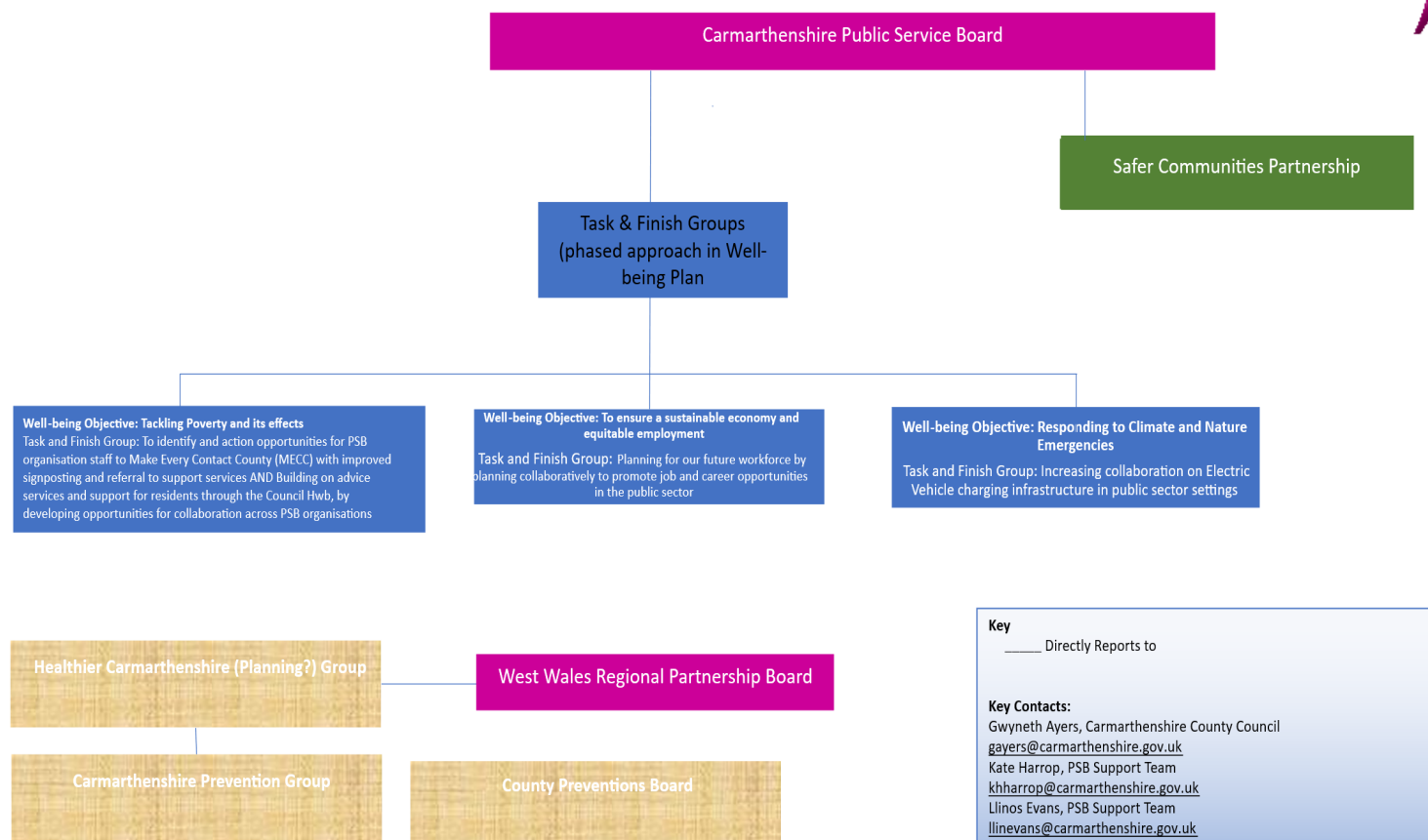
Any items for decision or discussion must be flagged with the programme manager a minimum of 7 working days in advance of the meeting to ensure there is adequate time in the agenda to cover all topics. Where there is not, time-sensitive discussions will be prioritised, and the chair reserves the right to recommend an extraordinary meeting of core decision-making members of the group if necessary to support a time-sensitive discussion.

Review

These Terms of Reference were agreed on and will be reviewed on an annual basis.

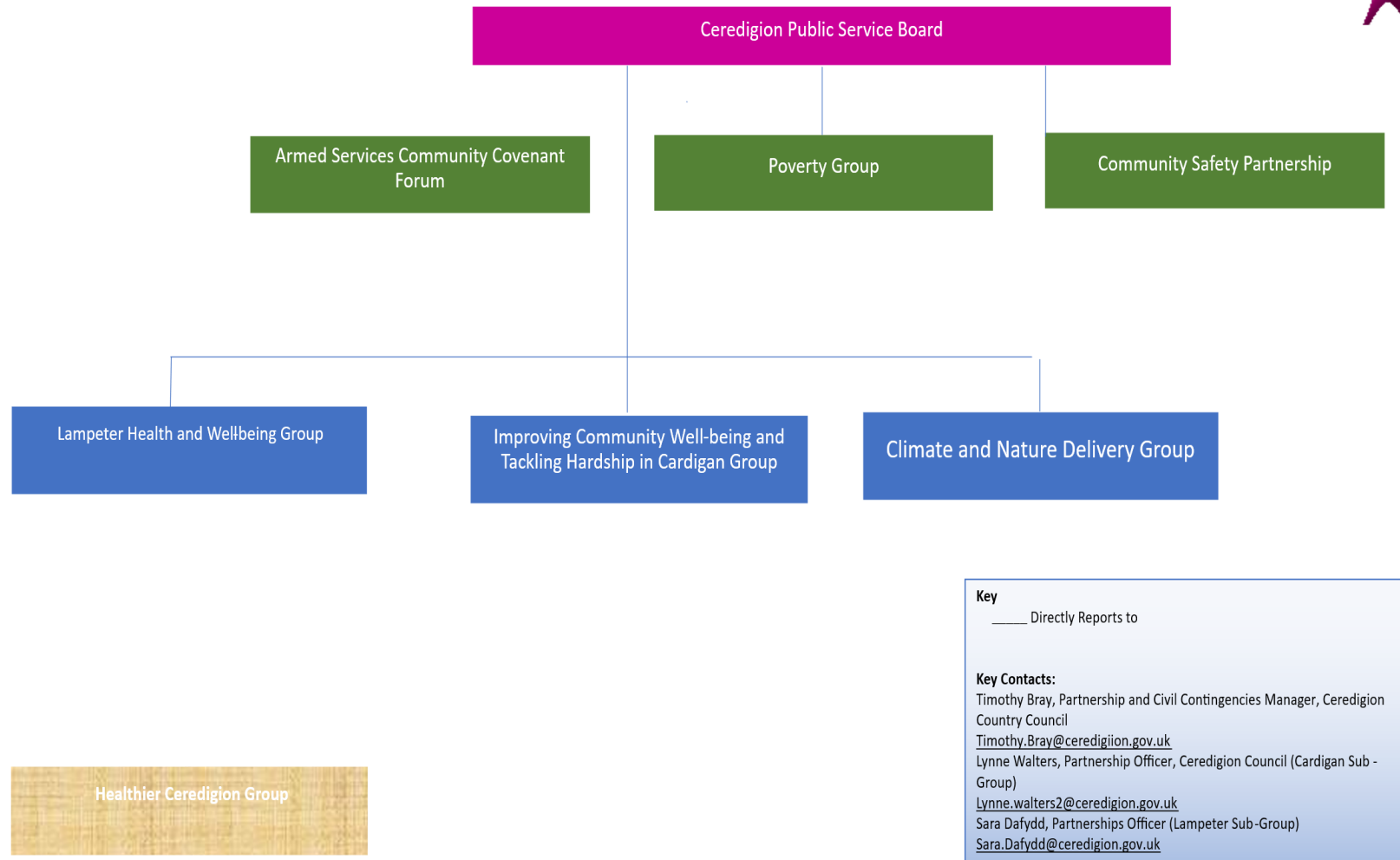
Appendix 4: Governance Diagrams, Public Service Boards

Carmarthenshire PSB Structure Diagram



Last Updated: 30 October 2024

Ceredigion PSB Structure Diagram

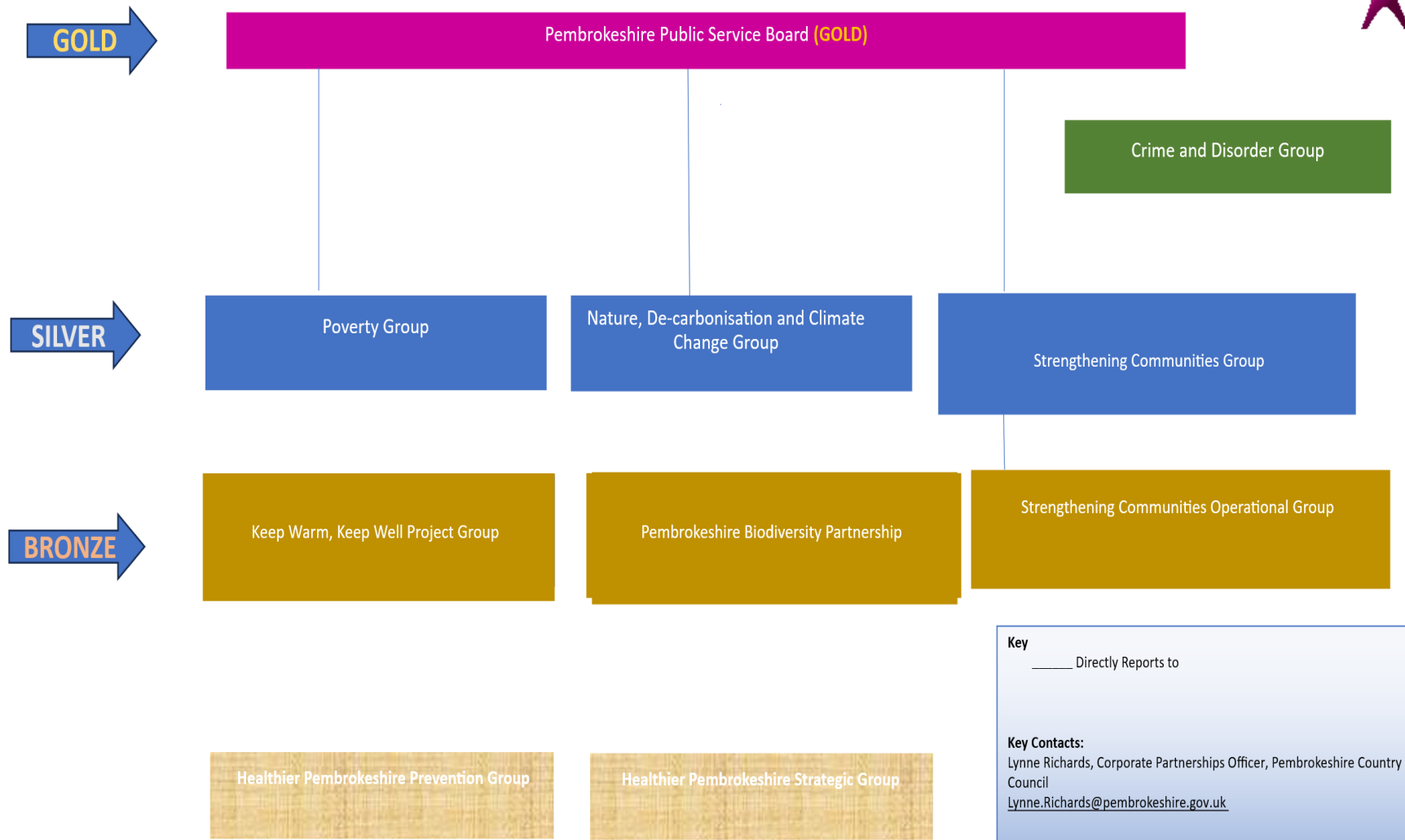


Key
 _____ Directly Reports to

Key Contacts:
 Timothy Bray, Partnership and Civil Contingencies Manager, Ceredigion Country Council
Timothy.Bray@ceredigion.gov.uk
 Lynne Walters, Partnership Officer, Ceredigion Council (Cardigan Sub - Group)
Lynne.walters2@ceredigion.gov.uk
 Sara Dafydd, Partnerships Officer (Lampeter Sub-Group)
Sara.Dafydd@ceredigion.gov.uk

Last Updated: 30 October 2024

Pembrokeshire PSB Structure Diagram



Last Updated: 30 September 2024

2.6

10:50, 10 Mins

2.6 - Regional Partnership Board Update

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

| For information

Attachments

[2.6 SPC RPB Update - July 2025 FINAL.pdf](#)



PWYLLGOR STRATEGAETH A CHYNLLUNIO STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 July 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	West Wales Regional Partnership Board Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Linda Jones, Regional Partnership Board Manager

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

This report has been requested as an update and clarification of the role of the Regional Partnership Board.

Cefndir / Background

Regional Partnership Boards (RPBs) were established by the Social Services and Well-being Act (SSWBA) 2014, specifically Part 9.

The main objective of the regional partnership arrangements is to help to improve the provision and integration of community-based services ensuring service users experience a seamless health and social care offer that delivers better outcomes and system efficiency. As part of this the partnership bodies (Local Authorities and Health Boards) have an equal **duty to co-operate** and **must** both assure themselves that they are effectively discharging this duty through the partnership arrangements. This includes enabling the RPB to access information and sufficient resources to meet its objectives.

The Partnership Bodies (PBs) are responsible for determining the most appropriate structures for ensuring effective strategic planning and the provision of integrated services, including structures which will best support the RPB in delivering their key functions, including implementation of the joint area plan. These structures **should** position the RPB as an effective collaborative vehicle through which the PBs exercises its duty to co-operate; facilitate engagement with citizens, especially service users and carers (i.e. through the RPB citizen engagement panel); allow for more rapid operational decision making when required without undermining the strategic role of the RPB (integrated executive group); and make clear connections with pan-cluster planning groups ('healthier' groups).

RPBs are intended to provide the appropriate forum and environment to enable health, social care and wellbeing partners to come together and share information and resources to develop integrated approaches to planning, commissioning and organising community health, care and well-being services for their population.

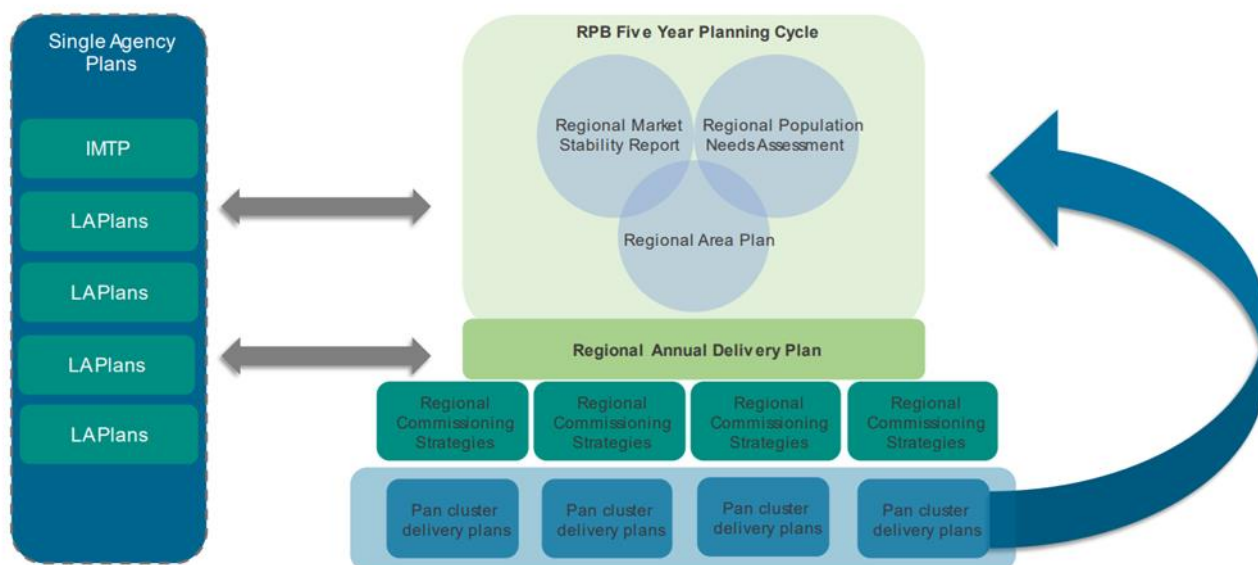
RPBs **are not** responsible for the production, planning or development of core work undertaken by the PBs (Local Authorities and Health Boards). However, the regulations state RPBs should recognise the interfaces between their functions and other key areas such as the planning and delivery of emergency care, integrated secondary care and unscheduled/planned care solutions, and that the responsible partnership body may consult or engage with the RPB in their production as an interested body.

Although the Social Services and Well-being Act 2014, Part 9 does not specify how RPBs should tailor their approach, it does provide a set of minimum standards and principles that the partnership bodies and RPBs must adhere to. This includes specific instructions in terms of RPB membership (and responsibilities) and statutory duty to produce key documents (in partnership), which, aligned to partnership bodies' strategic plans (including Pan-cluster and Integrated Medium-Term Plans constitute key building blocks of an integrated planning framework:

- A 5-year population needs assessment
- A 5-year market stability report
- A 5-year joint area plan – based on intelligence gathered through the Population Needs Assessment (PNA) market stability report
- An annual delivery plan - linked to delivery of the area plan
- The RPB's Annual Report
- Joint regional commissioning strategies – to support integrated service design and delivery for key population

In addition to this, RPBs have a duty to strategically plan the development of local community infrastructure by developing and implementing a 10-year Capital Strategic Plan.

The Guidance gives an example of how such integrated planning should work and places an emphasis on the roles of the RPB and the partnership bodies in ensuring that this alignment is achieved.



This involvement of RPB's in core work has been strengthened over the last 18 months, with Welsh Government pulling the RPB closer to operational delivery - e.g., Further Faster/ 50-day challenge. The updated regulations, and the draft Integrated Community Care System (ICCS) plans identify that Welsh Government see RPB playing an increasingly key role in integration and partnership working.

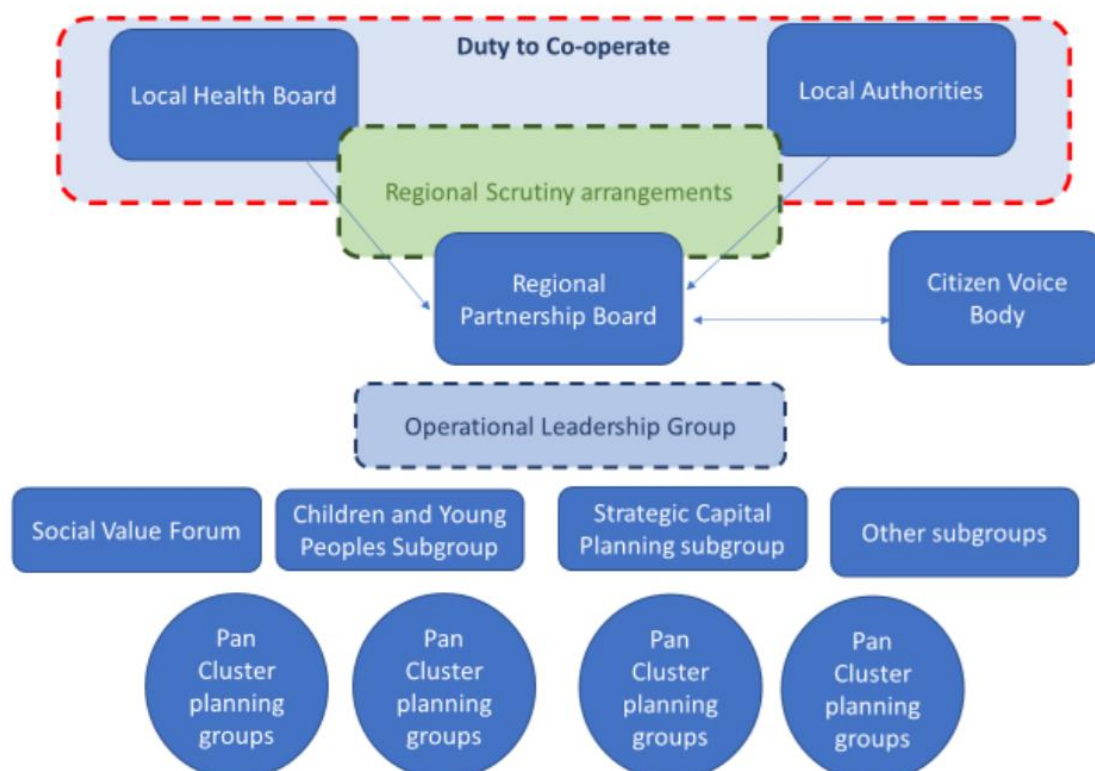
Asesiad / Assessment

The revised Part 9 guidance reflects how RPB's have evolved over time, and the maturity of planning arrangements required to ensure the RPBs have maximum reach and impact in terms of enabling change and the integration of Health and Social Care services. Integrated planning arrangements are now expected, linking with other wider but related planning structures.

The A Healthier Wales Plan for Health and Social Care (2018) positions the Part 9 regional partnership arrangements and the Regional Partnership Boards as key drivers of integration at a regional level, able to pool resources and expertise to deliver seamless, preventive models of care. The RPB (usually with the Health Board acting as 'banker') is responsible for overseeing the strategic investment and administration of WG resources allocated to partnership bodies. The revised part 9 guidance strengthens the links between RPB and Pan-cluster planning groups to facilitate whole system synergy. It states that RPBs **should** inform and be informed by more local population community needs and service delivery arrangements. Pan-cluster planning groups and cluster groups **should** provide local intelligence, resources and intelligence in line with RPB priorities. It also states that RPBs **should** work closely and coherently with other Boards and organisations, including Public Service Boards, Mental Health Partnerships and Area Planning Boards.

Close alignment with clusters and the pan-cluster planning groups (PCPGs) are specifically highlighted, as without carefully designed and described alignment between cluster, pan-cluster and regional planning and delivery mechanisms there is a potential risk of duplication of effort and even tension between partnership arrangements

The guidance provides an example of development of effective regional structure:



One of the questions raised during the 50-Day Challenge, and the shift of RPB's into a more operational space, was how, in practice, the different strategies, policies, steering groups and governance interlinked, specifically around Models of Care, Preventions and the Six Goals

programme. Although these questions remain, the most recent Minister/Chair meeting, held on 9 June 2025 confirmed that WG are committed to aligning the RPB strategic function and involvement in operational delivery together; and there will be a governance restructure to support this. Although not finalised, it will involve a new national leadership group of which the RPB will be a significant partner.

The SSWBA (2014) Sec 9 revised guidance now specifically identifies ICCS as a priority. It recommends that PBs **should** focus on developing their regional and local responses to the national blueprint for an ICCS for Wales, focusing on planning and commissioning community health, care and support services. The RPB would be utilised to its fullest capacity to meet its objective of working together to secure the best outcomes for citizens and priority population groups, where a seamless and/or integrated approach to delivering health, social care and wellbeing services can have the greatest impact.

The regional and local responses to the ICCS **must** include:

- Preventative services in the community
- Health and care services in the community
- Services that promote and facilitate good emotional health and wellbeing
- Services that support families to stay safely together
- Services that support better health and wellbeing outcomes for care experienced children
- Services that can support effective discharge from hospital
- Housing and accommodation-based solutions for promoting better health and wellbeing.

In Summary, the Health Board, alongside the Local Authorities as Partnership Bodies, have clear responsibilities in terms of the governance, scrutiny, and ensuring the RPB meets its objectives. There is a requirement that individual statutory and partnership strategic plans align and contribute to the RPB statutory plans (and vice versa). Welsh Government has identified the RPB as key to the delivery of ICCS and are undertaking a governance review to extend the use of the RPB as a key resource in integration and the development of seamless community services.

Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** the West Wales Regional Partnership Board Update Report
- **CONSIDER** the implications of the report.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:

Cyfeirnod Cylch Gorchwyl y Pwyllgor:

3.1.3. That, wherever possible, Health Board plans are aligned with partnership plans developed with Joint Committees, Local Authorities, Universities, Collaboratives, Alliances and other key partners, such as the Transformation Group who form part of A Regional Collaboration for Health (ARCH).

3.1.6. Consider the development of strategies and plans developed in partnership with key strategic partners and monitor work undertaken with partner

	organisations and stakeholders to influence the provision of services to meet current and future population need.
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:	2. Healthier communities
Amcanion Cynllunio Planning Objectives	Not Applicable
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 Termiau: Glossary of Terms:	Not Applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning 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

3 - BREAK

4 - Population Health, Primary and Community

4.1 - Starting and Developing Well Team (Public Health) Impact & Learning Report 2024- 25

*Ardiana Gjini (Hywel
Dda UHB - Executive
Director of Public
Health), Jo McCarthy
(Hywel Dda UHB -
Consultant in Public
Health), Ben Williams
(Hywel Dda UHB -
Principal Public
Health Practitioner)*

| For assurance

Attachments

[4.1.1 SPC SBAR CYP July 2025 v1 \(003\).pdf](#)

[4.1.2 S&DW EOY Report 2024-25 Final.pdf](#)



PWYLLGOR STRATEGAETH A CHYNLLUNIO STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 July 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Starting and Developing Well Team (Public Health) Impact & Learning Report 2024-25
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Ardiana Gjini, Executive Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Ben Williams, Principal Public Health Practitioner Jo McCarthy, Consultant in Public Health

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 the report is to present the work over 2024/25 of the Starting and Developing Well (S&DW) Team, who are the Public Health Directorate Leads for work relating to Children and Young People (CYP).

Cefndir / Background

Welsh Network of Health and Wellbeing Promoting Schools (WNHWPS)

The WNHWPS schemes, established in 1999 following a four-year pilot under the European Network of Health Promoting Schools, supports schools in promoting the health and well-being of their entire communities. A 'Healthy School' not only educates pupils about healthy lifestyles but also empowers both students and staff to influence the school environment in ways that support physical, mental, and social well-being. This is achieved through integrated approaches involving policy development, strategic planning, staff training, and a focus on curriculum, ethos, physical surroundings, and community engagement. Within the Hywel Dda University Health Board (HDdUHB) area, the scheme is delivered through a partnership model. Public Health Wales provides grant funding to the Health Board to implement the programme in Ceredigion and Pembrokeshire, while in Carmarthenshire, the Local Authority takes the lead in delivery. This collaborative approach ensures that the principles of the Healthy Schools initiative are embedded across the region in a way that reflects local needs and structures.

Whole School Approach to Emotional and Mental Wellbeing (WSAEMWB)

Public Health Wales provides grant funding to the Health Board to support the implementation of the Welsh Government's *Whole School Approach to Emotional and Mental Wellbeing* statutory framework, launched in 2021, across the Hywel Dda region. This framework is designed to help schools address the emotional and mental wellbeing needs of all children, young people, staff, and the wider school community. Since its introduction, all secondary schools in the region have completed self-evaluations and are actively developing action plans to enhance pupil wellbeing. Additionally, over 70% of primary schools are now engaged in the action planning process to support emotional and mental wellbeing.

Healthy and Sustainable Pre-School Scheme (HSPSS)

The HSPSS, launched nationally in 2011, builds on the WNHWPS scheme and supports these settings in embedding health and wellbeing into their everyday practice through a whole-setting approach. The scheme is open to a wide range of early years providers, including full day care nurseries, sessional childcare, childminders, playgroups, and Flying Start settings.

HDdUHB is responsible for delivering the scheme across all three counties in its region. Participating settings are supported to implement health improvement activities across four domains: Leadership and Communication, Planning and Delivery, Ethos and Environment, and Family and Community Involvement. These domains are applied to seven key health topics: Nutrition and Oral Health, Physical Activity/Active Play, Mental and Emotional Health, Wellbeing and Relationships, Environment, Safety, Hygiene, and Workplace Health and Wellbeing.

Early Years

In January 2023, the team expanded to include a Senior Public Health Practitioner with a specialism in Early Years. This practitioner subsequently conducted a Health Needs Assessment (HNA) for children aged 0–7 years. The findings from the HNA, along with insights from the Director of Public Health Annual Report 2024, identified several key determinants affecting the health and wellbeing of this age group. These have been translated into operational workstreams, including Infant Feeding, Perinatal Mental Health, and Food, Nutrition and Weaning.

Starting & Developing Well Team

In April 2024, our team's Strategic and Operational Framework was launched, which defines our vision, mission, and long-term strategic objectives. This framework, structured around the Vision, Mission, Objectives, Strategy, and Tactics (VMOST) model, underpins the full scope of the S&DW team's work. It guides our efforts to support CYP from the Early Years through to the end of secondary school across the Hywel Dda region.

Asesiad / Assessment

S&DW Team – Impact & Learning

Significant progress has been made across all programmes and workstreams between April 2024 and March 2025. Appendix 1 outlines the impact, outputs, and outcomes achieved across the range of programme measures, as highlighted below and on page 5 of Appendix 1:

Health Promoting Pre-Schools

- 78 'health aspects' commenced by pre-school settings (142% of target)
- 51 'health aspects' completed by pre-school settings (121% of target)
- 11 settings completed the HSPSS scheme (92% of target)

Health Promoting Schools

- 88% of all schools* engaged in a Health Promoting Schools offer
- 100% secondary schools 'action planning' for WSAEMWB (Wales – 98%)
- 71% primary schools 'action planning' for WSAEMWB (Wales – 81%)

Workforce Development

- 36 training courses provided with a total of 928 participants attending

The report includes six case studies that provide practical and insightful examples of effective practices. These case studies help deepen understanding of system-level interventions aimed at improving outcomes for CYP.

Strategic Context

Over the past 12 months, The strategic context and governance structures, both within the Health Board (eg, the CYP Oversight Group, formerly the CYP Working Group) and across the regional partnership landscape (eg, the Regional Partnership Board (RPB) CYP Board), have continued to evolve, gaining significant momentum in Quarter 1 of 2025/26. Strategic priorities for both groups have been drafted, and a series of workshops and meetings are scheduled to further develop and progress plans over the next 12 months.

DRAFT 20-4-7 Prevention Framework

Strategic alignment between the Supporting and Developing Wellbeing (S&DW) team's framework and the draft '20-4-7' prevention framework are already in place. Equality, particularly in reducing child health inequalities and poverty, is a key strategic theme that aligns with the '20' - ensuring a targeted focus on the 20% most deprived communities and pre-school/school settings across Hywel Dda.

In relation to the '4' risk factors identified within the model - smoking, (unhealthy) nutrition, alcohol, and physical inactivity - the work of the S&DW team intersects with all these areas. Positive, healthy behaviours are promoted through collaboration with partners to ensure that our settings and environments are supportive and conducive to making healthy choices.

Although the team's offer is universal in scope, a progressive universalism approach is applied, ensuring that individuals with the greatest need receive targeted support. CYP are also identified as one of the key cohorts within the '7' priority areas of the framework.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** from the Starting and Developing Well Team (Public Health) Impact & Learning Report 2024-25 and the work of the S&DW Team relating to Children and Young People (CYP).
- **NOTE** the report and the voices of the headteacher and children who have kindly joined us and continue to support our work with CYP across HDdUHB into 2025/26.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.14. Seek assurance on plans, systems and processes to deliver health improvement and increase health equity and seek assurance on the work of the Health Board to reduce avoidable health inequalities.
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:	6. All Apply

Enablers of Quality: Quality and Engagement Act (sharepoint.com)	
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Healthier communities
Amcanion Cynllunio Planning Objectives	10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	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:	Not Applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning 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

Starting & Developing Well Team

Public Health Directorate

Impact and Learning Report 2024 - 2025



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



BACKGROUND

THE TEAM

The Starting & Developing Well (S&DW) team sit within the Public Health Directorate in Hywel Dda UHB.

WHAT WE DO

We aim to improve the health and wellbeing of children and young people while reducing inequalities by working in partnership with key stakeholders across health, education, social care, and the third sector.

OUR REPORT

This report highlights the work and impact of the S&W team from April 2024 to March 2025, showcasing innovations and good practice case studies. While it does not cover all work related to children and young people in the Public Health Directorate, further details on key health and wellbeing issues and public health interventions can be found in the [latest DpH Annual Report 2024](#).

Ben Williams, Principal Public Health Practitioner

Nerys Burton, Healthy Preschool Practitioner

Mary Jones, Healthy Preschool Practitioner

Helen Lewis, Healthy Schools and Preschool Practitioner

Liz Western, Senior Public Health Practitioner - Health Promoting Schools

Kelly Davies, Senior Public Health Practitioner - WSAEMWB

Georgia Rowbotham, Senior Public Health Practitioner - Health Promoting Schools

Kate Icton, Senior Public Health Practitioner - Early Years

OUR STRATEGIC & OPERATIONAL FRAMEWORK

In April 2024, we launched our Team's strategic & operational framework - see Figure 1.

This framework defines our vision, mission, and long-term strategic objectives as a team. Our 'strategies' outlines how we will achieve these objectives. The VMOST framework underpins the full scope of the S&DW team's work, supporting children and young people from Early Years through until the end of secondary school across the Hywel Dda region.



Vision

Mission

Objectives

Strategies

Every child
can thrive and
live a happy and
healthy life, both now
& in the future

Working in partnership to reduce
inequalities and provide the best start
in life for Children & Young People
(C&YP)

- Improving **Early Years** outcomes to enable the ‘best start’ in life
- Increase the number of C&YP with **healthy behaviours**
- Improve the **mental health & wellbeing** of our C&YP
- Reduce **health inequalities** that exist between C&YP

- Work with **Early Years** partners at a systems level to help create the conditions for parents and families to flourish
- Creating **Healthy Pre-school environments** for children to have sustainable, long-term health behaviours & outcomes
- Create **Health Promoting Schools environments** and supportive communities
- Promote and support positive **mental health & wellbeing** amongst our children & young people
- Supporting and developing a **skilled & motivated** early years and children & young people **workforce**
- Reduce health inequalities** between C&YP and lessen the impact of child poverty
- Deliver an **evidence based approach** to strengthen delivery and **raise awareness** across the C&YP landscape

IMPACT IN NUMBERS

05



HYWEL DDA C&YP AT A GLANCE

Healthy Behaviours & Weight	% of young people with 2 or more healthy behaviours (SHRN 2023)	89%
	% of children aged 4 to 5 years with healthy weight (CMP 2023/24)	70%
Mental Health & Wellbeing	% of young people who reported High & Medium wellbeing scores (SHRN 2023)	79%
Reducing Health Inequalities	% of young people with 2 or more healthy behaviours by Low Family Affluence Scale (SHRN 2023)	85%

Improving
Early Years
(0-7yrs)
outcomes to
enable the 'best
start' in life

Increase the
number of
C&YP with
**healthy
behaviours**

Improve the
**mental health
& wellbeing** of
our C&YP

Reduce **health
inequalities**
that exist
between C&YP

S&DW PROGRAMME MEASURES



HSPSS	78 'health aspects' commenced, pre-school settings	
	51 'health aspects' completed, pre-school settings	
	11 settings completed the HSPSS scheme	
Health Promoting Schools & WSAEMWB	Schools engaged in Health Promoting Schools Offer	88%
	Secondary schools 'action planning' for WSAEMWB	100%
	Primary schools 'action planning' for WSAEMWB	71%
Workforce Development	36 training courses provided with a total of 928 participants attending	

HEALTH PROMOTING PRESCHOOLS

06

About the Programme

High quality pre-school care, including nurseries, childminders, and playgroups, can provide play-based childcare and education that support the holistic development of young children – socially, emotionally, cognitively, and physically – promoting wellbeing and lifelong learning.

These settings can support 'School Readiness' by helping children develop confidence, communication abilities, and early literacy and numeracy skills, setting them up for long-term educational success.

The S&DW Team are responsible for the delivery of the Healthy & Sustainable Pre-School Scheme (HSPSS) across all three counties in Hywel Dda. This settings-based approach to public health aims to create supportive environments that promote healthy behaviours with lasting impacts on health outcomes.

The HSPSS builds the capacity of pre-school care providers to provide a health promoting environment, with pre-school practitioners providing support around **seven priority health topics:**

'Health aspects' commenced
by pre-school settings

78

51

'Health aspects' completed
by pre-school settings

Settings completed
the HSPSS scheme

11

24

Settings completed
re-accreditation

Settings engaged in the
Gold Snack Award

37

- 1 **Nutrition & oral health**
- 2 **Physical activity & active play**
- 3 **Emotional & mental well-being, including relationships**
- 4 **Environment**
- 5 **Safety**
- 6 **Hygiene**
- 7 **Workplace health & wellbeing**

HSPSS WELLBEING EVENTS

The HSPSS aims to enhance awareness and foster collaboration between health professionals, early years settings, and partners through workshops and presentations.

Participation in the scheme has grown across the region, with over 150 settings engaged with the scheme across Carmarthenshire, Pembrokeshire, and Ceredigion.

“Plenty of resources, experts and presentations which are relevant to my role”



In February 2025, each county hosted training days for settings and partners, focusing on key areas such as nutrition, oral health, physical activity, childhood obesity, and immunisations. Supported by HDUHB teams and local authorities, events provided expert guidance and service updates. A networking marketplace allowed attendees to engage with over 30 professional services, fostering collaboration and knowledge-sharing.



Training days were successful, attracting over 85 settings and 60 partners across the region. Feedback was positive; practitioners expressing high satisfaction with presentations and workshops. Most valuable sessions covered oral health, immunisations, and vaccinations. All attendees agreed the training enhanced their practice; many praised the event's relevance, engaging format, peer learning opportunities.



Collaborative HSPSS event frequency and sustainability are an ongoing challenge within the current financial climate, but addressing this barrier will be crucial to maintaining engagement and accessibility for pre-school settings across the region.



Importance of:

- ongoing regular professional development opportunities
- facilitating knowledge-sharing through discussion groups and site visits
- hosting regional events with CPD elements
- inviting settings to present at events
- incorporating case studies & addressing specific challenges identified before training sessions to strengthen engagement

CEREDIGION TRAFFIC LIGHT TOOL TRAINING

This project aimed to boost staff confidence in managing sexualised behaviour in pre-school settings, and supporting safeguarding practices.

It also supports the Relationships and Sexuality Education (RSE) Code, now a mandatory part of the Curriculum for Wales.



Using Brook's Traffic Light Tool, we delivered 11 training sessions across Ceredigion in partnership with the Flying Start Advisory Teacher.

Sessions were held on setting closure days to maximise accessibility, where a total of 107 staff - including pre-school, family support workers, childminders, and afterschool club staff - were trained and given access to ongoing online resources.



Feedback was overwhelmingly positive, with staff highlighting the tool's value in safeguarding.

Pre- and post-training evaluations showed participant's confidence more than doubled after the training with average score of 9 out of 10. Delivering sessions locally and in partnership contributed to strong attendance.



- the importance of a whole-setting approach to ensure consistent understanding and application of the tool.
- group size also matters for comfort when discussing sensitive topics.
- local and partnership delivery enhanced attendance.

"Because of the Traffic Light Tool, I was able to be confident that I was dealing with the situation in the right way."

Further sessions are planned to expand staff training across the county.

'GOLD SNACK AWARD' - CARMARTHENSHIRE

The Gold Standard Healthy Snack Award supports nurseries, playgroups, childminders, and after-school clubs in providing quality snack provisions that encourage healthy eating habits.

In Hywel Dda, the award is managed by the Health Board's Public Health Dietetics Team, with implementation support from the Healthy and Sustainable Pre-School Scheme (HSPSS) staff.



The pre-school settings focus on providing healthy snacks and drinks, fostering a positive eating environment, and ensuring food hygiene and safety. By offering snacks lower in sugar, salt, and additives while rich in essential nutrients, the initiative promotes healthy weight, dental health, and ensuring children have the energy they need for activities and play.



Three participating pre-school settings successfully met the award criteria, reinforcing existing good practices while introducing new healthy snack options. Achieving the Gold Snack Award highlights their commitment to improving children's health and embedding positive eating habits within their settings.



Day nurseries faced challenges integrating 'Gold Snack Award' into their routine due to existing meal provisions, but with minor adjustments meet all criteria, demonstrating the flexible and adaptive nature of this initiative.



- **initiative has proven particularly beneficial for sessional day care settings, where requirements can be implemented with minimal disruption**
- **Future efforts will consider this when selecting additional settings across the region, supporting wider adoption to promote healthier early years environments.**



HEALTH PROMOTING SCHOOLS

10

About the Programme

Health promoting schools play a vital role in supporting the wellbeing of pupils, staff, families, and communities. In Hywel Dda, each county runs a programme under the Welsh Network of Health & Wellbeing Promoting Schools (WNHWPS), where local coordinators support schools in areas such as emotional wellbeing, nutrition, and physical activity, helping to shape school culture, environments, and policies. The programme emphasises collaboration across health,

education, and social care to create supportive settings where the whole school community can work together to improve wellbeing.

Hywel Dda operates a mixed delivery model, with the Health Board overseeing schemes in Ceredigion and Pembrokeshire, while the Local Authority manages the programme in Carmarthenshire.

National Standards

Public Health Wales proposed National Standards for Health and Well-being Promoting Schools in Wales, focusing on core principles, including leadership and workforce.

The Standards provide a baseline for schools to achieve and support self-evaluation, improvement planning, and locally informed approaches, and will be accompanied by a suite of tools to help schools undertake in-depth exploration of priority themes (e.g. physical activity or nutrition).

The Standards are currently under consultation with key stakeholders and are expected to launch in the 2025/26 academic year.

WSAEMWB = Whole School Approach for Emotional and Mental Wellbeing

Schools receiving
an 'active offer' of
support

100%

88%

*Pemb & Ceredigion

schools* engaged in
a Health Promoting
School offer

Secondary Schools
'action planning'
for WSAEMWB

100%

Wales figure 98%

71%

Wales figure 81%

Primary Schools
'action planning'
for WSAEMWB

34

Training
courses
provided

364

Participants
engaged in
training

PEMBROKESHIRE SECONDARY SCHOOL HEALTH RESEARCH NETWORK

SHARING PRACTICE AND SUPPORT NETWORK

In April 2024, Pembrokeshire secondary schools received their Secondary School Health research Network (SHRN) reports, offering valuable evidence to guide health and wellbeing priorities. A workshop was held to support secondary schools in interpreting and applying their SHRN reports, developing action plans.



Collaboration and best practice sharing were central to the workshop, helping schools effectively interpret their SHRN reports. Afternoon partner presentations focused on substance-related challenges, a pressing issue for Pembrokeshire schools.



The SHRN workshop was well attended, with representation from 75% of Pembrokeshire secondary schools. Feedback was overwhelmingly positive, with all attendees indicating they would participate in similar workshops again. The venue, agenda, and provider effectiveness received the highest possible ratings.

Key strengths included expert insights into the data and interpretation of results, engaging guest speakers, collaborative networking, and presentations from support providers. The event fostered meaningful discussions, strengthened best practice sharing, and reinforced a unified approach to SHRN planning across the county.



To mitigate capacity constraints and competing priorities, supply cover funding and an easily accessible venue helped facilitate attendance. The pre-recorded presentations proved less effective on the day and will be excluded from future workshops to enhance engagement and impact.

PEMBROKESHIRE SECONDARY SCHOOL HEALTH RESEARCH NETWORK

SHARING PRACTICE AND SUPPORT NETWORK

Pupil Health and Wellbeing

FOOD & FITNESS



55%

of students eat
BREAKFAST
every weekday



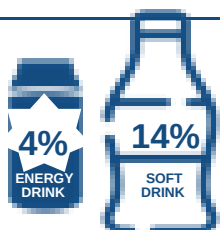
50%

of students eat
one portion (or more) of
FRUIT & VEG
every day



70%

of students
DRINK WATER
once a day or more



of students drink
one (or more)

SUGARY DRINKS
a day



18%

of students
ARE ACTIVE
for more than 60 minutes
7 days a week

27%

of students
WALK OR CYCLE
to school



41%

of students
EXERCISE
outside of school time
at least four times a week

ADVICE & SUPPORT



meiccymru.org

Information presented in
this document is based on
the responses of secondary age
students
who took part in the
2023/2024 SHRN survey in XXX
school.



- use of SHRN data in secondary schools is growing, with increasing confidence in applying evidence to curriculum design and whole-school health and wellbeing strategies
- schools utilise their reports for development planning, governance, and engagement with learners, feeder schools, and parents, though parental involvement remains a challenge
- infographic tool helps to share data on sensitive topics
- a sharing culture was emphasised in training - schools now have a template for creating infographics, aiding governance and fostering open dialogue

EMOTIONAL & MENTAL WELLBEING

13

About the Programme

Emotional and mental wellbeing are fundamental to the healthy development of children and young people, influencing their ability to learn, build relationships, and navigate life's challenges. Supporting mental health from an early age lays the foundation for resilience and long-term wellbeing.

Recent survey data indicates a concerning decline in the mental wellbeing of young people in Hywel Dda across several indicators. While the majority report reasonable or high mental wellbeing, the proportion reporting low mental wellbeing has increased from around one in six in 2017 to one in five in 2023, despite recent improvements in mental wellbeing reported between 2021 and 2023.

In response, there has been significant work enabling schools in Hywel Dda to implement Welsh Government's Whole School Approach to Emotional and Mental Wellbeing statutory framework launched in 2021.

This aims to guide schools in addressing the emotional and mental wellbeing needs of all children and young people, as well as staff and wider school community.

Since then, all secondary schools have completed self-evaluations and are action planning to improve emotional and mental wellbeing of their pupils.

Secondary Schools
'action planning'
for WSAEMWB

100%

Wales figure 98%

71%

Wales figure 81%

Primary Schools
'action planning'
for WSAEMWB

All schools
'action
planning'

75%

Wales figure 84%

2

Online trauma
informed
courses
provided

564

Participants
engaged in
training

A WHOLE SCHOOL APPROACH

TAVERNSPITE & TEMPLETON PRIMARY SCHOOLS

The Tavernspite/Templeton Emotional and Mental Health and Wellbeing (TEaM) is a pupil-led action group established after the schools joined a WSAEMWB pilot to help identify issues and improve provision for emotional and mental wellbeing.

“It was really helpful writing down my feelings and the things that were worrying me. This was easier than saying them out loud”



Pupil voice played a central role in fostering an open environment where children felt empowered to share their ideas and emotions. Democratically elected representatives from each year formed the TEaM group, which is dedicated to promoting emotional and mental wellbeing across the school. Meeting regularly, the group developed a wellbeing survey to identify social and emotional development needs. They also created a unique brand identity, including a logo and motto, which features on all their communications, reinforcing their presence and purpose within the school community.



The school's strong commitment to health and wellbeing has led to notable improvements in pupils' social and emotional development, driven in part by TEaM's innovative, school-wide initiatives. The group developed an action plan and child-friendly policies to promote inclusion and participation, while also supporting lessons, assemblies, and targeted interventions. Using insights from their wellbeing survey, TEaM introduced individual 'Passports' for children needing additional support, outlining personalised targets and strategies to aid emotional and mental development.



“The TEaM Programme really helped with my confidence”



TEaM has significantly influenced the culture at both schools, fostering a heightened awareness among both staff and pupils about the importance of emotional and mental wellbeing, which is now a mainstream topic within the school community.

Trauma informed training for our community

For young people with Adverse Childhood Experiences (ACEs), having an Emotionally Available Adult (EAA) offers essential safety, trust, and support that can buffer trauma and foster resilience.

Recognising that many young people identify EAAs outside of education - such as in sport - we partnered with the Scarlets Community Foundation and a local grassroots rugby committee to deliver Trauma Informed Schools and Communities Training to coaches and team staff, who often lack access to such support.



In collaboration with Scarlets Community Staff, Carmarthen Quins Minis and Juniors, and education professionals, we identified a need for trauma-informed training. A three-hour session was delivered to around 50 participants at the Carmarthen Quins Pavilion, with additional access provided online for education staff.



Carmarthen Quins now have dedicated Trauma Informed Coaches across multiple age groups ranging between under 9s and under 16s. The Scarlets Community Team, who deliver the Fit, Fed and Fun (FFF) scheme in deprived areas, are now fully trained to apply trauma-informed practices in their community work.



- **The course content, which has been designed for education, health and social care professionals, should be adapted further for face-to-face delivery, with greater practical input and relatable scenarios**
- **This will ensure the content is accessible and relevant to our community-based volunteers such as sports coaches**

4.2

11:35, 10 Mins

4.2 - Deep Dive PO7: Primary Care and Community Strategic Plan Update

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

| For assurance

Attachments

[4.2.1 SPC SBAR Primary Care and Community SP.pdf](#)

[4.2.2 App 1 Primary Care and Community Services Engagement Workshop 0304202~.pdf](#)



PWYLLGOR STRATEGAETH A CHYNLLUNIO STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 July 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Primary Care and Community Services Strategic Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson, Director Primary Care, Community Strategy 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 Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The purpose of the report is to provide and update on the development of the Strategic Plan for Primary Care and Community Services.

Cefndir / Background

National Context

The Kings Fund in 2024 recognised that 90% of daily NHS activity happens either in General Practice or the community.

Nationally, Primary Care sees an investment of over £1b each year across the four contractor professions (General Practice, General Dentistry, Community Pharmacy and Optometric services), for a population of circa 3.11m.

In June 2024 across Wales, GP Practices received 2.4m telephone calls, issued 5.9m prescriptions and saw 411k patients, whilst Community Pharmacies saw 40k Common Ailment consultations and there were 202k District Nurse visits. For the same time period there were 143k referrals to Secondary Care, 14.5k admissions, 95k Accident and Emergency attendances and 35k calls to the Welsh Ambulance Service NHS Trust (WAST).

The Strategic Programme for Primary Care has been leading on a review of the Primary Care Model for Wales, which was initially developed 15 years ago, and the National Association of Primary Care are engaged in discussions around the future model for Primary Care in Wales.

The NHS in Wales is a key member of developing the tripartite (NHS, Welsh Government and the professional body) mandate discussions across the contractor professions, which are undertaken as part of a national framework on an annual basis. Therefore, there are contextual and contractual issues that need to be considered on a local basis when considering the scope and breadth of a Primary Care and Community services strategic plan.

Local Context

Throughout the period of time that the Strategic Plan has been in development, local solutions have continued to be identified enhancing the scope and range of services provided in Primary Care. Three Cluster projects (First Contact Physiotherapy, Children and Younger Persons Mental Health (Tier 0/Tier1) and multi-disciplinary pain management) referenced in Appendix 1) have been identified for consideration of scale up and roll out across the Health Board, which support timely access to services for patients and bringing more services into Primary Care and the community.

In the latter part of 2024, an Adult Attention Deficit Hyperactivity Disorder (ADHD) Local Supplementary Services was commissioned from GP Practices in recognition of the number of adults needing support with monitoring and prescribing of their medication.

Through the Strategic Programme for Primary Care Fund, work has progressed on a number of initiatives that support the implementation of the Health Education and Improvement Wales (HEIW) Strategic Plan for Primary Care Workforce which aligns to the Primary Care Model for Wales; these include:

- Urgent Care Practitioner pilot in Pembrokeshire working across in-hours and out-of-hours with a focus on palliative care
- Workforce Planner for GP Practices
- Independent Prescriber (IP) Pharmacist support to qualified and in training IP Pharmacists
- GP mentorship supporting newly qualified or locum GPs to consider salaried roles or partnership
- GP mentorship to advanced practitioners supporting multi professional and peer support and development
- Piloting health hubs in General Practice

Asesiad / Assessment

The scope of the Strategic Plan has been agreed by Board as including:

- Primary Care contracted services: General Medical Service, Optometry, Community Pharmacy and General Dental Services
- Hywel Dda University Health Board (HDdUHB) Managed Practices (current and future vision)
- Community provision of services to bring care closer to home, including social prescribing, working with the Third Sector, multi-disciplinary working, Community Resource Teams, outreach service provision e.g., leg ulcer clinics etc
- Health Board wide framework for the design and development of services at Pan Cluster Planning Groups at County level (Integrated Locality Planning)
- The provision of Out of Hours services, 24/7 and Urgent Primary Care
- Community Dental Services

Work began on developing a Primary and Community Services Strategic Plan in May 2024. Since that time work has been undertaken to:

- Develop issues papers for both Primary Care contractor professions (including the Community Dental Service and Out of Hours) and Community Services.
- Undertake Workforce and Public engagement throughout September 2024 when seven events aligned to each Cluster were facilitated alongside two online engagement events.

- Develop a set of themes to align the development of the Strategic Plan to the national work led by the Strategic Programme for Primary Care in reviewing the Primary Care Model for Wales.

Whilst attendance and therefore feedback was limited at the public engagement events the feedback told us:

- Patients want to be able to see a GP in a timely manner
- Patients want the approach and time that GPs have to listen to patient needs to change
- Patients want access to NHS Dental services with respondents indicating that they either saw a Dentist privately or had no access to Dental services
- Patients told us that they still like to have information in paper format e.g., leaflets as many reported not having digital access to be able to access relevant information
- Patients wanted to know more about community service availability such as mental health and wellbeing, weight management support, walking groups etc
- Patients wanted to know how to access services outside of daytime provision and wanted to see greater flexibility
- Patients wanted to better understand referral pathways and know when they are able to self-refer without needing to see a GP
- Staff want to see a greater offering of mental health services within the community
- Staff wanted to see adequate funding for Primary Care that invests in the estate, future infrastructure and training
- Staff wanted less duplication of IT systems and the integration of Artificial Intelligence (AI) to support more effective communication between Primary Care and Community services
- Staff wanted to see a continuum of care across all services and greater public health support in the prevention agenda
- Staff wanted help to overcome recruitment issues for clinical and administrative staff that was reported to be impacting on services that are already being delivered

A Board Seminar was held in February 2025 where the proposed model for future delivery was articulated as being:

The commissioning and delivery of Primary and Community Services will deliver timely, safe and effective clinical care which addresses population health needs. Care, where possible, will be delivered closer to home (through the shift of services traditionally delivered in Secondary Care). However, to ensure sustainable service provision there will be occasions where patients will be required to travel for some services. Where possible, more specialist services will be commissioned and delivered at a Cluster level, with oversight at a Regional Integrated Management Board. Community staff employment will be coterminous with GP Practice staff to ensure that there is a system wide approach to delivering care to the most vulnerable in our communities.

It was noted that to achieve this, the organisation needs to protect, stabilise and develop current contractual and community service capacity.

Members of the Board Seminar were also asked to consider the future delivery model which was set out as being organised to enable:

- Oversight and monitoring at Regional Commissioning Board, with delivery at Pan Cluster Planning Group level

- Potential to commission a range of services at a local level
- A set of performance metrics for monitoring of delivery
- Responsibility of Pan Cluster (Healthier) Planning Group for governance, quality, delivery and patient outcomes
- HDdUHB to deliver against agreed design principles e.g., percentage reduction in the number of people attending at Accident and Emergency (A&E) departments, percentage increase in the number of people able to die at home, reduction in the Amyotrophic Lateral Sclerosis (ALS), increase in the number of patients who have their chronic disease management optimised in line with national guidelines

A session with the Locality Leads was held in April 2025 where the options that had previously been presented at a Board Seminar in February 2025 were worked through. The report summarising the discussion is attached at *Appendix 2*. The session provided the opportunity for the Locality Leads understand the options to date and provide feedback; however not all options could be discussed in depth due to lack of representation from the wider profession.

A programme of engagement across the professional groups has been established to run throughout June to August 2025 with a focus on further review of options and the proposed model, with a large engagement session arranged for September 2025. In the meantime, it has been agreed that a mid-point review of the project should be undertaken to ensure that any areas of risk or challenges to completion are discussed and identified to enable further progress to be made on the development of the strategic plan.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** from the work undertaken to date in developing a Primary Care and Community Services strategic plan.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.15. Seek assurances on the development and delivery of the Primary Care and Community Strategic Plan.
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:	Agendas and minutes of meetings 2024-25
Rhestr Termiau: Glossary of Terms:	Contained within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	AMWWG Locality Leads

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

Primary Care and Community Services Strategic Plan

Engagement workshop 3 April 2025: Summary Report

This is a summary report of the engagement exercise undertaken with Locality Leads, Primary Care Service Managers (PCSMs), and representatives from Out of Hours and Chronic Conditions Services. The purpose of the discussion was to review all the ideas and options that have been presented to the Executive team and/or the Board from November 2024 until the present day and the collective outputs from the public and workforce engagement exercise and Issues Papers.

Whilst members of the group (above) had been involved in the production of both Issues Papers and the public and workforce engagement exercises, this was the first opportunity for all the data presented to various audiences, to be discussed and reviewed from a clinical perspective.

This report will:

- Outline broad themes that arose from the discussion
- Identify the ideas and options that are strategic content versus those that are thought to be business as usual (BAU)
- Identify duplication with the 2025/26 Annual Plan
- Identify the ideas and options that require additional specific clinical representation
- Suggest the next steps in terms of clinical engagement and methodology for delivery of a strategic plan

This report contains summaries of each option/ idea that was discussed, including verbatim feedback. The source data for the discussion included:

1. Themes and Ideas presentation October 2024
2. Public Board SBAR November 2024
3. Executive Team Presentation December 2024
4. Board Seminar Presentation February 2025
5. Urgent and Emergency Care (UEC) Primary Care presentation April 2025

Broad Themes

The following areas of focus have been identified as broad themes of agreement:

- Digital Services: There was a consensus on the need for integrated digital systems for both data and access to services, both for patients and between health care professionals. The need for integrated systems with Social Care was identified also. There was consensus on the need to build upon systems and apps already available, most notably the NHS App. The notable exception was the option to allow external providers to pre-book General Medical Services (GMS) appointments without the agreement of GPs.
- Estate: There was consensus on the need to improve the estate, but not solely GMS estate. There was agreement with the idea of the Health Board holding the Lease on GMS properties.
- Fund holding: There was consensus on the idea of locality-based fund holding, and service design. There was broad agreement that this was

possible already, but that the current systems were not enabling the clusters to meet this aim.

- Providing 'holistic services:' There was a consensus view that patient care should be provided holistically rather than targeted at specific contractors eg, Community Pharmacy for Chronic Conditions Managements, or confining the supplementary service offer to target Secondary Care services only.
- Whole system place-based model: Broad consensus for seamless services across Primary Care and Community services, whilst challenging the need for 24/7 access; due to business viability for Community Pharmacy and workforce capacity. There was qualified agreement on the community hub model, with caveats to site/ service offer and with the proviso that the offer should be population need led, not simply as a response to a shift left from Secondary Care.
- Urgent Emergency Care and Urgent Primary Care: Consensus reached that the current system could deliver Urgent Primary Care (UPC) through Out of Hours (OOH), Acute Response Team (ART), Intermediate Teams, District Nurses (DNs) etc, but there was a need to properly determine the connections and specifics of both the UEC model and the UPC model. The options and ideas appear to speak to both without being clear that the UPC model is fundamentally different from UEC and will require investment.

Community Pharmacy

The group highlighted the lack of representation for an in-depth, clinically led discussion. However, interdependencies between GMS and Community Pharmacy were highlighted and the following points were raised:

- Lack of evidence for the involvement with Community Pharmacy in the options and ideas. Does the profession want to expand its offer as per the options and ideas outlined?
- Does the Community Pharmacy estate allow for the additional consultations and services suggested in extending their remit to Chronic Conditions management?
- There is a risk that professional qualifications and oversight are breached.
- The requirement to dispense remains the duty of Pharmacists – additional pharmacists will be required to maintain dispensing as well as carry out additional patient care. Is this viable?

Optometry

The group highlighted the lack of representation for an in-depth, clinically led discussion. In addition, there is overlap with BAU and Integrated Medium Term Plan (IMTP) projects that require decisions.

Dental

The group highlighted the lack of representation for an in-depth, clinically led discussion. In addition, there is overlap with BAU and IMTP projects that require decisions.

Business as usual

Some of the ideas and options previously presented had been given notional labels of strategic or operational. As a strategic plan, it is important to be clear what should be taken forward as a strategic aim, and feature in future engagement, and what is

BAU and therefore sits outside of the plan. The group were asked to identify BAU ideas and options.

The following ideas and options were identified as BAU, this was due to them being identified as part and parcel of normal service improvement, a regulatory or legislative requirement, or ongoing business:

Themes and Ideas October 2024
Review the current strategic plans and governance structures in place ensuring consistency and correct representation with a facility to share amongst the workforce.
Review and revise patient access against the requirements for protected characteristics, to ensure the Health Board and Contractor Services are meeting their statutory duties.
Map the current appointment system across contractual professions to identify disparity and explore potential opportunities to align and improve.
Explore the opportunities for preventative health and Point of Care Testing in non-GMS settings.
Develop contingency plan to mitigate posts within community services that are RIF funded. This ends on 31 March 2027 with no current plans to offset the budget (taken from Community issues paper).
Develop a market strategy to identify and reduce Health Board spend in areas of service exposed to external market forces and inflationary cost pressures (taken from Primary Care and Community issues paper)
Review all service information for accessible use, and ensure all non-compliant information is revised to ensure the equality duty is met promoting existing Primary Care and Community services.
Review Primary Care pocket medic videos and produce as necessary additional resources for community services in line with Public Health messages and in partnership with Public Service Boards and Regional Partnership Board.
Revise cluster plans to identify and amplify the opportunities available to patients and the public that support their health and wellbeing at a local level, across contractual and community services.
Work with the Health Pathways Programme to maximise the information available for Hywel Dda Health Board (HDdUHB) workforce to steer patients to 'non-referral' advice, information, and services.
Formalise a governance structure between Health and Social Care to share intelligence eg, populations needs assessment and wellbeing plans to guide service redesign where required.
Establish annual Primary Care and Community networking events.
Build trusting inter-organisational, professional relationships and create a culture of learning from each other that improves workforce resilience and morale.
Public Board Nov 2024
Working with the Primary and Community Services Academy to support workforce planning as well as the development of training and educational learning plans. People will be encouraged to work at the top of their license ensuring that care is high quality and effective.

• Health services are organised and delivered and costed across Primary Care and Community Services
• Governance and leadership of Primary and Community services.
• Development of an investment plan to ensure the scale up and roll out of training to support the development of the Primary and Community services workforce to deliver a wider range of services and to be confident in delivering care that is at the top of their scope of professional practice.
• Undertaking contractual management and compliance in line with the GMS Regulations.
• Identification of Cluster projects to scale up and roll out for Health Board wide implementation (to be undertaken as part of an annual rolling programme).
• Review of the Pharmaceutical Needs Assessment.
• Implementation of Wales General Ophthalmic Services (WGOS) 4 in line with Welsh Government approved transition and transformation plans shifting care for patients from Ophthalmology to Optometry.
• Development of an Eye Health Needs Assessment.
• Support to ensure that there is an Independent Prescriber (IP) Optometrist working in every Optometric Practice.
• Develop a business case to look at Optometry led YAG laser clinics.
• Review of activity and productivity with regular service audits to drive up quality and service effectiveness.
Radical December 2024
• Single management and operational team for Health Board Managed Practices.
• Delivery of WGOS services on behalf of other Health Boards with cross commissioning arrangements.
Board Seminar February 2025
• Review current Cluster and Pan Cluster arrangements to ensure that the right governance is in place to enable service development and commissioning.

In addition, the ideas and options have been reviewed in comparison with the Annual Plan 2025/26. The following ideas are duplicated in the options that have been presented as part of the Strategic Plan but have already been agreed to be taken forward in this financial year.

The Annual Plan states: By the end of 2025/26 for Primary Care we will have:

1. Implemented a new NHS Dental Commissioning Plan to improve access to routine care and reduce dependence on urgent services
2. Fully implemented the Welsh General Ophthalmic Services (WGOS) framework, supporting the shift of glaucoma filtering/monitoring and other services into Primary Care
3. Reviewed the Pharmaceutical Needs Assessment to guide community pharmacy's expanded role
- 4.

Service and Clinical Representation Gaps

Whilst all of the options and ideas for the Strategic Plan were considered, there was recognition from the group that there remain further options to be developed around particular areas. The table below reflects further feedback from the group:

• Radical Execs are nearly as important as radical clinicians and must not be faint hearted
• All services a based in community – funding and services only move to hospital where absolutely necessary
• Needs to be more of a focus on Education, Prevention and Self Care in this Strategic Plan
• Allow GP referrals direct to services eg, Accident and Emergency (A&E) departments/ Minor Injuries Units (MIU) – why are they triaged again?
• GP consultants? Recognise them as consultants
• Options are chronic conditions – are not focusing on holistic care
• County Directors (missing from discussion)
• Community Pharmacy (missing from discussion)
• Secondary Care are missing from any discussion about the Strategic Plan
• Allied Health Professionals (AHPs) – missing from discussions
• A focus on business and usual – needs more new ideas

Primary Care and Community Services Strategic Plan: Proposed Next Steps

The session identified gaps in clinical and service involvement in the discussion to date, especially with Community Pharmacy, Dental and Optometry. The options and ideas did not reflect fully the Community Services that were in scope and nor was there evidence of Secondary Care or Allied Health Professional involvement in the proposed options and ideas. The underlying themes around the interface between UEC and UPC was a clear area of required focus.

The next steps must include:

1. Reviewing the options and ideas proposed with the following target groups:
 - UEC
 - Nursing Collaboratives/ Specialist Nursing teams
 - Optometry Collaborative
 - Community Pharmacy Collaborative
 - Dental Collaborative
 - Allied Health Professionals (including Mental Health and Learning Disabilities (MH&LD))
 - Chronic Conditions Services
 - Secondary Care Services
2. Seek options and ideas from wider Health Board services. To do this we will engage with:
 - County System Leads
 - Secondary Care Services
 - Allied Health Professionals
 - Urgent and Emergency Care
 - Community Mental Health and Learning Disabilities

3. Non-health Board partners review and the options and ideas and input ideas and options. To do this we will engage with:
 - Regional Partnership Board (RPB) groups
 - Healthier Carmarthenshire
 - Healthier Ceredigion
 - Healthier Pembrokeshire
 - Public Service Boards
4. The development of an integrated assessment process that aligns the Primary Care Model for Wales (PCMW), the Social Model for Health and Wellbeing (SMfHW) Principles and Standards, the Duty of Quality and the Equality Impact Assessment (EqIA) duties. To do this we will:
 - Review and identify commonalities between the PCMW and the SMfHW and Quality Impact Assessment (QIA).
 - Continue the development of EqIA assessments.
5. The development of a communication and engagement plan that identifies the key messages and forms of communication required, using the ideas and options delivered through the engagement process. To do this we will:
 - Identify what ideas and options require:
 - Consultation
 - Engagement
 - For information
 - Design a communication plan based on:
 - “What does this mean for the public?”
 - “What does this mean for our workforce?”
 - “What does this mean for our organisation?”
 - Identify the resource requirements for the communication and engagement work, in tandem with other Health Board engagement requirements.

4.3

11:45, 10 Mins

4.3 - Cluster Update

Rhian Bond (Hywel Dda UHB - Assistant Director of Primary Care), Laura Lloyd Davies (Hywel Dda UHB - Cluster Development Manager)

| For information

Attachments

[4.3 SPC SBAR Cluster Update 1 July 2025.pdf](#)



PWYLLGOR STRATEGAETH A CHYNLLUNIO STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 July 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 Gwybodaeth/For Information

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The purpose of the report is to present the Cluster Project Monitoring. The report provides assurances in respect of the work that has been undertaken by the Clusters in the 2024-25 financial year and provides information relating to the continued development of the projects.

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.

Clusters develop placed based care through Professional Collaboratives and Clusters. Collaboratives bring together General Medical Services, Community Pharmacy, Optometry, Nursing and Allied Health Professionals within their professional groups to assess population health needs and service transformation. Clusters are multi-disciplinary, including Professional collaborative Leads, Third Sector, Local Authority, Secondary Care and Community, that test innovative solutions and drive system change.

Across the seven Clusters, there were fifty-four 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 Projects

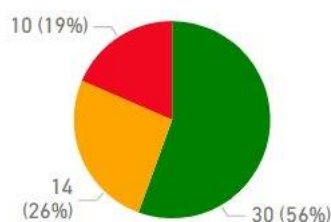
In looking at the current Cluster projects the Cluster data pack is central to the monitoring of Cluster project progression and is therefore key to future planning and service design. The Cluster data pack is presented quarterly at Locality Leads and is available to all Cluster Leads to support discussions 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-four projects initiated and managed by Clusters and is the current position in Quarter 4 for 2024/25.

Target

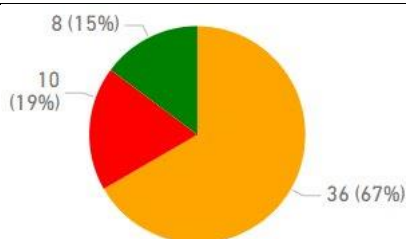
Across the seven clusters, 54 cluster projects are being monitored. A significant proportion of these (56%, 30 projects) are reporting on target (green) to achieve the outcomes identified. 26% of projects (14) are of concern (amber). 19% of projects (10) are of significant concern (red).



RAG Status	Status	Indicates
Red	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	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	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

15% of projects (eight) have an improving trend (green). 67% of projects (36) are stable (amber). Only 19% of projects (10) 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 e.g, 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		
		Green	Amber	Red
Trend	Worsening	-	2	8
	Stable	25	9	2
	Improving	5	3	-

The following has been flagged for attention:

Red – of concern:

- Optometry Equipment (LL, NC, SC) – Data is not being received from the Optometrists in the 3 Clusters. PCSMs and the data team are establishing the reason the Microsoft Form is not sending/receiving the requested information.
- Papyrus – Delivery of Mental Health Services for Young People (TT) – Due to internal administration/ business matters at Papyrus the data has not been delivered to the Primary Care data team. Redundancies and a change in the administrative structure at Papyrus in Wales has resulted in the 2Ts Cluster exiting this project as the requirement for data collection was clear in the original procurement process.
- Physician Associate (NC) – Funding for the Physician Associate will cease in November 2025 as planned. The Primary Care team are currently evaluating the project in North Ceredigion and will produce the final report by the end of 2025. The project was originally developed on a time-limited basis to support the development of PAs in General Practice with a locally developed rotational training programme, and with the anticipation that PAs within the scheme would find employment amongst the Practices in which they were working. Unfortunately, this doesn't seem to have happened.

Cluster projects are not meant to be commissioned indefinitely with the aim to be testing new and innovative ways of working. It is important that when projects fail, for whatever reason, we take the learning and apply it to the future commissioning of projects.

Grey – projects finished:

- Dermatology Non-pigmented Lesion Clinic / Diagnostic Uncertainty (AG) – project started in 2019. Project ending May 2025 (AG)
- Trial without Catheter (AG, LL, TT, NC, SC, NP, SP) – project ceased in February 2025.
- PAPYRUS (NC) – project ceased in February 2025.
- Partners for the Journey (Mind and CAB) (Pembs) – cluster project ended in March 2025, but will continue with Regional Integration Fund (RIF) funding.

Yellow – projects to be reviewed at Value and Sustainability Group:

- Children & Young People Mental Health Service including Jac Lewis Foundation (AG), Mind Llanelli (LL), Connecting Youth, Children & Adults (LL), PAPYRUS (TT, NC), Area 43 (NC, SC)
- Generic Community Occupational Therapy / Physiotherapy Technician (AG, TT) and First Contact Practitioner Physiotherapy (LL, NC, SC, NP, SP)
- Persistent Pain Service (AG, NC)

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 end of year spend as at Month 12.

Cluster	24/25 Budget	EoY Spend
Amman Gwendraeth	£435,999	£430,709
Llanelli	£469,377	£474,335
Tywi/ Taf	£449,333	£417,552
North Pembrokeshire	£531,475	£483,831
South Pembrokeshire	£430,716	£427,821
North Ceredigion	£336,230	£335,581
South Ceredigion	£363,051	£359,646

Finance Data

This is the third 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 process being taken to ensure progress of Cluster projects through the monitoring and evaluation process
- **NOTE** the new process of reporting finance data
- **NOTE** the final cluster project and financial position as at Month 12

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	10.4.1 Report formally, regularly and on a timely basis to the Board on Cluster activities.
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:	Agendas and minutes of meetings 2024-25
Rhestr Termiau: Glossary of Terms:	Not Applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning 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 Data Pack.
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.

4.4

11:55, 10 Mins

4.4 - Review of Clinical Pharmacy Services at NHS Hospitals in Wales

Jill Paterson (Hywel Dda Health Board - Director of Primary Care, Community and Long Term Care), Owain Williams (Hywel Dda UHB - Clinical Director of Pharmacy and Medicines Management)

| For assurance

Attachments

4.4 SPC Welsh Government's Independent Review of Clinical Pharmacy Services~.pdf



PWYLLGOR STRATEGAETH A CHYNLLUNIO STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 July 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Welsh Government's Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson - Director of Primary Care, Community and Long-Term Care.
SWYDDOG ADRODD: REPORTING OFFICER:	Owain Williams - Clinical Director for Pharmacy and Medicines Management

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

Welsh Government (WG) commissioned the Royal Pharmaceutical Society (RPS) to undertake an independent review of the provision of clinical pharmacy services provided in NHS hospitals across Wales. This review made recommendations on how pharmacy services should develop to meet the changing needs of the population and the NHS.

Eighteen months after first presenting the review ([SDODC-21-december-2023/item-2-3-review-of-clinical-pharmacy-services-at-nhs-hospitals-in-wales/](#)) to the Strategic Development and Operational Delivery Committee (SDODC), this paper provides an update on the progress and actions taken by Pharmacy and Medicines Management Services to meet the **60 actions** identified under the four main themes set out by the independent review:

- Enabling pharmacy professionals to practise in areas where they add most value
- Developing hospital pharmacy teams to deliver outstanding clinical care
- Strengthening quality, pharmacy leadership and governance at all levels
- Realising the potential of digital, automation and other technological advances to transform how pharmaceutical care is provided

Cefndir / Background

Clinical Pharmacy is one element of Pharmacy and Medicines Management Services delivered by integrated pharmacy teams within the hospital setting, ensuring safe, effective, and economic use of medicines for individual patients starting from the point of prescribing through to medicines optimisation.

Across NHS Wales and Hywel Dda University Health Board (HDdUHB), steps have been taken to align variation in clinical pharmacy practice, addressing:

- Pharmacists' clinical activities and the services offered to different specialties
- How the pharmacy workforce is structured
- Management arrangements and the leadership culture across the service
- The need to relieve core clinical staff of administrative burdens, enabling them to focus more on direct patient care

Asesiad / Assessment

Since the review was published, the initial focus of the pharmacy teams has been to benchmark and map out current processes and service delivery, and to achieve the actions identified as immediate and short-term priorities by WG.

Benchmarking and progress to date shows compliance with 21 of the 60 (35%) WG actions completed and incorporated into clinical practice:

Priority	Number of actions	Completed and incorporated into practice	Working towards	External influence needed (HEIW, WG, Directors of Pharmacy Peer Group)
Immediate	14	8	3	3
Short	24	12	1	11
Medium	20	1	4	15
Long	2			2
Total	60	21	8	31

Of the remaining 39 actions, 31 rely on external bodies (WG, Health Education and Improvement Wales (HEIW) or Directors of Pharmacy Peer Group) and are mostly aligned to workforce development, leadership, governance and digital and technology actions.

The Directors of Pharmacy Peer Group has recently established five new Delivery Assurance Groups to ensure alignment with the shared strategic direction for pharmacy in Wales, both from a policy and operational perspective. These groups are aligned to the themes set out in [Pharmacy: Delivering a Healthier Wales](#), and will provide the leadership, support and platform for national developments required to transform the NHS pharmacy services as described within this review. HDdUHB pharmacy staff are incorporated into all Delivery Assurance Groups and other sub-groups to support and steer discussions and developments, and will ensure that these are implemented successfully within HDdUHB.

Key actions achieved within HDdUHB across the four main themes are outlined below, with identified next steps to meet further recommendations and further develop the service across Hywel Dda:

1. Enabling pharmacy professionals to practice in areas where they add most value.

Clinical prioritisation

- 13 Pharmacy technicians across HDdUHB have been supported to undertake the pharmacy technician clinical prioritisation course. This course provides pharmacy technicians with the accreditation and governance to allow them to work at the top of their registration. Pharmacy technicians will identify the patients with the greatest clinical need for further pharmacist intervention, thus allowing pharmacists to focus their review and input to the patients with the greatest need and releasing time for other clinical activities within multi-disciplinary teams (MDTs) and prescribing practice.
- An Enabling Quality Improvement in Practice (EQIIP) project has recently been undertaken to support timely clinical intervention at the front door. The project demonstrated the number of clinical and prescribing interventions within Emergency Department and Admission areas that could potentially lead to medication

administration errors. The study focused on improving prescribing on admission to reduce errors and make efficient use of pharmacy time within these areas.

Next steps

- Continue to develop the workforce, including increasing the number of pharmacy technicians training in clinical prioritisation to expand their clinical roles. This is supported through job description amendments and developing job plans for future roles.
- Following the EQIIP project the issues raised are being scrutinised independently to ensure patient safety and identify follow up projects.
- Development of a clinical prioritisation tool within the Electronic Prescribing and Medicines Administration (EPMA) system will revolutionise pharmacists' ability to target prescriptions for high-risk patients and high-risk medicines to support the expansion of their roles within MDTs.

Transformation of unplanned and emergency care

- A clinical pharmacy service is currently provided to all urgent and emergency care (UEC) settings within the hospital sites during core pharmacy hours. A review of the service has been undertaken, however sustainability of services with expanded hours is not currently feasible within current establishment.
- A Health Board wide pharmacy front of house group has been developed to share good practice, promote standardisation of clinical pharmacy service and horizon scan for future opportunities to improve patient care.
- Pharmacy services were previously provided to Same Day Emergency Care (SDEC) units, however due to career progressions and subsequent challenges with retaining staff, there is currently no dedicated pharmacy support for these units. Proposals for clinical pharmacy roles into the Clinical Streaming Hubs to support the wider Six Goals programme for HDdUHB have been developed, however the short-term nature of WG funding aligned to these roles makes it challenging to recruit into temporary or fixed-term positions.

Next steps

- Continue to support the development of pharmacy roles and input into unplanned and emergency care areas in-line with the recommendations.
- Development and support for clinical pharmacy roles within the Clinical Streaming Hubs to support the future model of UEC within the Health Board.

Preadmissions and prehabilitation

- A prehabilitation pharmacist is in post two days a week until 2026 to provide a clinical pharmacy review to optimise patient's medication treatment, using their prescribing skills to directly impact patient care within the primary care setting to optimise treatment pre-surgery.
- Preadmission services in HDdUHB have traditionally been nurse led, and currently lack dedicated pharmacy service. Further work is needed to capture data on the number of patients whose operations are cancelled, or inpatient stay prolonged due to lack of medicines optimisation prior to supporting this service.

Next steps

- Capture data of prehabilitation pharmacist's input and clinical impact to further develop the role and embed within the wider MDT.
- Review of pre-admission services and potential role of pharmacy.

2. Developing hospital pharmacy teams to deliver outstanding clinical care

MDT working

- Resource mapping has identified areas where pharmacy services are not provided and where provision could be improved. Pharmacists are now linked to all directorates, with cross sector working across clinical areas to promote more efficient working and sharing of knowledge to benefit our patients.
- There are numerous examples of pharmacists already contributing effectively within MDTs across areas such as mental health, palliative care, gastroenterology, dermatology, rheumatology, cancer services, stroke and antimicrobials. These roles are continuing to evolve and expand, with pharmacists utilising their prescribing skills to directly manage cohorts of patients. This collaborative approach continues to be further developed and expanded into other specialties.
- It is essential that pharmacists working as integral members of the MDT becomes standard practice, embedded alongside core pharmacy responsibilities. Given the increasing constraints on workforce funding, wherever possible the service continues to identify innovative ways to deliver high-quality clinical care..

Next Steps

- Continue to support working within MDTs and identify possible future workforce opportunities with a strong core foundation pharmacy service.

3. Strengthening quality, pharmacy leadership and governance at all levels

Education & Workforce

- 74% of secondary care pharmacists are actively prescribing in HDdUHB with plans in place for remaining staff within a patient-facing clinical role to complete their prescribing qualification over the next two years. Having pharmacists with the advanced clinical skills and ability as prescribers provides benefits to patient care, in terms of clinical outcomes and health efficiencies. This includes optimised medication management in complex cases through polypharmacy reviews, streamlining care processes to reduce burden on other clinicians, enhancing patient safety by reducing medication errors, improved medicines reconciliation and prescribing on the interface and optimising chronic disease management in-line with National and Local guidelines.
- Due to a change in the pharmacy curriculum within universities from a historical scientific focus to be more clinically focused, pharmacy students graduating from 2026 will be “prescriber-ready”, having completed their non-medical prescribing within their undergraduate training. The service will be adjusting to provide opportunities to utilise the clinical prescribing skills of the current and future workforce, within a robust and safe governance framework.
- To support the future workforce, pharmacy services hosted 126 undergraduate placements from Swansea and Cardiff Universities across all hospital sites and within Primary Care, being in the top three Health Boards for the number of students hosted in 2025/26.
- The first Consultant Pharmacist for HDdUHB, and the first Primary Care Consultant Pharmacist in Wales, has been appointed within a managed practice in Primary Care. This innovative post provides the ambitious opportunity to deliver Prudent and Value Based Healthcare and raises the profile for what a Consultant Pharmacist can and should do; aligned with the four pillars of consultancy (clinical practice, leadership, education and training and research). The consultant pharmacist provides high-level

clinical care through holistic cardiometabolic chronic disease management clinics and identifying opportunities to promote clinical research within practice.

- HDdUHB is the first Health Board to appoint an accuracy checking accredited technical officer. This is a role previously completed by registered pharmacy technicians, however with competency training of non-registered professionals within pharmacy, this is another example of workforce development across the whole staff group to work to the top of their licence to achieve and sustain actions within the review whilst maintaining the core pharmacy service.
- The Health Board has engaged with the RPS, HEIW and the national delivery assurance groups to encourage staff to develop their portfolio as advanced practitioners.
- Pharmacists have participated in research with Cardiff and Swansea universities, supporting undergraduate research projects in service evaluation, audit and rapid reviews, aligning with RPS pillars for advanced practice as recommended within the review.

Next steps

- Continue to support the education and development of current and future workforce through collaboration with Higher Education Institutes.
- Collaboration with HEIW and other Health Boards, through the Directors of Pharmacy Peer Group's delivery assurance groups to develop a standardised career pathway for pharmacists and pharmacy technicians aligned to RPS advanced practice framework with job planning of roles becoming normal practice.
- Identify future workforce development opportunities to increase future advanced practice pharmacist and consultant pharmacist posts within HDdUHB.

4. Realising the benefits of wider use of innovation to guide therapeutic decision making

Digital

- EPMA roll out is gathering momentum, with plans to implement in Quarter 1 2026. Dedicated EPMA posts, through short-term funding by WG within the programme, will provide pharmacy input into the successful implementation of the project, and realisation of the clinical benefits that EPMA will provide, particularly within quality and safety areas.
- Following a baseline assessment of the digital confidence of hospital pharmacy workforce, digital literacy work has begun with staff in combination with the Health Board Digital Inclusion team.

Next steps

- To continue to support the digital pharmacy team in preparing for implementation of EPMA and support clinical staff with this digital transformation.
- To effectively manage change in clinical workflows following the digitisation of medicines processes.
- To support clinical staff in working with the Digital Inclusion team and digital pharmacist to increase their digital literacy and prepare for implementation of EPMA.

Conclusion

Following publication of the recommendations from the RPS Review of Clinical Pharmacy Services, pharmacy teams continue to provide excellent clinical care across HDdUHB. To address inefficiencies with traditional models of clinical pharmacy, and to support the development of the future pharmacy workforce, it is essential to continue implementing modern and innovative approaches. Clinical prioritisation, and the deployment of electronic prescribing

and digital solutions will be at the core of service redesign. This will be supported by a workforce upskilled to provide direct patient care, with a strong core foundation pharmacy service for the safe and efficient provision of medicines. This will be essential to clinical pharmacy's ability to meet NHS demands for now and for the future.

Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** the achievements to date across the actions recommended within the Welsh Government's Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales.
- **NOTE** the ongoing work and development within HDdUHB and in collaboration with external organisations to support and achieve recommendations within the Review.
- **SUPPORT** updating the completion dates and deadlines within the recommendations on AMAT where actions have now been identified for external national development.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.22. Seek assurance on the delivery of the requirements arising from Health Board's regulators, WG and professional bodies.
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)	5. Whole systems perspective
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

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termiau: Glossary of Terms:	Not Applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	SDODC on 21 December 2023

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Outlined within the report
Gweithlu: Workforce:	The workforce will be upskilled to deliver direct patient care, supported by a robust core pharmacy service that ensures the safe and efficient management of medicines."
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable

Cydraddoldeb: Equality:	Not Applicable for this type of report

5 - Capital and Estates

5.1 - Capital Programme for 2025-26 and Capital Governance

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Eldeg Rosser (Head of Capital Planning)

Including:
Capital Planning Equipment Replacement Programme
CSC Workplan
CSC Annual Report

| For information

Attachments

[5.1.1 DCP Gov Update July 25 v1.pdf](#)

[5.1.2 Annex 2 - Sealing schedule June 25.pdf](#)

[5.1.3 Annex 3 CSC Update \(3As\) Report.Template.V1 July 25.pdf](#)



STRATEGY & PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 July 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Capital Programme for 2025/26 and Capital Governance Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive 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)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report is presented to the Strategy and Planning Committee (SPC) to:

- Update on the 2025/26 Capital Programme and Capital Resource Limit (CRL) for 2025/26
- Update on the allocation of the Discretionary Capital Programme (DCP) for 2025/26
- Notify the SPC of the contracts that may require sealing during 2025/26
- Provide a capital schemes governance update
- Update on the status of the Reinforced Autoclave Aerated Concrete (RAAC) Schemes, Wylabush Hospital (WGH)

Cefndir / Background

This report provides an update on the 2025/26 Discretionary Capital Programme. It follows on from the report and discussion at the SPC meeting held on 24 April 2025 and CSC meeting held on 15 May 2025.

The available capital allocation 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 (i.e., 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 Finance and Planning Committee (FPC).

Asesiad / Assessment

Capital Resource Limit 2025/26

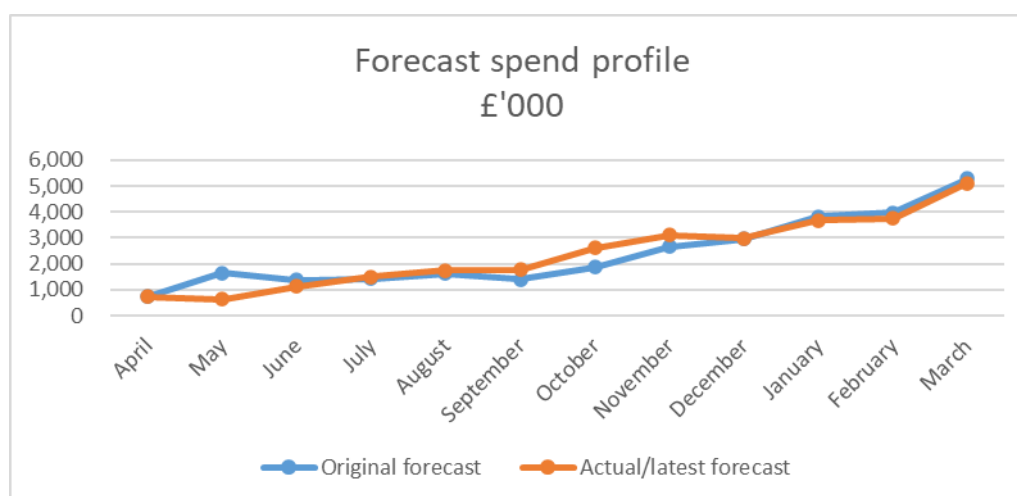
The CRL for 2025/26 has been issued with the following allocations:

Allocation	£m
All Wales Capital Programme (AWCP)	21.629
Discretionary Programme* (DCP)	7.152
Total	28.781

*The Health Board received DCP of 2025/26 in £10m. A contribution of £1.903m has been made towards the Targeted Estates Fund schemes within AWCP. A further £0.945m has been paid back to the AWCP to account for capital scheme slippages in 2024/25.

Expenditure Profile Forecast

The below chart shows current forecast expenditure compared with the original forecast. Expenditure for May 2025 was slightly lower than forecast on some of the Backlog Maintenance schemes, with spend increasing later in the financial year.



Capital Expenditure Plan

The following table shows the capital expenditure plan for 2025/26 with expenditure incurred to date:

Scheme	Planned Spend 2025/26 £m	Cumulative Spend Apr-May £m	Spend May £m	Remaining balance £m
AWCP				
Glangwili - Fire Enforcement works - Phase 2 - Fees	0.779	0.042	0.028	0.737
Backlog Maintenance – (slippage from 2024-25)	1.468	0.187	0	1.281
Diagnostic Equipment - WGH Fluro and Chilled Water Plant	2.570	0.012	0.004	2.558
Aberystwyth Sexual Assault Referral Centre (SARC)	2.367	0.586	0.213	1.781
Block C, Picton Terrace, Carmarthenshire	2.488	0.048	0.044	2.440
Estates Funding Advisory Board (EFAB) - Infrastructure	0.127	0.004	0	0.123
EOY Funding 24/25 – (Pentre Awel)	0.400	0.066	0.006	0.334
Targeted Estates Fund (TEF) - Fire	0.414	0	0	0.414
TEF - Infrastructure	3.927	0	0	3.927
TEF - Decarbonisation	0.300	0	0	0.300
TEF - Mental Health	0.810	0.001	0.001	0.809
TEF - Infection Prevention Control	0.318	0	0	0.318
TEF - Decontamination	0.576	0	0	0.576
Carmarthen Hwb - Equipment and Fit-out costs	3.518	0	0	3.518
Fishguard Health and Wellbeing Centre	1.567	0.007	0.007	1.560
Sub-total AWCP	21.629	0.953	0.303	20.676
Discretionary				
IT	0.959	0.044	0.044	0.915
Equipment	1.786	0.262	0.190	1.524
Estates – Statutory	0.45	0.008	0.008	0.442
Estates Infrastructure	2.953	0	0	2.953
Mental Health	0	0	0	0.000
Other	1.004	0.111	0.098	0.893
Sub-total Discretionary	7.152	0.425	0.340	6.727
TOTAL	28.781	1.378	0.643	27.403

Capital Programme 2025/26

Discretionary Capital Allocation (DCP)

The Health Board has received confirmation that the Discretionary Capital Allocation for 2025/26 has been increased to £10m, an increase of nearly 35% on the 2024/25 level. Whilst this is welcomed, 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 has circulated 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 CPG

With these risks in mind the CPG, 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 HDdUHB to mitigate all the capital risks that are currently highlighted on 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 on-going risks.

A paper was prepared for the Executive Team in January 2025 to consider options on the broad split of the DCP allocations for 2025/26, and subsequently the CSC in January 2025. The Executive Team agreed the following split of allocations which has been endorsed by the Strategic Development and Operational Delivery Committee (SDODC) and agreed by Board in March 2025.

The programme approved was:

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

The details of the items to be procured through the statutory and estates programme, equipment and digital allocations and the allocation of expenditure via the prioritisation matrix are detailed in Annex 1 of this report.

As additional allocations become available during the year through VAT recovery and other opportunities the use of these allocations will be reviewed and reported.

Additional allocations

HDdUHB has received notification of the potential opportunity to receive additional allocations from the All-Wales Diagnostic Imaging pot.

Radiology Replacement

HDdUHB has been asked to provide cost estimates to develop the following projects

- Nuclear Medicine equipment replacement WGH
- Upgrade Magnetic Resonance Imaging (MRI) in Glangwili Hospital (GGH)

Costs have now been submitted to WG. The development of cost plans has highlighted concerns regarding electrical capacity on several acute sites, which could become barriers to new equipment replacements becoming operational on these sites.

Ultrasound Scanners outside of radiology

The Health Board has been asked to submit to WG a risk rated list of up to 10 scanners for replacement based on an evaluation of the current systems against the following criteria:

- Age
- Reliability
- Image quality
- Patient safety and risk reports (e.g., DATIX)
- Service resilience
- Patient backlog size

Submissions were due by 13 June with decisions expected by mid-July2025.

Potential contracts for sealing

The Board has approved the distribution of HDdUHB's capital allocation and plan. The delivery of this plan requires the Health Board to enter into works and construction contracts which may require sealing. Works and construction contracts executed under seal provide an extended latent defects period cover, an extension from six years to 12 years.

Schemes listed in Annex 2 are the schedule of projects that are currently in our capital plan for 2025/26 where there may be associated works contracts that require sealing. The schedule continuously updated for CSC and SPC to ensure it is ready for submission to Board alongside the Committee update.

Capital Governance – Project Updates

At the May 2025 meeting of the CSC, 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 Development	Work continues towards producing a new brief for the scheme. The project timeline is dependent on what final option is agreed with timeline for re-work yet to be considered by the supply chain partner and subject to approval.
Next Key Milestone:	Service reduction/Statement of Account (SOA) approval SBAR prepared for Executive Team in May 2025. Information has been shared with WG and NHS Wales Shared Services Partnership (NWSSP) - Estates and a meeting with WG was held on 30 May 2025.		

Project:	RAG Indicator:	Stage:	Matters for Committee attention:
Regional Pathology Service	ALERT	Outline Business Case – Stage 2	Confirmation has been received following the outcome of the All-Wales Prioritisation process that this project in its current form is unaffordable. An investment in the HDdUHB estate is anticipated to mitigate the current risks being experienced by the service. Note that reporting on this scheme in the future will be replaced by reporting on the solution for Cellular Pathology both regionally and locally.
Next Key Milestone:	The Regional Pathology Case in its original form is now on hold. Discussions with Swansea Bay University Health Board (SBUHB) and WG required to determine next steps. A group from SBUHB and HDdUHB are meeting regularly to progress with options assessment for a Cellular Pathology solution which is currently deemed to be the most critical area to resolve.		

The Sub Committee were asked to:

- Cross Hands: Endorse the revised plans and provide assurance this was the correct course of action.
- Regional Pathology: To agree alternative plan prioritising Cellular Path as opposed to the whole scheme.
- WGH and GGH Fire Schemes: Accept and potentially scrutinise the revised timelines.

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. Work is progressing on site and the current completion for this scheme is anticipated for early 2026.

Pentre Awel (led by Carmarthenshire County Council)

The completion of the Hydrotherapy Pool element of this development is June 2025 with the Clinical Delivery Unit being completed towards in early 2026.

Cylch Caron (led by Ceredigion County Council)

A tender process for partners to work with us in a Competitive Dialogue procurement exercise has now closed and the outcome of this process will be discussed with WG in a meeting on 30 May 2025. A resource schedule has been submitted to WG calling out the costs of refreshing the current OBC.

Update from Capital Sub Committee

Attached in Annex 3 is the update from the CSC held on 21 March 2025.

There is:

- One item to alert the Committee
- Six items to advise the Committee
- Eight items to assure the Committee

Argymhelliad / Recommendation

The Strategy and Planning Committee is asked to:

- **RECEIVE ASSURANCE** from the update on the Capital Programme and CRL for 2025/26
- **NOTE** the allocation of the DCP for 2025/26 and the potential changes since Board ratification
- **RECEIVE ASSURANCE AND UPDATE THE BOARD**, that the seal can be applied for all schemes listed in Annex 2
- **NOTE** the capital schemes governance update
- **RECEIVE ASSURANCE** from the Capital Sub Committee update in Annex 3

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 perspective
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
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 Termiau: 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:	CSC Finance and Planning Committee Capital Planning Group

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.

Annex 1

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 – Table 1	0.450
Equipment – Table 2	0.500
Digital – Table 3	0.500
Allocation via matrix -Table 4	0.750
Total	10.000

Table 1

Statutory and Estates Testing 2025/26		
	£m	Risk Reference
Fire Code and Safety Compliance	0.050	813
Legionella Compliance	0.060	Site Risks 1051/1062/1065 1103/949/1180 1135/1546/1262/1265
Asbestos Compliance	0.045	Site Risks 934/1182 HBW 222
ISO 14001	0.020	547
Lift Compliance	0.040	Site Risks 1134/1753/1050/1071/1102
Medical Gas Compliance	0.040	Site Risks 1132/1138/10571069/1106
Fixed and PAT Testing	0.120	Site Risks 1353/1348/1131/1127/1697/1149/ 1061/1056/465/1070/1068/1067/ 1020/1101/1098/1099/505
Ductwork Cleaning and Damper Compliance	0.065	Site Risks 1617/913/1323/215/1153/1145/369/483/1759
Radon Compliance	0.010	
Total	0.450	

Table 2

Equipment 2025/26		
	£m	Risk Reference
Transport Ventilator SCBU GGH	0.024	2009
Boiling pans Catering GGH	0.017	2076
Rational Oven Catering GGH	0.018	2076
Echo Ultrasound Children's Centre GGH	0.126	1870
Hysteroscope Gynae GGH	0.055	TBC
Autoclave replacement Microbiology GGH	0.120	104
To be confirmed	0.140	
Total	0.500	

Table 3

Digital 2025/26	
	£m
New Hardware	0.426
Imprivata	0.020
Datix Upgrade	0.004
DEC phone replacement at BGH	0.050
Total	0.500

Table 4

Matrix Prioritisation	
2025/26	
	£m
Tourniquet System	0.070
Paging Replacement	0.350
Citrix Replacement	0.250
WAP Replacement	0.080
Total	0.750

Potential Contracts requiring the use of the UHB Seal in 2025/2026					
Project Name	Site	Funding Source	Supplier	Contract sealing date	Start on Site
Phase 2 Fire Works	WGH	AWCP	TBC	September	October
Phase 2 Fire Works	GGH	AWCP	to be added when known	to be added when known	to be added when known
Flouroscopy Room	WGH	AWCP	TR Jones	to be added when known	to be added when known
Provision 2nd generator at Glangwili Site	GGH	WG - TEF	TR Jones	to be added when known	to be added when known
Provision 2nd generator at Withybush	WGH	WG - TEF	TR Jones	to be added when known	to be added when known
Provision 2nd generator at Prince Philip	PPH	WG - TEF	TR Jones	to be added when known	to be added when known
AHU Refurbishment Works all sites		WG - TEF	TR Jones	to be added when known	to be added when known
Replacement & upgrades to passenger lifts		WG - TEF	Otis	to be added when known	to be added when known
Glangwili Roof related projects	GGH	WG - TEF	TR Jones	to be added when known	to be added when known
South pembrokeshire roof related project	SPH	WG - TEF	Edmunds Webster	to be added when known	to be added when known
PPH IPS UPS Installation	PPH	WG - TEF	Weavers	to be added when known	to be added when known
Theatre Lights upgrade		WG - TEF	Lewis Construction	to be added when known	to be added when known
Chiller replacement ITU	WGH	WG - TEF	Weavers	to be added when known	to be added when known
LV Electrical Infrastructure		WG - TEF	TR Jones	to be added when known	to be added when known
Chiller refurbishment	PPH	WG - TEF	to be added when known	to be added when known	to be added when known
Replacement Fire dampers		WG - TEF	Weavers	to be added when known	to be added when known
Cause and effect upgrade programme		WG - TEF	TR Jones	to be added when known	to be added when known
Replacement programme obsolete fire alarms and detection system		WG - TEF	Lewis Construction	to be added when known	to be added when known
Ty Bryn Scheme		WG - TEF	to be added when known	to be added when known	to be added when known
S136 Adult and Young Person Stepdown Carmarthen		WG - TEF	to be added when known	to be added when known	to be added when known
St Non's Point of Ligature		WG - TEF	to be added when known	to be added when known	to be added when known
Private Wire Solar Farm enabling works	PPH	WG - TEF	to be added when known	to be added when known	to be added when known
Phased replacement of single glazed windows		WG - TEF	to be added when known	to be added when known	to be added when known
Electrical vehicles Charging Points	GGH & PPH	WG - TEF	to be added when known	to be added when known	to be added when known
Replacement Surgical Instrument Washers	GGH	WG - TEF	to be added when known	to be added when known	to be added when known
Replacment endoscope washers and centralisation into HSDU	BGH	WG - TEF	to be added when known	to be added when known	to be added when known
Low Voltage Breaker replacements	GGH & PPH	WG - TEF	to be added when known	to be added when known	to be added when known
Picton Terrace	Picton Terrace	AWCP	TR Jones	21/05/2025	27/05/2025
Sensory Garden	PPH	Charitable Funds	TR Jones	to be added when known	to be added when known
		Currently in WG			
Aseptic Project	WGH	Scrutiny process	Lewis Construction	to be added when known	to be added when known
Fire Doors	AVH/PPH		Lewis Construction	to be added when known	to be added when known
Morlais Ward inc Fire Doors	GGH		Edmunds Webster	to be added when known	to be added when known
Concrete Cladding Remedial Works	WGH		to be added when known	to be added when known	to be added when known

CAPITAL SUB COMMITTEE UPDATE REPORT

Date of last meeting: 15t May 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:

Alert¹ (may require discussion)

Capital Sub-Committee (CSC) wish to **alert** members of the Strategy and Planning Committee (SPC) of:

1. **Capital Governance Report - Cross Hands** - Footprint substantially reduced with consequences for elements of the original plan not being progressed. This has implications for how Hywel Dda University Health Board (HDdUHB) delivers services. There is an upcoming meeting with Welsh Government (WG) where the implications of the decision-making can be reviewed. The original plan, although costing more would provide more value for money. *While acknowledging the UHB need to reach an agreement with WG, CSC registered concern regarding this significant deviation. CSC endorsed a discussion with WG on the above*

Advise² (to monitor)

Capital Sub-Committee wish to **advise** members of the Strategy and Planning Committee that:

1. **The CSC Work Plan 2025-2026** has been approved by CSC.
2. **Capital Governance Arrangements** have been reviewed by Internal Audit (an advisory piece of work on the governance arrangements between CSC and the A Healthier Mid and West Wales (AHMWW) Infrastructure and Estates sub-group as there were a number of overlapping items in the agendas, and to aid clarity on reporting). The report provided a degree of assurance by confirming there were no omissions in the agendas although some duplication was noted. A management response report to be drafted and reviewed at next CSC.
3. **Targeted Estates Funding (TEF) approved by Welsh Government.** CSC received assurance that all projects were to be deliverable by the end of the financial year and any slippage would be highlighted and risk rated.
4. **Capital Resource Limit 24/25:**
 - The unaudited position is an underspend of £85k; the Health Board has met the statute target of being within £0.5m of the Capital Resource Limit (CRL).

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.



- Significant slippages were identified towards the end of the financial year, with a net impact of £1.2m, which will need to be funded from this year's Discretionary Capital Programme (DCP).

5. Capital Programme 2025/26:

- There are some additional allocations that the Health Board can bid for this year:
 - From the All-Wales Diagnostic Imaging pot, the Health Board has been asked to provide costs for:
 - Replacement of the nuclear medicine equipment in Withybush Hospital (WGH).
 - Upgrade of the Magnetic Resonance Imaging (MRI) in Glangwili Hospital (GGH). The Health Board has been asked to submit budget costing for the MRI in GGH to WG by the end of May 2025.
 - The Health Board has been informed that the replacement of the Computerised Tomography (CT) scanner in GGH and the DEXA scanner in Bronglais Hospital (BGH) are unlikely to be funded through this source.
 - HDdUHB has been asked to submit bids for a replacement of ultrasound scanners outside radiology. These bids are being collated and are due to be submitted to WG by 13 June 2025.
- Going forward, the capital governance report will include as a standing item an annex listing a schedule of potential contracts that may require the use of the UHB seal. This will be presented to SPC and to Board as part of the SPC Bord Update, so that the Board will have been sighted on the requirements to use the seal on these schemes.

6. Capital Governance - Regional Pathology project.

The original regional plan was not supported by WG and an alternative plan is required. The development of the Cell Path facility is being prioritised with options currently on track to present to Board on 25 September 2025. *CSC took some assurance that there was a process underway to reach a conclusion on this and the CSC wish to advise the SPC on the revised plan.*

Assure³ (to note)

The Capital Sub Committee received assurance and noted the following:

1. **The Audit Recommendation Update Report** and the progress of the implementation of the outstanding capital themed audit recommendations.
2. **The A Healthier Mid and West Wales (AHMWW) Update** and the follow up meeting arranged with WG on 3 July 2025
3. **Aseptics update:** HDdUHB response to the first set of scrutiny questions from WG and NHS Wales Shared Services Partnership (NWSSP).
4. **WGH Fluoroscopy update** - SBAR is being presented to Board, and highlights that the contract is more than £1m.

³ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

5. **LINAC update** - a paper will be presented to Swansea Bay University Health Board (SBUHB) and to HDUHB Board on 25 May 2025. Will now include 6th bunker whereas the original included 5th LINAC only.
6. **Estates Funding Advisory Board (EFAB) Update Report** - the GGH lift replacement project will continue into the autumn of 2025 with the agreement of NWSSP and WG.
7. **Welsh Government Dashboard Report** on the All Wales Capital Programme (AWCP) and Integration and Rebalancing Capital Fund (IRCF) funded projects, reflecting progress to the end of April 2025.
8. **Capital Governance Report** - CSC noted the projects currently reporting a red ALERT RAG status and schemes with significant increase in RAG status since the March 2025 meeting. The following projects were discussed:
 - Fire Enforcement schemes timelines. *The CSC accepted the advice of the report that the revised timelines were necessary and took assurance on how this had been managed with Mis and West Wales Fire and Rescue Service (MWWFRS).*

Papers for information were noted by the CSC as follows:

- Capital Review Meeting – Minutes of meeting 21 January 2025 and 20 March 2025.
- Capital Monitoring Forum – Minutes of meeting 11 March 2025.
- Capital Planning Group – Minutes of meeting 25 April 2025.

Review of Risks

None to raise in this report

Sharing of learning

Capital Resource Limit 2024/25: Achieving the position was challenging. The team has been asked to undertake a Lessons Learned exercise. The output from this potentially to be shared for reflection on process improvements for the current financial year.

Recommendation

The Strategy and Planning Committee is asked to:

- **DISCUSS** the one alert item in relation to the Cross Hands Scheme
- **MONITOR** the six items the Capital Sub Committee is advising them of
- **NOTE** and **RECEIVE ASSURANCE** from the eight items that the Capital Sub Committee is providing assurance on

5.2 - Withybush Hospital Fire Prevention Scheme Phase 2 Business Justification Case

***Rob Elliott (Hywel Dda UHB - Director of Estates, Facilities and Capital Management),
Christine Thomas (Hywel Dda UHB - Assistant Major Capital Development Manager)***

| For approval

Attachments

[5.2.1 SPC SBAR WGH BJC 1 Jul 2025 Final.pdf](#)

[5.2.2 Appendix 1 - WGH Fire Precaution Works BJC Phase Two v2.5.pdf](#)

[5.2.3 Appendix 2 - WGH Fire Precaution Works BJC Phase Two v2.5 Appendices June 25.pdf](#)



PWYLLGOR STRATEGAETH A CHYNLLUNIO STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 July 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Business Justification Case (BJC) for Withybush Hospital (WGH) to support Phase 2 of Fire Enforcement Notices
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Severs, Executive Director of Allied Health Professions and Health Science
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

This report sets out the next and final stage in delivering the Strategic Capital investment necessary to comply with the Fire Enforcement Notice in place on the Withybush Hospital (WGH) site.

The Business Justification Case (BJC) document referenced in this report and attached at Appendix 1 sets out the Capital Investment required to enable the delivery of the Phase 2 Fire Precaution Upgrade Works within inpatient ward areas, departments and risk rooms at WGH. Also attached at Appendix 2 is the Appendices to the BJC.

The Estates Annex is not included at this stage due to the size of the document but is available should it be required.

Cefndir / Background

Hywel Dda University Health Board (HDdUHB) has worked closely with Mid and West Wales Fire and rescue Service (MWWFRS) in developing a detailed implementation programme which allows the works to be undertaken in an operational acute hospital. This has resulted in the MWWFRS reissuing their Fire Enforcement Notices (FENs) into the stages reflecting the dates from the HDdUHB implementation plan:

Key Stages

- Advance Works Contract – Vertical escape routes in main hospital core blocks and residential accommodation – now complete.
- Phase 1 – Main horizontal compartmentation in main hospital core block and associated residential accommodation including main plant rooms and underground service ducts – now complete.

The FENs for the above phases of the programme have now been lifted.

The next and final stage of the investment is Phase 2 – All departments/ward areas/risk rooms (FEN KS/890/04)

This paper sets out the detailed BJC to support the Phase 2 of the work which forms the final stage at WGH.

Throughout the development of the above, HDdUHB has worked closely with Welsh Government to appraise them of progress.

The MWWFRS are fully involved in regular discussions with HDdUHB on progress and are supportive of actions to date and remain committed to supporting HDdUHB to complete all of these works.

Asesiad / Assessment

The BJC for Phase 2 has followed a revised procurement route moving away from Design for Life Building for Wales frameworks. The new approach developed in partnership with NHS Wales Shared Services Partnership (NWSSP) brings greater control to HDdUHB Management.

HDdUHB has now made direct appointments to external Project Managers and a full design team, all of which are directly managed by the Major Capital Projects team of HDdUHB. The Southwest Wales Regional Contractors Framework is now being utilised, providing greater oversight and control through the use of locally based contractors as opposed to national contractors under the Design for Life framework.

The development of the BJC has included extensive engagement with the Operational Clinical Management Team in order to align the Programme of Works with clinical requirements as closely as possible.

The BJC sets out the Capital needs for the Phase 2. The extensive detail of the fire engineering solutions is included within the technical annexe.

In summary, the Capital cost of the Project is a Total Outturn Cost (including contingency) of £8.4m. This is inclusive of VAT with no allowance for any reclaim.

Note: The normal approach to VAT recovery will allow HDdUHB to recover VAT on consultant fees. When incorporating this assumption, the outturn cost will be £8.2m. This is the figure noted in the BJC at Appendix 1.

Argymhelliad / Recommendation

The Strategy and Planning Committee are asked to:

- **SUPPORT** the submission of the Business Justification Case to Board on 31 July 2025
- **SUPPORT** the submission of the Business Justification Case to Welsh Government seeking approval to progress with the Withybush General Hospital Phase 2.

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

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.2 Review business cases, prior to Board approval, including the development of the Programme Business Case for the new hospital and the Programme Business Case for the repurposing of the Glangwili and Withybush General Hospital sites, underpinned by a robust process for continuous engagement to support delivery.
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:	3. Great care
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Extensive site bases survey information and direct input from key operational estate staff
Rhestr Termiau: Glossary of Terms:	Contained within the body of the text
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian:	Funding sought from Welsh Government

Financial / Service:	
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

Withybush Hospital – Fire Precaution Upgrade Works

Phase Two Business Justification Case

Version: 2.5

10 June 2025

Version Control

Version	Date Issued	Notes	Issued To
1.1	22 Feb 2024	Final BJC	J Wood (H DUHB) C Thomas (H DUHB) R Elliott (H DUHB)
2.0	23 May 2025	Revisions to scope and procurement updated throughout BJC	R Elliott (H DUHB) J Wood (H DUHB) C Thomas (H DUHB) M Brown (Mace) B Spilsbury (Mace)
2.1	3 June 2025	Incorporation of client feedback	C Thomas (H DUHB) M Brown (Mace)
2.2	3 June 2025	Incorporation of client feedback	C Thomas (H DUHB) M Brown (Mace) R Elliott (H DUHB)
2.3	3 June 2025	Inclusion of capital costs	R Elliott (H DUHB) C Thomas (H DUHB) M Brown (Mace)
2.4	4 June 2025	Minor corrections	C Thomas (H DUHB)
2.5	10 June 2025	Revision to capital costs	R Elliott (H DUHB) C Thomas (H DUHB) M Brown (Mace)

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1.0 Executive Summary

Following visits from the Mid and West Wales Fire and Rescue Service (MWWFRS) to Withybush Hospital and associated sites in August and December 2019, Hywel Dda University Health Board (HDUHB) received enforcement notifications and letters of Fire Safety matters in relation to compliance with fire safety regulations.

As such, a Programme Business Case (PBC) was submitted to Welsh Government in March 2020 identifying the significant risk of prosecution and potentially an enforced closure of identified buildings should there be a failure to comply with the fire enforcement notices. The PBC detailed the required capital investment and proposed packaging the main works into two phases, each requiring a separate Business Justification Case (BJC).

The Phase One BJC focused on primary escape routes within the main hospital (including residential accommodation blocks) and Bro Cerwyn / St Brynachs Day Hospitals (including St Caradog's and St Non's Wards) Haverfordwest. The BJC was approved by WG in June 2021 and works completed in December 2023. The outstanding works which address the residual risks within wards and departments, along with any deferred items from Phase One are the subject of this BJC.

The proposed approach has been endorsed by MWWFRS and enforcement notices aligned with the works delivery programme. The capital costs outturn at **£8,175,451** including VAT.

The BJC seeks formal endorsement from Welsh Government (WG) for:

- Approval to proceed with the identified Phase Two works;
- Release of the associated capital funding.

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

In 2019, the Mid and West Wales Fire and Rescue Service (MWWFRS) issued the Health Board with two enforcement notices due to failure to comply with provisions of the Regulatory Reform (Fire Safety) Order 2005 because people were unsafe in case of fire.

In January 2020 the Health Board were issued with two advisory letters and a further letter was issued in August 2023 identifying additional fire safety works. These are summarised below:

Date	Details of enforcement notice
30/07/2019	MWWFRS visited Withybush Hospital on 30 July 2019. Enforcement notice EN/262/06 dated 8 August 2019 issued requiring Health Board required to remedy a number of specific areas by 30 November 2019.
19/11/2019	Health Board advise MWWFRS that a number of items on the schedule had been completed but that the compartmentation, fire doors and fire damper related items would require more time to resolve. MWWFRS subsequently agree extension to 31 January 2021.
01/12/2019	Fire incident at St Caradog's ward. MWWFRS visit site and issue enforcement notice EN/262/08 dated 6 December 2019 requiring resolution by 4 March 2020.
10/12/2019	Letter issued following MWWFRS visit to Bro Cerywn, St Non's and St Brynach wards advising there would be reinspection in 3 months and failure to comply may result in a further enforcement notice being issued.
07/01/2020	MWWFRS issue letter in relation to residential accommodation advising there would be reinspection in 6 months and failure to comply may result in a further enforcement notice being issued.
09/02/2020	Following a site visit on 7 February 2020 MWWFRS advised that EN/262/06 was withdrawn. As there were still outstanding issues for resolution further enforcement notices were issued dated 9 February 2020: KS/890/02 – action to be completed by 30 September 2020 KS/890/03 – action to be completed by 28 August 2021 KS/890/04 – action to be completed by 30 April 2020.
20/07/2020	Health Board advise MWWFRS of difficulties achieving compliance with the enforcement notices due to problems arising from the incidence of Covid-19. MWWFRS therefore grant extension of time for compliance for KS/890/02 to 30 January 2021.
26/08/2020	Health Board advise MWWFRS of difficulties achieving compliance with the enforcement notices due to problems arising from the incidence of Covid-19. MWWFRS therefore grant extension of time for compliance for KS/890/05 to 31 December 2021.
02/10/2020	Health Board meet with MWWFRS to review progress.
05/11/2020	Health Board advise MWWFRS of difficulties achieving compliance with the enforcement notices due to problems arising from the incidence of Covid-19. MWWFRS therefore grant extension of time for compliance for KS/890/03 to 30 April 2022 and KS/890/04 to 30 April 2025.

Date	Details of enforcement notice
06/01/2021	Health Board meet with MWWFRS to review progress and to present proposals for completion of the schedule of works
12/01/2021	MWWFRS issue a letter to confirm the agreed outcome of the meeting on 6 January 2021 whereby the enforcement notices are aligned with the proposed schedule of works: • Stage 1 / Advanced works relating to Vertical Escape Routes and priority works at St Caradogs to be completed by end Jan 2021; • Stage 2 / Phase 1 works relating to all remaining escape routes at WGH and all remaining work at St Caradogs, St Nons to be completed by end April 2022; • Stage 3 / Phase 2 works relate to all department / ward areas including any sub compartmentation and risk room area to be completed by end April 2025.
19/03/2021	MWWFRS confirm review of enforcement notices extended until March 2022.
12/04/2021	BJC One submitted to WG (approved 16 June 2021 and works commence on site)
05/05/2022	Health Board discuss with MWWFRS on 20 April 2022 progress against the Phase 1 works. The completion date is forecast for December 2022 with a period of 4 weeks following this to deal with any required corrective works. MWWFRS confirm via email the extension of KS/890/03 with formal extension letter to be issued.
24/08/2023	MWWFRS visit Withybush Hospital and issue letter of fire safety matters (BFS/KS/00114719) requiring action by March 2024 (with any items relating to compartmentation to be included within the Phase 2 programme of works.
30/11/2023	MWWFRS issue letter confirming that Enforcement Notice KS/890/03 is withdrawn with recommendation that any works moved from Phase 1 to Phase 2 to be completed as agreed.
12/12/2023	MWWFRS Letter of Fire Safety Failures; Action Plan of Remedial Measures BFS/ KS /00114719 endorsement of Phase 2 scope of work.

Table 1: Summary of Enforcement Notices / Letters of Fire Safety Matters

A Programme Business Case (PBC) was submitted in March 2020 with a proposed approach to delivery of the works being to immediately address the most urgent works and to group the main package of works into two phases. The approach was agreed with MWWFRS and enforcement notices were amended to reflect the agreed delivery programme.

- Immediate Works: those works requiring immediate resolution including items of housekeeping, testing of emergency lighting and dry riser systems);
- Advanced Works: those works against which rapid progress was required including fire doors to main vertical escape routes and works to bedrooms in St Caradogs Mental Health unit;

- Phase One to concentrate on the fire stopping works to the primary escape routes (stem corridors) and will resolve the main compartmentation lines and 60-minute compartmentation as necessary i.e. escape routes, existing compartmentation between wards, upgrading and provision of fire and smoke dampers and fire doors;
- Phase Two to look at sub-compartmentation within departments, compartmentation between floors and hazard rooms within high risk departments (such as ITU/HDU) and works including but not exclusive of fire stopping, fire doors, upgrading and provision of fire dampers.

Following approval of the PBC, the Advanced Works (those works against which rapid progress was essential) commenced on site and completed during February 2021. A BJC supporting Phase One of the programme was submitted to WG in April 2021 with works completing in December 2023. Formal confirmation has been received from MWWFRS that the Enforcement Notice associated with the Phase One scope of works has been lifted (Appendix 1).

Detailed sample surveys to understand the scope of works were undertaken during 2022 to establish the probable nature of the Phase Two works. These were anticipated to have an on-site duration of circa three years and due to the complexity of the works required within the ward spaces, the works were considered too intrusive and disruptive to be undertaken whilst patients are present. As such a BJC was submitted to WG in July 2022 for a 24 bedded decant ward to be constructed on site in advance of the Phase Two works commencing to maintain effective patient service delivery throughout the programme. This was approved and the ward was completed in Autumn 2024.

The focus of the outstanding works which form this phase of works (subject of this BJC) address fire safety matters in patient ward areas, Theatres and ITU and other departments with a patient sleeping risk potential or proximity in line with the MWWFRS endorsed programme. The Phase Two scope of works also includes any works deferred from Phase One which were identified as being more appropriate to undertake during a ward closure due to the level of disruption. The strategy and scope of works has been endorsed by MWWFRS.

Throughout the overall programme, the Health Board have kept MWWFRS informed of progress and ensured their support of the proposed action plans. In December 2023, MWWFRS wrote to the Health Board confirming that the HB Phase Two action plan and associated timelines must be adhered to satisfy the Enforcement Notice requirements. MWWFRS indicated that providing good progress against the works, the Enforcement Notices will be aligned to the proposed works programme.

Over the past twelve months, the Health Board has undertaken a comprehensive evaluation of its procurement process. Following guidance from the Welsh Government (WG) and NHS Wales

Shared Services Partnership (NWSSP), a new procurement methodology was adopted. This revised approach introduced a dedicated Health Board Design Team, enabling a more detailed and collaborative design phase. The process not only improved in efficiency but also delivered significant financial savings and has resulted in a revised BJC for the Phase Two works package.

1.1.1 Required Works

Building upon the initial investigative work undertaken by the previous supply chain partner (IHP), who conducted sample surveys using a representative ward to assess the likely scope of Phase Two works, further comprehensive surveys have since been completed across the hospital estate. These subsequent surveys, carried out by smaller, targeted teams, have successfully covered approximately 95% of the hospital.

The resulting inspection reports have identified several critical areas requiring intervention:

- Compartmental wall repairs;
- Service diversions and replacements;
- Asbestos removal;
- Fire door replacements;
- Fire-stopping works above suspended ceilings to address service penetrations.

The proposed programme of works is informed by the findings of these full surveys and incorporates key lessons learned from Phase One. It also reflects updated designs developed by the Health Board's appointed design team, which now includes a specialist fire engineer. This has enabled the specification of more robust fire-stopping details. In areas where detailed surveys were not feasible, reasonable assumptions have been applied based on comparable conditions.

The programme has been reviewed in collaboration with Mid and West Wales Fire and Rescue Service (MWWFRS) and NWSSP Fire Officers. While it is acknowledged that there will be a small area of the works that have not been scoped due to access constraints, MWWFRS has endorsed the proposed approach and agreed to align enforcement notices with the construction timeline.

This approach seeks to balance the urgent need to address fire safety deficiencies—particularly those identified in the enforcement notices—with the operational requirements of the hospital. A decant strategy has been developed in close co-ordination with the Hospital Operational Management Team to ensure continuity of patient care during the works

To ensure the ongoing safety of staff, patients and visitors to the WGH site, the UHB must comply with the fire enforcement notices issued by MWWFRS. Non-compliance could result in

legal action and a potential risk of prosecution. Whilst the current programme extends beyond the original enforcement notice deadlines, MWWFRS has indicated a willingness to maintain alignment with the delivery schedule, provided that demonstrable progress is maintained.

1.2 Economic Case

The overarching approach to options development and appraisal was agreed with NHS Wales Shares Services Partnership Specialist Estates Services (NWSSP-SES) in January 2021 where there was agreement that there is only one viable option available to the Health Board which is to undertake the works as required by MWWFRS.

The Business as Usual / Do Nothing option risks further enforcement notices being served. As this is not seen as a viable option, in agreement with WG the BAU option has not been taken forward for further economic / financial appraisal.

The proposed solution ensures compliance with the Fire Enforcement requirements and sustains the hospital for the next 10+ years to allow for the HDUHB Healthy Mid and West Wales strategy to come to fruition without the new hospital build.

1.3 Commercial Case

1.3.1 Procurement Strategy

The procurement strategy for this phase of the programme represents a significant evolution from the previous methodology. The Health Board has transitioned away from the Design for Life Framework approach (which previously combined both Principal Designer and Principal Contractor roles) towards a traditional design and tender approach via a framework.

Under this revised strategy, the Health Board has procured a dedicated Principal Design Team through an approved framework. This team operates independently on behalf of the Health Board and is led by a third-party Fire Engineer. The team also includes architectural consultants, mechanical design specialists, and a CDM (Construction Design and Management) Co-ordinator, ensuring a comprehensive and compliant design process.

In parallel, the Health Board has undertaken a competitive tender process for the appointment of a Principal Contractor, working in collaboration with Carmarthenshire County Council and utilising the South West Wales Regional Contractor Framework. This approach ensures alignment with regional procurement standards and supports local economic development.

The tender process has concluded but marketplace not yet informed. Contractor will be confirmed during June 2025.

All contractual arrangements will be formalised using the NEC suite of contracts as prescribed under the relevant frameworks. Following detailed design development by the newly appointed design team, and in agreement with WG and NWSSP SES, an Option A (fixed price) NEC Contract was negotiated.

This revised procurement approach strengthens governance, enhances design quality, and supports the delivery of a compliant and cost-effective solution to meet the fire safety requirements of the estate.

1.3.2 Service Requirements

This BJC states a requirement for the delivery of the Fire Safety Precautions scheme under the NEC4 Engineering & Construction (ECC) Form of Contract (Option A) and South West Wales Regional Contractor Framework.

A series of design proposals are available to support the functional content, based on Health survey reports and building notes and latest available guidance. A full copy of the latest version of the design proposals is included in the Estates Annex.

This BJC covers the Phase Two works which focus on areas with a patient sleeping risk potential or proximity (i.e. mainly in ward and department areas).

A phasing methodology and approach to delivering the works has been agreed in principle with the hospital management team and is further detailed within the Estates Annex.

1.3.3 Contractual Arrangements

There are no key contractual clauses over and above the standard NEC4 Engineering & Construction (ECC) Form of Contract Option A framework clauses (including Right to Work legislation). The construction contract for the Principal Contractor will be administered through the South West Wales Regional Contractor Framework. Requirements for AEDET, NEAT, BIM and BREEAM in relation to this project have been amended through local contract amendment. Standard NHS SBS Framework amendments for the Project Manager, and CCS Framework based terms for the Cost Advisor and Design Team. The fire engineer appointment has been made in line with WPA (Welsh Procurement Alliance) Framework terms and conditions.

1.3.4 Payment Arrangements

The Health Board have made, and will continue to make, payments to the externally appointed team in respect of products and services as follows:

- The contract will be managed by Hywel Dda University Health Board under the NEC4 Option A fixed price Contract.
- Appointments for Project Manager and Cost Advisor have been made in line with NHS SBS and CCS Framework terms and conditions respectively;
- The fire engineer appointment has been made in line with WPA (Welsh Procurement Alliance) Framework terms and conditions;
- The contract will be managed by Hywel Dda University Health Board under the NEC4 Option A Priced Contract with regards to the Principal Contractor appointment in line with 'South West Wales Regional Contractor' Framework terms and conditions.

The Project Bank Account is active.

1.4 Financial Case

1.4.1 Capital Costs

The capital costs of the proposed solution are **£8,175,451** including VAT. Capital cost forms are included at Appendix 3 and summarised below. The cash flow is shown in Table 3. The capital assumptions include recovery of sunk costs from Phase One BJC. Expenditure was £363,150 above the BJC funding level and relates to expenditure for the 22/23 and 23/24 financial years. Sunk costs have been included in Y0.

Element	Capital Costs
Works Cost	£2,717,804
Recovery of Sunk Costs from BJC 1 (22/23 and 23/24)	£363,150
Fees	£1,760,397
Non-works Costs	£925,000
Equipment	£20,000
HDUHB Quantified Risk Contingency	£1,380,449
Sub Total (excl. VAT)	£7,166,800
VAT	£1,273,130
VAT Reclaim	(£264,479)
BJC Total	£8,175,451

Table 2: Capital Costs

Year 0	Year 1	Year 2	Year 3	Year 4	Total
2024/25	2025/26	2026/27	2027/28	2028/29	
£727,651	£2,400,752	£3,265,700	£1,639,798	£141,550	£8,175,451

Table 3: Capital Expenditure Cash Flow

1.4.2 Revenue Implications and Affordability

It has been assumed that there will be no additional recurrent pay and non-pay costs, with the exception of capital charges attributable to the delivery of the programme. The Health Board's assumption is that capital charges including increased depreciation and any impairment charges on completion will be funded by Welsh Government. The estimated Annually Managed Expenditure (AME) Impairment charge is £7.3m and annual Departmental Expenditure Limit (DEL) depreciation charge is £26k.

1.4.3 Funding Arrangements

This project requires further funding from the NHS All Wales Capital programme.

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 Health Boards central capital projects team.

The Health Board Executive Director of Allied Health Professionals and Health Science 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 all projects within the programme. The Capital Development Manager is the Estates lead overseeing operational delivery of the project.

1.5.2 Project Milestones

An indicative programme is included in Appendix 4 with key milestones shown below.

Programme	Milestone
Business Justification Case submission to WG	July 2025
WG Scrutiny and BJC Approval	August 2025
Phase Two Works	October 2025 – October 2027

Table 4: Programme Milestones

1.5.3 Main Risks

A comprehensive risk register is in place which has been ratified following a workshop including all of the delivery team members, HDUHB estates and operations team and importantly, the key stakeholders representing the hospital nursing / operational teams.

The detailed risk register is included in Appendix 5, with the key risks (risk score 16 and above) identified in the table below:

Risk	Mitigation Measure
Strategic Risks	
Hospital activities impact on proposed phasing or programme of works. Hospital unable to release areas in accordance with the programme due to clinical needs of patients. Hospital activities affecting access for designer or contractors.	Early engagement with the Hospital and Management Teams to discuss requirements and expectations as well as define phasing strategy. Ongoing coordination between project team and HB during construction phase. P2 works planned on basis of internal decant ward. Ward areas works based on rolling programme of decant and reoccupation. Engagement of seconded estates and nursing team member to project to ease communications.
Construction Risks	
There is a risk that unknown hazardous materials will be discovered in the existing buildings.	Identification of findings to client team and if necessary, execute additional Asbestos etc surveys before commencement of works. Time and cost allowance to be made in BJC. HB to release existing Asbestos registers. Unknown scenarios, i.e. area which can't be accessed to survey in advance, to be managed through contract administration.
Live services impeding the Works and inability to isolate or relocate	Surveys as part of Contractor tender development. Unknown scenarios, i.e. area which can't be accessed to survey in advance, to be managed through contract administration or approved derogation item as with Phase 1 examples. HB to provide service isolations confirmations.

Table 5: Main Risks

1.5.4 Main Benefits

The main benefit from this project will be HDUHB compliance with fire enforcement notices. Additional benefits in relation to reduced backlog maintenance and a comprehensive concise fire strategy for the site will also be realised.

1.5.5 Programme Assurance

Due to the nature of this BJC, 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.

A Risk Potential Assessment has been undertaken by the SRO (Appendix 6) which has assessed the project as low risk. An Integrated Impact Assessment has also been completed to determine impact on service and workforce (Appendix 7).

1.5.6 Post Project Evaluation

The Programme Board will ensure that post project evaluation is undertaken in accordance with Welsh Government requirements. Evaluation will include:

- Evaluation of the project procurement stage;
- Evaluation of the various processes put in place during implementation.

Whilst the Post Project Evaluation of Phase One is yet to be formally undertaken, a lessons learnt is included in section 3.5.5.

1.5.7 Contingency Plans

There are no contingency plans should this project fail to achieve approval. The Health Board are at risk of receiving further enforcement notices which would impact on delivery of all hospital services.

1.6 Conclusion and Recommendations

This business case sets out the required actions for Hywel Dda University Health Board to be compliant with fire safety regulations and remove the remaining enforcement notices.

The business case has described the proposed approach to the works which aims for completion of the Phase Two works by October 2027 (dependent on works commencing in October 2025).

The Health Board must comply within the stipulated timeframe set by the Mid and West Wales Fire and Rescue Service or risk legal action and potential prosecution. It is noted that the delivery programme extends the timelines stipulated within the Enforcement Notices, however it is anticipated that MWWFRS will align the notices with the proposed programme of works.

It is requested that Welsh Government:

- Approve this business case based on the proposed cost and approach to delivery of work;
- Acknowledge the MWWFRS expectations for completion of works by October 2027.

2.0 Introduction

2.1 Scope of Document

Following visits from the Mid and West Wales Fire and Rescue Service (MWWFRS) to Withybush Hospital and associated sites in August and December 2019, Hywel Dda University Health Board (HDUHB) received enforcement notifications and letters of Fire Safety matters in relation to compliance with fire safety regulations. A Programme Business Case was submitted to Welsh Government (WG) in March 2020 detailing proposals which ensured that the Health Board would be able to achieve compliance within the stipulated timescales.

The PBC recommended immediate commencement on a programme of Advanced Works and the remaining works were packaged into two separate phases. A Business Justification Case (BJC) for Phase One of the main works (primary escape routes) was approved in June 2021 with works completing in December 2023, resulting in the lifting of the associated Fire Enforcement Notices.

This BJC has been developed to detail the required investment for the Phase Two works which will address fire safety matters in patient ward areas, Theatres and ITU and other departments with a patient sleeping risk potential or proximity in line with the MWWFRS endorsed programme.

2.2 Document Structure

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 (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 confirms the available options and makes recommendations for the preferred way forward;
- **Commercial Case:** This section sets out the 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 including the proposed approach for post project evaluation.

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 Hospital, Hywel Dda University Health Board (HDUHB) received letters of Fire Safety matters in relation to compliance with fire safety regulations. The focus of 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 was a deficit of £24.1m. The annual plan for 2025/26 forecasts a planned deficit of £31.5m.

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 need, primarily focussed 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 BJC 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 should 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: Fire safety in the design of healthcare premises (2014);
- WHTM 05-03: Fire Safety (2011);
- Forthcoming Building Safety Act legislation;
- 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. Adherence with these regulatory frameworks underpins this Business Justification Case where practicably possible.

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 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 Withybush Hospital Site.

The schemes of work included within this BJC are specific to WGH, elements of which are also works packages included in the Estates Infrastructure programme which is the subject of a separate business case. The programme investment aims for this BJC 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.

3.4 Existing Arrangements

Withybush Hospital is located in Haverfordwest and has a gross floor area of 43,368m² and provides 219 beds. The main hospital buildings were constructed in the 1970s. A new Emergency and Urgent Care Centre was opened in 2010 and a new Renal Dialysis Unit opened in 2014.

There has been limited major investment since the opening of the original building apart from a retrospective install (1980s) of a pitched roof which is now nearing the end of its lifecycle. Most areas of the original hospital now require comprehensive refurbishment and the process commenced with refurbishment of the Pathology department and some ongoing ward refurbishments. There is a need for considerable investment in the site with both the site engineering infrastructure and building assets either approaching or exceeding intended lifespan.

The age profile of the estate has implications on estate backlog performance which for WGH was assessed as being £67.3M at 31 March 2024.

Backlog Maintenance Costs by Risk Category per site per risk category for 2022/23				
High Risk Backlog Costs (£)	Significant Risk Backlog Costs (£)	Moderate Risk Backlog Costs (£)	Low Risk Backlog Costs (£)	Risk Adjusted Backlog Costs (£)
£22,356,030	£40,699,198	£2,076,483	£2,127,208	£63,255,403

Table 6: Withybush Hospital Site – 2023/24 Backlog Maintenance Liability

Figure 1 shows the age profile of the buildings on the Withybush Hospital site.



Figure 1: Withybush Hospital Building Age Profile

The Health Board has benefited from uplifts in its recurring discretionary capital allocation and whilst this has been welcomed and has enabled greater flexibility at a local level to manage competing expenditure priorities, it remains extremely difficult to resolve all risks.

The reduction in discretionary capital allocation has placed additional pressure on the HDUHB which continues to face very significant backlog pressures in IM&T, estates maintenance and equipment replacement. The resulting impact has been service interruptions, risks to clinical service and business continuity and health and safety concerns. Not all risks can be mitigated and programmes of replacement over a longer timeline are being. A separate PBC has been developed to address the business continuity / estates infrastructure issues across all four acute hospitals within the context of the AHMWW Strategy, subject to All Wales Capital support.

An overview assessment of the estate was undertaken in 2018 to determine the extent of works required to bring the acute sites in line with statutory compliance regulations. Fire compliance was assessed against the current version of HTM 05-02 - Firecode – Guidance in support of functional provisions 2015. It was determined that fire doors were generally in poor condition and that full system replacement would be required to achieve certified performance. Although progressive horizontal evacuation is possible from inpatient wards at one end, each ward has a dead end where escape is only possible via a staircase.

Following an alert from NHS England in November 2019, WG notified all health boards and trusts of a potential issue with the use of Reinforced Autoclaved Aerated Concrete (RAAC) planks which were commonly used in NHS building construction between 1960 and 1995. In line with a WG directive the building was surveyed and the presence of RAAC planks was confirmed. WG approved circa £12.9m to support the programme. Remedial work began during 2023 and completed in March 2025 which has addressed the high-risk backlog maintenance identified in Table 6.

During 2019, the Mid and West Wales Fire and Rescue Service (MWWFRS) visited Withybush Hospital and associated sites to assess compliance with fire safety regulations. As a result of their findings the Health Board was issued with enforcement notifications and letters of Fire Safety matters.

Following a series of technical surveys, a Programme Business Case was submitted to Welsh Government in March 2020 detailing the capital investment required for the Health Board to achieve compliance with the regulatory requirements.

The PBC recommended immediate commencement on a programme of Advanced Works (those items against which rapid progress was required, including fire doors to main vertical escape routes and works to bedrooms in St Caradogs Mental Health unit) which completed in February 2021. The remaining works were packaged into two separate phases, each requiring a Business Justification Case.

The Phase One BJC focused on primary escape routes was approved by WG in June 2021 and works completed in December 2023 resulting in the lifting of the Fire Enforcement Notice associated with the Phase One scope.

The outstanding works address fire safety matters in patient ward areas, Theatres and ITU and other departments with a patient sleeping risk potential or proximity and are the subject of this BJC.

3.5 The Case for Change

This section of the business case details the fire enforcement notices that have been received, the works that have been completed and a detailed assessment of those works that are outstanding (and form the subject of the business case).

3.5.1 Fire Enforcement Notices and Letters of Fire Safety Matters

The Mid and West Wales Fire and Rescue Service (MWWFRS) visited Withybush Hospital on 30 July 2019 and issued enforcement notice (EN/262/06 dated 8 August 2019) requiring the Health Board to take action by 30 November 2019. A further enforcement notice was issued in December 2019 (EN/262/08) and letters of Fire Safety matters were also issued in January 2020.

The notices were issued due to failure to comply with provisions of the Regulatory Reform (Fire Safety) Order 2005 because people were unsafe in case of fire and placed an obligation on the Health Board to take action. A summary of these enforcement notices and letters of fire safety is provided below:

Date	Details of enforcement notice
30/07/2019	MWWFRS visited Withybush Hospital on 30 July 2019. Enforcement notice EN/262/06 dated 8 August 2019 issued requiring Health Board required to remedy a number of specific areas by 30 November 2019.
19/11/2019	Health Board advise MWWFRS that a number of items on the schedule had been completed but that the compartmentation, fire doors and fire damper related items would require more time to resolve. MWWFRS subsequently agree extension to 31 January 2021.
01/12/2019	Fire incident at St Caradog's ward. MWWFRS visit site and issue enforcement notice EN/262/08 dated 6 December 2019 requiring resolution by 4 March 2020.
10/12/2019	Letter issued following MWWFRS visit to Bro Cerywn, St Non's and St Brynach wards advising there would be reinspection in 3 months and failure to comply may result in a further enforcement notice being issued.
07/01/2020	MWWFRS issue letter in relation to residential accommodation advising there would be reinspection in 6 months and failure to comply may result in a further enforcement notice being issued.
09/02/2020	Following a site visit on 7 February 2020 MWWFRS advised that EN/262/06 was withdrawn. As there were still outstanding issues for resolution further enforcement notices were issued dated 9 February 2020:

Date	Details of enforcement notice
	KS/890/02 – action to be completed by 30 September 2020
	KS/890/03 – action to be completed by 28 August 2021
	KS/890/04 – action to be completed by 30 April 2020.

Table 7: Summary of Enforcement Notices / Letters of Fire Safety Matters

In March 2020 and in line with agreements made with MWWFRS, a Programme Business Case was submitted to Welsh Government detailing the elements that needed rapid progress (a package of Advanced Works which completed during February 2021) and seeking approval to proceed with next stage business case development for the main work packages.

To support the development of the PBC, a series of specialist surveys were conducted to enable initial assessments and assumptions to be made. This concluded that more detailed technical surveys were required to determine the full extent of works, the impact of asbestos and likely methodology restrictions. As the overall works programme was likely to be in excess of 4 years the PBC recommended a two-phase approach which WG endorsed:

- Phase One to concentrate on the fire stopping works to the primary escape routes (stem corridors) and to resolve the main compartmentation lines and 30-minute compartmentation as necessary i.e. escape routes, existing compartmentation between wards and high-risk rooms and upgrading and provision of fire and smoke dampers and fire doors (WG approved BJC June 2021);
- Phase Two to look at the sub-compartment and hazard rooms within departments and to resolve the 30-minute zones, typically general risk rooms on wards and departments etc including fire stopping, fire doors, upgrading and provision of fire dampers and additional lobbied approaches to wards and stairwells (subject of this BJC).

Date	Details of enforcement notice
20/07/2020	Health Board advise MWWFRS of difficulties achieving compliance with the enforcement notices due to problems arising from the incidence of Covid-19. MWWFRS therefore grant extension of time for compliance for KS/890/02 to 30/01/21.
26/08/2020	Health Board advise MWWFRS of difficulties achieving compliance with the enforcement notices due to problems arising from the incidence of Covid-19. MWWFRS therefore grant extension of time for compliance for KS/890/05 to 31/12/21.
02/10/2020	Health Board meet with MWWFRS to review progress.
05/11/2020	Health Board advise MWWFRS of difficulties achieving compliance with the enforcement notices due to problems arising from the incidence of Covid-19. MWWFRS therefore grant extension of time for compliance for KS/890/03 to 30/04/22 and KS/890/04 to 30/04/25.
06/01/2021	Health Board meet with MWWFRS to review progress and to present proposals for completion of the schedule of works

Date	Details of enforcement notice
12/01/2021	MWWFRS issue a letter to confirm the agreed outcome of the meeting on 06/01/21 whereby the enforcement notices are aligned with the proposed schedule of works: • Stage 1 / Advanced works relating to Vertical Escape Routes and priority works at St Caradogs to be completed by end Jan 2021; • Stage 2 / Phase 1 works relating to all remaining escape routes at WGH and all remaining work at St Caradogs, St Nons to be completed by end April 2022; • Stage 3 / Phase 2 works relate to all department / ward areas including any sub compartmentation and risk room area to be completed by end April 2025.
19/03/2021	MWWFRS confirm review of enforcement notices extended until March 2022.
21/06/2021	WG approve Phase 1 BJC and works commence on site

Table 8: Summary of Enforcement Notices / Letters of Fire Safety Matters

The Phase One BJC detailed the difficulty in assessing the scope of the work content whilst also keeping the hospital functioning. For example as the majority of fire stopping remedials are above ceiling voids it required a full survey to both sides of the partition, removal / investigation of every previously sealed penetration. This is impractical due to the extremely high inputs of labour and time which is almost as disruptive as physically undertaking the works itself. Until ceilings were removed, it was difficult to ascertain the extent of the difficulty in carrying out the remedial activity, for example determining whether services placed close to the wall preventing access and requiring diverting prior to firestopping works being undertaken.

As such the programme extended and further discussions with MWWFRS in May 2022 to review progress resulted in a realignment of the Phase One enforcement notices to the revised works programme. The works completed during December 2023 and the associated Fire Enforcement Notices have been lifted (confirmation received from MWWFRS in letter dated 30/11/2023 and included in Appendix 1).

3.5.2 Decant Ward (Phase Two Enabling Works)

The focus of the Phase Two works is to address the fire safety matters in patient ward areas and other departments. The PBC stated that due to the complexity of the works and the difficulty in fully determining the scope of works, any requirement for decant facilities would be considered as part of the detailed planning for the main phases of the works. During 2022 the Supply Chain Partner (IHP) undertook a number of detailed surveys to establish the probable nature of the required works for Phase Two and using one of the wards as a typical example, noted the following key findings:

- Main Sub-Compartmentation Wall:
 - Over boarding or totally replaced with a new construction. To carry out these works will require the isolation of two bed wards, two bathrooms and kitchen.
- Asbestos Removal:
 - Asbestos boxings throughout the ward that are high risk and notifiable which will require removal under the control of specialists. A working enclosure and three air lock systems will need to be formed to carry out the removal process.
- Service Disconnections:
 - Services disconnection and / or isolation to rooms will include electrical power and containment, fire alarm system, ductwork ventilation and a number of pipework runs. This could potentially isolate the supply routes to the remaining areas of the ward, thus rendering those rooms unusable.
- Above Ceiling Works:
 - Fire stopping of vertical penetrations between floors and introduction of fire collars to services between floors.

At this stage, the anticipation was that the Phase Two works would have an on-site duration of circa 3 years. Due to the complexity of the works required within the ward spaces, the works were considered too intrusive and disruptive to be undertaken whilst patients are present requiring individual wards to close or be relocated on a phased basis to enable the works to progress.

There is no available space or capacity within the hospital to support a relocation of wards / departments and whilst the Health Board considered the impact of not replacing the capacity, it concluded that the risks to patient safety would be too significant. As such a BJC was submitted to WG in July 2022 for a 24 bedded decant ward to be constructed on site in advance of the Phase Two works commencing to maintain effective patient service delivery. The ward was completed in 2024.

3.5.3 Additional Letter of Fire Safety Matters

MWWFRS visited the hospital in August 2023 and evaluated the fire safety provided in Block 4 and 5 (including ITU). As a result of their findings an additional letter of fire safety matters was issued on 24 August 2023 (reference BFS/KS/00114719) which identified eleven specific actions as summarised below and detailed in Appendix 1.

MWWFRS have confirmed that they are happy for those items relating to compartmentation to be addressed as part of the Phase Two works package (i.e. as part of the scope of works within this BJC) with all other actions to be completed in March 2024. Progress against these items is detailed in Appendix 2.

Item	Area of Non-Compliance	Required Action
The standard of horizontal or vertical fire separation provided is not maintained adequately		
1	Wedging Doors	Wedges, hooks and any other devices in use as a means of holding the self-closing doors in the open position shall be removed to ensure that the doors are effectively self-closing.
2	Charging items on means of escape	Charging of battery devices must not be done within the means of escape, remove all items into a suitable room with fire door.
3	Electrical items on means of escape	The storage / use of electrical equipment/devices within the means of escape is not permitted. Remove all devices into a suitable room.
5	Standard of compartmentation provided in the building is not adequate.	Breaches in compartmentation identified within the endoscopy storeroom which would not support the existing evacuation strategy. All breaches in compartmentation should be fire stopped to provide appropriate fire resistance in accordance with building regulations. Included in Phase Two scope of works
7	Air Transfer Grille	Where a fire door is required to be fitted with an air transfer grille, it should only be fitted with one capable of sealing both by thermal initiation and by interface with smoke sensors
8	Fire Door	A fire door should be installed providing 30 minutes fire resistance. Panels / partitions above / at sides of doors should provide a similar degree of fire resistance between the W4 sluice and electrical room. Included in Phase Two scope of works
Reduce the risk from fire		
4	Combustible materials too close to an ignition source.	Relocate items within Ward 1 treatment room to improve safety. There was charging of items and a fridge located next to an oxygen point. This room requires movement of the items and / or oxygen and vacuum point isolating to reduce risk fire to an acceptable level.
9	Flammables storage	Ensure flammable items stored in metal flame resistant cupboard
Safe Evacuation		
6	Emergency Lighting	Provide an emergency lighting system (which is to be independent of all other systems), to illuminate Block 4 LGF Kitchen
10	Distance from theatres staff room to nearest place of relative safety is so great that fire / smoke can overtake people before reach the exit	Reduce the risk within this area to as low as practicable by: Either reconfigure the area by moving the kitchen into the staff room or make up the corridor so it provides adequate fire resistance to allow the relevant person to affect a safe exit. Included in Phase Two scope of works
11	Current layout (ward 3 approach) will impact means of escape and render evacuation strategy of the block ineffective	Confirm that the ward approach to ward 3 will be made up to mirror other ward approach areas within the hospital, to allow for progressive horizontal evacuation of the relevant person Completed

Table 9: Additional letter of fire safety matters actions

3.5.4 Phase Two Works

The Health Board has drawn upon the initial investigative work undertaken by its previous supply chain partner, IHP, who conducted sample surveys using Ward 12 as a representative area to assess the likely scope of Phase Two works. These surveys identified several key fire safety interventions, including:

- Sub-compartmentation Walls: Installation of over boarding to achieve a 60-minute fire rating required (primarily anticipated in ITU) and repairs to penetrations to meet 30 minute fire rating requirements. These works will necessitate the decanting of Wards, ITU and Theatres;
- Asbestos Removal: The full extent of asbestos presence remains unknown and will be confirmed during construction. Risk allowances have been incorporated and all removal will be undertaken by licensed specialists in accordance with regulatory controls;
- Service Disconnections: Isolation of electrical power, fire alarm system, ductwork ventilation and pipework runs will be required. These disconnections may impact adjacent rooms, rendering them temporarily unusable;
- Ventilation dampers: Replacement of dampers that penetrate sub-compartment walls to ensure compliance with fire safety standards;
- Above Ceiling Works: Fire stopping of vertical penetrations between floors including the installation of fire collars;
- Fire Door Replacements: Replacement of doors located on designated fire compartment walls.

In response to the limitations of the initial survey-based approach, the Health Board adopted a more detailed design strategy, delivered by a procured, Fire Engineer-led Design Team. This multidisciplinary team comprising architects, mechanical designers, a CDM coordinator, and an independent fire engineering consultant, has developed comprehensive design documentation to inform the construction phase. This shift has enabled a more robust understanding of the required interventions and has improved the accuracy of cost and programme forecasting.

The Health Board has adopted an iterative delivery model, informed by lessons learned during Phase One. This includes refined specifications for fire-stopping and improved access strategies.

The Health Board has engaged extensively with NWSSP Fire Officers to ensure the proposed works meet the requirements of the fire enforcement notices while minimising disruption to patient care. While it is acknowledged that there will be a small area of the works that have not been scoped due to access constraints, the proposed approach has been reviewed and endorsed by MWWFRS, who support the prioritisation of fire safety upgrades in areas with direct patient sleeping risk.

To facilitate delivery, the Hospital Operational Management Team has developed a comprehensive decant strategy which will enable ward-by-ward relocation whilst maintaining the operational bed capacity. Theatres and ITU will follow a phased approach, with works undertaken in pairs to ensure continuity of surgical services. Outpatient and antenatal departments will remain operational, with works delivered in a phased and controlled manner.

The Health Board has maintained regular engagement with MWWFRS throughout the programme. In November 2023, the Fire Management Strategy was formally presented and endorsed, with the understanding that successful delivery of Phase Two will result in the removal of the remaining enforcement notices. In December 2023, MWWFRS issued formal correspondence confirming that adherence to the agreed action plan and timelines is essential to satisfy the requirements of Enforcement Notice KS/890/04. Failure to comply may result in further legally binding enforcement action (see Appendix 1).

The focus of this phase of works is to address fire safety matters in patient ward areas, Theatres and ITU and other departments with a potential or proximate patient sleeping risk. The current Enforcement Notices stipulate a delivery deadline of 31 October 2025, however, MWWFRS has indicated that, subject to demonstrable progress, they are prepared to align the enforcement timeline with the construction programme.

3.5.5 Lessons Learned from Phase One Works

In developing the programme of works for Phase Two, the Health Board has ensured that any lessons learned from the first phase of works has been incorporated. This has included the specification of fire stopping details and expediting the appointment of key advisors to speed up problem solving and reducing associated preliminary costs:

- Appointing a designer that can be available on site for a minimum of two days per week to ensure that any issues are captured and managed quickly. Whilst this could be seen as wasted time, it will reduce the potential for Prelims in an extended build timeline;
- Directly appointing a Fire Engineer with the correct level of PI to aid with non-tested design detail solutions quickly thus mitigating against any potential delays;
- Procurement strategy has changed from NEC3 option E Cost reimbursable to NEC4 option A Priced contract and activity schedule.
- Allocation of AP resource to the scheme and inclusion of non-works costs in BJC for service isolations/works as needed to progress fire stopping works
- Maximising the opportunity for decanting spaces and reducing the opportunity for delay due to completing works while health care services remain in situ - for example, all ward spaces decanted and handover to the contractor. Theatres and ITU also decanted.
- PM has requested specific inclusion of commentary within the Estates Annex for the SCP to more effectively implement the EWN process associated with findings differing from

those expected during works and incorporate for record as part of any change of scope review / reconciliation.

3.5.6 Changes to Scope since PBC

It is acknowledged, that due to the nature of the works this BJC cannot describe a fully defined schedule of works and that the programme will need to be responsive to findings as the works progress. Specific changes to scope since PBC are detailed below:

- Works to the main plant spaces were originally anticipated to be part of the Phase Two works. Due to the higher risk potential of a fire starting and to ensure continuity of works for the supply chain partner through the programme, these were brought forward into Phase One. As such this is a reduction in scope since PBC.
- The Phase Two scope of works has been developed to reflect the additional items identified by MWWFRS in the additional letter of fire safety matters issued in August 2023 (Appendix 1).

3.6 Business Needs

This BJC demonstrates that HDUHB is at risk of legal action and a potential risk of prosecution for non-compliance with fire enforcement notices. To ensure the ongoing safety of all staff, patients and visitors at WGH, HDUHB must address all of the areas of concern. The BJC describes the actions that have already been undertaken by the UHB and sets out the required action and associated investment plan to ensure compliance with all fire safety matters as identified by the MWWFRS.

In line with the AHMWW strategy there is a clear direction of travel for the future of the WGH site. The Health Board is also clear that as part of this strategy there is a need to maintain business continuity and a business-as-usual approach whilst the wider strategy is delivered. This requires 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.

The strategic drivers underpinning this Business Case 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.

To maintain safety at the WGH site, the Health Board must comply with the MWWFRS fire enforcement notices by 31 October 2027 or risk legal action and potential prosecution.

3.7 Potential Scope and Service Requirements

The scope of this business case is the programme of works required to ensure all buildings on the Withybush site are compliant with fire safety regulations with the focus of this phase of works being to address fire safety matters in areas with a patient sleeping risk potential or proximity.

Whilst the proposed delivery strategy has taken into consideration the need to minimise the impact on operational service delivery, the nature of the works makes it impossible to avoid a degree of disruption. A stakeholder engagement and liaison strategy will be in place for the duration of the works to ensure that there is a robust approach to maintaining all essential service requirements.

3.8 Main Benefits

There are two main benefits associated with the overall programme, and it is anticipated that these will be fully realised at the end of the Phase Two works:

- Removal of the fire enforcement notices;
- Improved safety of patients, staff and visitors in the event of a fire.

3.9 Main Risks

The main risk associated with this BJC is the failure to comply with the fire enforcement notices / letters of Fire Safety matters, leading to risk of legal action and a potential risk of prosecution.

A detailed risk register has been developed for the project which considers strategic, financial, design and construction risks (see section 7.5 and Appendix 5).

3.10 Constraints

The constraints to the delivery of the Phase Two project requiring management are:

- Availability of capital funding;
- A need to comply with the timeframes stipulated by MWWFRS;
- A need to minimise disruption to services during the construction phases.

3.11 Dependencies

The project is dependent on the following considerations:

- Welsh Government support and funding for the proposed approach;
- MWWFRS continued support to the proposed approach;
- NWSSP SES support to proposed approach;
- Availability of capital funding, noting that WG have already funded the Advanced Works Package, Phase One works and the Decant Ward.

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 BJC are:

- Strategic Fit:
 - Compliance with MWWFRS fire enforcement notices.
- 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. The overarching approach to options development and appraisal was reviewed and agreed with NHS Wales Shared Services Partnership Specialist Estates Services (NWSSP SES) in January 2021.

A Business as Usual / Do Nothing option is not a viable approach as there is no mitigation against the identified fire risks leaving patients, visitors and staff at risk of harm. Failure to comply with enforcement notices is likely to result in MWWFRS taking further action including the potential for prosecution.

It was therefore agreed that the only viable option available to the Health Board is to undertake the works as required by MWWFRS. In agreement with WG, the BAU option has not been taken forward for further economic / financial appraisal.

Iterative options of work scope have been reviewed between the Health Board and NHS Wales Shared Services Partnership Fire Officers since the commencement of the Phase Two business case, in order to establish a solution which improves the fire safety of the building and meets

the requirements associated with the enforcement notice, while managing the impact and effect to patient care during the delivery of the works.

The reviewed options started with a full building review in order to make an assessment of the likely scale of works. In discussion with MWWFRS this has been rationalised to focus on the higher risk departments and patient sleeping risk areas. The resulting proposed scope of works and associated delivery programme has been endorsed by MWWFRS. Confirmation of their support has been received, providing the identified works are completed by 31 October 2027. Based on discussions with MWWFRS, it is anticipated that the Enforcement Notices will be aligned with the proposed works programme.

4.3 Preferred Way Forward

The UHB must comply with the requirements of the fire enforcement notices resulting in only one viable option (i.e. the Do Minimum option). The Phase Two scope of works has been endorsed by MWWFRS and represents an option which ensures compliance with the Fire Enforcement requirements and sustains the hospital for the next 10+ years to allow for the HDUHB Healthy Mid and West Wales strategy to come to fruition without the new hospital build.

The scope of fire safety upgrade works is described in detail within the Estates Annexe which accompanies this BJC and addresses the risks in the following areas:

- Wards (below level 2);
- Theatres;
- ITU;
- Non-ward areas with a direct relationship to patient sleeping risk, for example departments located below ward areas (with works taking place out of hours where practicably possible).

The capital and revenue 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 Procurement Strategy

The Phase One BJC was delivered via the Building for Wales framework which provided both project / cost managers as well as the main contractor / supply chain partner. Following the initial cost estimates and delivery experience from the previous supply chain partner, the Health Board requires a more agile and efficient model for procurement and construction delivery for works of this nature and scale and has therefore revised its procurement strategy for Phase Two

At the time of initiating Phase One, the works were of an emergency nature, and access for defining the works adequately was not possible. Initial approaches to market via the NHS Wales Building for Wales framework using the standard option C approach resulted in rejection by contractors / supply chain partners and the only route to market at that time was via the Building for Wales framework, with contract forms amended to NEC option E (cost reimbursable).

Whilst significant programme and cost increases were directly attributable to lack of scope and disruption due to access / working methods, reviews of Phase One have concluded that the significant increases in cost and programme could be bettered, and cost / time predictability improved, if an alternative route is pursued. The procurement approach therefore adopts a Design and Build model, offering greater control over design quality, programme certainty, and cost management.

Existing frameworks have been reviewed and the South West Regional Contractors Framework hosted by Carmarthen Council lot 4a (£4m - £7m) would appear to be appropriate for the value of the works (£5m – 6m). This framework lot contains local, medium sized contractors who are used to working for Hywel Dda in the live environment. The size of their organisations should also afford lower on-costs than those on the National Building for Wales framework.

It is proposed that a single tender process is followed with competitive tenders being received for inclusion within the BJC.

The construction element of Phase Two will be procured through the South West Wales Regional Contractor Framework, ensuring compliance with public sector procurement standards and access to a pre-qualified, regionally focused supply chain. Under this revised model, the Health Board has separately procured a Fire Engineer-led Design Team to develop detailed designs on its behalf. This team includes architectural, mechanical, and CDM co-ordination expertise.

The appointed contractor will assume the role of Principal Contractor. The role of Principal Designer under the Construction (Design and Management) Regulations 2015 (CDM 2015) will be undertaken by the lead designer / team appointed directly by the Health Board. The contractor and its specialist subcontractors will work collaboratively with the Health Board's design team to finalise the design and deliver the works.

The revised procurement strategy is intended to:

- Enhance design quality through early engagement of a specialist-led design team
- Improve cost and programme certainty through a fixed-price contract structure
- Reduce delivery risk by aligning responsibilities and accountability
- Streamline delivery through integrated design and construction planning

To support this approach, the Health Board has moved from the previously used NEC Option E (cost reimbursable) contract—which was necessary during Phase One due to the high level of unknowns—to an NEC4 Option A (priced contract with activity schedule) for Phase Two. This contract form provides a clear pricing structure and incentivises efficient delivery, while maintaining flexibility to manage change through defined processes.

This change in strategy was informed by lessons learned during Phase One, where the inability to fully define the scope of works—due to the extent of surveys required and the operational sensitivity of the hospital environment—necessitated a more flexible contract. With a more developed design and clearer scope now in place, the NEC4 Option A contract, combined with a Design and Build approach, provides a more robust and deliverable solution for Phase Two.

The tender process has concluded, and a contractor selected. The marketplace has not yet been informed however confirmation of contractor is anticipated during June 2025.

5.1.1 Contract Type

Contractual arrangements with all parties have been entered into using the NEC contract as prescribed under the Framework. Following a review of lessons learnt from Phase One, and the nature and accessibility of the works, an NEC Option A form has been selected. This aims to allow greater cost certainty over that provided under Phase One which was procured via Option E.

There are no key contractual clauses over and above the standard framework clauses (including Right to Work legislation), although requirements for AEDET, NEAT, BIM and BREEAM in relation to this project have been amended through local contract amendment.

5.2 Service Requirements and Outputs

This BJC states a requirement for the delivery of the Fire Safety Precautions scheme under the NEC4 Engineering & Construction (ECC) Form of Contract (Option A) and South West Wales Regional Contractors Framework.

A series of design proposals are available to support the functional content, based on Health survey reports and building notes and latest available guidance. A full copy of the latest version of the design proposals is included in the Estates Annex.

The Phase Two works focus on the fire safety matters identified by MWWFRS in areas with a patient sleeping risk potential or proximity (i.e. mainly in ward and department areas).

A phasing methodology and approach to delivering the works has been agreed with the hospital management team and is further detailed within the Estates Annex. Works will progress in Ward, ITU and Theatre environments with spaces decanted to maintain effective hospital operations. Construction works will be completed on an area-by-area basis maintaining patient services.

5.3 Commercial Arrangements

This section details the procurement approach and associated commercial arrangements. The preferred funding option for the investment is via Welsh Government Funding as public funding is considered the only viable option for this scheme.

5.3.1 Contractual Arrangements

Following consultation with NWSSP SES, the Health Board has elected to adopt the NEC4 Option A contract (priced contract with activity schedule) for the delivery of the Phase Two works.

This contract type provides a clear and structured pricing mechanism, offering greater cost certainty and incentivising efficient delivery through a defined activity schedule. It is particularly suited to projects where the scope of works is sufficiently developed to allow for a fixed-price approach, as is now the case following the completion of detailed design work by the procured Fire Engineer-led Design Team.

This represents a strategic shift from the NEC Option E (cost reimbursable) contract used during Phase One. Option E was previously selected due to the high level of uncertainty and the

inability to fully define the scope of works at the outset. While Option E allowed flexibility in managing unknowns, it also placed greater financial risk on the Health Board, as the contractor was reimbursed for actual costs incurred, plus a fee.

With the scope of Phase Two now better understood and defined, the move to Option A reflects a more balanced allocation of risk and a commitment to delivering the programme within a controlled financial framework. This approach supports the Health Board's objectives of achieving value for money, improving delivery assurance, and maintaining compliance with public sector procurement best practice.

5.3.2 Payment Arrangements

The Health Board have made, and will continue to make, payments to the externally appointed team in respect of products and services as follows:

- The contract will be managed by Hywel Dda University Health Board under the NEC4 Option A fixed price Contract;
- Appointments for Project Manager and Cost Advisor have been made in line with NHS SBS and CCS Framework terms and conditions respectively;
- The fire engineer appointment has been made in line with WPA (Welsh Procurement Alliance) Framework terms and conditions;
- The contract will be managed by Hywel Dda University Health Board under the NEC4 Option A Priced contract with activity schedule with regards to the Principal Contractor appointment in line with 'South West Wales Regional Contractor' Framework terms and conditions.

The Project Bank Account is in place and active.

5.3.3 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 project.

5.4 Quality Assurance / Standards Compliance

Upgrade works will be designed and installed in line with HTM 05-02 where reasonably practicable. Where total compliance cannot be achieved, engineered judgement from competent fire safety specialists will be drawn upon to ensure compliance with the functional requirements of the regulations can be achieved. A full derogations schedule is included within the Estates Annex accompanying this BJC.

Due to the nature of the project, the existing building, and project scope of works, BIM level 2 will not be provided. A Common Data Environment and naming conventions of which the client team will be involved with, will be in place.

Following completion of the works, there will be a comprehensive fire and evacuation strategy for the Withybush General Hospital (including Residential Accommodation Blocks) and Bro Cerwyn / St Brynach Day Hospitals (including St Caradog's & St Non's Wards).

Planning permission is not required due to the nature of the works. AEDET, NEAT and BREEAM are also not relevant to this scheme.

5.5 Personnel Implications

As this procurement is for construction only there are no Transfer of Undertakings (Protection of Employment) (TUPE) and Retention of Employment (RoE) implications.

The internal project management arrangements and requirements for specialist advice to support the design, procurement and delivery of the project will be reviewed on an ongoing basis to ensure that adequate resources are available to deliver to the quality, cost and timelines required. The resource implications for the work packages are identified in the cost forms.

5.6 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). The following table indicates where the responsibility for risk lies between public and private sector:

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 10: Risk Allocation Matrix

5.7 Accountancy Treatment

It is estimated that the impact on the Balance Sheet of the Health Board will be an increase in the value of fixed assets by £864,716.

6.0 Financial Case

6.1 Capital Costs

The purpose of this section is to set out the financial implications of the proposed solution identified in the Economic Case and the proposed deal as described in the Commercial Case.

The capital costs of the proposed solution outturn at a cost of **£8,175,451** including VAT as summarised in Table 11 below. The cash flow is included in Table 12 with Cost Report and capital cost forms are included at Appendix 3.

The capital assumptions include recovery of sunk costs from Phase One BJC. Expenditure was £363,150 above the BJC funding level and relates to expenditure for the 22/23 and 23/24 financial years. Sunk costs have been included in Y0.

Element	Capital Costs
Works Cost	£2,717,804
Recovery of Sunk Costs from BJC 1 (22/23 and 23/24)	£363,150
Fees	£1,760,397
Non-works Costs	£925,000
Equipment	£20,000
HDUHB Quantified Risk Contingency	£1,380,449
Sub Total (excl. VAT)	£7,166,800
VAT	£1,273,130
VAT Reclaim	(£264,479)
BJC Total	£8,175,451

Table 11: Capital Costs

Year 0	Year 1	Year 2	Year 3	Year 4	Total
2024/25	2025/26	2026/27	2027/28	2028/29	
£727,651	£2,400,752	£3,265,700	£1,639,798	£141,550	£8,175,451

Table 12: Capital Expenditure Cash Flow

6.1.1 Capital Cost Assumptions

- Capital costs are escalated with published assessed inflation for the duration of the project.
- Works costs based on preferred contractors tender offer which includes provisional sums for the following items which will be scoped and costed during the early WG scrutiny period:
 - Asbestos removal (£500,000);
 - Re-encase soil and vent pipes (£44,000);
 - M&E Services – Temporary re/location (£150,000);
 - Making good joinery and finishes (£75,000)
- Professional fees are based on returned tenders and best estimated for smaller consultant's services.
- Location factor: 0.97 (all rates / costs indexed to site location).
- Project risk contingency @ 24% of combined, works cost, fees, non-works costs and equipment.
- VAT recovery only assumed on external consultants at this stage. An assessment will be made of potential VAT recovery with the Health Board's VAT advisors with opportunities for VAT recovery maximised;
- The internal project management costs associated with the development of this business case have been included in professional fees.

6.1.2 Changes in Capital Cost Assumptions from PBC

At PBC stage (March 2020), a series of technical surveys were undertaken to allow initial assessments and assumptions of the required works to be made. It was acknowledged that the full extent of works could not be fully determined at that stage and that more detailed analysis of requirements at BJC stage would refine the assumptions. As described in section 3.5.6 there have been changes in the Phase Two scope of works which have reflected lessons learnt during the Phase One programme, therefore, a direct comparison in cost assumptions from PBC has not been included.

6.2 Revenue Implications and Affordability

For the purposes of this business case it has been assumed that there will be no additional recurrent pay and non-pay costs, with the exception of capital charges attributable to the delivery of the programme. The Health Board's assumption is that capital charges including increased depreciation and any impairment charges on completion will be funded by Welsh Government. The estimated Annually Managed Expenditure (AME) Impairment charge is £7.3m and annual Departmental Expenditure Limit (DEL) depreciation charge is £26k (as shown in Appendix 3).

6.3 Funding Arrangements

This project requires further funding from the Welsh Government NHS All Wales Capital programme.

7.0 Management Case

This section of the BJC 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 have sufficient flexibility to respond to changing requirements.

7.1 Programme Management Arrangements

The programme management structure within which this project sits, 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 Health Boards central capital projects team.

The Estates Infrastructure Programme Board will provide strategic direction in order to develop the specific capital investment proposals within this Business Justification 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.

7.1.1 Project Roles and Responsibilities

The Health Board Executive Director of Allied Health Professionals and Health Science 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 all projects within the programme. The Capital Development Manager is the Estates lead overseeing operational delivery of the project.

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;

Role	Responsibility
	• 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 the technical documentation for the BJC 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 13: Programme Roles and Responsibilities

7.1.2 Use of Special Advisors

The following team of specialist advisors has been appointed by the Health Board.

Advisor	Responsibility
Mace Ltd	Project Management
Lee Wakemans Management	Cost Advisor
Strategic Healthcare Planning	Business Case Author
TBC	Contractor
Rio	Architect
McCann	M&E and Civil & Structural Engineer
Part B	Fire Engineer
TBC	NEC Supervisor

Table 14: Specialist Advisors

7.2 Programme Milestones

Given the locations and concealed nature of the works, full exposure of the as-built arrangements and conditions will be required to fully assess the scope of works and establish accurate timescales for their execution. Temporary or permanent diversions to existing services may also be required to facilitate access to the works. Indicative allowances and assumptions have therefore been made for certain elements.

The programme takes account of these assumptions and is built up using quantitative analysis of surveyed information for representative work sections and relative allowances for other sections based on size and complexity.

A detailed programme is included in Appendix 4 with the key milestones summarised below.

Programme	Milestone
Business Justification Case submission to WG	July 2025
WG Scrutiny and BJC Approval	August 2025
Phase Two Works	October 2025 – October 2027

Table 15: Programme Milestones

7.2.1 Phasing Strategy

The programme has been discussed with hospital stakeholders and a detailed approach to the works has been developed following feedback. Engagement will continue throughout the construction phase with monthly updates and the preparation of lookahead programmes that will clearly identify current and forthcoming works in the short term.

For the main hospital building, each of the floors are divided into manageable works sections. Dedicated teams will carry out the works moving progressively from one section to the next in a focused and efficient manner. Theatre works have been phased to follow the completion of works to the decanted wards to maintain patient flow where possible and to minimise disruption to the operation of the hospital.

As much as possible works are sequenced concurrently on lower ground floor, Ground Floor and First Floor.

The number and complexity of works sections on the Ground floor, requires these to progress concurrently with each of the first and lower ground floors in turn. The start of the ground floor is purposely constrained to ensure a reasonable period of familiarisation and learning before the deployment of additional teams.

Phase	Duration	Indicative Dates
Ward Areas	42 weeks	22 October 2025 – 02 September 2026
Ground Floor	54 weeks	22 October 2025 – 24 November 2026
Lower Ground Floor	37 weeks	07 October 2026 – 13 July 2027
Theatres (inc ITU)	42 weeks	02 September 2026 – 13 July 2027

Table 16: Phasing Plan Indicative Milestones

7.3 Arrangements for Contract Management

This will be administered under the NEC4 Engineering & Construction (ECC) Form of Contract, Option A fixed price, with standard NHS SBS Framework amendments for the Project Manager, and CCS NEC based terms for the Cost Advisor and Design Team, ensuring robust governance and compliance with public sector procurement standards.

The Principal Contractor appointed through the South West Wales Regional Contractor Framework, will deliver the works under this NEC4 Option A contract (Priced Contract with Activity Schedule).

7.4 Arrangements for Change Management

The Health Board recognises the challenges associated with delivery of these works whilst maintaining an operational site.

The 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 have been established during the 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 on the Withybush site. Any fundamental changes to the project scope or timeline will be authorised in advance by the Project Director and established Project Board.

7.5 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 comprehensive risk register is in place which has been ratified following a workshop including all of the delivery team members, HDUHB estates and operations team and importantly, the key stakeholders representing the hospital nursing / operational teams.

The risk register has been priced to ascertain the level of risk allowance required.

7.5.1 Risk Register

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. The risk register records and logs details of any item or event which is considered by the project team to put the objectives of the programme at risk (Appendix 5).

The main risks were reviewed at a workshop with clinical and operational service representation. The highest rated risks (risk score 16 and above) are identified in the following table:

Risk	Mitigation Measure
Strategic Risks	
Hospital activities impact on proposed phasing or programme of works. Hospital unable to release areas in accordance with the programme due to clinical needs of patients. Hospital activities affecting access for designer or contractors.	Early engagement with the Hospital and Management Teams to discuss requirements and expectations as well as define phasing strategy. Ongoing coordination between project team and HB during construction phase. P2 works planned on basis of internal decant ward. Ward areas works based on rolling programme of decant and reoccupation. Engagement of seconded estates and nursing team member to project to ease communications.

Risk	Mitigation Measure
Construction Risks	
There is a risk that unknown hazardous materials will be discovered in the existing buildings.	Identification of findings to client team and if necessary, execute additional Asbestos etc surveys before commencement of works. Time and cost allowance to be made in BJC. HB to release existing Asbestos registers. Unknown scenarios, i.e. area which can't be accessed to survey in advance, to be managed through contract administration.
Live services impeding the Works and inability to isolate or relocate	Surveys as part of Contractor tender development. Unknown scenarios, i.e. area which can't be accessed to survey in advance, to be managed through contract administration or approved derogation item as with Phase 1 examples. HB to provide service isolations confirmations.

Table 17: Main Risks

7.6 Benefits Realisation

The main benefit from this project will be HDUHB compliance with fire enforcement notices avoiding any further legal action and ensuring safe delivery of patient services can be sustained. Additional benefits in relation to reduced backlog maintenance and a comprehensive concise fire strategy for the site will also be realised.

7.7 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.

7.8 Programme Assurance

7.8.1 Risk Potential Assessment

The impact of the programme has been scored against the risk potential assessment (RPA) model (Appendix 6). The project has been assessed as low risk which will continue to be monitored via the Project Board and escalated as required.

7.8.2 Equality and Health Impact Assessment

Due to the nature of this BJC, 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.

7.8.3 Integrated Impact Assessment

Due to the nature of this BJC, the Health Board has determined that an Integrated Impact Assessment (IIA) is not required.

As an infrastructure upgrade project there are no long-term impacts anticipated. The disruption to services during the delivery phase of the works will be minimised through appropriate decant / out of hours arrangements. A communications plan is being developed to keep staff informed throughout the duration of the works (Appendix 7).

7.8.4 Integrated Assurance and Approval Plan

Capital audit will be undertaking audits of the scheme in accordance with the HB Audit and Risk and Assurance Committee requirements. This will provide assurance on the effectiveness of governance and risk management arrangements and will maintain an appropriate financial focus (Appendix 8).

7.9 Post Project Evaluation

The Programme Board will ensure that post project evaluation will be undertaken in accordance with Welsh Government requirements.

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 project are:

- Evaluation of the project procurement stage;
- Evaluation of the various processes put in place during implementation.

7.9.1 Stage 1 Evaluation: Project Procurement

The evaluation at this stage will examine:

- The effectiveness of the project management of the scheme;
- The quality of the documentation prepared by HDUHB;
- Communications and involvement during procurement;
- The effectiveness of advisers utilised on the scheme;
- The efficacy of NHS guidance in delivering the scheme;
- Perceptions of advice, guidance and support from:
 - Welsh Government;
 - NWSSP – Estates.

It is planned that this evaluation will be undertaken within four months of BJC approval.

7.9.2 Stage 2 Evaluation: Implementation

The evaluation at this stage will examine:

- The effectiveness of HDUHB project management of the scheme;
- The effectiveness of the PSCP project management of the scheme;
- Communications and involvement during commissioning;
- The effectiveness of the joint working arrangements established by the project partner and the project team;
- Support during this stage from other stakeholder organisations – Welsh Government, Welsh Health Estates and any others as appropriate;

It is planned that this evaluation will be undertaken six months following works completion.

8.0 Conclusion and Recommendations

This business case sets out the required actions for Hywel Dda University Health Board to be compliant with fire safety regulations and remove the remaining enforcement notices.

The business case has described the proposed approach to the works which aims for completion of the Phase Two works by October 2027 (dependent on works commencing in October 2025).

The Health Board must comply within the stipulated timeframe set by the Mid and West Wales Fire and Rescue Service or risk legal action and a potential risk of prosecution. It is noted that the delivery programme extends the timelines stipulated within the Enforcement Notices, however it is anticipated that MWWFRS will align the notices with the proposed programme of works.

It is requested that Welsh Government:

- Approve this business case based on the proposed cost and approach to delivery of work;
- Acknowledge the MWWFRS expectations for completion of works by October 2027.

9.0 Glossary of Abbreviations

Abbreviation	Definition
AEDET	Achieving Excellence Design Evaluation Toolkit
AHMWW	A Healthier Mid and West Wales: Our Future Generations living well
AME	Annually Managed Expenditure
BAU	Business As Usual
BGH	Bronglais General Hospital
BIM	Building Information Modelling
BJC	Business Justification Case
BREEAM	Building Research Establishment Environmental Assessment Method
CDM	Construction (Design and Management)
CSC	Capital Sub-Committee
CSF	Critical Success Factor
DEL	Departmental Expenditure Limit
ECC	Engineering and Construction
FDS	Fire/Smoke Dampers
GEM	Generic Economic Model
GGH	Glangwili General Hospital
HBN	Health Building Note
HDUHB	Hywel Dda University Health Board
HSDU	Hospital Sterilisation and Disinfection Unit
HTM	Health Technical Memoranda
IHP	Integrated Health Projects
IIA	Integrated Impact Assessment
IM&T	Information Management and Technology
MWWFRS	Mid and West Wales Fire and Rescue Service
NEAT	NHS Environmental Assessment Tool
NEC	New Engineering Contract
NHS	National Health Service
NWSSP SES	NHS Wales Shares Services Partnership Specialist Estates Services

PBC	Programme Business Case
PPE	Post Project Evaluation
PPH	Prince Philip Hospital
PSCP	Principle Supply Chain Partner
RAAC	Reinforces Aerated Autoclave Planks
RoE	Retention of Employment
RPA	Risk Potential Assessment
SCP	Supply Chain Partner
SDODC	Service Development and Operational Delivery Committee
SES	Specialist Estates Services
SRO	Senior Responsible Officer
TUPE	Transfer of Undertakings (Protection of Employment)
UHB	University Health Board
VAT	Value Added Tax
VFM	Value for Money
WGH	Withybush General Hospital
WG	Welsh Government
WHTM	Welsh Health Technical Memoranda
WPA	Welsh Procurement Alliance

10.0 Appendices

1. MWWFRS Letters of Fire Safety Matters
2. HDUHB Fire Safety Action Plan
3. Cost Report
4. Programme
5. Risk Register
6. Risk Potential Assessment
7. Integrated Impact Assessment
8. Integrated Assurance and Approval Plan

Hywel Dda University Health Board

Withybush Hospital – Fire Precaution Upgrade Works

Phase Two Business Justification Case

Appendices

Appendices

1. MWWFRS Letters of Fire Safety Matters
2. HDUHB Fire Safety Action Plan
3. Cost Report
4. Programme
5. Risk Register
6. Risk Potential Assessment
7. Integrated Impact Assessment
8. Integrated Assurance and Approval Plan

Appendix One – Letters of Fire Safety Matters



Gwasanaeth Tân ac Achub
Canolbarth a Gorllewin Cymru

Mid and West Wales
Fire and Rescue Service

Prif Swyddog Tân | Chief Fire Officer

Roger Thomas BA(Hons), MSc

tancgc.gov.uk
mawwfire.gov.uk

The Chief Executive
Corporate Offices
Hywel Dda Health Board
Hafan Derwen
Ystwyth Building
Jobs Well Road
Carmarthen
SA31 3BB

Gofynner am/
Please ask for:

Watch Manager K Steele

Ext No:

3367

E-bost/E-mail:

k.steele@mawwfire.gov.uk

Fy Nghyf/My
Ref:

BFS/KS/00114719

Dyddiad/Date:

24 August 2023

Dear Sir

The Regulatory Reform (Fire Safety) Order 2005

Letter of Fire Safety Matters

**Premises: HYWEL DDA UNIVERSITY HEALTH BOARD, WITHYBUSH HOSPITAL,
WITHYBUSH, FISHGUARD ROAD, HAVERFORDWEST, SA61 2PZ**

Areas of the hospital referred to within this letter:

Block 4 & Block 5 including ITU.

I visited your premises on 21 August 2023 and evaluated the fire safety provided. You have an ongoing duty to ensure the safety of people. The attached schedule sets out what you need to do.

Timescale for Completion

You should complete the work outlined in the schedule as soon as possible, balancing the need for safety against the demands on your business or undertaking. I will visit again and will contact you in approximately 6 month(s) (from the date of this letter) to arrange my next visit. You should complete the actions and outcomes before that visit.

Consequence for Non-compliance

If you do not do the work in the schedule before my next visit (or I find that safety provisions have worsened), the authority may serve an enforcement notice on you. An enforcement notice would legally bind you to do the work.

Route to Challenge

Y Pencadlys, Heol Llwyn Pisgwydd, Caerfyrddin, Sir Gâr, SA31 1SP
Headquarters, Lime Grove Avenue, Carmarthen, Carmarthenshire, SA31 1SP

post@tancgc.gov.uk
mail@mawwfire.gov.uk

0370 60 60 699

You can clarify or challenge what you need to do. If you have any feedback you wish to share, please access the Complaints and Compliments section found on our website:

<https://www.mawwfire.gov.uk/eng/about-us/access-to-information/compliments-comments-and-complaints/>.

Fire Safety Management

The schedule sets out what you need to do to improve fire safety. Taking this advice will help you to sustain those improvements.

Alternative Solutions

If you want to use a different solution to bring about safety from fire, please contact me to discuss an action plan. An action plan might enable you to apply an equally appropriate safety solution to better meet your needs. Any alternative solution you propose must meet the 'outcome(s)' stated in the schedule.

Recommendations

The matters in the Schedule are obligations under The Regulatory Reform (Fire Safety) Order 2005, and as, abovementioned, will, if necessary be made requirements in an Enforcement Notice.

The following matters are *recommended* to further improve fire safety in your premises.

- It is recommended that the storerooms in the undercroft at the rear of the mortuary are kept locked shut, it was also note in these store rooms there was a considerable amount of bird excrement which could be a health hazard, it was also note that there was items stored there from the Xray department these items should be removed and disposed correctly. The area around the rear mortuary doors had an accumulation of combustible debris this debris could assist the spread of fire in this area.

Yours faithfully



Watch Manager K Steele
Authorised Fire Safety Regulator
On behalf of the Mid and West Wales Fire and Rescue Authority

Steve.Moore2@wales.nhs.uk
Andrew.A.Carruthers@wales.nhs.uk
HIW@gov.wales
Rob.Elliott@wales.nhs.uk
Janice.cole-williams@wales.nhs.uk
Richard.Jupp2@wales.nhs.uk
Daniel.Dyer@wales.nhs.uk

Important Information – schedule referred to in letter

Notes to this schedule: 11

The government guidance most suitable to your premises is GG10 which can be found at <http://www.cfoa.org.uk/19512>

Before certain changes are made to the premises, you may have to apply for approval from statutory bodies and/or others having interest in them. Should changes or alterations be required, approval should be sought from the relevant body. For example, you may have to apply for approval from a Building Control Body <http://www.legislation.gov.uk/uksi/2010/2214/regulation/3/made> or in relation to a Heritage Premises you should consult CADW, <https://cadw.gov.wales/advice-support>.

ITEM 1

Art 8 wedging doors	
Reason	The standard of vertical fire separation provided is not maintained adequately. A fire could spread rapidly and make the escape route unsafe for relevant persons to use. It was noted in the recent inspection that doors to offices storerooms and some staff areas were being wedged open, for example the main office in the corridor leading to the ITU This is contrary to Article 8.
Required Action	Wedges, hooks and any other devices in use at the present time as a means of holding the self-closing doors in the open position shall be removed to ensure that the doors are effectively self-closing.
Outcome	This work is necessary to reduce the risk of the spread of fire

ITEM 2

Art 8 charging items on means of escape	
Reason	The standard of horizontal fire separation provided is not adequate. A fire could spread rapidly and make the escape route unsafe for relevant persons to use. This is contrary to Article 8.
Required Action	

	Charging of battery devices must not be done within the means of escape, remove all charging items into a suitable room with a fire door. The means of escape must not be used for storage or charging of electrical items.
Outcome	This work is necessary to reduce the risk of spread of fire.

ITEM 3

Art 8 Electrical items on means of escape	
Reason	The standard of horizontal fire separation provided is not adequate. A fire could spread rapidly and make the escape route unsafe for relevant persons to use. This is contrary to Article 8.
Required Action	The storage and use of electrical equipment/devices within the means of escape is not permitted, remove all electrical devices into a suitable room with a fire door. • Fridge (behind the nurse station WD1) • Photocopier. (next to the nurse station WD3 & 4) • Laptop charging units (noted mounted in various ward corridors / department corridors). The means of escape must not be used for storage or charging of electrical items.
Outcome	This work is necessary to reduce the risk of spread of fire.

ITEM 4

Art 8 reduce the risk from fire

Reason	Combustible materials were too close to an ignition source. This means that fire could easily break out, which could spread rapidly and make the escape route unsafe for relevant persons to use. This is contrary to Article 8.
Required Action	Relocate items within the Ward 1 treatment room to improve the rooms safety. There was charging of items and a fridge located next to an oxygen point. This room requires movement of the items to another area and or the oxygen and vacuum point isolating to reduce the risk from fire to an acceptable level.
Outcome	This work is necessary to reduce the risk of fire.

ITEM 5

Art 8 Compartmentation	
Reason	The standard of compartmentation provided in the building is not adequate. A fire could spread rapidly and make the escape route unsafe for relevant persons to use. This is contrary to Article 8.
Required Action	During the inspection breaches in compartmentation were identified within the endoscopy storeroom which houses the photocopier and a large air conditioning unit. The breaches in compartmentation would not support the existing evacuation strategy. In the event of fire, breaches in compartmentation, will allow fire and smoke to spread unchecked throughout the building. This would have an impact on the means of escape and render the evacuation strategy of the building ineffective. All breaches in compartmentation should be fire stopped to provide the appropriate fire resistance in accordance with

	building regulations. Compliance with this or an equivalent standard will normally satisfy the requirement. I am happy for this to item to be address in the Phase 2 enforcement works Scheme.
Outcome	This work is necessary to reduce the risk of spread of fire.

ITEM 6

Art 14 Emergency lighting	
Reason	In the event of danger, it is not possible for relevant persons to evacuate the premises as quickly and as safely as possible. There is inadequate emergency lighting within the kitchens on the LGF This is contrary to Article 14.
Required Action	Provide an emergency lighting system (which is to be independent of all other systems), to illuminate Block 4 LGF Kitchens On completion of the emergency lighting system, the commission certificate is to be completed by a competent person and a copy made available to the Fire and Rescue Authority. This system is to be designed and installed in accordance BS5266-1:2016 Compliance with this or an equivalent standard will normally satisfy the requirement.
Outcome	

	This work is necessary to ensure that the means of escape can be safely and effectively used whenever they are needed.

ITEM 7

Art 8 Air Transfer grille	
Reason	The standard of horizontal fire separation provided is not adequate. A fire could spread rapidly and make the escape route unsafe for relevant persons to use. This is contrary to Article 8.
Required Action	Where a fire door is required to be fitted with an air transfer grille, it should only be fitted with one that is capable of sealing both by thermal initiation and by interface with smoke sensors either directly or via a fire alarm panel. This was noted in rooms SF176 & SF166 but applies to any of this type of system fitted to a fire rated door within the means of escape where the room it is fitted to contains a fire risk. The air transfer grill should conform to a relevant standard e.g.BS 8214:2016. Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. Compliance with these standards will normally satisfy the requirement
Outcome	This work is necessary to reduce the risk of the spread of fire

ITEM 8

Art 8 Fire Door	
Reason	The standard of horizontal fire separation provided is not adequate. A fire could spread rapidly and make the escape route unsafe for relevant persons to use. This is contrary to Article 8.
Required Action	A fire door should be installed providing 30 minutes fire resistance. Panels or partitions above or at the sides of the

	doors should provide a similar degree of fire resistance in the following location: - Between the sluice room and electrical room within Ward 4 Fire resisting doors need to be fitted with - A self-closing device - Intumescent strips and smoke seals. - Three brass/steel hinges. Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. BS 8214:2016 - timber-based fire door assemblies – Code of practice Compliance with this or an equivalent standard will normally satisfy the requirement
Outcome	This work is necessary to reduce the risk of spread of fire.

ITEM 9

Art12.2	
Reason	The risks from dangerous substances to relevant persons in the premises have not been eliminated, substituted and/or reduced so far as is reasonably practicable. Flammable items were noted on the shelves of the Ward 4 store cupboard with other consumables increasing the risk of fire within this area. This is contrary to Article 12.
Required Action	Ensure all flammable items are stored in an safe manner. Flammable items are required to be stores in a metal flame resistant cupboard.
Outcome	This work is necessary to reduce the risk of fire.

ITEM 10

Art14	
Reason	The distance from the dead end situation in the Staffroom within the theatres area to the nearest place of relative safety is so great that fire and smoke can overtake people before they reach the exit. This is contrary to Article 14.
Required Action	Reduce the risk within this area to as low as practicable by: Either reconfigure the area by moving the kitchen into the staff room or make up the corridor so it provides adequate fire resistance to allow the relevant person to effect a safe exit.
Outcome	This work is necessary to provide sufficient escape routes (corridors, stairs and doors) for people

ITEM 11

Art8.6	
Reason	The current layout (ward 3 approach) will have an impact on the means of escape and render the evacuation strategy of the ward block ineffective. This is contrary to Article 8.
Required Action	Confirm that the ward approach to ward 3 will be made up to mirror the other ward approach areas within the hospital, to allow for progressive horizontal evacuation of the relevant person The fire separation should conform to a relevant standard e.g. Appendix A (including Table A1, A2) of Approved Document B Volume 2 Buildings other than dwelling houses. Compliance with this or an equivalent standard will normally satisfy the requirement.
Outcome	This work is necessary to reduce the risk of spread of fire.

1. Can you please confirm that the gas in the main kitchen is isolated on the activation of the fire alarm system.
2. Can you confirm that the main kitchen gas shutoff located in the cupboard close to the front of house complies with the gas safety regulations.



Gwasanaeth Tân ac Achub
Canolbarth a Gorllewin Cymru

Mid and West Wales
Fire and Rescue Service

Prif Swyddog Tân | Chief Fire Officer

Roger Thomas BA(Hons), MSc

tancgc.gov.uk
mawwfire.gov.uk

The Chief Executive
Corporate Offices
Hywel Dda Health Board
Hafan Derwen
Ystwyth Building
Jobs Well Road
Carmarthen
SA31 3BB

*Gofynner am/
Please ask for:* Watch Manager K Steele

Ext No: 3367

E-bost/E-mail: k.steele@mawwfire.gov.uk

Fy Nghyf/My Rei BFS/ KS /00114719

Dyddiad/Date: 12 December 2023

Dear Sir/Madam,

The Regulatory Reform (Fire Safety) Order 2005

Letter of Fire Safety Failures; Action Plan of Remedial Measures

**Premises: HYWEL DDA UNIVERSITY HEALTH BOARD, WITHYBUSH HOSPITAL,
WITHYBUSH, FISHGUARD ROAD, HAVERFORDWEST, SA61 2PZ**

To ensure compliance with The Regulatory Reform (Fire Safety) Order 2005 and to satisfy the agreed requirements itemised within Enforcement notice, reference KS 890 04, the Phase 2 works (proposed solution) Action Plan and timeframes for Withybush General Hospital must be adhered to.

You have an ongoing duty under the Regulatory Reform (Fire Safety) Order 2005 ("The Order") to ensure the safety of relevant persons.

The agreed Action Plan below sets out what you need to do.

Timescale for Completion

You should complete the work outlined in the Action Plan by the agreed dates set out in the schedule below. An extension to the agreed timeframes will not be granted.

Consequence for Non-compliance

If you do not complete the work in the Action Plan, within the agreed timescales (or I find that safety provisions have worsened, during my next visit), the Mid and West Wales Fire and Rescue Authority ("The Authority") will consider serving a further enforcement notice on you as the person with responsibilities for The Premises. A further enforcement notice would legally bind you to do the work in the notice.

Y Pencadlys, Heol Llwyn Pisgwydd, Caerfyrddin, Sir Gâr, SA31 1SP
Headquarters, Lime Grove Avenue, Carmarthen, Carmarthenshire, SA31 1SP

post@tancgc.gov.uk
mail@mawwfire.gov.uk
0370 60 60 699

Route to Appeal

You can clarify or challenge what you need to do. If you have any feedback you wish to share, please access the Complaints and Compliments section found on our website: <https://www.mawwfire.gov.uk/eng/about-us/access-to-information/compliments-comments-and-complaints/>.

Alternative Solutions

If you want to use a different solution to bring about safety from fire, please contact me to discuss further. Any alternative solution you propose must meet the 'outcome(s)' and timeframes as stated in the agreed Action Plan.

Yours faithfully,



Watch Manager K Steele
Authorised Fire Safety Regulator
On behalf of the Mid and West Wales Fire and Rescue Authority

CC's

Steve.moore2@wales.nhs.uk

Andrew.A.Carruthers@wales.nhs.uk

HIW@gov.wales

Rob.elliott@wales.nhs.uk

Janice.cole-williams@wales.nhs.uk

Richard.Jupp2@wales.nhs.uk

Daniel.Dyer@wales.nhs.uk

Important Information – Action Plan referred to in letter

Notes to this schedule:

The government guidance most suitable to your premises is WHTM 05/02 / fire safety in healthcare premises, which can be found at <https://www.gov.uk/workplace-fire-safety-your-responsibilities/fire-risk-assessments>

Before you make certain changes to the premises, you may have to apply for approval from statutory bodies and/or others having interest in them. If you have doubt about the need for approval, you should ask the relevant body. For example, you may have to apply for approval from a Building Control Body
<http://www.legislation.gov.uk/uksi/2010/2214/regulation/3/made>.

Action Plan Schedule:

Phase 2 works (proposed solution document)

1. Complete all the works set out in the proposed solution document dated 19 July 2023 relating to Phase 2 by the agreed date of 31st October 2025.
(Original agreed Phase 2 Works Concern – All department / Ward Areas including any sub compartmentation and risk room area).
2. Complete the works highlighted in section 1.5 from the document presented to the Fire Authority on the 10th of November 2023 (Fire Enforcement Project Teams - Update to MWWFRS, Fri 10 November 2023) by the agreed date of 31st October 2025.
3. Complete the works highlighted in section 1.8 from the document presented to the Fire Authority on the 10th of November 2023 (Fire Enforcement Project Teams - Update to MWWFRS, Fri 10 November 2023) by the agreed date of 31st October 2025.
4. Complete the works highlighted in section 1.10 from the document presented to the Fire Authority on the 10th of November 2023 (Fire Enforcement Project Teams - Update to MWWFRS, Fri 10 November 2023) by the agreed date of 31st October 2025.
5. The provision of adequate fire safety training is a legal duty placed on the responsible person by the Fire Safety Order. In order to satisfy the legal requirements for training, staff need to have an understanding of the fire risks to which they may be exposed and know what to do in the event of a fire so that fire safety procedures can be applied effectively. The requirements are laid out in the Health Technical Memorandum 05-01: Managing healthcare fire safety (Second edition)

Further to the above, the following outstanding and agreed works as laid out in the letters of Fire Safety Matters issued to you on the 24th August 2023 reference BFS/KS/00114719 and included in your Action Plan 2023 (Fire Enforcement Project Teams - Update to MWWFRS, Fri 10 November 2023) under sections 1.1 – 1.4, 1.6 – 1.7 and 1.9 are to be completed by the 1st March 2024.

For reference I attach a copy of your Action Plan and letter of Fire Safety Matters (BFS/KS/00114719).



Gwasanaeth Tân ac Achub
Canolbarth a Gorllewin Cymru

Mid and West Wales
Fire and Rescue Service

Prif Swyddog Tân | Chief Fire Officer

Roger Thomas BA(Hons), MSc

tancgc.gov.uk
mawwfire.gov.uk

Steve Moore
The Chief Executive
Corporate Offices
Hywel Dda Health Board
Hafan Derwen
Ystwyth Building
Jobs Well Road
Carmarthen
SA31 3BB

Gofynner am/
Please ask for:

Watch Manager K Steele

Ext No:

3367

E-bost/E-mail:

k.steele@mawwfire.gov.uk

Fy Nghyf/My Rei

Business Fire Safety/00114719

Dyddiad/Date:

30 November 2023

Dear Sir

The Regulatory Reform (Fire Safety) Order 2005

Withdrawal of Enforcement Notice

Premises: Withybush General Hospital, Fishguard Road, Haverfordwest, SA61 2PZ

Please be advised that the Enforcement Notice, dated 9 February 2020 and/or numbered KS/890/03 is withdrawn.

The removal of this enforcement notice is due to evidence witnessed whilst conducting the monthly onsite visits and the email dated 26 October confirming completion of the works set out in the Phase 1 project at Withybush hospital.

Fire Safety Management

You should review the risks to people in case of fire regularly especially if:

- There is reason to suspect that people are not safe in case of fire, or
- There has been a significant change to the preventive and protective measures you have taken in case of fire.

Where, in consequence of a review, changes to your safety measures are required; you should make those changes.

Further recommendations

Ensure that all works moved from Phase 1 to the preferred option (phase 2) works will be completed as agreed.

Y Pencadlys, Heol Llwyn Pisgwydd, Caerfyrddin, Sir Gâr, SA31 1SP
Headquarters, Lime Grove Avenue, Carmarthen, Carmarthenshire, SA31 1SP

post@tancgc.gov.uk
mail@mawwfire.gov.uk

0370 60 60 699

Yours sincerely,



Watch Manager K Steele
Authorised Fire Safety Regulator
On behalf of the Mid and West Wales Fire and Rescue Authority

Cc's

Steve.moore2@wales.nhs.uk

Andrew.A.Carruthers@wales.nhs.uk

HIW@gov.wales

Rob.elliott@wales.nhs.uk

Janice.cole-williams@wales.nhs.uk

Richard.Jupp2@wales.nhs.uk

Daniel.Dyer@wales.nhs.uk

Appendix Two – Fire Safety Action Plan

Location: Withybush General Hospital, Haverfordwest

LoFSM Action Plan Prepared Date: 14th September 2023

Letters Received Embedded Below:

Owned by: Estates Department

Responsible Actions: As recorded in the action log

Updated on Oct 2023

ACTION PLAN

Block 4 & Block 5 including ITU**Letter reference - BFS/KS/00114719****Letter received on – 24th August 2023**

Ref	Reason	Required Action	Outcome	HB Comments	Responsible Officer	Time scale	COST
1.1	The standard of vertical fire separation provided is not maintained adequately. A fire could spread rapidly and make the escape route unsafe for relevant persons to use. It was noted in the recent inspection that doors to offices, storerooms and some staff areas were being wedged open, for example the main office in the corridor leading to the ITU This is contrary to Article 8.	Wedges, hooks and any other devices in use at the present time as a means of holding the self-closing doors in the open position shall be removed to ensure that the doors are effectively self-closing.	This work is necessary to reduce the risk of the spread of fire	To be removed by FSA and concerns communicated to responsible persons/staff	DD	Nov 23	N/A
1.2	The standard of horizontal fire separation provided is not adequate. A fire could spread rapidly and make the escape route unsafe for relevant persons to use. This is contrary to Article 8	Charging of battery devices must not be done within the means of escape, remove all charging items into a suitable room with a fire door. The means of escape must not be used for storage or charging of electrical items.	This work is necessary to reduce the risk of spread of fire.	To be instructed by FSA to risk owner	DD	Nov 23	N/A

1.3	The standard of horizontal fire separation provided is not adequate. A fire could spread rapidly and make the escape route unsafe for relevant persons to use. This is contrary to Article 8.	The storage and use of electrical equipment/devices within the means of escape is not permitted, remove all electrical devices into a suitable room with a fire door. • Fridge (behind the nurse station WD1) • Photocopier. (next to the nurse station WD3 & 4) • Laptop charging units (noted mounted in various ward corridors / department corridors). The means of escape must not be used for storage or charging of electrical items.	This work is necessary to reduce the risk of spread of fire.	To be instructed by FSA to risk owners	DD	Nov 23	N/A
1.4	Combustible materials were too close to an ignition source. This means that fire could easily break out, which could spread rapidly and make the escape route unsafe for relevant persons to use. This is contrary to Article 8.	Relocate items within the Ward 1 treatment room to improve the rooms safety. There was charging of items and a fridge located next to an oxygen point. This room requires movement of the items to another area and or the oxygen and vacuum point isolating to reduce the risk from fire to an acceptable level.	This work is necessary to reduce the risk of fire.	To be instructed by FSA to risk owners	DD	Nov 23	N/A

1.5	The standard of compartmentation provided in the building is not adequate. A fire could spread rapidly and make the escape route unsafe for relevant persons to use. This is contrary to Article 8.	During the inspection breaches in compartmentation were identified within the endoscopy storeroom which houses the photocopier and a large air conditioning unit. The breaches in compartmentation would not support the existing evacuation strategy. In the event of fire, breaches in compartmentation, will allow fire and smoke to spread unchecked throughout the building. This would have an impact on the means of escape and render the evacuation strategy of the building ineffective. All breaches in compartmentation should be fire stopped to provide the appropriate fire resistance in accordance with building regulations. Compliance with this or an equivalent standard will normally satisfy the requirement. I am happy for this to item to be address in the Phase 2 enforcement works Scheme.	This work is necessary to reduce the risk of spread of fire.		Forms Part of Phase 2	Phase 2 Date	JW

1.6	In the event of danger, it is not possible for relevant persons to evacuate the premises as quickly and as safely as possible. There is inadequate emergency lighting within the kitchens on the LGF. This is contrary to Article 14.	Provide an emergency lighting system (which is to be independent of all other systems), to illuminate • Block 4 LGF Kitchens On completion of the emergency lighting system, the commission certificate is to be completed by a competent person and a copy made available to the Fire and Rescue Authority. This system is to be designed and installed in accordance BS5266-1:2016 Compliance with this or an equivalent standard will normally satisfy the requirement.	This work is necessary to ensure that the means of escape can be safely and effectively used whenever they are needed.	Full work to be scoped and costed.	Ops to address – further discussion to agree scope	Jan 24	TBC
1.7	The standard of horizontal fire separation provided is not adequate. A fire could spread rapidly and make the escape route unsafe for relevant persons to use. This is contrary to Article 8.	Where a fire door is required to be fitted with an air transfer grille, it should only be fitted with one that is capable of sealing both by thermal initiation and by interface with smoke sensors either directly or via a fire alarm panel. This was noted in rooms SF176 & SF166 but applies to any of this type of system fitted to a fire rated door within the means of escape where the room it is fitted to contains a fire risk. The air transfer grill should conform to a relevant standard	This work is necessary to reduce the risk of the spread of fire.	Full work to be scoped and costed.	Ops to address – further discussion to agree scope	Jan 24	TBC

		e.g.BS 8214:2016. Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. Compliance with these standards will normally satisfy the requirement.					
1.8	The standard of horizontal fire separation provided is not adequate. A fire could spread rapidly and make the escape route unsafe for relevant persons to use. This is contrary to Article 8.	A fire door should be installed providing 30 minutes fire resistance. Panels or partitions above or at the sides of the doors should provide a similar degree of fire resistance in the following location: • Between the sluice room and electrical room within Ward 4 Fire resisting doors need to be fitted with • A self-closing device • Intumescent strips and smoke seals. • Three brass/steel hinges. Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B	This work is necessary to reduce the risk of spread of fire.		Forms Part of Phase 2	Phase 2 Date	JW

		Volume 2 Buildings other than dwelling houses. BS 8214:2016 - timber-based fire door assemblies – Code of practice Compliance with this or an equivalent standard will normally satisfy the requirement.					
1.9	The risks from dangerous substances to relevant persons in the premises have not been eliminated, substituted and/or reduced so far as is reasonably practicable. Flammable items were noted on the shelves of the Ward 4 store cupboard with other consumables increasing the risk of fire within this area. This is contrary to Article 12	Ensure all flammable items are stored in an safe manner. Flammable items are required to be stores in a metal flame resistant cupboard.	This work is necessary to reduce the risk of fire.	To be instructed by FSA to risk owners	DD	Nov 23	N/A
1.10	The distance from the dead end situation in the Staffroom within the theatres area to the nearest place of relative safety is so great that fire and smoke can overtake people before they reach the exit. This is contrary to Article 14.	Reduce the risk within this area to as low as practicable by: Either reconfigure the area by moving the kitchen into the staff room or make up the corridor so it provides adequate fire resistance to allow the relevant person to effect a safe exit.	This work is necessary to provide sufficient escape routes (corridors, stairs and doors) for people		Forms Part of Phase 2	Phase 2 Date	JW

1.11	The current layout (ward 3 approach) will have an impact on the means of escape and render the evacuation strategy of the ward block ineffective. This is contrary to Article 8.	Confirm that the ward approach to ward 3 will be made up to mirror the other ward approach areas within the hospital, to allow for progressive horizontal evacuation of the relevant person. The fire separation should conform to a relevant standard e.g. Appendix A (including Table A1, A2) of Approved Document B Volume 2 Buildings other than dwelling houses. Compliance with this or an equivalent standard will normally satisfy the requirement.	This work is necessary to reduce the risk of spread of fire.	To be confirmed by the FSA	DD	Completed	N/A

Appendix Three – Cost Report and Capital Charges Calculations

Business Justification Case

Health Board: Hywel Dda Vale University Health Board

Hospital/Site: Withybush General Hospital, Haverfordwest

Project Title: Phase 2 Fire Precaution Upgrade Works, Withybush General Hospital, Haverfordwest

Project No: To be confirmed

Option No: To be confirmed

Option Title: To be confirmed

Prepared by: Lee Wakemans Ltd.

Date: 10 June 2025

Revisions:
None

Project Title: Phase 2 Fire Precaution Upgrade Works, Withybush General Hospital, Haverfordwest
Option No: To be confirmed
Option Title: To be confirmed

BASIS OF ESTIMATING

Stage 4 BJC

BCIS PubSec Index Level : N/A FP - Costs escalated with published and assessed inflation for the duration of the project

Equipment cost level : N/a EPI

Location factor : 0.97 Note, all rates based on the SCP's (IHP) costs for the Withybush location and location adjustment not required

Proposed start on site : Oct-25 Based on PM Mace's Master Programme Rev 5 (6 June 2025)

Proposed completion date : Sep-27

Capital Cost Summary

Ref	Cost Centre		Net £	VAT £	Gross £
1	Departmental Cost (BJC2)		£ -	£ -	£ -
2	On costs (BJC3)	N/A of (1)	£ 2,717,804.17	£ 543,560.83	£ 3,261,365.00
3	Sub-total		£ 2,717,804.17	£ 543,560.83	£ 3,261,365.00
4	Provisional location adjustment - costs based on the site's regional location	0.97	£ -	£ -	£ -
5	Works Cost		£ 2,717,804.17	£ 543,560.83	£ 3,261,365.00
6.1	Recovery of Sunk Costs from BJC 1 FY Years, 22/23 and 23/24 (BJC4)		£ 363,150.00	£ -	£ 363,150.00
6.2	Fees (BJC4)	64.77% of (5)	£ 1,760,397.00	£ 264,479.40	£ 2,024,876.40
7	Non-works Costs (BJC4)		£ 925,000.00	£ 185,000.00	£ 1,110,000.00
8	Equipment Costs (BJC2)	0.74% of (5)	£ 20,000.00	£ 4,000.00	£ 24,000.00
9	Quantified Risk Contingency: Health Board Preferred Contractor	£ 1,380,449 All Health Board £ - <u>£ 1,380,449</u> (23.86% of 5, 6, 7 & 8)	£ 1,380,449.27	£ 276,089.85	£ 1,656,539.12
10	VAT Reclaim		£ -	-£264,479.40	-£ 264,479.40
11	Optimism Bias - Excluded		-	-	-
12	BJC Project Cost (at FBC equivalent stage) - Forecast Project Outturn Cost (for approval purposes) including recovery of Sunk Costs from BJC 1 FY Years, 22/23 and 23/24 (BJC4)		£ 7,166,800.43	£ 1,008,650.69	£ 8,175,451.12

Project Title: Phase 2 Fire Precaution Upgrade Works, Withybush General Hospital, Haverfordwest
Option No: To be confirmed
Option Title: To be confirmed

CAPITAL COSTS: DEPARTMENTAL AND EQUIPMENT COSTS

Accommodation	Functional Size	Space allowance		N/A/C	Departmental Allowance £	Equipment Allowance £
		m2	£/m2			

None
 N/A
 C
 £
 -
 £
 -

Minor equipment - provisional allowance as advised by HDUHB
 £
 20,000.00

Total floor area (Nett Area)
 N/A
 £
 20,000.00

Less: Abatement for transferred equipment
 £
 -

Departmental Cost - to BJC1 Summary
 £
 -

Equipment Cost - to BJC1 Summary
 £
 20,000

Project Title: Phase 2 Fire Precaution Upgrade Works, Withybush General Hospital,
Haverfordwest

Option No: To be confirmed

Option Title: To be confirmed

CAPITAL COSTS: ON-COSTS

	Net Cost	% of DCA
1 Communications - GIFA:		
a Space	£ -	N/A
b Medical Gases	£ -	N/A
c Lifts	£ -	N/A
2 "External" Building Work		
a Drainage	£ -	N/A
b Roads, paths, parking	£ -	N/A
c Site layout, walls, fencing, gates	£ -	N/A
d BWIC with "External" engineering work	£ -	N/A
3 "External" Engineering Work		
a Steam, condensate, heating, hot water and gas supply mains	£ -	N/A
b Cold water mains and storage	£ -	N/A
c Electricity mains, sub-stations, standby generating plant	£ -	N/A
d Calorifiers and associated plant	£ -	N/A
e Miscellaneous services	£ -	N/A
4 Auxiliary Buildings	£ -	N/A
5 Other on-costs and abnormals		
a Building abnormals (See Annex A)	£ 2,717,804.17	N/A
b Engineering (See Annex B)	£ -	N/A
c Other on-costs (See Annex C)	£ -	N/A
Total On-costs - to BJC1 Summary	£ 2,717,804.17	0.00%

Project Title: Phase 2 Fire Precaution Upgrade Works, Withybush General Hospital, Haverfordwest

Option No: To be confirmed

Option Title: To be confirmed

CAPITAL COSTS: FEES AND NON-WORKS COSTS

	£	% of Works Cost
1 Sunk Costs:		
Recovery of Sunk Costs from BJC 1 FY Years, 22/23 and 23/24.	£ 363,150.00	
Includes VAT @ 20%		N/A
2.1 Health Board Fees - Workstages 2 & 3:		
a. Project Manager (Mace)	£ 66,455.00	2.45%
b. Cost Advisor -(Lee Wakemans)	£ 40,735.00	1.50%
c. Multi-Disciplinary Design Team led by Fire Engineer:		
Fire Engineer (PartB)	£ 109,800.00	4.04%
Architect (Rio - sub-consultant to Fire Engineer)	£ 61,088.00	2.25%
Building Services (McCanns - sub-consultant to Fire Engineer)	£ 52,854.00	1.94%
Principal Designer (Greenhat - sub-consultant to Fire Engineer)	£ 7,131.00	0.26%
d. Internal Supervision (H DUHB)	£ 26,000.00	0.96%
e. Business case writer (Strategic Healthcare Planning)	£ 15,000.00	0.55%
f. Capital audit	£ 25,000.00	0.92%
g. Tax Specialist Consultant for VAT Recovery and Capital Allowances	£ 16,000.00	0.59%
		0.00%
2.2 Health Board Fees - Workstages 4 - 8:		
a. Project Manager (Mace)	£ 152,200.00	5.60%
b. Cost Advisor -(Lee Wakemans)	£ 120,869.00	4.45%
c. Multi-Disciplinary Design Team led by Fire Engineer:		
Fire Engineer (PartB)	£ 193,480.00	7.12%
Architect (Rio - sub-consultant to Fire Engineer)	£ 142,537.00	5.24%
Building Services (McCanns - sub-consultant to Fire Engineer)	£ 35,608.00	1.31%
Principal Designer (Greenhat - sub-consultant to Fire Engineer)	£ 16,640.00	0.61%
d. Other Consultants (to be confirmed)	£ 50,000.00	1.84%
e. External Supervisor (to be appointed)	£ 157,000.00	5.78%
f. Internal Supervision (H DUHB)	£ 412,000.00	15.16%
g. Capital audit	£ 30,000.00	1.10%
h. Specialist Advisors (to be confirmed)	£ 30,000.00	1.10%
Total Fees to OBC1 Summary	£ 1,760,397.00	64.77%
2 Non-Works Costs		
a. Land purchase costs and associated legal fees	£ -	
b. Statutory and Local Authority charges	£ -	
c. Planning and Building Control fees	£ -	
d. Other	£ 925,000.00	
Total Non-Works Costs to OBC1 Summary	£ 925,000.00	

Project Title: Phase 2 Fire Precaution Upgrade Works, Withybush General Hospital, Haverfordwest

Option No: To be confirmed
Option Title: To be confirmed

PROJECT CASHFLOW FORECAST

Proposed start on site: Oct-25
Proposed completion date: Sep-27

	Year	0	1	2	3	4	Total
Financial year		2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	
Works Cost		£0.00	£815,341.25	£1,277,367.96	£584,327.90	£40,767.06	£2,717,804.17
Recovery of Sunk Costs from BJC 1 FY Years, 22/23 and 23/24. Includes VAT @ 20%	£	363,150.00	£0.00	£0.00	£0.00	£0.00	£363,150.00
Fees		£276,547.25	£505,015.95	£655,167.00	£262,250.10	£61,416.70	£1,760,397.00
Non-works Costs		£2,312.50	£321,437.50	£323,750.00	£277,500.00	£0.00	£925,000.00
Equipment Costs		£0.00	£20,000.00	£0.00	£0.00	£0.00	£20,000.00
Quantified Risk Provision - Held by Health Board		£70,982.38	£423,001.69	£574,326.27	£286,128.54	£26,010.38	£1,380,449.27
Total for Economic Appraisal		£712,992.13	£2,084,796.39	£2,830,611.23	£1,410,206.54	£128,194.14	£7,166,800.43
Gross VAT		£67,368.43	£397,759.28	£527,922.25	£257,441.31	£22,638.83	£1,273,130.09
Less: Reclaimable VAT		-£52,709.45	-£81,803.19	-£92,833.40	-£27,850.02	-£9,283.34	-£264,479.40
Net VAT		£14,658.98	£315,956.09	£435,088.85	£229,591.29	£13,355.49	£1,008,650.69
Inflation (escalation for full project escalation included by HDUHB and Preferred Framework Contractor)		£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Total for Financial Case		£727,651.11	£2,400,752.48	£3,265,700.08	£1,639,797.83	£141,549.63	£8,175,451.12

Project Title: Phase 2 Fire Precaution Upgrade Works, Withybush General Hospital, Haverfordwest

Option No: To be confirmed

Option Title: To be confirmed

PROJECT CASHFLOW FORECAST

Proposed start on site: Oct-25
Proposed completion date: Sep-27

Funding source: Department for Health and Social Services: Welsh Assembly Government

	Year	0	1	2	3	4	Total
Financial year		2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	
Works Cost		£0.00	£815,341.25	£1,277,367.96	£584,327.90	£40,767.06	£2,717,804.17
Recovery of Sunk Costs from BJC 1 FY Years, 22/23 and 23/24. Includes VAT @ 20%	£	363,150.00	£0.00	£0.00	£0.00	£0.00	£363,150.00
Fees		£276,547.25	£505,015.95	£655,167.00	£262,250.10	£61,416.70	£1,760,397.00
Non-works Costs		£2,312.50	£321,437.50	£323,750.00	£277,500.00	£0.00	£925,000.00
Equipment Costs		£0.00	£20,000.00	£0.00	£0.00	£0.00	£20,000.00
Quantified Risk Provision - Held by Health Board		£70,982.38	£423,001.69	£574,326.27	£286,128.54	£26,010.38	£1,380,449.27
Total for Economic Appraisal		£712,992.13	£2,084,796.39	£2,830,611.23	£1,410,206.54	£128,194.14	£7,166,800.43
Gross VAT		£67,368.43	£397,759.28	£527,922.25	£257,441.31	£22,638.83	£1,273,130.09
Less: Reclaimable VAT		-£52,709.45	-£81,803.19	-£92,833.40	-£27,850.02	-£9,283.34	-£264,479.40
Net VAT		£14,658.98	£315,956.09	£435,088.85	£229,591.29	£13,355.49	£1,008,650.69
Inflation (escalation for full project escalation included by HDUHB and Preferred Framework Contractor)		£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Total for Financial Case		£727,651.11	£2,400,752.48	£3,265,700.08	£1,639,797.83	£141,549.63	£8,175,451.12

Funding source:

	Year	0	1	2	3	4	Total
Financial year		2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	
Works Cost							£ -
Fees							£ -
Non-works Costs							£ -
Equipment Costs							£ -
Quantified Risk Contingency							£ -
Sub-Total	£	-	-	-		-	£ -
Gross VAT							£ -
Less: Reclaimable VAT							£ -
Net VAT	£	-	-	-		-	£ -
Inflation	£	-	-	-		-	£ -
Total	£	-	-	-		-	£ -

Project Title:	Phase 2 Fire Precaution Upgrade Works, Withybush General Hospital, Haverfordwest
Option No:	To be confirmed
Option Title:	To be confirmed

KEY PROGRAMME DATES

	Planned @ BJC	Actual
Submission of SOC to Regional Office	N/a	
Regional Office Approval	N/a	
Submission of OBC to WAG	N/a	
		Forecast @ OBC
Draft Submission of BJC to WAG for advanced scrutiny		June 2025
Final Submission of BJC to WAG		July 2025
WAG Approval *		August 2025
Agreement of BJC Costs		June 2025
Start on Site		October 2025
Completion		September 2027
Opening of Facility		N/A
Project Closure		TBC

* Assumes BJC programme overlap during WG scrutiny

Project Title:	Phase 2 Fire Precaution Upgrade Works, Withybush General Hospital, Haverfordwest
Option No:	To be confirmed
Option Title:	To be confirmed

RECOVERABLE VAT CALCULATION

	a	b	c	d
	Cost Net of VAT	VAT at 20% (i.e. prior to recovery)	Percentage recoverable (% of col b)	Recoverable VAT (col b x col c)
Works Cost	£ 2,717,804.17	£ 543,560.83	0.00%	£ -
Fees (recoverable VAT)	£ 1,322,397.00	£ 264,479.40	20.00%	£ 264,479.40
Fees (non-recoverable VAT)	£ 438,000.00	£ -	0.00%	£ -
Non-works Costs	£ 925,000.00	£ 185,000.00	0.00%	£ -
Equipment Costs	£ 20,000.00	£ 4,000.00	0.00%	£ -
Contingencies	£ 1,380,449.27	£ 276,089.85	0.00%	£ -
Total				£ 264,479.40

Project Title: Phase 2 Fire Precaution Upgrade Works, Withybush General Hospital, Haverfordwest
Option No: To be confirmed
Option Title: To be confirmed

CAPITAL COSTS: ON-COSTS - Annex A: Building Abnormals

	Item	Qty	Unit	Rate		Net Cost	Comments
Works cost as preferred tender received from TR Jones Ltd (6 June 2025):							
	Preliminaries	1	Item	£633,345.61	£	633,345.61	
	Contractor's Design and Consultant's Fees	1	Item	£0.00	£	-	
	Provisional Sums	1	Item	£1,178,400.00	£	1,178,400.00	
	Vertical Firestopping	1	Item	£302,983.51	£	302,983.51	
	Horizontal Firestopping	1	Item	£108,797.21	£	108,797.21	
	Internal Doors (Wards)	1	Item	£90,907.19	£	90,907.19	
	Internal Doors (Non-Wards)	1	Item	£111,803.20	£	111,803.20	
	Fire / Smoke Dampers	1	Item	£164,816.37	£	164,816.37	
	Sub-Total (excluding Contractor's Fee, SSWRCF Framework fee and Value Added Tax)				£	2,591,053.09	
	Contractor's fee as Lot 4a of the SSWRCF Framework			4.50%	£	116,597.39	
	Sub-Total (excluding SSWRCF Framework fee and Value Added Tax)				£	2,707,650.48	
	SSWRCF Framework levy for Lot 4a			0.375%	£	10,153.69	
Total Annex A - to BJC3 Building Abnormals						£ 2,717,804.17	
Equivalent to £/m2						N/A	

Project Title: Phase 2 Fire Precaution Upgrade Works, Withybush General Hospital, Haverfordwest
Option No: To be confirmed
Option Title: To be confirmed

CAPITAL COSTS: ON-COSTS - Annex B: Engineering Abnormals

Item	Qty	Unit	Rate	Net Cost	Comments
None	1	Item	£0	£ -	

Total Annex B - to BJC3 Engineering Abnormals

£ -

Equivalent to £/m2 N/A

Project Title: Phase 2 Fire Precaution Upgrade Works, Wlthybush General Hospital, Haverfordwest
Option No: To be confirmed
Option Title: To be confirmed

CAPITAL COSTS: ON-COSTS - Annex C: Other On-Cost Abnormals

Item	Qty	Unit	Rate	Net Cost	Comments
None	1	Item	£0	£ -	

Total Annex C - to BJC3 Engineering Abnormals

£ -

Equivalent to £/m2 N/A

7.0 Non-Works Costs (NWC)

	Qty	Unit	Rate	Total
Cost allowances based on Glangwili General Hospital Phase 1 FPUW and meeting with HDUHB (JW/CT/KP) - updated by CT 9 June 2025:				
Hywel Dda University Health Board:				
Phases 3.3 & 3.4 Theatres - decant stores	1	Item	£25,000.00	£25,000.00
Offsite storage of equipment	1	Item	£35,000.00	£35,000.00
Ad hoc attendance from HDUHB's fire alarm commissioning engineers	1	Item	£105,000.00	£105,000.00
Ad hoc attendance from HDUHB's medical gas contractors	1	Item	£55,000.00	£55,000.00
Miscellaneous costs including pest control	1	Item	£21,000.00	£21,000.00
HDUHB costs associated with main kitchen phasing	1	Item	£26,000.00	£26,000.00
Mid & West Wales Fire Authorities' Inspections	1	Item	£14,000.00	£14,000.00
Building Control Fees	1	Item	£50,000.00	£50,000.00
IT support for de-commissioning and re-commissioning	1	Item	£30,000.00	£30,000.00
Moving patients, medical records, equipment etc and clinical clean - moving furniture and builder's cleaning included by contractor	1	Item	£35,000.00	£35,000.00
District Valuer fee	1	Item	£6,000.00	£6,000.00
Welsh translation costs	1	Item	£16,000.00	£16,000.00
Statutory notice and publicity / consultation charges	1	Item	£7,000.00	£7,000.00
Other fees & miscellaneous costs - to be confirmed	1	Item	£35,000.00	£35,000.00
Asbestos Consultant and additional surveys	1	Item	£100,000.00	£100,000.00
Minor works associated with shutdowns, operational estates support requirements and attendance on project	1	Item	£173,000.00	£173,000.00
Acoustics Consultant including survey	1	Item	£12,000.00	£12,000.00
Temporary Services	1	Item	£12,000.00	£12,000.00
Hot Office for short term decant whilst works being progressed (50m2)	1	Item	£18,000.00	£18,000.00
Project shared drive software	1	Item	£18,000.00	£18,000.00
Contract Management software	1	Item	£18,000.00	£18,000.00
Decant viewing room for Mortuary	1	Item	£40,000.00	£40,000.00
Ward 3 enabling works - removal and re-installation of EBME equipment	1	Item	£74,000.00	£74,000.00
Total Carried to BJC 1			£925,000.00	

Appendix Three – Capital Charges Calculations

Depreciation and Impairment Charges

HB Name: Hywel Dda Health Board
Scheme Name: WGH Fire Phase 2
Project Stage: BJC

Summary			Capital Cost	Impairment	Additional Dep'n
			Based on BJC		
Option Names:			8,175,451	7,310,735	25,818

WGH Fire Phase 2

CALCULATION OF CAPITAL CHARGE

Projected Capital Cost MIPS	Net	VAT	Gross
Building and Engineering	2,717,804	543,561	3,261,365
Fees	2,123,547	424,709	2,548,256
Planning Contingency	0	0	0
Inflation		0	0
Land			0
Furnishings(Donated)			0
Furnishings(NHS funded)			0
Equipment	20,000	4,000	24,000
Fees		0	0
Non Works Cost	925,000	185,000	1,110,000
Contingency	1,380,449	276,090	1,656,539
Recoverable VAT		(424,709)	-424,709
Total Cost	<u>7,166,800</u>	<u>1,008,651</u>	<u>8,175,451</u>

	Value	Depreciation %	Annual Depreciation	Current Dep'n	Additional Dep'n
Annual Depreciation Costs					
Building	840,716	2.50%	21,018	0	21,018
Furnishings(Donated) - 10years		10.00%	0	0	0
Furnishings(NHS)-10years	0	10.00%	0	0	0
Equipment	<u>24,000</u>	20.00%	<u>4,800</u>	0	<u>4,800</u>
	<u>864,716</u>		<u>25,818</u>		<u>25,818</u>

Impairment Impact

	Total	% Impairment	Impairment
Current Valuation		0	-
Land	0	0.00	-
New Build	0	0.23	-
Refurbishment	4,917,904	0.83	- 4,077,188
Fees	3,233,547	1	- 3,233,547
Estimated Impairment Impact	<u>8,151,451</u>		<u>- 7,310,735</u>
Equip	24,000		
	<u>8,175,451</u>		

Impairment % Calculation

Impairment % WGH Phase 1	93.61
Impairment % GGH Phase 1	72.2

Average % Impairment 82.905

New Valuation after impairment 840,716

CHECK
- Should = 0

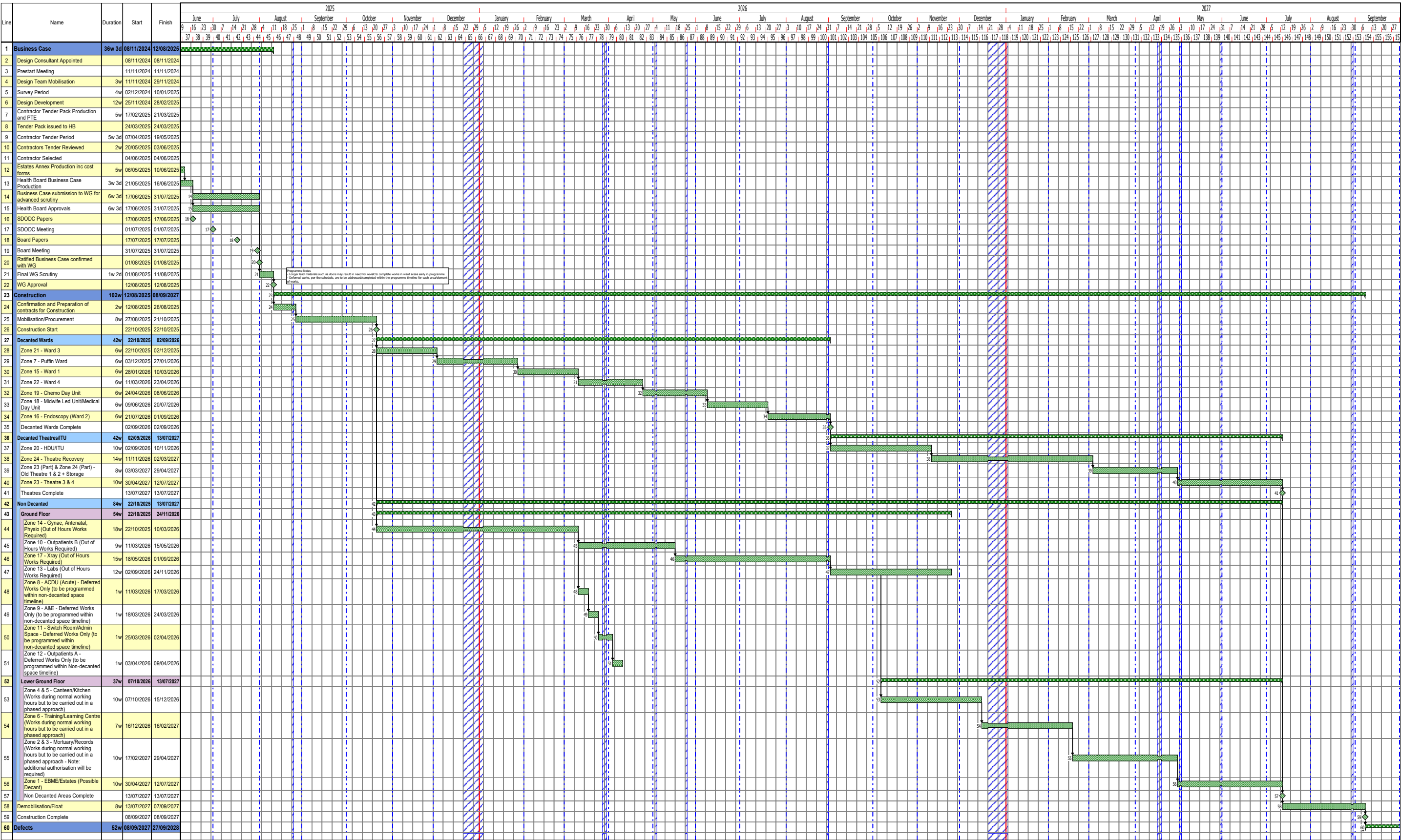
Balance Sheet Impact 864,716

Appendix Four – Programme

WGH Phase 2 Fire Improvement Works

06/06/2025

Hywel Dda University Health Board



Drawn by: BS

Dwg No. WGH P2 Master

Revision No. Rev 5

Notes:

Appendix Five – Risk Register

Project: Withybush General Hospital Fire Enforcement Works - Phase 2 Main Works

Project Risk Register - Version 5 - Health Board - Wards - 6/6/25																
Identification			Assessment						Management				Risk Quantification Calculation			
Nr	Risk Description	Risk Consequence: 1. Time 2. Cost 3. Quality 4. Operational	Risk Owner	Probability	Impact	Score	Risk Allocation	Category	Management Actions	Action Owner	Review Date	Comments	Cost if it happens (£)	Likelihood Factor	Expected Value (£)	Basis
STRATEGIC/PLANNING/PROGRAMME RISKS																
1	The Contractor's ability to undertake the works (or part thereof) is directly affected by a COVID-19/Pandemic type event. There is risk for disruptions, close down, delays and lock down of workfaces or the entire site due to actions taken by Government, Local Authorities, the Hospital Management, the Client and/or the Contractor that are due to the risk of a COVID - 19/Pandemic type infection spread. Business closures and furloughed staff restricting supply of materials and services, social distancing measures, reduced workforce due to illness, compliance with the Construction Leadership Council's Site Operating Procedures. Or HB emergency events disrupting / suspending / ceasing the works.	Time, Cost, Operational	Health Board	2	5	10		Programme	As applicable: Works on site to be constantly reviewed to ensure compliance with the Construction Leadership Council's Site Operating Procedures, as well as Health Board Management Plan and Hywel Dda are to be updated regularly on the impact to programme and costs on the project; Contractor to provide a COVID-19/Pandemic Management Plan; Contractor to provide a financial/timeline (if any) impact assessment for each COVID-19 Management Plan, which needs to include mitigating actions; Any financial consequences for the Authority must exclude any profit element and be prepared on an open book and transparent basis; Contractor to seek approvals in a timely manner and applications deemed late will be dismissed.	Health Board	Ongoing		£39,000	0.40	£15,600	Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
2	Scope of works not fully established/Incomplete surveys during BJC stage (e.g. vertical compartmentation) to inform the design, programme and cost due to access to only a sample of locations across hospital.	Time, Cost, Quality	Health Board	2	5	10		Strategic	Full survey carried out of all areas accessible, only a limited number of locations not accessed with these to be identified as part of design information. Suitable allowances to be agreed within project risk contingency in line with assumptions regarding out of hours works or phased works or decanted phasing of works.	Health Board/ Designer	Ongoing		£78,000	0.40	£31,200	Based on a 6 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
3	Contract strategy of NEC Option A limits contractor project interest.	Time, Cost, Quality	Health Board			0		Strategic	EOI issued and market interest tested with initial positive feedback from some contractors.	Health Board	Ongoing	Contractor tenders received				
4	Risk regarding delivering the BJC and works within the MWFFRS timescales and this risk is associated with further enforcement action - Various causes of delay in a live hospital resulting in delay of delivery of works.	Time, Cost	Health Board	3	4	12		Programme	HB ongoing and open dialogue with MWFFRS regarding progress and programme. Ensure programme is actively monitored and request for extension justified and explained.	Health Board	Ongoing		£20,000	0.48	£9,600	Based on a 4 week design delay. £5,000 a week for contractor and direct fees.
5	Hospital activities impact on proposed phasing or programme of works. Hospital unable to release ward areas in accordance with the programme due to clinical needs of patients. Hospital activities affecting access for designer or contractors.	Time, cost	Health Board	4	5	20		Strategic	Early engagement with the Hospital and Management Teams to discuss requirements and expectations as well as define phasing strategy. Ongoing coordination between project team and HB during construction phase. P2 works planned on basis of internal decant ward. External decant ward completion anticipated end of 2023. Ward areas works to planned based on rolling programme of decant and reoccupation. Engagement of seconded estates and nursing team member to project to ease comms.	Health Board/ Contractor	Ongoing		£78,000	0.80	£62,400	Based on a 6 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
6	Impact of volatile market/inflation on labour, plant and materials. E.G Impact of Ukraine War or tariff changes.	Time, Cost	Health Board	3	4	12		Programme / Financial	Ongoing monitoring of market costs but not it is a fixed price contract strategy.	Contractor	Ongoing		£67,945	0.48	£32,614	Assume cost if it happens 2.5% of Works Cost
7	There is a risk that elements of the existing infrastructure outside of project scope impacts on the project works requires remedial work - eg fire alarms, duct dampers.	Time, Cost	Health Board	3	3	9		Strategic	Contractor notifies HB to coordinate internal estates resource accordingly to implement infrastructure works if required to facilitate fire upgrade works. Designers to develop design in design proposals period if/when scenarios arise and identified through contract management procedures.	Contractor/ Designers	Ongoing		£39,000	0.36	£14,040	Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
8	There is a risk that the project will be impacted by delays in governance/approvals/market interest/tender returns etc.	Time	Health Board	3	3	9		Strategic	HB to liaise with Boards, NWSSP and WG to mitigate delay risk.	Health Board	Ongoing		£20,000	0.36	£7,200	Based on a 4 week design delay. £5,000 a week for contractor and direct fees.
9	Changes to project key personnel - A key person from any team leaves and new working practices and relationships need to be established.	Time, Quality, Operational	Health Board	3	2	6		Strategic	Communication with all stakeholders regularly throughout the project.	Health Board	Ongoing		£20,000	0.24	£4,800	Based on a 4 week design delay. £5000 a week for contractor and direct fees.
10	Other hospital works concurrent with and disrupting our works.	Time, cost	Health Board	3	4	12		Strategic	Early engagement with the Hospital to determine. Internal HB communication regarding impact of potential other hospital projects and update to other project parties.	Health Board	Ongoing		£39,000	0.48	£18,720	Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
11	Robust programme set for the main construction phase with allowances/provisions for access challenges agreed with Health Board and its team.	Time, Quality, Operational	Health Board	3	4	12		Programme	Programme aspirations set out by Health Board, opportunity for tendering contractors to demonstrate betterment. Lessons learnt from Phase 1. Programme allowance to be made for decant/reoccupation time period by HB of areas. Consideration made for OOH working, phased working approach, decant of wards.	Health Board/PM/ Contractor	Ongoing		£39,000	0.48	£18,720	Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
12	Change of MWFFRS Fire Officer and potential additional requirements from replacement. Kris Steele currently in place.	Time, Cost, Quality	Health Board	3	4	12		Programme / Financial	Ongoing liaison/communication.	Health Board	Ongoing		£39,000	0.48	£18,720	Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
13	Formal Health Board Clinical sign off of proposed construction programme.	Time, Cost, Quality	Health Board	2	4	8		Programme / Financial	Ongoing liaison/internal Health Board communication.	Health Board	Ongoing	Confirmation from Health Board project lead of programme approval therefore risk reduced but remains a risk items as programme subject to change during works.	£26,000	0.32	£8,320	Based on a 2 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
FINANCIAL RISKS																

Nr	Risk Description	Risk Consequence: 1. Time 2. Cost 3. Quality 4. Operational	Risk Owner	Probability	Impact	Score	Risk Allocation	Category	Management Actions	Action Owner	Review Date	Comments	Cost if it happens (£)	Likelihood Factor	Expected Value (£)	Basis
1	Capital costs underestimated.	Cost, time	Health Board	3	4	12		Financial	Review as part of BJC development, including surveys, design, programming all influencing cost. Supported by robust project risk contingency fund similar to Phase 1 to be agreed with HB.	Health Board	Ongoing		£27,178	0.48	£13,045	Assume cost if it happens 1.0% of Works Cost
2	Risk that the main contractor could fail.	Time, cost	Health Board	1	3	3		Financial	Contractors to be procured via West Regional contractors framework. Health Board to undertake financial checks prior to appointment.	Health Board	Ongoing		£27,178	0.12	£3,261	Assume cost if it happens 1.0% of Works Cost
3	Risk of other subcontractor failure or supplier bankruptcy.	Time, cost	Contractor	2	5	10		Financial	Contractor to ensure financial stability of subcontractors and suppliers as part of tendering process.	Contractor	Ongoing		£27,178	0.40	£10,871	Assume cost if it happens 1.0% of Works Cost
4	There is the risk that the rate for VAT will change.	Cost	Health Board	1	3	3		Financial	Government policy to be monitored.	Health Board	Ongoing		£27,178	0.12	£3,261	Assume cost if it happens 1.0% of Works Cost
5	Significant changes in inflation of key materials or shortages	Time, cost, quality	Contractor	3	3	9		Financial	Contractor to procure the materials in a timely manner. Option A contract proposed so fixed price for delivery.	Health Board/ Contractor	Ongoing		£27,178	0.36	£9,784	Assume cost if it happens 1.0% of Works Cost
6	Increased costs due to Statutory changes during the works.	Time, cost, quality	Health Board	3	4	12		Financial	Monitor statutory changes during the works.	Health Board	Ongoing		£27,178	0.48	£13,045	Assume cost if it happens 1.0% of Works Cost
7	Additional non works costs incurred for unforeseen circumstances, i.e. additional decant requirements, maintenance issues etc.	Time, cost	Health Board	2	5	10		Financial	Non works allowances to be included within the BJC. CA to liaise with HB.	Health Board	Ongoing		£27,178	0.40	£10,871	Assume cost if it happens 1.0% of Works Cost
DESIGN RISKS at BJC or Construction Stage																
1	MWFRS/HB Fire Officer Requirements - Unforeseen items required to meet the fire officer's requirements.	Time, Cost	Health Board/ Designer	2	5	10		Design	Defined Fire Strategy produced for endorsement by MWFRS. HB will engage with the NWSSP Fire Officers and MWFRS at an early stage so that the requirements can be agreed and incorporated in a timely manner. Fire Strategy approval etc.	Health Board	Ongoing		£26,000	0.40	£10,400	Based on a 2 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
2	Scope of works changing arising from Hospital request, third party requirements (e.g. fire officer/building control), general briefing changes.	Time, cost	Health Board/ Designer	2	4	6		Design	Ongoing management by HB client team.	Health Board	Ongoing		£13,589	0.32	£4,348	Assume cost if it happens 0.5% of Works Cost
3	Risk that there will be changes in Building Regs. general statutory changes and changes to Health Board Standards after design proposals.	Cost, time	Health Board/ Designer	2	3	6		Design	Ensure all changes prior to tender are identified. Additional changes, if any, to be managed as part of contract admin.	Health Board	Ongoing		£13,589	0.24	£3,261	Assume cost if it happens 0.5% of Works Cost
4	Existing non project specific survey or record information is inaccurate or incomplete.	Time, Cost	Health Board/ Designer	4	3	12		Design	Designer to check information as part of the design process and advise/request additional information from HB as appropriate.	Health Board/ Designer	Ongoing		£39,000	0.48	£18,720	Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
5	Existing structural defects not apparent at time of submitting design proposals (i.e. after surveys completed)	Time, cost	Health Board/ Designer	3	3	9		Design	Designer/Contractor to notify any findings to HB. Works to be captured early/as soon as they become apparent, with contract administration process.	Health Board/ Designer	Ongoing		£13,589	0.36	£4,892	Assume cost if it happens 0.5% of Works Cost
6	Design / scope is not compliant with potential changes to Hospital Fire Strategy & Evacuation strategy.	Time, Cost, Quality, Operational	Health Board/ Designer	1	5	5		Design	Fire strategy for phase 2 developed as part of the BJC and approved by HB/NWSSP fire leads and endorsed by MWFRS.	Health Board	Ongoing		£26,000	0.20	£5,200	Based on a 2 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
7	Infection control sign off of details is delayed or not acceptable.	Time, Operational	Health Board/ Designer	2	3	6		Design	Include as key milestones on programme to manage expectations. Meetings to be arranged with key stakeholders as necessary. i.e infection control.	Health Board	Ongoing		£26,000	0.24	£6,240	Based on a 2 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
8	Compliance with HTMs / HBNs.	Time, Cost, Quality	Health Board/ Designer	3	3	9		Design	Review designs/derogation schedule to be developed by Designers/Contractor and approved by HB.	Health Board/ Designer/ Contractor	Ongoing		£26,000	0.36	£9,360	Based on a 2 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
9	Consequential improvements requiring building control approval.	Time, Cost, Quality	Health Board/ Designer	1	3	3		Design	To be managed through contract administration process as required. Consequential improvements as a result of fire upgrade works no expected. Review designs/derogation schedule to be approved.	Health Board	Ongoing		£13,589	0.12	£1,631	Assume cost if it happens 0.5% of Works Cost
10	Existing partitions/walls in poor/dangerous structural condition or not meeting fire and smoke resistance requirements.	Time, Cost, Quality	Health Board/ Designer	3	4	12		Design	Full survey carried out by the designers to inform and design requirements. Unknown scenarios, i.e. area which can't be accessed to survey in advance, to be managed through contract administration.	Health Board/ Designer	Ongoing		£67,945	0.48	£32,614	Assume cost if it happens 2.5% of Works Cost
11	Existing door sets not meeting requirements.	Time, Cost, Quality	Health Board/ Designer	3	4	12		Design	All doors associated with phase 2 fire strategy to be surveyed to inform requirements at construction stage. Replacement provision being carried for all doors for costing. Door repair and replacement works being carried out by HB/Fire service approved FIRAS accredited contractor.	Health Board/ Designer	Ongoing		£13,589	0.48	£6,523	Assume cost if it happens 0.5% of Works Cost
12	Aesthetic outcomes of the Works - increase decorations etc	Time, Cost, Quality	Health Board/ Designer	2	3	6		Design	Stakeholder engagement - manage expectations e.g if carrying out works within room, 1 wall will be decorated and existing 3 will have a different finish. Decoration works to be allowed for only associated with affected works areas/elements.	Health Board/ Contractor	Ongoing		£13,589	0.24	£3,261	Assume cost if it happens 0.5% of Works Cost
13	Agree scope and performance for the installation of new fire dampers (FSD/FD)	Time, Cost, Quality	Health Board/ Designer	1	4	4		Design	Design briefing information to schedule FDI/FSD requirements.	Health Board	Ongoing		£13,589	0.16	£2,174	Assume cost if it happens 0.5% of Works Cost
14	Additional site attendance/design management from design team over anticipated input.	Cost, time	Health Board/ Designer	3	3	9		Design	Allowance made in budgets, however, potential for excessive requirements - allow in risk.	Health Board	Ongoing		£13,589	0.36	£4,892	Assume cost if it happens 0.5% of Works Cost
15	Certification of existing fire stopping works.	Time, Cost, Quality	Health Board/ Designer	3	4	12		Design	To be reviewed on a case by case basis as identified. Anything tagged to remain, non tagged replaced if possible pending review.	Health Board/ Contractor	Ongoing		£13,589	0.48	£6,523	Assume cost if it happens 0.5% of Works Cost
SITE & CONSTRUCTION RISKS																
1	Control of noise - noise levels during construction not acceptable to hospital causing works to stop.	Time, cost	Health Board/ Contractor	2	4	8		Construction	Contractor Safe System of Work in place. Hospital to advise on a specific times/periods when specific restriction apply during early meetings. Ongoing communication with Estates lead and clinical lead on works stopping etc.	Contractor	Ongoing		£26,000	0.32	£8,320	Based on a 2 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
2	Control of dust - both internally and externally - not managed appropriately causing works to stop.	Time, Cost, Operational	Health Board/ Contractor	2	4	8		Construction	Contractor Safe System of Work in place. e.g extraction, wiping down, vacuum. Ongoing Communication with Estates lead and clinical lead on works stopping etc. Cuffing station locations to be agreed with HB.	Contractor	Ongoing		£26,000	0.32	£8,320	Based on a 2 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.

[illegible]

Project: Withybush General Hospital Fire Enforcement Works - Phase 2 Main Works

Project Risk Register - Version 5 - Health Board - Wards - 6/6/25																
Identification			Assessment						Management				Risk Quantification Calculation			
Nr	Risk Description	Risk Consequence: 1. Time 2. Cost 3. Quality 4. Operational	Risk Owner	Probability	Impact	Score	Risk Allocation	Category	Management Actions	Action Owner	Review Date	Comments	Cost if it happens (£)	Likelihood Factor	Expected Value (£)	Basis
STRATEGIC/PLANNING/PROGRAMME RISKS																
1	The Contractor's ability to undertake the works (or part thereof) is directly affected by a COVID-19/Pandemic type event. There is risk for disruptions, close down, delays and lock down of workfaces or the entire site due to actions taken by Government, Local Authorities, the Hospital Management, the Client and/or the Contractor that are due to the risk of a COVID - 19/Pandemic type infection spread. Business closures and furloughed staff restricting supply of materials and services, social distancing measures, reduced workforce due to illness, compliance with the Construction Leadership Council's Site Operating Procedures. Or HB emergency events disrupting / suspending / ceasing the works.	Time, Cost, Operational	Health Board	2	5	10		Programme	As applicable: Works on site to be constantly reviewed to ensure compliance with the Construction Leadership Council's Site Operating Procedures, as well as Health Board Management Plan and Hywel Dda are to be updated regularly on the impact to programme and costs on the project. Contractor to provide a COVID-19/Pandemic Management Plan; Contractor to provide a financial/timeline (if any) impact assessment for each COVID-19 Management Plan, which needs to include mitigating actions; Any financial consequences for the Authority must exclude any profit element and be prepared on an open book and transparent basis; Contractor to seek approvals in a timely manner and applications deemed late will be dismissed.	Health Board	Ongoing		£52,000	0.40	£20,800	Based on a 4 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
2	Scope of works not fully established/Incomplete surveys during BJC stage (e.g. vertical compartmentation) to inform the design, programme and cost due to access to only a sample of locations across hospital.	Time, Cost, Quality	Health Board	2	5	10		Strategic	Full survey carried out of all areas accessible, only a limited number of locations not accessed with these to be identified as part of design information. Suitable allowances to be agreed within project risk contingency in line with assumptions regarding out of hours works or phased works or decanted phasing of works.	Health Board/ Designer	Ongoing		£117,000	0.40	£46,800	Based on a 10 week construction delay of £9,000 a week for contractor prelims and additional direct fees of £3,000 a week.
3	Contract strategy of NEC Option A limits contractor project interest.	Time, Cost, Quality	Health Board			0		Strategic	EOI issued and market interest tested with initial positive feedback from some contractors.	Health Board	Ongoing	Contractor tenders received				
4	Risk regarding delivering the BJC and works within the MWWFRS timescales and this risk is associated with further enforcement action - Various causes of delay in a live hospital resulting in delay of delivery of works.	Time, Cost	Health Board	3	4	12		Programme	HB ongoing and open dialogue with MWWFRS regarding progress and programme. Ensure programme is actively monitored and request for extension justified and explained.	Health Board	Ongoing		£45,000	0.48	£21,600	Based on a 9 week design delay. £5,000 a week for contractor and direct fees.
5	Hospital activities impact on proposed phasing or programme of works. Hospital unable to release work areas in accordance with the programme due to clinical needs of patients. Hospital activities affecting access for designer or contractors.	Time, cost	Health Board	4	5	20		Strategic	Early engagement with the Hospital and Management Teams to discuss requirements and expectations as well as define phasing strategy. Ongoing coordination between project team and HB during construction phase. P2 works planned on basis of internal decant ward. External decant ward completion anticipated end of 2023. Non ward areas works to planned per brief information i.e. phased within areas or out of hours. Engagement of seconded estates and nursing team member to project to ease comm.	Health Board/ Contractor	Ongoing	Note engagement of seconded estates and nursing team member to project to ease comm.	£117,000	0.80	£93,600	Based on a 10 week construction delay of £9,000 a week for contractor prelims and additional direct fees of £3,000 a week.
6	Impact of volatile market/inflation on labour, plant and materials. E.G impact of Ukraine War or tariff changes.	Time, Cost	Health Board	3	4	12		Programme / Financial	Ongoing monitoring of market costs but not it is a fixed price contract strategy.	Contractor	Ongoing	Fixed price contract strategy	£67,945	0.48	£32,614	Assume cost if it happens 3.75% of Works Cost
7	There is a risk that elements of the existing infrastructure outside of project scope impacts on the project works requires remedial work - eg fire alarms, duct dampers.	Time, Cost	Health Board	3	3	9		Strategic	Contractor notifies HB to coordinate internal estates resource accordingly to implement infrastructure works if required to facilitate fire upgrade works. Designers to develop design in design proposals period if/when scenarios arise and identified through contract management procedures.	Contractor/ Designers	Ongoing		£78,000	0.36	£28,080	Based on a 6 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
8	There is a risk that the project will be impacted by delays in governance/approvals/market interest/tender returns etc.	Time	Health Board	3	3	9		Strategic	HB to liaise with Boards, NWSSP and WG to mitigate delay risk.	Health Board	Ongoing		£20,000	0.36	£7,200	Based on a 4 week design delay. £5,000 a week for contractor and direct fees.
9	Changes to project key personnel - A key person from any team leaves and new working practices and relationships need to be established.	Time, Quality, Operational	Health Board	3	2	6		Strategic	Communication with all stakeholders regularly throughout the project.	Health Board	Ongoing		£20,000	0.24	£4,800	Based on a 4 week design delay. £5000 a week for contractor and direct fees.
10	Other hospital works concurrent with and disrupting our works.	Time, cost	Health Board	3	4	12		Strategic	Early engagement with the Hospital to determine. Internal HB communication regarding impact of potential other hospital projects and update to other project parties.	Health Board	Ongoing		£78,000	0.48	£37,440	Based on a 6 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
11	Robust programme set for the main construction phase with allowances/provisions for access challenges agreed with Health Board and its team.	Time, Quality, Operational	Health Board	3	4	12		Programme	Programme aspirations set out by Health Board, opportunity for tendering contractors to demonstrate betterment. Lessons learnt from Phase 1. Programme allowance to be made for decant/reoccupation time period by HB of areas. Consideration made for OOH working, phased working approach, decant of wards.	Health Board/PM/ Contractor	Ongoing		£78,000	0.48	£37,440	Based on a 6 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
12	Change of MWWFRS Fire Officer and potential additional requirements from replacement. Kris Steele currently in place.	Time, Cost, Quality	Health Board	3	4	12		Programme / Financial	Ongoing liaison/communication.	Health Board	Ongoing		£78,000	0.48	£37,440	Based on a 6 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
13	Formal Health Board Clinical sign off of proposed construction programme.	Time, Cost, Quality	Health Board	2	4	8		Programme / Financial	Ongoing liaison/Internal Health Board communication.	Health Board	Ongoing	Confirmation from Health Board project lead of programme approval therefore risk reduced but remains a risk item as programme subject to change during works.	£39,000	0.32	£12,480	Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
FINANCIAL RISKS																

Nr	Risk Description	Risk Consequence: 1. Time 2. Cost 3. Quality 4. Operational	Risk Owner	Probability	Impact	Score	Risk Allocation	Category	Management Actions	Action Owner	Review Date	Comments	Cost if it happens (£)	Likelihood Factor	Expected Value (£)	Basis
1	Capital costs underestimated.	Cost, time	Health Board	3	4	12		Financial	Review as part of BJC development, including surveys, design, programming all influencing cost. Supported by robust project risk contingency fund similar to Phase 1 to be agreed with HB.	Health Board	Ongoing		£40,767	0.48	£19,568	Assume cost if it happens 1.5% of Works Cost
2	Risk that the main contractor could fail.	Time, cost	Health Board	1	3	3		Financial	Contractors to be procured via West Regional contractors framework. Health Board to undertake financial checks prior to appointment.	Health Board	Ongoing		£40,767	0.12	£4,892	Assume cost if it happens 1.5% of Works Cost
3	Risk of other subcontractor failure or supplier bankruptcy.	Time, cost	Contractor	2	5	10		Financial	Contractor to ensure financial stability of subcontractors and suppliers as part of tendering process.	Contractor	Ongoing		£40,767	0.40	£16,307	Assume cost if it happens 1.5% of Works Cost
4	There is the risk that the rate for VAT will change.	Cost	Health Board	1	3	3		Financial	Government policy to be monitored.	Health Board	Ongoing		£40,767	0.12	£4,892	Assume cost if it happens 1.5% of Works Cost
5	Significant changes in inflation of key materials or shortages	Time, cost, quality	Contractor	3	3	9		Financial	Contractor to procure the materials in a timely manner. Option A contract proposed so fixed price for delivery.	Health Board/ Contractor	Ongoing		£40,767	0.36	£14,676	Assume cost if it happens 1.5% of Works Cost
6	Increased costs due to Statutory changes during the works.	Time, cost, quality	Health Board	3	4	12		Financial	Monitor statutory changes during the works.	Health Board	Ongoing		£40,767	0.48	£19,568	Assume cost if it happens 1.5% of Works Cost
7	Additional non works costs incurred for unforeseen circumstances; i.e. additional decant requirements, maintenance issues etc.	Time, cost	Health Board	2	5	10		Financial	Non works allowances to be included within the BJC. CA to liaise with HB.	Health Board	Ongoing		£40,767	0.40	£16,307	Assume cost if it happens 1.5% of Works Cost
DESIGN RISKS at BJC or Construction Stage																
1	MWVFRS/HB Fire Officer Requirements - Unforeseen items required to meet the fire officer's requirements.	Time, Cost	Health Board/ Designer	2	5	10		Design	Defined Fire Strategy produced for endorsement by MWVFRS. HB will engage with the NWSSP Fire Officers and MWVFRS at an early stage so that the requirements can be agreed and incorporated in a timely manner. Fire Strategy approval etc.	Health Board	Ongoing		£39,000	0.40	£15,600	Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
2	Scope of works changing arising from Hospital request, third party requirements (e.g. fire officer/building control), general briefing changes.	Time, cost	Health Board/ Designer	2	4	8		Design	Ongoing management by HB client team.	Health Board	Ongoing		£20,384	0.32	£6,523	Assume cost if it happens 0.75% of Works Cost
3	Risk that there will be changes in Building Regs. general statutory changes and changes to Health Board Standards after design proposals.	Cost, time	Health Board/ Designer	2	3	6		Design	Ensure all changes prior to tender are identified. Additional changes, if any, to be managed as part of contract admin.	Health Board	Ongoing		£20,384	0.24	£4,892	Assume cost if it happens 0.75% of Works Cost
4	Existing non project specific survey or record information is inaccurate or incomplete.	Time, Cost	Health Board/ Designer	4	3	12		Design	Designer to check information as part of the design process and advise/request additional information from HB as appropriate.	Health Board/ Designer	Ongoing		£52,000	0.48	£24,960	Based on a 4 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
5	Existing structural defects not apparent at time of submitting design proposals (i.e. after surveys completed)	Time, cost	Health Board/ Designer	3	3	9		Design	Designer/Contractor to notify any findings to HB. Works to be captured early/soon as they become apparent, with contract administration process.	Health Board/ Designer	Ongoing		£20,384	0.36	£7,338	Assume cost if it happens 0.75% of Works Cost
6	Design / scope is not compliant with potential changes to Hospital Fire Strategy & Evacuation strategy.	Time, Cost, Quality, Operational	Health Board/ Designer	1	5	5		Design	Fire strategy for phase 2 developed as part of the BJC and approved by HB/NWSSP fire leads and endorsed by MWVFRS.	Health Board	Ongoing		£39,000	0.20	£7,800	Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
7	Infection control sign off of details is delayed or not acceptable.	Time, Operational	Health Board/ Designer	2	3	6		Design	Include as key milestones on programme to manage expectations. Meetings to be arranged with key stakeholders as necessary. i.e infection control.	Health Board	Ongoing		£39,000	0.24	£9,360	Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
8	Compliance with HTMs / HBNs.	Time, Cost, Quality	Health Board/ Designer	3	3	9		Design	Review design/derogation schedule to be developed by Designers/Contractor and approved by HB.	Health Board/ Designer/ Contractor	Ongoing		£39,000	0.36	£14,040	Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
9	Consequential improvements requiring building control approval.	Time, Cost, Quality	Health Board/ Designer	1	3	3		Design	To be managed through contract administration process as required. Consequential improvements as a result of fire upgrade works no expected. Review design/derogation schedule to be approved.	Health Board	Ongoing		£20,384	0.12	£2,446	Assume cost if it happens 0.75% of Works Cost
10	Existing partitions/walls in poor/dangerous structural condition or not meeting fire and smoke resistance requirements.	Time, Cost, Quality	Health Board/ Designer	3	4	12		Design	Full survey carried out by the designers to inform and design requirements. Unknown scenarios, i.e. area which cant be accessed to survey in advance, to be managed through contract administration.	Health Board/ Designer	Ongoing		£67,945	0.48	£32,614	Assume cost if it happens 3.75% of Works Cost
11	Existing door sets not meeting requirements.	Time, Cost, Quality	Health Board/ Designer	3	4	12		Design	All doors associated with phase 2 fire strategy to be surveyed to inform requirements at construction stage. Replacement provision being carried for all doors for costing. Door repair and replacement works being carried out by HB/Fire service approved FIRAS accredited contractor.	Health Board/ Designer	Ongoing		£20,384	0.48	£9,784	Assume cost if it happens 0.75% of Works Cost
12	Aesthetic outcomes of the Works - increase decorations etc	Time, Cost, Quality	Health Board/ Designer	2	3	6		Design	Stakeholder engagement - manage expectations e.g if carrying out works within room, 1 wall will be decorated and existing 3 will have a different finish. Decoration works to be allowed for only associated with affected works areas/elements.	Health Board/ Contractor	Ongoing		£20,384	0.24	£4,892	Assume cost if it happens 0.75% of Works Cost
13	Agree scope and performance for the installation of new fire dampers (FSD/FD)	Time, Cost, Quality	Health Board/ Designer	1	4	4		Design	Design briefing information to schedule FDI/FSD requirements.	Health Board	Ongoing		£20,384	0.16	£3,261	Assume cost if it happens 0.75% of Works Cost
14	Additional site attendance/design management from design team over anticipated input.	Cost, time	Health Board/ Designer	3	3	9		Design	Allowance made in budgets, however, potential for excessive requirements - allow in risk.	Health Board	Ongoing		£20,384	0.36	£7,338	Assume cost if it happens 0.75% of Works Cost
15	Certification of existing fire stopping works.	Time, Cost, Quality	Health Board/ Designer	3	4	12		Design	To be reviewed on a case by case basis as identified. Anything tagged to remain, non tagged replaced if possible pending review.	Health Board/ Contractor	Ongoing		£20,384	0.48	£9,784	Assume cost if it happens 0.75% of Works Cost
SITE & CONSTRUCTION RISKS																
1	Control of noise - noise levels during construction not acceptable to hospital causing works to stop.	Time, cost	Health Board/ Contractor	2	4	8		Construction	Contractor Safe System of Work in place. Hospital to advise on a specific times/periods when specific restriction apply during early meetings. Ongoing communication with Estates lead and clinical lead on works stopping etc.	Contractor	Ongoing		£39,000	0.32	£12,480	Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
2	Control of dust - both internally and externally - not managed appropriately causing works to stop.	Time, Cost, Operational	Health Board/ Contractor	2	4	8		Construction	Contractor Safe System of Work in place. e.g extraction, wiping down, vacuum. Ongoing Communication with Estates lead and clinical lead on works stopping etc. Cutting station locations to be agreed with HB.	Contractor	Ongoing		£39,000	0.32	£12,480	Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.

Nr	Risk Description	Risk Consequence: 1. Time 2. Cost 3. Quality 4. Operational	Risk Owner	Probability	Impact	Score	Risk Allocation	Category	Management Actions	Action Owner	Review Date	Comments	Cost if it happens (£)	Likelihood Factor	Expected Value (£)	Basis
3	There is a risk that the weather will impact on site progress.	Time, Cost, Quality	Health Board	1	3	3		Construction	Contractor to ensure effective mitigation measures in place including protection. Majority of works internal.	SCP	Ongoing		£39,000	0.12	£4,680	Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
4	Discovery of vermin - Specialist removal required; delay to works.	Time	Health Board	2	5	10		Construction	Hywel Dda to commission surveys as needed. Unknown scenarios, i.e. area which cant be accessed to survey in advance, to be managed through contract administration.	Health Board/ Contractor	Ongoing		£39,000	0.40	£15,600	Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
5	Restrictions to movement of materials into and out of the work areas - Aborted visits to site; delays to works.	Time	Contractor	2	3	6		Construction	Ongoing Contractor coordination informing HB of plans in a timely manner during construction.	Health Board/ Contractor	Ongoing		£39,000	0.24	£9,360	Based on a 3 week construction delay of £10,000 a week for contractor prelims
6	Long lead in items.	Time	Contractor	3	4	12		Construction	Early engagement of the Supply Chain, for example fire dampers/doors.	Contractor	Ongoing		£39,000	0.48	£18,720	Based on a 3 week construction delay of £10,000 a week for contractor prelims
7	Working from height.	H&S	Contractor	2	4	8		Construction	SCP Safe System of Works.	Contractor	Ongoing		£39,000	0.32	£12,480	Based on a 3 week construction delay of £10,000 a week for contractor prelims
8	Working in confined spaces	H&S	Contractor	2	4	8		Construction	SCP Safe System of Works.	Contractor	Ongoing		£39,000	0.32	£12,480	Based on a 3 week construction delay of £10,000 a week for contractor prelims
9	Contractors inadequate expertise.	Time, Cost, Quality	Health Board	2	3	6		Construction	Follow project brief and liaise with appointed design team for technical guidance. Ongoing communication and coordination with key HB and NWSSP stakeholders.	Contractor	Ongoing		£39,000	0.24	£9,360	Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
10	There is a risk that unknown hazardous materials will be discovered in the existing buildings.	Time, cost	Health Board	4	5	20		Construction	Identification of findings to client team and if necessary execute additional Asbestos etc surveys before commencement of works. Time and cost allowance to be made in BJC. HB to release existing Asbestos registers. Unknown scenarios, i.e. area which cant be accessed to survey in advance, to be managed through contract administration.	Health Board/ Contractor	Ongoing		£39,000	0.80	£31,200	Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
11	Sequence, zoning not materialising as planned in BJC and restrictions of the Works.	Time, cost	Health Board	3	3	9		Construction	Programme and sequence works to be developed during BJC and details agreed with HB stakeholders as part of works access/planning sessions during construction.	Health Board/ Contractor	Ongoing		£39,000	0.36	£14,040	Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
12	Existing floor planks / primary structure incomplete / Impact of RAAC	Time, cost	Health Board	2	4	8		Construction	RAAC areas in progress of upgrade and anticipated to impact P2 project areas. Unknown scenarios, i.e. area which cant be accessed to survey in advance, to be managed through contract administration.	Health Board/ Contractor	Ongoing		£39,000	0.32	£12,480	Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
13	Live services impeding the Works and inability to isolate or relocate.	Time, cost	Health Board/ Contractor	4	4	16		Construction	Surveys as part of Contractor tender development. Unknown scenarios, i.e. area which cant be accessed to survey in advance, to be managed through contract administration or approved derogation item as done with Phase 1 examples. Service Isolations confirmations to be provided by HB.	Health Board/ Contractor	Ongoing		£39,000	0.64	£24,960	Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week.
	EARLY WARNING NOTICES (SCP NOTIFIED)															
	EARLY WARNING NOTICES (PM NOTIFIED)															
															Contingency Total £:	£827,456
															Project indicative capital value (ex vat)	£5,786,351
														% of contingency	14.30%	

Appendix Six – Risk Potential Assessment



Llywodraeth Cymru
Welsh Government

Welsh Government Integrated Assurance

Risk Potential Assessment Form (RPA)

(IAH-RPA)

Version 2.0 – March 2019

March 2019

INTRODUCTION

About OGC Gateway™:

Programmes and projects provide an important vehicle for the efficient and timely delivery of government aims. Good and effective management and control of programmes and projects is therefore essential to the successful delivery of government objectives. The Welsh Government Assurance Process (consistent with the OGC Gateway) is the responsibility of the Integrated Assurance Hub (IAH) and authorised to deliver assurance under accredited licence from the Infrastructure and Projects Authority (IPA), which is part of the UK's Cabinet Office. This process is designed to provide independent guidance to Senior Responsible Owners (SROs), programme and project teams and to the departments who commission their work, on how best to ensure that their programmes and projects are successful

The OGC Gateway Process examines programmes and projects at 'key decision points' in their lifecycle, and looks ahead to provide assurance that they can progress successfully to the next stage. The OGC Gateway Process is regarded as best practice in central civil government throughout the UK, and applicable to a wide range of programmes and projects, including:

- policy development and implementation
- organisational change and other change initiatives
- acquisition programmes and projects
- property/construction developments
- IT-enabled business change
- procurements using or establishing framework arrangements.

Value of the OGC Gateway Process

OGC Gateway Reviews deliver a 'peer review', in which independent practitioners from outside the programme/project use their experience and expertise to examine the progress and likelihood of successful delivery of the programme or project. They are used to provide a valuable additional perspective on the issues facing the programme/project team, an external challenge to the robustness of plans and processes, and support to SROs in the discharge of their responsibilities to achieve their business aims, by helping to ensure:

- the best available skills and experience are deployed on the programme/project
- all the stakeholders covered by the programme/project fully understand the programme/project status and the issues involved
- there is assurance that the programme/project can progress to the next stage of development or implementation and is well managed in order to provide value for money on a whole life basis
- achievement of more realistic time and cost targets for programmes and projects
- improvement of knowledge and skills among government staff through participation in Reviews
- provision of advice and guidance to programme and project teams by fellow practitioners.

The Welsh Government's Risk Potential Assessment Form (IAH-RPA) is designed to provide a standard set of high-level criteria for assessing the **risk potential** of a programme/project in a strategic context.

The RPA enables a conversation to be had about the risks and responsibilities that the SRO has for delivery and that the programme/project in respect of visibility, reporting and assurance in a wider portfolio management context. The RPA can also help the programme/project to identify areas where specific skills sets, commensurate with the level of complexity, may be required.

The OGC Gateway Process offers an independent assurance for all potential high and medium risk programmes/projects within Welsh Government and Wider Welsh public sector. In order to determine the applicability of an OGC Gateway Review, the RPA **must** be completed by the SRO for the programme/project.

The RPA form is in five sections :

- Section 1 - (Programme/Project General Information) – gathers some basic information about the programme/project
- Section 2 - gathers a brief synopsis of the programme/project, its key objectives and the stage of the programme/project at the current time. This will provide context for the assessment by the IAH.
- Section 3 - is designed to build on information provided in Section 2, by capturing a standard set of high-level criteria for further assessing the **risk potential** of a proposed programme/project. This section is also used to determine if an Assessment Meeting with the SRO is appropriate to discuss whether an OGC Gateway Assurance might be of value to the programme/project. At the end of each question within this section the SRO is required to make a self assessment of the level of risk the programme/project carries. Further information and an explanatory note is required to support the self assessment.
- Section 4 – The SRO is required to provide an overall self assessment of the level of risk the programme/project is at.
- Section 5 – SRO sign off for the RPA form.

Completed forms must be sent directly for assessment to the Integrated Assurance Hub (IAH) Mailbox Assurance@gov.wales

SECTION 1 :	Programme/Project General Information
1. Is this a Portfolio/Programme or Project?	Project
2. Programme/Project name	Hywel Dda University Health Board, Phase 2 Withybush General Hospital Fire Precaution Upgrade Scheme.
3. Your Division/Department	Facilities, Estates and Capital Management
4. Programme/Project Type	Legislation Fire Compliance
5. SRO Contact Details (to include telephone number, mobile number and e-mail address)	Andrew Carruthers Director of Operations A.Carruthers@wales.nhs.uk Tel 01267 239699
6. Programme/Project Manager details (to include telephone number, mobile number and e-mail address)	Rob Elliott Director of Estates, Facilities & Capital Management Rob.Elliott@wales.nhs.uk Tel 01267 227313 Mobile 07774 776824
7. Primary contact point for administration of the OGC Gateway™ Review (to include telephone number, mobile number and e-mail address)	Jason Wood Major Capital Development Manager Jason.Wood@wales.nhs.uk Mobile 07536 009905
8. Finance Officer details: Review (to include telephone number, mobile number and e-mail address) <i>(N.B. review costs will initially be met by the Integrated Assurance Hub but will be recouped via journal at the end of the review)</i>	Sarah Welsby Business Partner – Planning & Major Projects Sarah.Welsby@wales.nhs.uk Tel 01267 283026
9. Date of previous Gateway Review if applicable – <i>please include previous Gateway Product & IAH unique number).</i>	Click here to enter a date. Choose an item. AH/XX/XX

SECTION 2 : PROGRAMME / PROJECT DETAILS

Please provide a brief synopsis of the programme/project, the key objectives and at which stage the programme/project is currently at:

Following visits from the Mid and West Wales Fire and Rescue Service (MWWFRS) to Withybush Hospital and associated sites in August and December 2019, Hywel Dda University Health Board (H DUHB) received enforcement notifications and letters of fire safety matters in relation to compliance with fire safety regulations.

A Programme Business Case was submitted to Welsh Government in March 2020 detailing a need for capital investment to enable the Health Board to achieve compliance within the stipulated timescales. The delivery programme for the works to address the contents of the MWWFRS notices has been developed and are split into several phases.

General Housing Keeping and Management Actions. These works were funded from within the HB and issues as highlighted by MWWFRS have been addressed.

Advanced Works Package. These works included upgrading of fire doors to main fire escape staircases and bedroom doors at St Caradog's Mental Health Unit. These works were funded by WG and are now complete.

Phase 1. These works with undertake fire improvement works to the main compartment and sub compartment lines and risks rooms on the main stem corridors and escape routes in the main hospital building. These works will include fire stopping, replacement and repair of fire doors, replacement of fire dampers and associated works. Phase 1 will also include remaining fire upgrading works at Bro Cerwyn, St Brynachs, St Caradogs and St Nons Mental Health Facilities, plus residential accommodation blocks, Sealyham Office Block and main plant areas. These works are currently programmed to last circa 60 weeks and are the subject of this Phase 1 BJC for which the H DUHB is seeking capital funding support from WG.

Phase 2 works will address all fire related matters as identified within departmental and ward areas and will be the subject of a further BJC for which H DUHB will be seeking capital funding support from WG. It is envisaged that Phase 2 will follow on from the completion of the phase 1 programme.

The phased approach to the delivery of the works has been agreed in consultation with MWWFRS and WG and is based on providing a continual programme of fire improvement and upgrading works with the final goal of removal of all enforcement notifications and letters of fire safety by MWWFRS.

SECTION 3 : GUIDANCE

Section 3 of the RPA assesses the potential risk for the programmes/project. The overall RPA assessment process at this point is an **indicator** of risk potential and is not an exhaustive risk analysis model. However, it can be the starting point for a more exhaustive risk assessment of a programme/project.

This section is made up of a series of five key short assessments, which will determine the basic and initial risk rating of the programme/project. These assessments are made using the knowledge and judgement of the SRO and programme/project team and should be considered in the light of a programme/project's strategic context. Each question requires an answer using the drop down boxes, a self assessment of the level of risk and a short explanatory note of the reasoning for the self assessment mark. This will provide further detail for the IAH and an audit trail of the considerations.

After completion, the SRO should e-mail the RPA Form directly to the IAH for initial assessment. The IAH will then formally write to the SRO to notify them of the outcome.

The initial assessment will normally be used throughout the life of the OGC Gateway Review process. However, and even though the score might decline during the programme/project lifecycle, should the programme/project's risk assessment increase, the higher assessment may take precedent.

If you have further questions about the use or completion of this section, please contact the Integrated Assurance Hub on 0300 025 0149 or 0300 025 3901 or you can e-mail us on Assurance@gov.wales

SECTION 3.1 Strategic Alignment & Commitment	
3.1.1: Does the programme/project satisfy a ministerial commitment?	No
If YES, please state who is the responsible minister(s)	Choose an item.
3.1.2: Does the programme/project cut across ministerial portfolios	No
3.1.3: Does the programme/project satisfy a major policy commitment?	No
If YES, Which policy?	
3.1.4: Does the Programme/Project impact Key Organisational Objectives?	No links to strategic targets or performance indicators
3.1.5: Does the Programme/Project impact Business Change?	No change
Strategic Alignment & Commitment – Self assessed risk rating	Very Low
Further information & explanatory note: As noted previously this Phase 2 BJC is part of a multi phased approach to delivering Fire Precaution Upgrade works required at Worthybush General Hospital, Haverfordwest and associated premises to satisfy letters of fire safety and enforcement notices as received from Mid & West Wales Fire & Rescue Service (MWWFRS)	

SECTION 3.2: Financial/funding impact	
3.2.1: How much is the projected budget for the programme/project? <i>N.B. when completing this part of the form, please take into account the <u>whole-life costs</u> of the programme/project (as defined by HM Treasury Green Book)</i>	£5M and above
3.2.2: How long is the programme/project expected to run?	Over 2 Years
3.2.3: Is funding secured and in place for the entire lifecycle of the programme/project?	No
3.2.4: Does the programme/project receive external funding?	Yes - Capital Revenue
3.2.5: How is the Programme/Project budget managed?	Budget within delegations and local control
Financial/Funding Impact – Self assessed risk rating	Medium
Further information & explanatory note:	

SECTION 3.3 Stakeholder Engagement

3.3.1: Has the Programme/Project identified all stakeholders?	Yes - All stakeholders identified and engaged
3.3.2: How complex is stakeholder management?	many stakeholders in one organisation
3.3.3: Impact on resources	most resources in place
3.3.4: How many staff within the organisation will be affected by the programme/project?	100+
3.3.5: Impact on Public	Low impact - Minister advised
Stakeholder Engagement – Self Assessed Risk Rating	Low

Further information & explanatory note:

Phase 2 Delivery will have a disruptive effect in all out patient and clinical areas of the main building including ward spaces, however works will be planned either out of hours where possible or rotated through the spare ward made possible via the new Decant ward limiting long term effects on staff and public.

SECTION 3.4 Governance

3.4.1: Has the programme/project undertaken a scoping exercise to ensure there is no duplication of work in any other part of the organisation?	Yes -
3.4.2: Are the Programme/Project Governance arrangements in place?	Yes as outlined in the BJC
3.4.3: Are the Programme/Projects Time & Quality Targets Achievable?	Yes subject to funding availability
3.4.4: Has the Programmes/Projects benefits been identified?	Yes working towards removal of current fire notices
3.4.5: Has the programme/project considered and implemented security standards in compliance with regulatory Acts e.g. GDPR?	Not Applicable
3.4.6: Governance – Self Assessed Risk Rating	Low

Further information & explanatory note:

SECTION 3.5 Programme/Project Dependencies

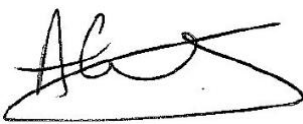
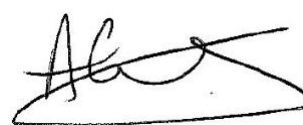
3.5.1: Is the Programme or Project dependant on or connected to wider initiatives?	standalone programme/project with no dependency
3.5.2: Does the programme/project depend on key components, consent or approvals which are outside the organisations direct control?	No external factors that requires consent or approval
3.5.3: Does the programme/project key objective require new IT systems and/or the need to develop interfaces with existing IT systems?	No IT dependency
3.5.4: How complex are the commissioning/procurement arrangements for the programme/project	Single supplier required from existing commissioning/procurement framework
Programme/Project Dependencies – Self Assessed Risk Rating	Low
Further information & explanatory note: Suppliers selected from the Designed For Life Building For Wales Framework. No IT dependency in terms of software systems only replacement upgrading of Hub Room enclosure infrastructure	

Section 4: Programme/Project overall self assessment risk rating

Low

Section 5: SRO ENDORSEMENT

I am satisfied that the Risk Potential Assessment provides an accurate reflection of the programme/project at this stage of development.

Signed  (Senior Responsible Owner)	Date 21.02.24
I will re-asses the programme/project if there is a significant change to the programme/project scope or budget or if significant changes emerge that may threaten successful delivery.	
Signed  (Senior Responsible Owner)	Date 21.02.24

Appendix Seven – Integrated Impact Assessment

H DUHB Withybush General Hospital Fire Precautions Upgrade Scheme Phase 2 – June 2025

Integrated Impact Assessment Tool	Y/N	Evidence & Further Information	Completed By	Evidence
Financial/Service Impacts				
1. Has the new proposal/service model been costed?	N/A	Not Applicable infrastructure upgrade		
2. Does the budget holder have the resources to pay for the new proposal/service model, otherwise how will this be supported?	N/A	Not Applicable infrastructure upgrade		
3. Is the new proposal/service model affordable?	N/A	Not Applicable infrastructure upgrade		
4. Is there an impact on pay or non pay e.g. drugs, equipment, etc?	N	No additional revenue implications resulting from the programme are anticipated as replacement of existing infrastructure		
5. Is this a spend to save initiative?	N	This is a business case for capital investment.		
6. What is the financial or efficiency payback (prudence), if any?	N/A	Not Applicable		
7. Are there risks if the new proposal/service model is not put into effect?	Y	Risks could be MWWFRS take further enforcement action against HDUHB.	Project Group	BJC
8. Are there any recognised or unintended consequences of changes on other parts of the system (i.e. impact on current service, impact of changes in secondary care provision on primary care services and capacity or vice versa, or other statutory services e.g. Local Authorities?)	Y	More modern infrastructure and control systems such as fire dampers with central monitoring function.	Project Group	BJC Estates Annex

9. Is there a need for negotiation/lead in times i.e. short term, medium term, long term?	N	No required negotiations. Welsh Government capital approval required. Lead in time for Building works mobilisation once approval for the capital is secured.		
10. Are capital requirements identified or funded?	Y	See BJC phase 2 for capital funding requirements and cashflow profile	Project Group	BJC/Estates Annex
11. Will capital projects need to be completed in time to support any service change proposed?	N			
12. Has a Project Board been identified to manage the implementation?	Y	As set out in BJC	Project Group	BJC
13. Is there an implementation plan with timescales to performance manage the process and risks?	Y	Phase 2 Delivery Programme and risk register included in BJC and associated Estates Annex based on an anticipated scope of works.	Project Group	BJC/Estates Annex
14. Is there a post project evaluation planned for the new proposal/service model?	Y	Post project evaluation and monitoring will be required by Welsh Government. Stages and detail to be agreed.	Project Group	BJC
15. Is the UHB clear of any other constraints which would prevent progress to implementation?	Y	The key constraint to the progress of this development is the availability of All Wales Capital from Welsh Government. The Project Risk Register captures current risks.	Project Group	BJC/Estates Annex
Quality/Patient Care Impacts				
16. a) Could there be a <i>positive</i> impact on patient outcome/care? b) Could there be a <i>negative</i> impact on patient outcome/care	N	Works will be mostly above ceiling line although maybe some minor decorative uplift such as ceiling tile replacement.	Project Team	
	Y	Disruption to services during the delivery phase of the works although would be planned to minimize. Decanting each ward one at a time through the decant ward, to reduce ongoing disruption.		
17. Is there are potential for inequity of provision? E.g. rurality, transport.	N	Not applicable infrastructure upgrade		

18. Is there any potential for inconsistency in approach?	N	Not Applicable infrastructure upgrade		
19. Is there are potential for postcode lottery/commissioning?	N	Not Applicable infrastructure upgrade		
20. Is there a need to consider exceptional circumstances?	N	Not Applicable infrastructure upgrade		
21. Are there clinical and other consequences of providing or delaying/denying treatment <i>or the scheme</i> (i.e. improved patient outcomes, chronic pain, physical and mental deterioration, more intensive procedures eventually required?	N	Not Applicable infrastructure upgrade		
22. Are there any Royal Colleges standards, etc, applicable?	N	Not Applicable infrastructure upgrade		
23. Can clinical engagement be evidenced in the design of the new proposal/service model?	Y	Even though an infrastructure upgrade the Project Team have engaged with Hospital Management Teams as part of BJC development. Further extensive engagement will be required as part of delivery of the works	Project Team	BJC/Estates Annex
Workforce Impact				
24. Has the impact on the existing staff/WTE been determined?	N/A	Not Applicable infrastructure upgrade		
25. Is it deliverable without the need for premium workforce?	Y	Service Lead to be established to interface with Project Team		
26. Is there the potential for staff disengagement if there is no clinical/'reasonable' rationale for the action?	N			
27. Is there potential for professional body/college/union involvement?	N			

28. Could there be any perceived interference with clinical freedom?	N			
29. Is there potential for front line staff conflict with the public?	N			
30. Could there be challenge from the 'industries' involved?	N/A	Not Applicable		
31. Is there a communication plan to inform staff of the new arrangements?	Y	A Communication plan is being developed to ensure Clinical Hospital Teams are aware of scheme and impact on services and environment.	Project Group/Team	
32. Has the Organisational Change Policy been followed, including engagement/consultation in accordance with guidance?	N/A	Not Applicable		
33. Have training requirements been identified and will this be complete in time to support the new proposal/service model?	N/A	Not Applicable		
Risk Impact				
32. Has a risk assessment been completed?	Y	Risk Register/ RPA	Project Group	BJC
33. Is there a plan to mitigate the risks identified?	Y	As Risk Register	Project Group	BJC
Legal Impact				
34. Has legal compliance been considered e.g. Welsh Language: is there any specific legislation or regulations that should be considered before a decision is made?	N	Planning Permission not required Building Regulations/MWWFRS on going	Project Team	

35. Is there a likelihood of legal challenge?	N			
36. Is there any existing legal guidance that could be perceived to be compromised i.e. Independent Provider Contracts, statutory guidance re: Continuing Healthcare, Welsh Government Policy etc?	N			
37. Is there any existing contract and/or notice periods?	N			
Reputational Impact				
38. Is there a likelihood of public/patient opposition?	N			
39. Is there a likelihood of political activity?	N			
40. Is there a likelihood of media interest?	N	Unlikely although could be some negative press once works underway resulting from disruption.	Project Group/Team	
41. Is there the potential for an adverse effect on recruitment?	N			
42. Is there the likelihood of an adverse effect on staff morale?	N	Unlikely although could be some resulting from disruption caused to deliver works.		
43. Potential for judicial review?	N	No service changes		

N/A Not Applicable

Appendix Eight

Integrated Assurance and Approval Plan

Integrated Assurance and Approval Plan

		Assurance to	2020				2023				2024				2025				2026			
			1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q
Approval Point																						
	Local Health Board/Trust																					
	Strategic Outline Programme	Investment Decision Make	✓																			
	Strategic Outline Case (Not Applicable)	Investment Decision Maker																				
	Outline Business Case (Not Applicable)	Investment Decision Maker																				
	Full Business Case (Not Applicable)	Investment Decision Maker																				
	Business Justification Case (Phase 1)	Investment Decision Maker									✓											
	Welsh Government																					
	Project Scoping Document	Welsh Government	✓																			
	Strategic Outline Programme	Welsh Government	✓																			
	Strategic Outline Case	Welsh Government																				
	OBC Funding application (Not Applicable)	Welsh Government																				
	Outline Business Case (Not Applicable)	Welsh Government																				
	Full Business Case (Not Applicable)	Welsh Government																				
	Business Justification Case	Welsh Government									✓											
Independent Assurance																						
	Risk Potential Assessment (RPA1)	Welsh Government									✓											
	Complexity Assessment (RPA2)	Welsh Government																				
	Gateway Reviews																					
	0 Strategic Assessment	SRO/Welsh Government	✓																			
	1 Business Justification	SRO/Welsh Government									✓											
	2 Delivery Strategy	SRO/Welsh Government																				
	3 Investment Decision	SRO/Welsh Government																				
	4 Readiness for Service	SRO/Welsh Government																				
	5 Operational Review and Benefits Realisation	SRO/Welsh Government																				
	Project Design and Construction Peer Review	SRO/Welsh Government																				
	Post-Project Design and Construction Evaluation	SRO/Welsh Government																				
Functional Assurance							As part of Each BJC															
	Service	SRO									✓											
	Financial (Revenue and Capital)	SRO									✓											
	Operational	SRO									✓											
	Technical	SRO									✓											
	Quality	SRO									✓											
Audit																						
	Internal - Project Audit(s)	Audit Committee															✓				✓	
	External - Wales Audit Office	Welsh Government																				
	External - Designed for Life: Building for Well-being	Welsh Government																				

SRO = Senior Responsible Owner

MANDATORY BUSINESS CASE CHECKLIST

Scheme Name: Business Justification Case, Phase 2 Fire Precaution Upgrade Scheme, Withybush General Hospital, Haverfordwest.

Date of original Submission to Welsh Government: April 2024

Description	Ref	Enclosed		Last reviewed (if appropriate)	Approved by	Date	Comments
		Y	N				
Scoping Document			N	Scoping Meeting January 2020	Rob Elliott Director of Estates, Facilities and Capital Management	January 2020	WGH Fire Precautions Scheme scoping meeting with WG, NWSSP-SES, MWWFRS & HDUHB undertaken January 2020.
Programme Business Case (PBC)			N	PBC submitted March 2020	Rob Elliott Director of Estates, Facilities and Capital Management	March 2020	PBC submitted and endorsed by WG
Business Justification Case Review including Estates Annex as applicable							
Project Director/Estates		Y		21 st February 2024	Rob Elliott (Project Director) Director of Estates, Facilities and Capital Management	21 st February 2024	BJC/Estates Annex
Capital Sub Committee (CSC) – SBAR Report			N	8 th March 2024	Paul Williams (chair) Assistant Director of Strategic Planning	8 th March 2024	BJC
Strategic Development & Operational Delivery			N	29 th February 2024	Lee Davies Executive Director of Strategy and Planning	29 th February 2024	BJC



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WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
Hywel Dda University
Health Board

Committee (SDODC)							
Health Board Approval			N	28 th March 2024	HB Main Board Approval	28 th March 2024	BJC
Collaborative Sign-off for joint proposals			N				Not Applicable
Wet Ink signatures - Chief Executive - Director of Finance			N	TBC	TBC	TBC	
Health Impact Assessment			N				Not Applicable to this scheme
Integrated Impact Assessment Tool		Y		February 2024	Rob Elliott Director of Estates, Facilities and Capital Management	February 2024	
Integrated Assurance Approval Plan (IAAP)		Y		February 2024	Rob Elliott Director of Estates, Facilities and Capital Management	February 2024	
Risk Potential Assessment Form (RPA1)		Y		February 2024	Andrew Carruthers Director Of Operations	February 2024	
OGC Gateway Report (Please note gate review reference in comments)			N				Not Applicable
Signed statement for Supply Chain Partner			N				Not Applicable

confirming scope and quantum of agreed works (Full Business Cases)							
Letter of Support (where applicable) – third parties etc.			N				Not Applicable

Organisations will be required to submit the above checklist with all Business Cases and confirm that the mandatory requirements have been approved internally prior to submission. Please ensure the above table is completed and explanatory comments included where appropriate.

NHS bodies should have their own internal processes, including review by the organisation's Board and/or relevant sub committee to appraise and approve business cases prior to submission to the Welsh Government. The key individuals should be recorded and identified as part of the business case review documentation noted above.

MANDATORY BUSINESS CASE CHECKLIST

Scheme Name: Business Justification Case, Phase 2 Fire Precaution Upgrade Scheme, Withybush General Hospital, Haverfordwest. – Updated Business Case due to Change in Procurement Strategy.

Date of Submission to Welsh Government: Aug 2025

Description	Ref	Enclosed		Last reviewed (if appropriate)	Approved by	Date	Comments
		Y	N				
Scoping Document			N	Scoping Meeting January 2020	Rob Elliott Director of Estates, Facilities and Capital Management	January 2020	WGH Fire Precautions Scheme scoping meeting with WG, NWSSP-SES, MWWFRS & HDUHB undertaken January 2020.
Programme Business Case (PBC)			N	PBC submitted March 2020	Rob Elliott Director of Estates, Facilities and Capital Management	March 2020	PBC submitted and endorsed by WG
Business Justification Case Review including Estates Annex as applicable							
Project Director/Estates		Y		3 rd June 2025	Rob Elliott (Project Director) Director of Estates, Facilities and Capital Management	3 rd June 2025	BJC/Estates Annex
Capital Sub Committee (CSC) – SBAR Report			N	1 st July 2025	(chair)	1 st July 2025	BJC
Strategic Development & Operational Delivery			N	1 st July 2025	Lee Davies Executive Director of Strategy and Planning	1 st July 2025	BJC



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Hywel Dda
Hywel Dda University
Health Board

Committee (SDODC)							
Health Board Approval			N	31 st July 2025	HB Main Board Approval	31 st July 2025	BJC
Collaborative Sign-off for joint proposals			N				Not Applicable
Wet Ink signatures - Chief Executive - Director of Finance			N	TBC	TBC	TBC	
Health Impact Assessment			N				Not Applicable to this scheme
Integrated Impact Assessment Tool		Y		June 2025	Rob Elliott Director of Estates, Facilities and Capital Management	June 2025	
Integrated Assurance Approval Plan (IAAP)		Y		June 2025	Rob Elliott Director of Estates, Facilities and Capital Management	June 2025	
Risk Potential Assessment Form (RPA1)		Y		June 2025	Andrew Carruthers Director Of Operations	June 2025	
OGC Gateway Report (Please note gate review reference in comments)			N				Not Applicable
Signed statement for Supply Chain Partner			N				Not Applicable

confirming scope and quantum of agreed works (Full Business Cases)							
Letter of Support (where applicable) – third parties etc.			N				Not Applicable

Organisations will be required to submit the above checklist with all Business Cases and confirm that the mandatory requirements have been approved internally prior to submission. Please ensure the above table is completed and explanatory comments included where appropriate.

NHS bodies should have their own internal processes, including review by the organisation's Board and/or relevant sub committee to appraise and approve business cases prior to submission to the Welsh Government. The key individuals should be recorded and identified as part of the business case review documentation noted above.

6 - For Information

6.1

12:15, 0 Mins

6.1 - Sustainability Report

**Winston Weir (Hywel
Dda UHB -
Independent Board
Member)**

| For information

Attachments

[6.1.1 Sustainability Report.pdf](#)



9. Sustainability Report

9.1 Environment, sustainability and carbon reduction

Over the last year, we have continued to look at options to reduce carbon and bring sustainable practices into our day-to-day activities.

In the last two years we have installed renewable energy generation and energy efficiency technologies to reduce our carbon footprint, contributing to Welsh Government's 2030 net zero public sector target, including:



Solar panels at Hafan Derwen, in Carmarthen, South Pembrokeshire Hospital in Pembroke Dock and Brynmair Clinic in Llanelli



Battery storage at Hafan Derwen in Carmarthen



Upgraded building management controls at Bronglais Hospital in Aberystwyth, Amman Valley Hospital in Glanamman, Brynmair and Elizabeth Williams clinics in Llanelli



LPG heating fuel supply to displace a proportion of the oil usage at Glangwili Hospital in Carmarthen



LED lighting where old fittings have been replaced with full site replacements being planned across multiple sites

Contractors have checked the heating systems at Prince Philip Hospital in Llanelli, Bronglais Hospital in Aberystwyth and Withybush Hospital in Haverfordwest. They are creating reports to see how we can make these systems more efficient, using money from the UK Government's Heat Network Efficiency Scheme.

Our 'Switch It Off' campaign launched in October 2024, encouraging staff to switch off electrical items not in use. The campaign has been showcased by Climate Action Wales as an example of good practice.

We have kept our performance and systems up to the standards of ISO14001, and set goals that we regularly check and review.

Our approach to agile working is robust and we have an approved agile working plan and toolkit to help our staff work from the most appropriate location for their role. We're also streamlining our properties to make sure they're fully used and performing well.

We're working to cut emissions from our fleet vehicles and have a plan to switch to electric ones (EVs). We've also applied for a grant to install EV charging stations for our fleet at Hywel Dda sites to support this transition.

Cutting waste and increasing recycling are top priorities for us. We're expanding our programme to recycle absorbent hygiene products to lower carbon emissions and improve recycling rates. Recently, we won a Medi Wales award for this project, and it was highlighted in Climate Action Wales and Life Stories magazine as an example of good practice in health and life sciences.

We're focusing on using sustainable products, creating green health frameworks, cutting waste, and reducing single-use items and plastics. Here are some other projects we've been working on to cut waste and make Hywel Dda more eco-friendly.

- Laundering and reusing or recycling staff uniforms
- 'Gloves Off' campaign to reduce overuse of single-use plastic gloves
- Testing reusable tourniquets instead of disposable ones
- Switching from paper to digital prescriptions
- Switching to recyclable/reusable items, such as curtains, plastic bags, medicine pots, nappies/incontinence products, nutritional supplement bottles, medication blister packets and speculums
- Piloting the re-use of specimen bags
- Using our online Warp-It system to recycle and reuse equipment
- Changing from meter dose inhalers to eco-friendly dry powder inhalers to reduce harmful gas emissions
- Implementing the Greener Emergency Department framework to achieve bronze award status
- Supporting critical care and primary care teams to implement the Greener Critical Care Framework



To meet the requirements of the Workplace Recycling Regulations and improve our recycling rate, we separate different types of waste including paper, card, plastics, tins, food and glass on most of our sites.

Even though our utility costs are still high, they've gone down mainly because of changes in energy market prices. Our contract with Centrica, which ends on 31 March 2025 has guaranteed annual savings and reduced carbon emissions. From April 2015 to December 2024, this contract cut CO₂e emissions by 30,795 tonnes.

We have a new energy performance contract lined up with Vital Energi Ltd through the Re:Fit 4 Wales Framework. Vital Energi has assessed energy-saving measures at six sites: Prince Philip Hospital, Bronglais Hospital, Hafan Derwen, Glangwili Hospital, Withybush Hospital and Elizabeth Williams Clinic. Planned measures include improving LED lighting, heating systems, insulation, building management systems, rooftop solar panels, air handling units and chillers.

Vital Energi is now working with us on a detailed proposal for a large investment bid (around £10 million) from the Welsh Government's Invest-to-Save programme for 2025/26 and 2026/27.

We're making plans to keep the savings and carbon reductions from our Centrica contract as it ends. Starting in April 2025, we'll have new 8 year maintenance contracts for the combined heat and power units at Withybush and Prince Philip hospitals, and an (up to) 5 year contract for the biomass boiler at Glangwili Hospital. These units were installed at the start of the Centrica contract and are about 10 years old, with expected lifespans of 15-20 years.

Our Decarbonisation Delivery Plan outlines how we aim to meet national net zero targets in areas like carbon management, buildings, transport, procurement, estate planning, land use, and clinical sustainability.

9.1.1 *Training and Development*

Health Education and Improvement Wales (HEIW) offers Climate Smart Community training, and Hywel Dda staff are encouraged to join. The VAULT sustainability pages highlight efficiency opportunities and best practices within NHS Wales. Staff can access e-learning modules on the electronic staff record (ESR) system on topics like climate change, environmental sustainability, and achieving net zero.

For more detail, our full Sustainability Report for 2024/25 will be available on our [website](#) in June 2025.

9.2 Task Force on Climate-related Financial Disclosures (TCFD)

9.2.1 *Compliance Statement*

Hywel Dda University Health Board confirms that this Climate-Related Financial Disclosure has been prepared in accordance with the requirements of paragraph 3.41 of the Welsh Government Manual for Accounts and is aligned with the four core themes of the Task Force on Climate-related Financial Disclosures (TCFD): Governance, Strategy, Risk Management, and Metrics and Targets.

This disclosure reflects the Health Board's ongoing commitment and compliance to environmental sustainability, transparent financial reporting, and alignment with both Welsh Government policy and NHS Wales strategic objectives for net-zero emissions.

We are committed to environmental sustainability and reducing carbon emissions, complying with the Environment (Wales) Act 2016 and The Climate Change (Wales) Regulations 2021. We continue to make positive progress towards net zero targets and climate adaptation planning, aligning to the NHS Wales Decarbonisation Strategic Plan and the Climate Adaptation Strategy for Wales.

9.2.2 Our governance around climate-related issues

The Health Board has established clear governance structures to oversee climate-related risks and opportunities. Oversight rests with the Strategy and Planning Committee which is a formal sub-committee of the Board. The committee reviews progress and status reporting on decarbonisation and our ability to meet the net zero targets set by Welsh Government.

Leadership is provided by both the Executive Director of Strategy and Planning and the Director of Public Health, who are responsible for embedding the Health Board's climate response into service planning and design, capital development, public health protection and business continuity.

Our Decarbonisation Delivery Plan includes 46 initiatives to meet Welsh Government's net zero targets.

We track and report our climate mitigation efforts through:

- Monthly Strategic Property and Environment Taskforce Groups
 - Sustainable Transport Group
 - Sustainable Healthcare (Green) Group
 - Annual Qualitative Report to Welsh Government
 - Integrated Quality Planning and Delivery review meetings (as requested)
 - The Health Board's annual reporting process, including governance and well-being objectives
 - Annual quantitative net zero emissions reporting to Welsh Government
 - Annual Public Services Board report (as requested)
-

9.2.3 Our Board's oversight of climate-related issues

The Strategic Property and Environment Taskforce Group oversees delivery of the 46 initiatives in our Decarbonisation Delivery Plan. Progress is documented within the bi-annual Decarbonisation Qualitative Report which is submitted to the A Healthier Mid and West Wales Infrastructure Group for approval prior to Welsh Government submission. The Annual Net Zero Report is overseen by the Health Board's Corporate Performance Team and a robust process in place for completion and verification. This report is approved by the Strategy and Planning Committee prior to Welsh Government submission. Both reports include risks and issues related to climate change and our route to net zero, including the mitigation activity.

9.2.4 Management's role in assessing and managing climate-related issues

We support the ambition of NHS Wales to become a net-zero health service by 2030. Climate-related issues are integrated into short, medium and long-term strategies through our

Decarbonisation Delivery Plan and upcoming Climate Adaptation Plan, aligning with Welsh Government priorities and national policy.

Climate change is a cross-departmental priority affecting all parts of the organisation. Managers across several directorates contribute to net zero and environmental sustainability activities, as well as supporting the Environment Team to maintain the ISO14001 standard.

We are finalising our integrated impact assessment which has a dedicated section on environmental sustainability, including climate and net zero impacts, with a scoring system. This will help managers assess the risks and impacts of their activities on our route to net zero so to improve decision-making, ensuring legal compliance, consideration of equality/human rights, and socioeconomic factors.

9.2.5 Metrics and targets used to assess and manage relevant climate-related issues

Emission Reduction Targets: 16% reduction by 2025; 34% reduction by 2030 (from 2020 baseline). The Welsh Public Sector Net Zero Target Carbon Report tracks our data outputs and performance towards the 2030 and interim net zero targets. This is linked to the operational risk on the Health Board's risk register and updated as per our Risk Management Framework.

Our Decarbonisation Delivery Plan summarises the impact of the Health Board's climate actions, aligning with the NHS Wales Decarbonisation Strategic Delivery Plan. It focuses on reducing carbon emissions from buildings, transport, procurement, and clinical areas like anaesthetic gases.

9.2.6 Emissions and the related risks

The table below shows our position in 2023/24 (measured in kgCO₂e) and how it compares to 2022/23 and the trend.

Categories	2022/23	2023/24	Trend
Buildings, fleet and other assets			
Buildings	21,612,846	20,052,328	↓
Streetlighting	1,117	622	↓
Fleet and equipment	584,295	676,043	↑
F-gases and anaesthetic gases	3,496,282	1,877,545	↓
Business travel, commuting and homeworking			
Business travel	1,957,769	2,200,851	↑
Commuting	16,492,157	16,282,868	↓
Homeworking	1,068,819	954,588	↓
Waste			
Organisational waste	493,384	501,733	↑

Supply chain - Tier 1 and Tier 2 combined			
Supply chain	48,226,966	111,192,247 (Tier 1 method) 96,075,696 (Tier 2 method)	↑
Land based emissions			
Total land-based emissions	-	-	n/a
Total emissions			
Total emissions	93,933,636	153,738,825 (Tier 1 method) 138,622,274 (Tier 2 method)	↑
Onsite renewables - heat	2,999,720	6,836,205	↑
Onsite renewables - electricity	438,440	440,088	↑
Purchased renewables - electricity	22,114,823	10,194,208	↓

The table shows the Health Board's Net Zero Public Sector performance for 2023/24. Carbon emissions increased from 93,940,000 kgCO₂e in 2022/23 to 138,622,274 kgCO₂e (using Tier 2 procurement) or 153,738,825 kgCO₂e (using Tier 1 procurement). This increase is due to supply chain data issues, adding primary care (managed practice) data, and a change in methodology.

On the positive side, we've reduced our use of F-Gases/Anaesthetic Gases and cut emissions from commuting and buildings.

The risk 'impacts from climate change' is on the Health Board's corporate risk register, and the risk 'ability to meet the net zero targets and deliver the decarbonisation plan' is included on the operational risk register. Risk management reports are reviewed by the Board and mitigation activities are updated regularly.

We are currently developing our Climate Adaptation Plan, which will help us adapt to climate risks and impacts.

9.2.7 Our performance against targets to manage climate-related risks and opportunities

Performance against net zero targets is set out in our Decarbonisation Delivery Plan and monitored via the related reporting documents. We aim to update our plan in 2025/26 to align with the Welsh Government's strategic plan refresh.

Climate-related risks are identified via the Datix risk management system and assessed alongside strategic, financial, clinical, and operational risks. The Risk Management Team and the relevant

risk owners regularly review and update these risks and provide updates to the Executive Directors and Committees. Any impacts to performance are reported back to Welsh Government via existing reporting structures. Scenario analysis is used to assess the potential impact of climate-related threats such as extreme weather, energy price volatility, and supply chain disruptions. Further details on our climate emergency risks and response will be included in the Health Board's Climate Adaptation Plan which is currently in development to meet the December 2025 deadline.

9.3 Biodiversity – Our Compliance Statement

9.3.1 *What is the Biodiversity Duty?*

Section 6 under Part 1 of the Environment (Wales) Act 2016 introduced an enhanced biodiversity and resilience of ecosystems duty (the S6 duty) for public authorities in the exercise of functions in relation to Wales. The S6 duty requires that public authorities (including all health boards and trusts) must seek to maintain and enhance biodiversity so far as consistent with the proper exercise of their functions and in so doing promote the resilience of ecosystems.

9.3.2 *What do NHS Wales organisations have to do?*

To comply with the S6 duty public authorities should embed the consideration of biodiversity and ecosystems into their early thinking and business planning, including any policies, plans, programmes and projects, as well as their day-to-day activities. To comply with the S6 duty, most public authorities must prepare and publish a plan setting out what they propose to do to maintain and enhance biodiversity and promote resilience. This plan can and should be an integral part of any planning document as part of the organisation's business or corporate planning processes. A standalone plan is not necessarily required.

As a public body in Wales, Hywel Dda University Health Board recognises its legal duty under Section 6 of the Environment (Wales) Act 2016 to seek to maintain and enhance biodiversity, and in doing so, promote the resilience of ecosystems, in the exercise of our functions.

We fully acknowledge the interdependencies between the natural environment, the health and well-being of our population, and our obligations under the Well-being of Future Generations (Wales) Act 2015. In line with the sustainable development principle, we aim to ensure that our decisions and operations meet today's needs without compromising the ability of future generations to meet theirs.

9.3.3 *Our approach and achievements*

In 2024–25, we have continued to build on our commitment to biodiversity and ecosystem resilience through a range of activities that align with our environmental and health objectives. These actions contribute directly to the following national well-being goals:

- A Resilient Wales – by supporting healthy, functioning ecosystems and managing our estate with nature in mind.
- A Healthier Wales – by creating greener spaces that support physical and mental well-being.

- A Globally Responsible Wales – by minimising ecological harm and fostering sustainable practices across our services and infrastructure.

Key actions include:

- Sustainable estate management: We have continued to implement nature-positive practices across our sites where opportunities arise, including habitat conservation, native tree and wildflower planting, and active development of green spaces.
- Green space enhancements: Projects such as biodiversity corridors, pollinator-friendly planting, and wildlife-friendly landscaping have been expanded across several community and hospital locations.
- Capital schemes and design standards: We increasingly factor biodiversity and climate resilience into capital developments and infrastructure upgrades where opportunities arise.

Staff and community engagement: We have partnered with organisations to improve green spaces and raise the profile of biodiversity.

9.3.4 *Maintaining our commitments and moving forward*

To further embed our statutory duties under the Environment Act and Future Generations Act, we will:

- develop and publish a Biodiversity and Ecosystem Resilience Plan aligned with both Acts, setting clear priorities;
- work with Natural Resources Wales, local authorities, and Public Health Wales to ensure co-ordinated approaches to nature recovery at a regional level;
- enhance green infrastructure across our estate to support biodiversity net gain, carbon reduction, and better patient environments where opportunities arise;
- incorporate biodiversity principles into our climate response planning (adaptation), recognising the link between environmental quality and health outcomes;
- monitor and report our biodiversity actions through our climate response activity aligning with our broader climate response and adaptation ambitions.

By taking these actions, the Health Board contributes meaningfully to Wales nature recovery agenda, while ensuring that our operational activities support the long-term well-being of the communities we serve.

6.2

12:15, 0 Mins

6.2 - Joint Commissioning Committee Planning, *Winston Weir (Hywel Dda UHB - Independent Board Member)*
Performance and Finance Sub-Committee
Reports

| For information

Attachments

[6.2 6.2.2 PPF Highlight Report April 2025 Final.pdf](#)

Agenda Item

6.2.2

Joint Commissioning Committee

Planning, Performance & Finance Sub-Committee Highlight Report

Dyddiad y Cyfarfod / Date of Meeting	20/05/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Maxine Evans, Interim Corporate Governance Officer
Cyflwynydd yr Adroddiad / Report Presenter	Paul Worthington, Lay Member
Noddwr yr Adroddiad / Report Sponsor	Jacqui Maunder-Evans, Committee Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting Choose an item.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
	Click or tap to enter a date.	Choose an item.

1. SITUATION/BACKGROUND

This report had been prepared to provide Members of the Joint Commissioning Committee (JCC) with a summary of the key issues considered by the Planning, Performance and Finance (PPF) sub-committee at its meeting on 8 April 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the JCC and the sub-committees are set out in Paragraphs 2.18 and 2.20 of the JCC [Standing Orders](#).

3. HIGHLIGHT REPORT

(Links to reports highlighted [February 2025 – NHS Wales JCC PPF](#))

RAG Rating	Highlights
Alert / Escalate	There were no items to be deferred or escalated on this occasion.
Advise	- An implementation plan for the 2025/26 Foundation Plan, signed off by the JCC on 18 March 2025 is being developed, with senior responsible officers identified across the programme as enablers for the plan. Members noted that discussions are underway with Health Board (HB) colleagues who have offered to collaborate on elements of the implementation plan. - Members were advised of the changing operating model for ambulance services from Welsh Government (WG) which introduces an additional purple category for cardiac arrest and an updated red category. The JCC will need to review the size, scale and type of ambulance resources that the JCC commissions against any service changes which are proposed in response. - Risk 03 - Plastic Surgery Delays was highlighted. Members were reminded of the additional funding received from WG towards the end of 2024/25 to support the delivery of waiting time targets. Additional funding would need to continue in 2025/26 but the timeliness of confirmation will be critical to ensure better value in delivering the activity plans.
Assure	- Members were informed that a Q4 position against the extant plans inherited from the three predecessor bodies would be brought to the meeting in June 2025 for assurance on their delivery. - The associated risks for services that sit below the line in the Foundation Plan for 2025/26 will be wrapped into the forward work programme moving forward. - High-level milestones for the 2026/29 three-year IMTP will be reviewed by the JCC Senior Leadership Team (SLT) and brought to the PPF sub-committee for assurance. - Members received the first report on the assignment of risks from the overarching JCC risk register to each subcommittee for monitoring and scrutiny, with 14 risks scored 15 and above. Seven of these risks have been

	assigned to the PPF subcommittee for review and assurance. • The Month 11 Financial Performance Report was received noting: ◦ £6.9 million deficit at year end which was in line with the forecast. ◦ Non-recurrent funding of £8.9 million to cover the costs related to NHS England activity was received from Welsh Government, thereby mitigating the financial risk. ◦ The deficit position will be challenging going into 2025/26 as the plan does not include any contingencies to mitigate or manage over performance on the Long-Term Contracts (LTAs) within the financial position. Engagement with both NHS Wales and English providers will be key, with a specific focus on referral management for providers in England. • The JCC Performance Report for December 2024 was received. It was noted that this report had been presented to the previous PPF sub-committee at its meeting in February due to the timing of the meeting and publication of the report being slightly out of sync. Alignment of the meeting dates was being reviewed. • The report was taken as read with the following points highlighted: ◦ An update on services in escalation, including the de-escalation of plastics and the escalation of bariatrics at Salford to Level 3. ◦ The challenges with medium secure mental health services, including the impact of the fire incident and the need for modernisation of facilities. • The PPF Highlight Report was received for information and assurance noting that the report is shared with HB board secretaries for consideration and inclusion on their respective planning, performance and finance sub-committees. The same is done for the Quality, Safety and Outcomes sub-committee for the respective HB quality and patient safety committees.
Inform	• Members noted the Cabinet Secretary's announcement and the potential role of the JCC in commissioning parts of the independent sector provision at a national level to support HBs with planned care waiting times. • The Forward Plan of Business for the next twelve months was presented for information, noting that it would feature as a specific report to the JCC in May

	2025 as part of the committee's overarching forward plan of business. It was agreed that the development of a long-term strategy for the JCC would be included within the forward plan.
Appendices	None

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) /	Yes - Refine
	If more than one applies please list below:

Environmental /Sustainability Impact (5Rs)	

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: N/A
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: ☒	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: N/A
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	
	Choose an item.	

5. RECOMMENDATIONS

The Joint Committee is asked to:

- **Note** the highlights outlined in Section 3 of this report.

6.3

12:15, 0 Mins

6.3 - Strategy & Planning Committee Workplan 2025-26 *Winston Weir (Hywel Dda UHB - Independent Board Member)*

| For information

Attachments

6.3 SPC Work Programme 2025-26 FINAL v0.1.doc.pdf

STRATEGY AND PLANNING COMMITTEE WORK PLAN APRIL 2025 – MARCH 2026

Currently, Strategy and Planning Committee (SPC) meets bi-monthly. Based on this, the following table represents a proposal to incorporate the duties as outlined in the Committee's Terms of Reference into a basic work plan April 2025 – March 2026, including standing agenda items (denoted by *).

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	24 Apr 2025	1 Jul 2025	28 Aug 2025	30 Oct 2025	18 Dec 2025	26 Feb 2026	Apr 2026
PAPER DEADLINE			1 Apr 2025	10 Jun 2025	7 Aug 2025	9 Oct 2025	27 Nov 2025	5 Feb 2026	
Governance and Risk									
Welcome and Apologies*	Chair	All	✓	✓	✓	✓	✓	✓	✓
Declarations of Interests*	Chair	CSO	✓	✓	✓	✓	✓	✓	✓
Minutes from previous meeting*	Chair	CSO	✓	✓	✓	✓	✓	✓	✓
Matters Arising (not on agenda) *	Chair	All	✓	✓	✓	✓	✓	✓	✓
Table of Actions (ToAs) *	Chair	CSO	✓	✓	✓	✓	✓	✓	✓
SPC Terms of Reference (TORs) Review (12.1)	Chair	JW	✓						✓
SDODC Annual Report 2024/25 (10.4)	Chair	LD	✓						
SPC Annual Report 2025/26 (10.4)	Chair	LD							✓
Committee Self-Assessment 6 Month Update	Chair	JW			✓				
Self-Assessment of Committee Effectiveness: Outcome Report (10.5)	Chair	JW						✓	
Corporate Risks Assigned to SPC (3.1.23)	LD	RW		✓	✓		✓		✓
Operational Risks Assigned to SPC (3.1.23)	LD	RW		✓		✓		✓	
Monitoring Welsh Health Circulars (under the remit of SPC)	Relevant EDs	RW	✓		✓		✓		
Ministerial Directions (MDs) (as and when required)	Relevant EDs	RW	✓		✓		✓		

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	24 Apr 2025	1 Jul 2025	28 Aug 2025	30 Oct 2025	18 Dec 2025	26 Feb 2026	Apr 2026
PAPER DEADLINE			1 Apr 2025	10 Jun 2025	7 Aug 2025	9 Oct 2025	27 Nov 2025	5 Feb 2026	
Targeted Intervention Update (3.1.20) *	LD	SA	✓	✓	✓	✓	✓	✓	
Strategy, Planning and Partnerships									
Annual Plan Progress (3.1.1,2&4)	LD	SA	✓	✓	✓	✓	✓	✓	
• Planning Objectives (PO) Update (3.1.21)				✓		✓		✓	
• Maturity Matrix Timeline			✓						
• Maturity Matrix				✓					
Strategy Refresh (A Healthier Mid and West Wales (refresh and updates) (2.1.1.1 & 2)	LD	PW	✓		✓		✓		
PO6 - Clinical Services Plan	LD	HMH	✓		✓		✓		✓
• Verbal Detailed Update									
PO8 - Estates Plan (Estates Strategy Development of (3.1.11) (to include the development of the Estates Strategy and Infrastructure Investment Enabling Plan), for scrutiny ahead of Board approval) & (Implementation of Estates Strategy (3.1.12))	LD	PW/CE		✓		✓		✓	
Pharmaceutical Needs Assessment	JP	RB/TH	✓			✓			
• Annual Review									
6 Month Review of Services									
Mid Wales Joint Committee Report	LD	KJ			✓			✓	
Regional Joint Committee Update Report & A Regional Collaboration for Health (ARCH)	LD			✓			✓		
	LD	SC							

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	24 Apr 2025	1 Jul 2025	28 Aug 2025	30 Oct 2025	18 Dec 2025	26 Feb 2026	Apr 2026
PAPER DEADLINE			1 Apr 2025	10 Jun 2025	7 Aug 2025	9 Oct 2025	27 Nov 2025	5 Feb 2026	
Strategic Commissioning Report (3.1.5) (bi-annual update)	LD	SA			✓			✓	
Partnership Governance Assurance Report (3.1.6&7)	AG	BB		✓		✓		✓	
Value Based Healthcare Update (3.1.9)	MH	LP	✓		✓		✓		✓
Climate Migration and Adaption (3.1.10)	AG	BB		✓		✓			
Population Health, Primary and Community									
PSBs Well-being of Future Generations (Wales) Act 2015 (WBFGA) (3.1.6 & 3.1.7)	AG	BB	✓					✓	
PO7 – Primary Care and Community Strategic Plan Update <i>To include:</i> <i>National CHC Framework 2021</i> <i>RPB Population Needs Assessment</i> <i>Social Services and Well-being (Wales) Act 2014 (SSWBA)</i> <i>(Covered in Cluster and Pan-Cluster work)</i> (Completed on 5 year cycle; last approved by RPB July 2022; Draft to SPC prior to publication – January 2027)	JP	RB/JC		✓		✓		✓	
PO 10: Population Health (incl. social model for health and wellbeing) PSBs Well-being Assessments Population Health Needs Assessment (3.1.13) Health Inequalities (3.1.14)	AG	BB	✓		✓		✓		

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	24 Apr 2025	1 Jul 2025	28 Aug 2025	30 Oct 2025	18 Dec 2025	26 Feb 2026	Apr 2026
PAPER DEADLINE			1 Apr 2025	10 Jun 2025	7 Aug 2025	9 Oct 2025	27 Nov 2025	5 Feb 2026	
Review of Clinical Pharmacy Services at NHS Hospitals in Wales	JP	OW		✓					
Vaccination Programme for Prevention and Response Plan - Progress Update, Key Priorities and Delivery Plan					✓				
Capital and Estates									
Capital Programme for 2025/26 and Capital Governance (including the CSC 3A's update (3.1.24) & Discretionary Capital Programme (DCP) and Capital Resource Limit & other CSC items below) (3.1.18&19) * Also Capital Planning Equipment Replacement Programme.	LD	PW/ER/RE	✓	✓	✓	✓	✓	✓	✓
CSC Workplan 2025/26 (3.1.26)	LD	ER	✓						
CSC Annual Report 2024/25 (10.4)	LD	ER	✓						
CSC Annual Report 2025/26 (10.4)	LD	ER							✓
Annual Review CSC TORs (10.3)	LD	ER					✓		
Planning in Partnership: Regional Integration Fund Update	JP	LJ					✓		
Capital Business Cases (as and when required for scrutiny before onward ratification at Board) (3.1.16) *	LD		✓	✓	✓	✓	✓	✓	✓
PPH Solar Project	JS	PW			✓				
Sustainability Report (for HDdUHB Annual Report)	JS	PW		✓					✓

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	24 Apr 2025	1 Jul 2025	28 Aug 2025	30 Oct 2025	18 Dec 2025	26 Feb 2026	Apr 2026
PAPER DEADLINE			1 Apr 2025	10 Jun 2025	7 Aug 2025	9 Oct 2025	27 Nov 2025	5 Feb 2026	
One-off Items									
Early Years Report	AG	JoMC/ BW		✓					
For Approval									
Policies (as required) (3.1.25) *	All	All	✓	✓	✓	✓	✓	✓	
For Information									
JCC Planning, Performance and Finance Sub-Committee Reports*	JM	N/A	✓	✓	✓	✓	✓	✓	✓
SPC Workplan 2025/26*	LD	CSO	✓	✓	✓	✓	✓	✓	✓
Administration									
Agenda setting meeting with Chair & Exec Lead (at least 6 weeks before the meeting)	CSO	N/A	✓	✓	✓	✓	✓	✓	✓
Draft agenda to go to Executive Team	CSO	N/A	✓	✓	✓	✓	✓	✓	✓
Call for papers (at least 6 weeks before the meeting to receive papers at least 14 days before the meeting)	CSO	N/A	✓	✓	✓	✓	✓	✓	✓
Disseminate agenda/papers 7 days prior to meeting	CSO	N/A	✓	✓	✓	✓	✓	✓	✓
Type up minutes/TOA within 7 days of meeting	CSO	N/A	✓	✓	✓	✓	✓	✓	✓
Circulate minutes and TOA to the Lead Director within 7 days of meeting	CSO	N/A	✓	✓	✓	✓	✓	✓	✓
Issue minutes and TOA to Members (including the Committee Chair) following Lead Director review	CSO	N/A	✓	✓	✓	✓	✓	✓	✓

Chair: Winston Weir **Vice Chair:**

Maynard Davies

Lead Executive: Lee Davies

LD	Lee Davies	MH	Mark Henwood	JP	Jill Paterson	JW	Joanne Wilson
AG	Ardiana Gjini	AC	Andrew Carruthers	SA	Shaun Ayres	PW	Paul Williams
DW	Daniel Warm	RW	Rachel Williams	ER	Eldeg Rosser	LP	Leighton Phillips
RB	Rhian Bond	JC	Julia Chambers	BB	Bruce Bolam	SC	Sion Charles
LJ	Linda Jones	JM	Jacqueline Maunder	OW	Owain Williams	JoMC	Jo McCarthy
BR	Ben Rogers	BW	Ben Williams				

CSO Committee Services Officer

D Deferred

NB: See POs below:

A Healthier Mid and West Wales			
Planning objective 6	Clinical services plan	Service fragilities	SPC
Planning objective 7	Primary and community strategic plan	Ministerial priority Service fragilities	SPC
Planning objective 8	Estates plans	Estate fragilities	SPC
Planning objective 10	Population health	Long-term sustainability	SPC

7 - Any Other Business

*Winston Weir (Hywel
Dda UHB -
Independent Board
Member)*

8 - Date and Time of Next Meeting

8.1

12:15, 0 Mins

8.1 - 28 August 2025, 09:30 - 12:30, Ystwyth Boardroom & MS Teams

30 October 2025
18 December 2025
26 February 2026