Bwrdd Iechyd Prifysgol Hywel Dda

# Adroddiad a Chyfrifon Blynyddol 2022-2023

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

## Yr hyn y bydd yr Adroddiad Blynyddol hwn yn ei ddweud wrthych

Mae cyfres o ddogfennau ein Hadroddiad Blynyddol yn dweud wrthych am eich bwrdd iechyd, y gofal yr ydym yn ei ddarparu, a'r hyn yr ydym yn ei wneud i gynllunio, cyflawni, a gwella gofal iechyd ar eich cyfer. Mae'r ddogfen hon yn nodi'r hyn yr ydym wedi'i gyflawni ar draws ystod eang o feysydd wrth i ni barhau i ymateb i COVID-19, rheoli ein hadferiad, mynd i'r afael ag ôl-groniadau ac anghenion iechyd heb eu diwallu, cymryd camau breision tuag at ein strategaeth, a pharhau i roi pobl wrth wraidd popeth a wnawn. Mae'r adroddiad hwn yn cynnwys tair rhan:

## Adroddiad ar Berfformiad

Bydd yr adroddiad hwn yn dweud wrthych am yr heriau yr ydym wedi'u hwynebu a'r modd yr ydym wedi mynd i'r afael â nhw, yn ogystal ag am y cyflawniadau a'r cynnydd a wnaed. Mae'n cynnwys gwybodaeth am yr ymatebion uniongyrchol a ddarparwyd i COVID-19, ynghyd â'r effeithiau ar feysydd eraill iechyd a gofal. Mae'n manylu ar y modd yr ydym wedi cyflawni o gymharu â thargedau Llywodraeth Cymru, ac ar y camau a gymerwyd gennym i wella. Mae hefyd yn disgrifio'r modd yr ydym wedi cadw ffocws ar ddiogelwch ac ansawdd yn ystod y broses barhaus o adfer yn dilyn y pandemig, ac yn ystyried yr hyn yr ydym wedi ei ddysgu a'r modd y bydd hyn yn llywio gwaith yn y dyfodol.

## Adroddiad ar Atebolrwydd

Mae'r adroddiad hwn yn nodi ein gofynion allweddol o ran atebolrwydd o dan Ddeddf Cwmnïau 2016 a Rheoliadau Cwmnïau a Grwpiau Mawr a Chanolig (Cyfrifon ac Adroddiadau) 2008 (fel y'u haddaswyd ar gyfer sefydliadau sector cyhoeddus). Mae'n cynnwys ein Datganiad Llywodraethu Blynyddol, sy'n rhoi gwybodaeth am y modd yr ydym yn rheoli ein hadnoddau a'n risgiau ac yn cydymffurfio â threfniadau llywodraethu.

## Cyfrifon ariannol

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

## Cysylltu â ni

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

| | |
|---|---|
| Cyfeiriad: | Bwrdd Iechyd Prifysgol Hywel Dda, Adeilad Ystwyth, Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job, Caerfyrddin, SA31 1BB |
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Mae Bwrdd Iechyd Prifysgol Hywel Dda yn Fwrdd Iechyd Lleol a sefydlwyd o dan adran 11 o Ddeddf Gwasanaeth Iechyd Gwladol (Cymru) 2006.

# Cynnwys

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## Croeso gan ein Cadeirydd a'n Prif Weithredwr

Mae ein Hadroddiad Blynyddol yn myfyrio ar flwyddyn eithriadol arall i'n bwrdd iechyd. Mae pandemig COVID-19 wedi cael effaith ddiamheuol a pharhaus ar ein cymunedau, a'r flwyddyn ddiwethaf oedd un o'r rhai mwyaf heriol i'r sector iechyd o fewn cof pobl sy'n fyw heddiw, gyda galw cynyddol ar y gwasanaethau a ddarparwn.

Roedd llwyddiant rhaglen frechu COVID-19 wedi caniatáu i gymdeithas symud 'nôl i sefyllfa a oedd bron yn normal. Ar yr un pryd, rydym ni yn y bwrdd iechyd wedi gweld nifer o'r mesurau ychwanegol a roddwyd ar waith ar gyfer COVID-19 yn dirwyn i ben yn ystod y flwyddyn ariannol ddiwethaf, a dychweliad at wasanaeth sydd fwy neu lai yn 'fusnes fel arfer'.

Fodd bynnag, rydym yn cydnabod yr effaith ddofn y mae'r pandemig wedi'i chael ar ein gweithlu a'r bwrdd iechyd dros y tair blynedd ddiwethaf. Roedd llawer o fesurau COVID-19 yn mynd i'r afael â materion cydnabyddedig a phenodol ar y pryd, ond byddai mynd â'r sefydliad yn ôl i'r sefyllfa fel yr oedd cyn COVID-19 yn afrealistig ac yn annymunol.

Mae penderfyniad ein staff yn parhau i'n syfrdanu, gyda chyd-weithwyr yn ymrwymedig i ddarparu'r gofal gorau posibl i'r cleifion o dan amgylchiadau anodd. Diolch i bawb sy'n gweithio ym Mwrdd Iechyd Prifysgol Hywel Dda a gyda'r Bwrdd Iechyd, beth bynnag fo'ch rôl. Diolch i'n holl wirfoddolwyr, a'n partneriaid, am eich gwasanaeth eithriadol yn gofalu am gleifion a'n cymunedau yn ystod y cyfnod heriol hwn.

Bydd effaith y pandemig i'w theimlo'n enbyd am flynyddoedd lawer i ddod. Un o ganlyniadau anffodus y clefyd yw bod aelodau'r cyhoedd yn llai parod i gyrchu gwasanaethau iechyd, ac mae hyn, yn ei dro, wedi arwain at lefelau uchel o anghenion iechyd heb eu diwallu.

Rydym hefyd yn cydnabod y bu yna gyfyngiad ar fynediad at amrywiaeth eang o wasanaethau yn ystod y tair blynedd ddiwethaf, a bod hyn wedi arwain at oedi o ran triniaeth a gofal yn ein bwrdd iechyd. Mae'n ddrwg iawn gennym os ydych wedi profi oedi o ran cael mynediad at eich gofal a'ch triniaeth. Er i ni wneud cynnydd sylweddol o ran lleihau nifer y cleifion sy'n aros am driniaeth, rydym yn ymwybodol ei bod yn parhau'n anodd i'r bobl sy'n dal i aros neu y mae eu triniaeth wedi'i hoedi ymhellach. Rydym wedi ymrwymo i leihau ein rhestrau aros ymhellach i'r lefelau cyn y pandemig a chyflawni targed Llywodraeth Cymru.

Mae'r ymateb i'r pandemig, a oedd â ffocws pendant iawn, wedi gadael gwaddol ariannol hefyd. Nid oeddem yn gallu nodi a chyflawni arbedion ac effeithlonrwydd yn y ffordd arferol, ac, o ganlyniad, roeddem yn wynebu heriau ariannol sylweddol wrth i gyllid ar gyfer yr ymateb COVID-19 ddod i ben, gan olygu bod angen i ni wneud iawn am ddwy flynedd o amser a gollwyd.

Cyflwynwyd nifer o ddatblygiadau arloesol gyda'r nod o gefnogi cleifion a lleihau'r rhestrau aros: o'n Huned Llawdriniaethau Dydd gwerth £20 miliwn yn Ysbyty'r Tywysog Philip, sy'n ein galluogi i ddarparu llawdriniaethau i filoedd o gleifion yn gyflymach, i weithio gyda phartneriaid technoleg i gyflwyno Deallusrwydd Artiffisial (AI) sy'n ein helpu i ragweld hyd arhosiad claf yn yr ysbyty. Mae'r gefnogaeth a ddarperir trwy ein gwasanaeth cymorth rhestrau aros yn ceisio cefnogi pobl wrth iddynt aros, gan ddarparu mynediad at staff clinigol sy'n cynnig cyngor ar y ffordd orau i gadw'n iach a sicrhau bod cleifion yn ffit ac yn ddigon iach i gael llawdriniaeth neu driniaeth.

Gan ein bod yn fwrdd iechyd gwledig ac iddo amrywiaeth ddaearyddol, mae gweithio mewn partneriaeth yn hanfodol i ni – ni allwn wella iechyd a llesiant ein cymunedau ar ein pen ein hunain. Yn ystod y flwyddyn ddiwethaf rydym wedi parhau i weithio gydag ystod eang o bartneriaid i gefnogi llesiant ein hunigolion a'n cymunedau. Gan fod nifer sylweddol o'n cleifion yn yr ysbyty yn feddygol ffit ac yn barod i adael, mae gweithio gyda'n gilydd i ddod o hyd i ffyrdd o'u galluogi i gael eu rhyddhau, ochr yn ochr â'n partneriaid yn yr awdurdodau lleol, wedi bod yn hollbwysig. Yn Sir Gaerfyrddin, mae ein gwaith gyda Chyngor Sir Gâr, Llesiant Delta a'n Huwch-ymarferwyr Parafeddygol wedi gallu cefnogi pobl yn eu cartrefi – ac mewn rhai achosion atal unigolion rhag gorfod cael eu derbyn i'r ysbyty. Yn Sir Benfro, lansiodd yr awdurdod lleol Ymgyrch Nightingale i nodi a chefnogi gofal cymdeithasol ar gyfer aelodau o'n cymunedau ac i alluogi cleifion i ddychwelyd adref, neu i ddarpariaeth gofal cymdeithasol.

Yn ystod y gwanwyn a'r haf, buom yn gweithio'n agos gyda Chyngor Ceredigion a'r Urdd i groesawu ffoaduriaid a oedd yn ffoi rhag y rhyfel yn Wcráin – gan ddarparu hafan ddiogel i deuluoedd yn Llangrannog. Ochr yn ochr â'n partneriaid, bu i'n timau ddarparu cymorth sgrinio iechyd a helpu aelodau newydd ein cymuned i ymgartrefu yn yr ardal a chofrestru gyda'n gwasanaethau iechyd.

Wrth chwilio am atebion gwahanol i'n cleifion, ac yn dilyn rhaglen beilot lwyddiannus yn Sir Gaerfyrddin, cafodd y cyllid ar gyfer LUMEN, sef prosiect sy'n cefnogi diagnosis cynnar o ganser yr ysgyfaint, ei ymestyn i ranbarth cyfan Hywel Dda. Mae'r gwasanaeth yn galluogi aelodau o'n cymunedau sy'n profi symptomau penodol i gysylltu â'r gwasanaeth yn uniongyrchol, gan leddfu'r pwysau ar ein gwasanaethau meddygon teulu.

Wrth gynyddu ein lefelau staffio, croesawyd dros 100 o nyrsys rhyngwladol i Hywel Dda, a chynyddwyd cyfanswm nifer ein staff nyrsio a bydwreigiaeth i 2,955 o staff cyfwerth ag amser llawn mewn swydd, a oedd yn rhagori ar ein huchelgais ar gyfer y flwyddyn. Mae ein Hacademi Prentisiaethau yn parhau i dyfu, ac rydym wedi parhau i arloesi ein harferion recriwtio, gan gynnwys canoli'r llwybr recriwtio ar gyfer Nyrsys Cofrestredig a Gweithwyr Cymorth Gofal Iechyd. Arweiniodd hyn at y nifer uchaf erioed o geisiadau yn cael eu cyflwyno i'r bwrdd iechyd eleni.

Gan gydnabod bod y byd digidol a thechnoleg yn chwarae rhan bwysig yn y modd y gallwn ddiwallu anghenion ein cleifion, y llynedd roeddem yn falch o fod y bwrdd iechyd cyntaf i gyflawni'r Siarter Cynhwysiant Digidol gyda'r nod nid yn unig o ddefnyddio technoleg ond hefyd gefnogi unigolion i gael mynediad at dechnoleg a deall sut i'w defnyddio. Yn dynn wrth sodlau'r Siarter, lansiwyd llyfrgell apiau iechyd a gofal sy'n cyfeirio unigolion at apiau digidol sydd ar gael iddynt – gan roi iechyd a llesiant yn nwylo ein cymunedau.

Er iddi fod yn adeg heriol iawn, rydym yn cydnabod ac yn gwerthfawrogi cyflawniadau a llwyddiannau ein staff. Mae nifer o'n staff wedi ennill gwobrau neu wedi cael eu cydnabod mewn ffyrdd gwahanol am eu gwaith anhygoel, ac ni allem fod yn fwy balch ohonynt a'r hyn y maent yn ei gyflawni bob dydd.

Adeg ysgrifennu'r adroddiad hwn, mae newyddion wedi dod i law fod gennym 11 o unigolion anhygoel yn y rownd derfynol ar gyfer saith categori yng Ngwobrau Cenedlaethol Iechyd a Gofal BAME (Pobl Dduon, Asiaidd ac ethnig leiafrifol) eleni; cynhelir seremoni wobrwyo ar 9 Mehefin. Mae hwn yn gyflawniad gwych, ac mae'n dystiolaeth o ymroddiad a gwaith caled pawb dan sylw.

Mae cydnabod a gwerthfawrogi cyflogeion wedi bod yn gonglfaen i sefydliadau effeithiol ers tro byd. Mae'r modd y mae sefydliad yn amlygu ei fod yn gwerthfawrogi ei gyflogeion wedi dod yn bwysicach nag erioed. Yn syml, mae cydnabyddiaeth yn ymwneud â'r hyn y mae pobl yn ei wneud; mae gwerthfawrogiad yn ymwneud â phwy ydynt. Datblygodd Hywel Dda raglen cydnabod a gwerthfawrogi ar gyfer 2022-23 a oedd yn cynnwys nifer o fentrau i adfywio'r modd yr ydym yn dangos sut yr ydym yn rhoi gwerth ar ein gweithlu. Roedd yr holl wobrau hyn yn rhan o raglen barhaus i amlygu gwerthfawrogiad a rhoi gwerth ar ein gweithlu.

Mae Gwobrau Canmoliaeth y Cadeirydd yn cydnabod staff am eu tosturi, eu harloesedd a'u cydweithrediad yn unol â gwerthoedd a phwrpas y sefydliad. Cafodd ein cynllun gwobrau gwasanaeth hir ei gyflwyno i gydnabod staff am eu gwasanaeth i'r bwrdd iechyd, a hynny ar ôl pum mlynedd a deng mlynedd o wasanaeth, ac i nodi'r cerrig milltir o 25 a 40 blynedd o wasanaeth. Mae'r ddau gynllun wedi rhoi tipyn o lawenydd i'r rhai a gydnabuwyd fel hyn.

Ym mis Rhagfyr 2022, lansiwyd ein gwobrau staff Cymeradwyaeth Hywel hefyd. Cafodd staff eu henwebu gan gyd-weithwyr ar gyfer gwobrau ar draws ystod o gategorïau amrywiol megis Byw Ein Gwerthoedd, Amrywiaeth a Chynhwysiant, Arwr Anenwog, Seren y Dyfodol, a Llais Cleifion. Cafodd yr enillwyr eu dewis gan baneli a oedd yn cynnwys cyd-weithwyr ar draws amrywiaeth eang o wasanaethau.

Yn 2022-23 daeth y bwrdd iechyd yn aelod o Rwydwaith Cyflogaeth y Ffoaduriaid ac enillodd wobr Arian Amrywiaeth Stonewall. Roeddem hefyd yn llwyddiannus yng ngwobrau Cenedlaethol Iechyd a Gofal BAME, gan ennill Gwobr Menter Gymunedol y Flwyddyn a Gwobr Menter Iechyd Meddwl.

Yn 2021 lansiodd ein helusen, sef Elusen Iechyd Hywel Dda, Apêl Cemotherapi Bronglais. Mae'n bleser gennym ddweud bod yr Elusen wedi rhagori ar ei tharged eleni o godi'r swm gweddillol o £500,000 a oedd yn ofynnol i ddarparu uned ddydd cemotherapi bwrpasol yn yr ysbyty, a hynny diolch i roddion caredig ein cymunedau.

Mae gwaith hefyd wedi symud ymlaen yn gyflym o ran ein gweithgareddau ymchwil a datblygu. Ar hyn o bryd rydym yn ymchwilio i awtomatiaeth ddeallus, gyda'r nod o ryddhau 50,000 o oriau yn ôl i'r sefydliad erbyn 2050.

Rydym wedi gwneud cynnydd da eleni tuag at gyrraedd y targed hwnnw trwy weithio ar ddau brosiect. Mae'r cyntaf yn brosiect awtomeiddio'r gweithlu mewn partneriaeth ag Ymddiriedolaeth Ysbyty Northampton, sy'n Ganolfan Ragoriaeth ar gyfer Awtomeiddio Prosesau Robotig (RPA). Gyda'n gilydd, rydym yn ceisio dogfennu dwy broses yn ymwneud â'r gweithlu ac awtomeiddio un ohonynt, ac, ar hyn o bryd, rydym yn canolbwyntio ar archwilio'r broses o awtomeiddio cofnodion

hyfforddi yn y system Cofnod Staff Electronig (ESR). Mae'r ail brosiect yn ceisio awtomeiddio dwy broses gyllid, gyda gwaith ar y gweill i awtomeiddio ceisiadau i greu biliau.

Yn gynharach yn y flwyddyn adrodd, cafodd Dr Peter Cnudde, sy'n llawfeddyg sydd wedi gosod nifer mawr o gymalau newydd yn Ysbyty'r Tywysog Philip, Llanelli, gyllid gan Ymchwil Iechyd a Gofal Cymru yn rhan o Wobrau Amser Ymchwil y GIG. Maes diddordeb ymchwil Dr Cnudde yw datblygu llwybr cleifion a alluogir gan dechnoleg ar gyfer cymalffurfiad, sef llawdriniaeth lle caiff cymal artiffisial ei osod yn lle'r cymal sydd wedi'i niweidio.

Rydym yn falch bod y bwrdd iechyd hefyd wedi cael dros £435,000 o gyllid gan Ymchwil ac Arloesi yn y DU (UKRI) ar gyfer dau brosiect sydd â'r nod o ddatblygu a gwella systemau i gefnogi gofal iechyd a chynllunio ar lefel leol a chenedlaethol yng Nghymru.

Mae hyn yn cynnwys cystadleuaeth Gwarant Horizon Europe yr UKRI, sy'n darparu cyllid o £168,268 i'r bwrdd iechyd yn rhan o brosiect DYNAMO Horizon Europe. Bydd y prosiect €5 miliwn hwn yn canolbwyntio ar fodelu llwybrau iechyd a gofal integredig a chynnal asesiadau dynamig ohonynt, gan wella gallu systemau iechyd i ymateb. Bydd DYNAMO yn arwain at ddatrysiad darbodus a phwerus gan alluogi dull cyflym o gynllunio llwybrau gofal ar gyfer sefyllfaoedd lle mae gweithrediad systemau iechyd dan fygythiad, dull a lywir gan ddata ac sy'n annibynnol ar lwyfan.

Dyfarnwyd cyllid o £266,860 i'r ail brosiect, a hynny gan gystadleuaeth Horizon Europe Guarantee yr UKRI yn rhan o brosiect Invest4Health Horizon Europe. Nod y prosiect hwn yw crynhoi modelau cyllid newydd ar gyfer hybu iechyd ac atal clefyd.

Rydym ni, y bwrdd iechyd, yn ymrwymedig i'n gwerthoedd ac i egwyddorion tryloywder, caredigrwydd a gweithio gyda'n cymunedau, ein staff a'n partneriaid ym mhopeth a wnawn. Mae'r ymroddiad hwn yn amlwg yn ein hadroddiad blynyddol, a fydd, gobeithio, yn rhoi'r wybodaeth ddiweddaraf i chi ac yn eich gadael yn chwilfrydig ac wedi eich ysbrydoli gan yr hyn yr ydym yn ei wneud yn nhîm Hywel Dda. Rydym yn addo y byddwn yn gweithio bob dydd i ddiogelu eich iechyd ac adeiladu system sy'n addas ar gyfer anghenion ein staff gwych yn y dyfodol, ynghyd ag anghenion pobl wych Sir Gaerfyrddin, Sir Benfro, a Cheredigion y mae gennym y fraint o'u gwasanaethu.

Maria Battle, Cadeirydd

Llofnodwyd: _____
27 Gorffennaf 2023

Steve Moore, Prif Weithredwr

Llofnodwyd: _____
27 Gorffennaf 2023

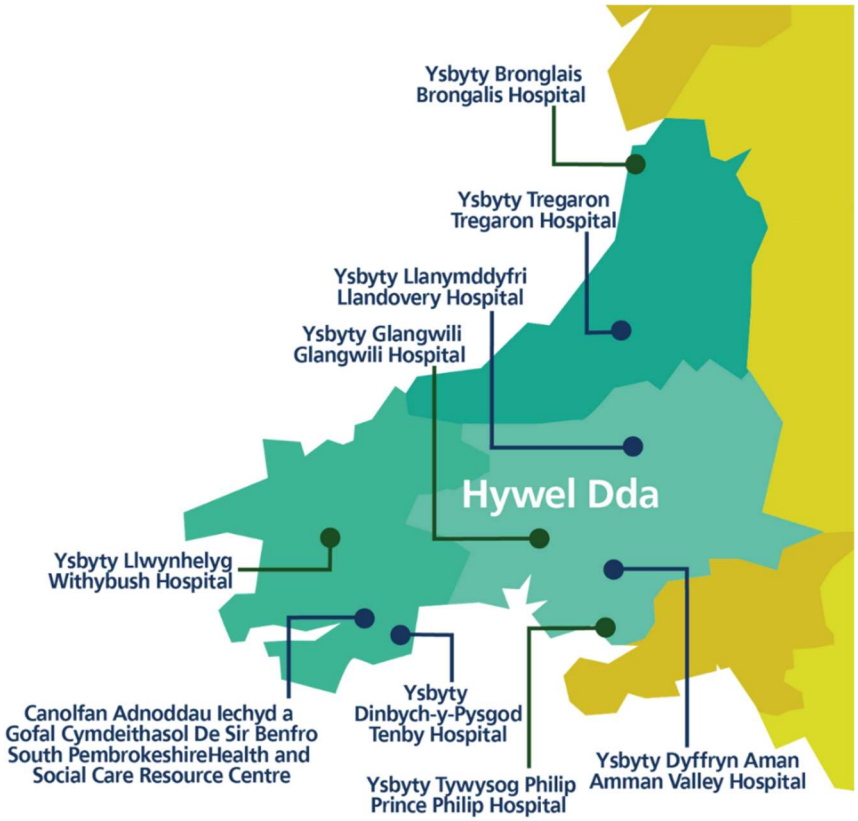
# Pennod 1

# Adroddiad ar Berfformiad 2022/23

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

# Ein Diben a'n Gweithgareddau




Mae Bwrdd Iechyd Prifysgol Hywel Dda (BIPHDd) yn cynllunio ac yn darparu gwasanaethau gofal iechyd y GIG ar gyfer pobl sy'n byw yn Sir Gaerfyrddin, Ceredigion, Sir Benfro a'r siroedd cyfagos. Mae ein 13,143 o aelodau o staff yn darparu gwasanaethau sylfaenol, cymunedol, ysbyty, iechyd meddwl ac anableddau dysgu ar gyfer chwarter tir Cymru. Rydym yn gwneud hyn mewn partneriaeth â thri awdurdod lleol a chyd-weithwyr yn y sector cyhoeddus, y sector preifat a'r trydydd sector, gan gynnwys ein gwirfoddolwyr, a hynny trwy'r canlynol:

- Pedwar prif ysbyty: Ysbyty Bronglais yn Aberystwyth; Ysbyty Glangwili yng Nghaerfyrddin; Ysbyty'r Tywysog Philip yn Llanelli; ac Ysbyty Llwynhelyg yn Hwlffordd.
- Pum ysbyty cymunedol: Ysbyty Dyffryn Aman ac Ysbyty Llanymddyfri yn Sir Gaerfyrddin; Ysbyty Tregaron yng Ngheredigion; ac Ysbytai Dinbych-y-pysgod a De Sir Benfro yn Sir Benfro.
- Dwy ganolfan gofal integredig: Aberaeron ac Aberteifi yng Ngheredigion, a nifer o leoliadau cymunedol eraill, e.e. Bro Preseli, Crymych.
- 48 o bractisau cyffredinol (gyda chwech o'r rhain yn cael eu rheoli gan y bwrdd iechyd); 40 o bractisau deintyddol (gan gynnwys pedwar practis orthodontig); 97 o fferyllfeydd cymunedol; 44 o bractisau offthalmig cyffredinol (gyda'r 44 yn darparu gwasanaethau Archwiliadau Iechyd Llygaid Cymru, a 29 yn darparu gwasanaethau golwg gwan); darparwyr gofal cartref yn unig; a chanolfannau iechyd.
- Lleoliadau niferus sy'n darparu gwasanaethau iechyd meddwl ac anableddau dysgu.
- Gwasanaethau tra arbenigol a gomisiynir gan Bwyllgor Gwasanaethau Iechyd Arbenigol Cymru.
- Gwasanaethau Cychwyn Cadarn ar y cyd ag awdurdodau lleol Sir Gaerfyrddin, Ceredigion a Sir Benfro.

# Y Strwythur Sefydliadol

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn cynnwys Cyfarwyddwyr Gweithredol, a gyflogir gan y bwrdd iechyd, ynghyd ag Aelodau Annibynnol o'r Bwrdd, a benodir i'r Bwrdd gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol trwy broses penodiadau cyhoeddus agored a chystadleuol.

Daw aelodau'r Bwrdd o amrywiaeth o gefndiroedd, disgyblaethau a meysydd arbenigedd gan ddarparu arweinyddiaeth a chyfeiriad i'r sefydliad. Mae'r Bwrdd yn gyfrifol am system lywodraethu a rheolaeth gyffredinol y bwrdd iechyd, sy'n cynnwys trefniadau rheoli risg cadarn, ac felly mae'n rhaid iddo geisio sicrwydd ynghylch effeithiolrwydd y systemau a'r prosesau sydd ar waith i gyflawni ein hamcanion strategol a chynllunio, a chael y sicrwydd hwnnw.

Mae gan y Bwrdd rôl allweddol o ran sicrhau bod gan BIPHDd drefniadau llywodraethu da ar waith a'i fod yn agored ac yn dryloyw o ran y ffordd y mae'n gweithio. Mae'r Bwrdd yn cwrdd o leiaf bob dau fis, a hynny mewn sesiwn gyhoeddus. Mae yna strwythur o Bwyllgorau a Grwpiau Cynghori sy'n cefnogi ei broses o wneud penderfyniadau. Mae dyddiadau a lleoliadau'r cyfarfodydd cyhoeddus, ynghyd â'r agendâu, y papurau, a'r cofnodion cysylltiedig, i gyd yn cael eu cyhoeddi ar ein gwefan https://biphdd.gig.cymru

Mae'r bwrdd iechyd wedi'i drefnu'n gyfarwyddiaethau sy'n eistedd o dan bob un o'r Cyfarwyddwyr Gweithredol sy'n mynychu cyfarfodydd y Bwrdd. Cyhoeddir rhestr lawn o aelodau'r Bwrdd, yn cynnwys y Cyfarwyddwyr Gweithredol, ar ein gwefan: https://biphdd.gig.cymru/amdanom-ni/eich-bwrdd-iechyd/aelodaur-bwrdd/

# Y boblogaeth a wasanaethwn

### Amcanestyniad poblogaeth

Erbyn 2025, amcangyfrifir y bydd cyfanswm ein poblogaeth breswyl oddeutu 390,000 o bobl. At hynny, rydym hefyd yn darparu gofal ar gyfer nifer mawr o dwristiaid a myfyrwyr.

### Y Gymraeg

Mae cyfran y boblogaeth sy'n gallu siarad Cymraeg yn 47%.

### Poblogaeth sy'n heneiddio

Mae oedran cyfartalog y bobl sy'n byw yn y tair sir yn cynyddu'n gyson; mae gennym gyfran uwch o bobl hŷn na'r nifer cyfartalog ledled Cymru. Ar hyn o bryd, mae'r rhai sydd dros 65 oed yn cyfrif am chwarter poblogaeth y bwrdd iechyd. Mae'r amcanestyniadau yn awgrymu y bydd bron 125,000 o bobl dros 65 oed yn byw yn ardal Hywel Dda erbyn 2043, ac y bydd bron 22,000 o'r rheiny dros 85 oed. Mae'r cynnydd yn nifer y bobl hŷn yn debygol o arwain at gynnydd yn nifer yr achosion o gyflyrau cronig megis clefydau cylchrediad y gwaed, clefydau anadlol a chanserau. Rydym yn rhag-weld y bydd eiddilwch yn dod yn fwyfwy pwysig yn ardal Hywel Dda yn ystod y deng mlynedd nesaf, a rhagwelir y bydd yn cynyddu 4% y flwyddyn.

### Anghydraddoldebau iechyd

Mae amrywiaeth o ran ymddygiadau iach yn arwain at amrywiaeth o ran canlyniadau iechyd, ac mae lefelau amddifadedd hefyd yn effeithio ar hyn. Mae 22% o'n poblogaeth yn blant a phobl ifanc, ac mae bron traean ohonynt yn byw mewn tlodi. Mae trosolwg ehangach o'n Hanghenion Iechyd wedi cael ei ddatblygu'n rhan o'n cydweithrediad â Phartneriaeth Gofal Gorllewin Cymru,

a’r Asesiad o Anghenion Iechyd yr ardal a gynhyrchwyd ar y cyd: Asesiad o Anghenion y Boblogaeth. At hynny, rydym yn aelod statudol o Fyrddau Gwasanaethau Cyhoeddus (BGCau) yn Sir Gaerfyrddin, Ceredigion, a Sir Benfro. Cynhaliwyd Asesiadau Llesiant gan bob Bwrdd Gwasanaethau Cyhoeddus yn 2022, ac arweiniodd hyn at lunio Cynlluniau Llesiant.

### Patrymau clefydau sy'n newid

Rydym yn rhag-weld y bydd eiddilwch yn dod yn fwyfwy pwysig yn ardal Hywel Dda yn ystod y deng mlynedd nesaf, a rhagwelir y bydd yn cynyddu 4% y flwyddyn. Mae dementia, diabetes, gordewdra, a chyflyrau cronig hefyd yn cynrychioli cyfran fawr a chynyddol o'n gweithgarwch gofal sylfaenol a gofal brys. Mae COVID-19 wedi cael effaith sylweddol ar ein poblogaeth trwy, er enghraifft gynyddu unigedd, yn enwedig yn achos pobl hŷn a’r rhai sy’n ofalwyr, gwaethygu cyflyrau iechyd meddwl, cyfyngu ar fynediad i rwydweithiau a gwasanaethau cymorth ehangach, a chynyddu nifer yr achosion o Drais yn erbyn Menywod, Cam-drin Domestig a Thrais Rhywiol (VAWDASV).

### Tybaco

Mae 18.7% o'r oedolion ein hardal yn smygu. Mae nifer yr achosion o smygu ar ei uchaf yn Sir Benfro (20.3%), sy'n cael ei dilyn gan Sir Gaerfyrddin (18.8%) a Cheredigion (16.6%). Mae smygu yn ffactor risg sylweddol ar gyfer nifer o glefydau a marwolaeth gynnar.

### Bwyd

Nid yw 4% o'r bobl yn ein hardal yn bwyta digon o ffrwythau a llysiau, ac mae 59% dros bwysau neu'n ordew. Os bydd y tueddiadau presennol yn parhau, rhagwelir y bydd 64% o'r oedolion yng Nghymru dros eu pwysau neu’n ordew erbyn 2030. Rydym wedi recriwtio'n llawn i'r gwasanaeth rheoli pwysau oedolion amlddisgyblaethol. Mae'r gwasanaeth yn parhau i gael ei gyflwyno ac yn ymgorffori amrywiaeth o ymyriadau un i un a grŵp wedi'u cynllunio i gefnogi dull gweithredu sy'n canolbwyntio ar yr unigolyn ac yn cael ei arwain gan anghenion.

### Gweithgarwch corfforol

Nid yw dros 24% o'r oedolion yn ein hardal yn gwneud digon o weithgarwch corfforol rheolaidd i fod o fudd i'w hiechyd.

### Ynysigrwydd cymdeithasol ac unigrwydd

Dywed 14.6% o'n poblogaeth eu bod yn teimlo'n unig. Rydym yn parhau i wneud cynnydd ar draws yr agenda Trawsnewid Iechyd Meddwl gyfan. Ni oedd y bwrdd iechyd cyntaf i gyflwyno 111 Opsiwn 2, gan gynnig cymorth iechyd meddwl 24/7 i’r rhai mewn angen.

# Trosolwg o Berfformiad

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

Mae'r trosolwg yn cynnwys prif wybodaeth am yr ymateb uniongyrchol a ddarparwyd i COVID-19, ynghyd â'r effeithiau ar feysydd eraill iechyd a gofal, a'r modd yr ydym wedi cyflawni o gymharu â thargedau Llywodraeth Cymru a'n camau gweithredu i wella. Mae'r Adroddiad Perfformiad llawn yn mynd i fanylder, ond bydd y crynodeb hefyd yn asesu'r modd yr ydym wedi cadw ffocws ar ddiogelwch ac ansawdd yn ystod ein hadferiad parhaus o'r pandemig, ac yn ystyried yr hyn yr ydym wedi'i ddysgu a'r modd y bydd hyn yn llywio gwaith yn y dyfodol.

### Datganiad gan y Prif Weithredwr

Mae pandemig COVID-19 wedi achosi pwysau digynsail i'r GIG, gyda phob cam yn dod â heriau newydd ac unigryw. Fodd bynnag, mae llwyddiant y rhaglen frechu yn golygu bod cymdeithas wedi bod yn symud 'nôl i rywbeth tebyg i normalrwydd, er gwaethaf lefelau uchel o COVID-19 yn ein cymunedau. Yn yr un modd, gwelodd y gwasanaeth iechyd nifer o'r mesurau ychwanegol a roddwyd ar waith ar gyfer COVID-19 yn dirwyn i ben yn ystod 2022-23, gan ddychwelyd, gymaint â phosibl, i weithredu 'busnes fel arfer'.

Bu'r effaith ar weithlu'r GIG yn ddwys, ac roedd sawl agwedd ar fesurau COVID-19 yn mynd i'r afael â diffygion cydnabyddedig; felly, byddai dychwelyd yn gyfan gwbl at y trefniadau cyn COVID-19 yn afrealistig ac yn annymunol.

Y tu hwnt i'r ymateb uniongyrchol i COVID-19, gwyddom fod effaith y pandemig tair blynedd ar ddarpariaeth gofal iechyd a pharodrwydd y cyhoedd i gyrchu gwasanaethau wedi gadael gwaddol enfawr o ran anghenion iechyd heb eu diwallu. Mae amseroedd aros ar eu huchaf ers i gofnodion ddechrau, ac eto amcangyfrifwn nad yw'r ffigurau hyn yn cynrychioli ond traean o'r ôl-groniad, o bosibl, gan fod atgyfeiriadau wedi lleihau'n sylweddol hefyd.

Mae'r heriau sy'n wynebu ein system iechyd a gofal ar lefelau hanesyddol, wrth i ni a chymdeithas ymgodymu â nifer o ddigwyddiadau cydamserol sy'n effeithio ar ein ffordd o fyw. Yn achos ein bwrdd iechyd, mae'r elfennau sy'n ysgogi'r pwysau hyn fel arfer yn perthyn i gategorïau argaeledd y gweithlu (gan gynnwys gofal cymdeithasol); fforddiadwyedd a chostau byw; ac iechyd y boblogaeth a'r angen am ofal iechyd (gan gynnwys y gofyniad parhaus i ymateb i COVID-19 a'r canlyniadau iechyd cudd o ganlyniad i'r pandemig). Rhagwelir y bydd effeithiau ehangach y pandemig ar yr economi, addysg ac iechyd meddwl y boblogaeth yn gadael ôl parhaol ar iechyd ein cymunedau a phenderfynyddion iechyd.

Daw'r materion hyn i'r amlwg ar ffurf ôl-groniadau ac oedi o ran gofal i gleifion, straen gormodol ar staff, systemau llai effeithlon, a phwysau ariannol digynsail. At hynny, rydym 'nawr wrth droed tuedd ddemograffig hir-ddisgwyliedig o ran cenhedlaeth 'babanod y ffyniant', gyda chynnydd yn nifer y bobl dros 65 oed o tua 100,000 yn 2023 i tua 124,587 erbyn 2043. Rydym hefyd yn cydnabod bod gennym ni yn Hywel Dda ystad sy'n heneiddio a model gwasanaeth anghynaliadwy. Felly, mae'n amlwg y bydd camau gweithredu pwrpasol a hirdymor yn ofynnol i fynd i'r afael â graddfa'r heriau hyn.

Er gwaethaf yr heriau hyn, rydym yn optimistaidd ar gyfer y dyfodol. Mae gan y bwrdd iechyd gyfeiriad strategol clir, ynghyd â thîm angerddol o staff sy'n mynd yr ail filltir ar gyfer ein cleifion yn rheolaidd. Mae ein strategaeth, sy'n seiliedig ar egwyddorion gofal yn nes at y cartref a symudiad i ofal sylfaenol ac ataliol, yn cynnwys set o dybiaethau cynllunio sy'n cyfleu'r modd y bydd gwasanaethau'n gwella i wireddu'r weledigaeth hon. Mae'r pandemig nid yn unig wedi hoelio ein sylw yn hyn o beth, ond, mewn rhai meysydd, mae wedi cyflymu ein darpariaeth (modelau newydd ar gyfer cleifion allanol, er enghraifft).

Yn ystod y flwyddyn ddiwethaf, rydym wedi gallu cyfyngu nifer y safleoedd posibl ar gyfer ein Hysbyty Gofal Brys a Gofal wedi'i Gynllunio newydd i dri safle posibl, ac, ym mis Awst 2022, cymeradwyodd y Bwrdd gynlluniau i ymgynghori â'n poblogaeth ynghylch pa un o'r tri safle hyn, sydd wedi'u lleoli mewn ardal rhwng Arberth a Sanclêr yn ne ardal Hywel Dda, fyddai orau. Lansiwyd yr ymgynghoriad cyhoeddus 12 wythnos ar 23 Chwefror 2023, a bydd yr adborth, ynghyd ag allbwn dadansoddiad pellach o'r safleoedd, yn cael eu cyflwyno i'r Bwrdd ddiwedd haf 2023.

Rydym yn cydnabod yr effaith enfawr y mae COVID-19 wedi'i chael ar y broses o gynllunio, lleoli a gweithredu systemau, strwythurau a gwasanaethau. Bu'r effaith yn sylweddol ac yn ddynamig, fel ei gilydd, a dylem amgyffred hyd a lled yr effaith hon. Mae wedi newid a datblygu'r ffordd yr ydym yn mynd ati i gynllunio, sy'n golygu bod nifer o newidiadau a nodwyd yn flaenorol ar gyfer y tymor hwy wedi cael eu rhoi ar waith yn gynt na'r disgwyl. Mae gwaith galluogi digidol yn enghraifft amlwg. Mae hyn yn golygu bod cynlluniau a thybiaethau, ynghyd â'u hamserlenni, wedi cael eu hailystyried wrth i'r bwrdd iechyd symud i gyfnod trawsnewidiol. Er gwaethaf yr heriau a'r newidiadau sylfaenol a wynebwyd yn ystod 2022-23, cafwyd cyfleoedd annisgwyl i ailosod, cyflymu a hwyluso, lle'r oedd yn briodol, er mwyn trawsnewid gwasanaethau.

Mae ein diffyg sylfaenol wedi gwaethygu yn ystod y tair blynedd ddiwethaf wrth i bwysau gweithredol a chyfyngiadau o ran argaeledd y gweithlu gyfrannu at gostau uwch. Ychwanegodd pwysau a chyfyngiadau chwyddiant o ran ein cadwyn gyflenwi bwysau ariannol pellach ar gyfer y bwrdd iechyd yn ystod y flwyddyn ariannol ddiwethaf. Mae'r materion hyn yn dal i fodoli, ond mae ein cynllun blynyddol ar gyfer 2023-24 yn anelu at fynd i'r afael â'r heriau hyn.

Er i Gynllun Tymor Canolig Integredig cychwynnol, a oedd â'r nod o fantoli dros gyfnod o dair blynedd, gael ei ddatblygu ar gyfer y bwrdd iechyd yn 2022, nid allai'r bwrdd gymeradwyo'r cynllun yn llawn i'w gyflwyno i Lywodraeth Cymru oherwydd yr heriau ariannol a wynebai, a lluniwyd cynllun tair blynedd yn ei le.

Ym mis Medi 2022, dywedodd Lywodraeth Cymru wrth y bwrdd iechyd ei fod yn cael ei ddyrchafu i lefel 'ymyrraeth dargededig' yn achos cynllunio a chyllid, a'i gadw ar lefel 'monitro uwch' yn achos materion ansawdd yn ymwneud â pherfformiad. Mae ymyrraeth dargededig yn lefel fwy dwys o uwchgyfeirio o fewn GIG Cymru, ac mae'n berthnasol pan fydd Llywodraeth Cymru a'r cyrff adolygu allanol yn ystyried bod angen cymryd camau cydlynol mewn cysylltiad â chorff y GIG i gryfhau ei alluogrwydd a'i gapasiti i lywio gwelliant. Cadarnhaodd Llywodraeth Cymru y byddai'n ystyried dad-ddwysáu pa fyddai'r canlynol y berthnasol i'r bwrdd iechyd:

- cynllun cymeradwy a chredadwy, a bod yna welliant yn ei sefyllfa ariannol

- asesiad ar Lefel 3 y matrics aeddfedrwydd
- cytundeb mewn perthynas â chynnydd, a chynnydd cynaliadwy wedi'i wneud tuag at drywydd gwella cyllid
- adeiladu ar berthnasoedd ac yn ymgysylltu'n llawn mewn perthynas â thrawsnewid ac ail-lunio gwasanaethau.

Roedd ffocws y cynllun tair blynedd a luniwyd yn seiliedig ar y chwe blaenoriaeth allweddol ar gyfer 2022-23, a oedd yn ymgorffori'r ymateb i COVID-19 a'r adferiad, a'r broses o ddarparu trywydd tuag at gynaliadwyedd y gwasanaeth a'r gweithlu, a chynaliadwyedd ariannol, yn unol â'n cyfeiriad strategol:

Rydym wedi ymrwymo i fynd i'r afael â'r heriau hyn ac rydym wrthi'n llunio cynllun craidd clir, sy'n canolbwyntio ar adferiad. Yn achos 2023-24, daw hyn law yn llaw â sicrhau bod yr heriau economaidd eithriadol y byddwn yn eu hwynebu y flwyddyn nesaf yn cael eu disgrifio a'u hasesu'n dda.

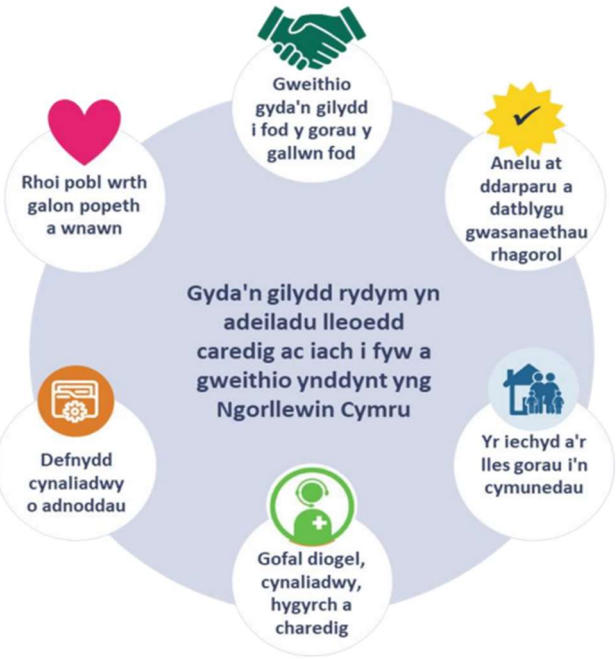
Mae dulliau gofal iechyd seiliedig ar werth yn cael eu defnyddio ledled y sefydliad cyfan, a'n dyhead yw y gall model gweithredu targedau gael ei ddatblygu i ffocysu'r broses o ddarparu ein gwasanaethau yn y ffordd orau posibl ar gyfer ein cleifion. Bydd hyn yn ffurfio rhan gritigol o'r modd y byddwn yn mynd i'r afael â'r rhagolygon tymor canolig, ac yn cyd-fynd â'r tybiaethau cynllunio a nodir yn ein strategaeth – Canolbarth a Gorllewin Cymru Iachach – a'n Hachos Busnes diweddar ar gyfer y Rhaglen. Mae'r Achos Busnes ar gyfer y Rhaglen yn ddogfen lefel uchel sy'n ceisio sicrhau cefnogaeth Llywodraeth Cymru ar gyfer rhaglen fuddsoddi.

**Steve Moore, Prif Weithredwr**

## Amcanion strategol a chynllunio

Rydym yn glir o ran ein cyrchfan hirdymor – a nodir yn ein strategaeth, "Canolbarth a Gorllewin Cymru Iachach", ac a atgyfnerthir yn ein Hachos Busnes ar gyfer y Rhaglen a gyflwynwyd i Lywodraeth Cymru ym mis Chwefror 2022. Mae ein Hachos Busnes ar gyfer y Rhaglen yn

amlinellu'r achos dros yr adeiladau a'r seilwaith y mae arnom eu hangen i gyflawni ein strategaeth hirdymor. Mae'n gobeithio sicrhau'r buddsoddiad mwyaf mewn iechyd a llesiant a welodd Gorllewin Cymru erioed, sef tua £1.3 biliwn. Mae cyrraedd y cyrchfan hwnnw yn gofyn am gynnydd ar draws nifer o barthau, yr ydym wedi'u galw'n 'amcanion strategol'.




Mae'r amcanion strategol hyn yn berthnasol i'n pobl (ein staff, defnyddwyr ein gwasanaethau, a'n cymunedau) ac i'n gwasanaethau. Mae ein cynllun yn nodi'r camau gweithredu penodol, a elwir yn 'amcanion cynllunio', yr ydym yn eu cymryd i sicrhau cynnydd ym mhob un o'r parthau hyn. Fel hyn, rydym yn parhau i ganolbwyntio ar ein cyfeiriad strategol ac yn sicrhau bod ein gweithgarwch o ddydd i ddydd yn cyd-fynd yn bendant â'n cyfeiriad strategol ac yn cyfrannu ato. Rydym wedi defnyddio'r dull hwn trwy gydol y flwyddyn, ac erbyn hyn mae wedi'i sefydlu'n dda yn ein harferion busnes.

Mae'r bwrdd iechyd wedi defnyddio'r dull hwn dros y ddwy flynedd ddiwethaf, ac erbyn hyn mae wedi'i sefydlu'n dda yn ein harferion busnes. Caiff pob amcan cynllunio ei arwain gan gyfarwyddwr gweithredol a'i ddynodi i bwyllgor o'r bwrdd, a darperir adroddiadau diweddaru rheolaidd yn ystod pob yn ail gyfarfod o'r pwyllgor. Mae fframwaith sicrwydd ein bwrdd yn olrhain cynnydd y camau gweithredu hyn a'u heffaith ar fesurau ein canlyniadau strategol.

Mae'r amcanion strategol a chynllunio hyn yn ganolbwynt i'n dull cynllunio, ac mae adolygiad systematig o'r amcanion cynllunio yn agwedd gritigol ar gylch cynllunio y sefydliad. Rydym wedi cynnal yr adolygiad hwn wrth i ni ddatblygu'r cynllun, ac mae nifer o'r amcanion cynllunio wedi cael eu cwblhau a'u diweddaru, ac eraill wedi cael eu hadolygu. Mae ein bwrdd yn cymeradwyo'r holl amcanion cynllunio yn ffurfiol, ac ni chânt eu newid na'u dileu heb gymeradwyaeth y bwrdd, sy'n amlygu ein didwylledd a'n hatebolrwydd i'r boblogaeth a wasanaethwn.

Mae'r broses o lunio amcanion cynllunio yn rhoi ystyriaeth i amrywiaeth o ffactorau, gan gynnwys: ein risgiau a'n perfformiad, blaenoriaethau'r Gweinidog, polisïau a deddfwriaeth Llywodraeth Cymru, a gwaith i gefnogi ein strategaeth.

## Cysoni'r Blaenoriaethau Gweinidogol â'n Hamcanion Strategol

Mae'r tabl isod yn rhoi trosolwg o ran y modd y mae ein hamcanion strategol yn cyd-fynd â'r blaenoriaethau gweinidogol:

| Blaenoriaethau Gweinidogol | Ein hamcanion strategol | | | | | |
|---|---|---|---|---|---|---|
| | 1. Rhoi pobl wrth wraidd popeth a wnawn | 2. Cydweithio hyd eithaf ein gallu i roi o'n gorau | 3. Ymdrechu i ddarparu a datblygu gwasanaethau rhagorol | 4. Yr iechyd a'r llesiant gorau ar gyfer ein cymunedau | 5. Gofal diogel, cynaliadwy, hygyrch a charedig | 6. Defnydd cynaliadwy o adnoddau |
| Ymatebion a Heriau mewn perthynas â COVID-19 | | | ✓ | ✓ | | |
| Adferiad y GIG – Mynediad at ofal wedi'i gynllunio amserol<br>Chwe Nod Gofal Brys a Gofal Mewn Argyfwng | ✓ | | ✓ | ✓ | ✓ | |
| Gweithio ochr yn ochr â gofal cymdeithasol – Gofal yn nes at y cartref | | ✓ | | ✓ | ✓ | |
| Cymru Iachach | | ✓ | | ✓ | ✓ | |
| Cyllid y GIG ac ymdopi o fewn yr adnoddau – Economi a'r Amgylchedd | | | | | | ✓ |
| Iechyd meddwl a llesiant emosiynol | | | | ✓ | ✓ | |
| Cefnogi'r gweithlu iechyd a gofal | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Iechyd y Boblogaeth | | | | ✓ | ✓ | |
| Atal a rheoli heintiau | | | | ✓ | ✓ | |
| Digidol a Thechnoleg | ✓ | | ✓ | | ✓ | |

## Ein Taith Strategol – Canolbarth a Gorllewin Cymru Iachach

Yn 2018, yn dilyn ymgysylltu ac ymgynghori helaeth â staff a'r cyhoedd, cyhoeddasom ein strategaeth Iechyd a Gofal hirdymor: Canolbarth a Gorllewin Cymru Iachach. Mae'r strategaeth yn disgrifio dull system gyfan o ymdrin ag iechyd a llesiant, ac yn rhoi pwyslais sylweddol ar roi pobl a chymunedau wrth wraidd y model, ac felly ar y rôl hanfodol y bydd rhwydweithiau cymunedol yn ei chwarae wrth gyflawni'r trawsnewidiad gofynnol.

Nod y cynllun yw creu system gofal iechyd gynaliadwy ar gyfer y dyfodol, wedi'i hadeiladu ar 'fodel cymdeithasol o iechyd a llesiant', sy'n gofyn am newid o ffocws ar ofal yn yr ysbyty i ffocws ar les ac atal, lle caiff gofal ei ddarparu yn nes at y cartref trwy well modelau cymunedol.

Bydd gan fodel gofal y dyfodol rwydwaith o ganolfannau iechyd a llesiant integredig, a ddatblygir ar y cyd â'n partneriaid yn y sector cyhoeddus a'r trydydd sector, canolfannau a fydd yn cefnogi llesiant a'r anghenion o ran iechyd a gofal cymdeithasol mewn perthynas ag iechyd corfforol a meddyliol ar gyfer ein cymunedau.

Cefnogir pob un o'r saith rhwydwaith cymunedol integredig gan un neu ragor o ganolfannau iechyd a llesiant, a fydd yn dwyn pobl a gwasanaethau ynghyd mewn un lle ac yn darparu cysylltiadau rhithwir rhwng y boblogaeth a rhwydwaith y gymuned. Bydd timau amlddisgyblaethol a'r rhwydweithiau ehangach yn cwmpasu unigolion a theuluoedd.

Mae model gwasanaeth y dyfodol yn cynnwys Ysbyty Gofal Brys a Gofal wedi'i Gynllunio newydd yn ne'r rhanbarth, a fydd yn gweithredu fel y prif safle ysbyty ar gyfer Hywel Dda. Bydd yn cynnig model canolog ar gyfer yr holl wasanaethau plant ac oedolion arbenigol ac yn cael ei gefnogi gan rwydwaith o ysbytai a chanolfannau iechyd a llesiant integredig a fydd yn darparu gofal mwy lleol:

- Ysbyty Gofal Brys a Gofal wedi'i Gynllunio (wedi'i leoli rhwng Arberth a Sanclêr yn ne'r rhanbarth)
- Ysbyty Bronglais yn Aberystwyth
- Ysbyty'r Tywysog Philip yn Llanelli
- Ysbyty Glangwili yng Nghaerfyrddin
- Ysbyty Llwynhelyg yn Hwlffordd
- Nifer o ganolfannau iechyd a llesiant integredig a leolir yn lleol.

Yn ystod 2022-23 aethom ati i gyflwyno ein Hachos Busnes ar gyfer y Rhaglen i Lywodraeth Cymru ei ystyried. Mae'r Achos Busnes hwn yn crisialu cyfnod hir iawn o drafod ac yn gam pellach yn ein taith hirdymor. Ein hamcan yw cyrraedd y cam lle gallwn gyflwyno Achos Busnes Llawn ar draws hol elfennau ein rhaglen erbyn mis Mawrth 2026, a gobeithiwn y daw'r Achos Busnes ar gyfer y Rhaglen â hyn yn nes. Bydd y llinell amser hon yn ein galluogi i gyflawni gwelliannau ar gyfer ein poblogaeth cyn gynted â phosibl, a symud ymlaen yn gyflym i gysoni â'r targed datgarboneiddio.

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

**Mae ein rhaglen waith trawsnewid yn canolbwyntio ar bedwar parth:**

- Trawsnewid iechyd a llesiant y boblogaeth: mae hyn yn cynnwys prosiectau (e.e. presgripsiynu cymdeithasol) sy'n cefnogi ein symudiad hirdymor tuag at fodel cymdeithasol ar gyfer iechyd a llesiant, ynghyd ag atal ac ymyrraeth gynnar mewn perthynas ag iechyd a llesiant.
- Trawsnewid ein gwasanaethau clinigol presennol: ar hyn o bryd, mae ein ffocws ar gefnogi ein rhaglen Gofal Brys a Gofal Mewn Argyfwng, ynghyd â phrosiectau i gefnogi ein hadferiad yn dilyn effaith y pandemig.
- Trawsnewid ein modelau gofal yn y dyfodol: ein ffocws ar drawsnewid llwybrau clinigol, yn enwedig y rhai sy'n effeithio ar ein modelau acíwt a chymunedol ar gyfer y dyfodol a'r achosion busnes cysylltiedig.
- Trawsnewid y ffordd yr ydym yn gweithio:  prosiectau sy'n cefnogi'r rhaglenni gwaith Gweithio Ystwyth a Datgarboneiddio, yn ogystal â darparu cymorth cyffredinol ar gyfer arfer da mewn perthynas â rheoli rhaglenni a phrosiectau, ynghyd â thempledi a phecynnau cymorth.

## Ein Cyfeiriad Strategol

Mae yna gysylltiad amlwg a chryf rhwng ein Strategaeth Gofal Iechyd a'r cynllun tair blynedd hwn. Fel y nodwyd yn flaenorol, mae ein Hamcanion Cynllunio, y manylir arnynt yn y ddogfen hon, yn nodi'r camau yr ydym yn eu cymryd heddiw i wella gwasanaethau ac i adeiladu tuag at ein strategaeth a chyflawni ein Hamcanion Strategol. Mae ein tybiaethau cynllunio, Fframwaith Sicrwydd y Bwrdd, a Mesurau ein Canlyniadau Strategol i gyd yn cyfrannu at gysylltu ein gweithgareddau dyddiol â'r broses o wireddu ein gweledigaeth strategol, a fydd, yn ei dro, yn cyflawni ein Hamcanion Strategol. Yn y pen draw, bydd hyn yn cyflawni ein cenhadaeth i 'adeiladu lleoedd caredig ac iach i fyw a gweithio ynddynt yng Nghanolbarth a Gorllewin Cymru'.

## Crynodeb o berfformiad

Mae'r tabl isod yn crynhoi ein cynnydd mewn meysydd a flaenoriaethwyd ar gyfer eu gwella yn 2022-23.

| Pwnc | Maes i'w Wella | Y sefyllfa ar 31 Mawrth 2023 |
|---|---|---|
| Adfer gofal wedi'i gynllunio | Cynyddu lefelau gofal wedi'i gynllunio yn ôl at lefelau 2019-20 | □ Amrywiaeth arferol, yn dechrau gwella neu'n agos at y trywydd |
| | Lleihau nifer y cleifion sy'n aros mwy na blwyddyn i gael apwyntiad cleifion allanol cyntaf | □ Amrywiaeth sy'n gwella, gwelliant o ran perfformiad neu'r trywydd wedi'i ddilyn |
| | Lleihau nifer y cleifion sy'n aros mwy na dwy flynedd i gael triniaeth | □ Amrywiaeth sy'n gwella, gwelliant o ran perfformiad neu'r trywydd wedi'i ddilyn |
| Gofal brys a gofal mewn argyfwng | Lleihau nifer yr achosion o drosglwyddo cleifion mewn ambiwlans i'n hadrannau brys sy'n cymryd mwy na phedair awr | □ Amrywiaeth arferol, yn dechrau gwella neu'n agos at y trywydd |
| Canser | Cynyddu nifer y cleifion ar y llwybr lle'r amheuir canser sy'n dechrau ar driniaeth cyn pen 62 diwrnod i'r adeg pan amheuwyd bod ganddynt ganser | □ Amrywiaeth sy'n achosi pryder, gostyngiad yn y perfformiad neu ymhell oddi ar y trywydd |
| | Lleihau'r ôl-groniad o gleifion canser sy'n aros mwy na 104 o ddiwrnodau | □ Amrywiaeth sy'n gwella, gwelliant o ran perfformiad neu'r trywydd wedi'i ddilyn |
| Iechyd meddwl a niwroddatblygiad | Cynyddu canran yr oedolion sy'n cael therapi seicolegol cyn pen chwe mis iddynt gael eu hatgyfeirio | □ Amrywiaeth arferol, yn dechrau gwella neu'n agos at y trywydd |
| | Cynyddu nifer y plant a phobl ifanc sy'n cael asesiad niwroddatblygiadol cyn pen chwe mis iddynt gael eu hatgyfeirio | □ Amrywiaeth sy'n achosi pryder, gostyngiad yn y perfformiad neu ymhell oddi ar y trywydd |
| Heintiau | Lleihau nifer yr achosion o *C.difficile* | □ Amrywiaeth sy'n achosi pryder, gostyngiad yn y perfformiad neu ymhell oddi ar y trywydd |
| | Lleihau nifer yr achosion o *E.coli* | □ Amrywiaeth arferol, yn dechrau gwella neu'n agos at y trywydd |
| Y Gweithlu | Cynyddu nifer y nyrsys a bydwragedd sydd mewn swyddi | □ Amrywiaeth sy'n gwella, gwelliant o ran perfformiad neu'r trywydd wedi'i ddilyn |

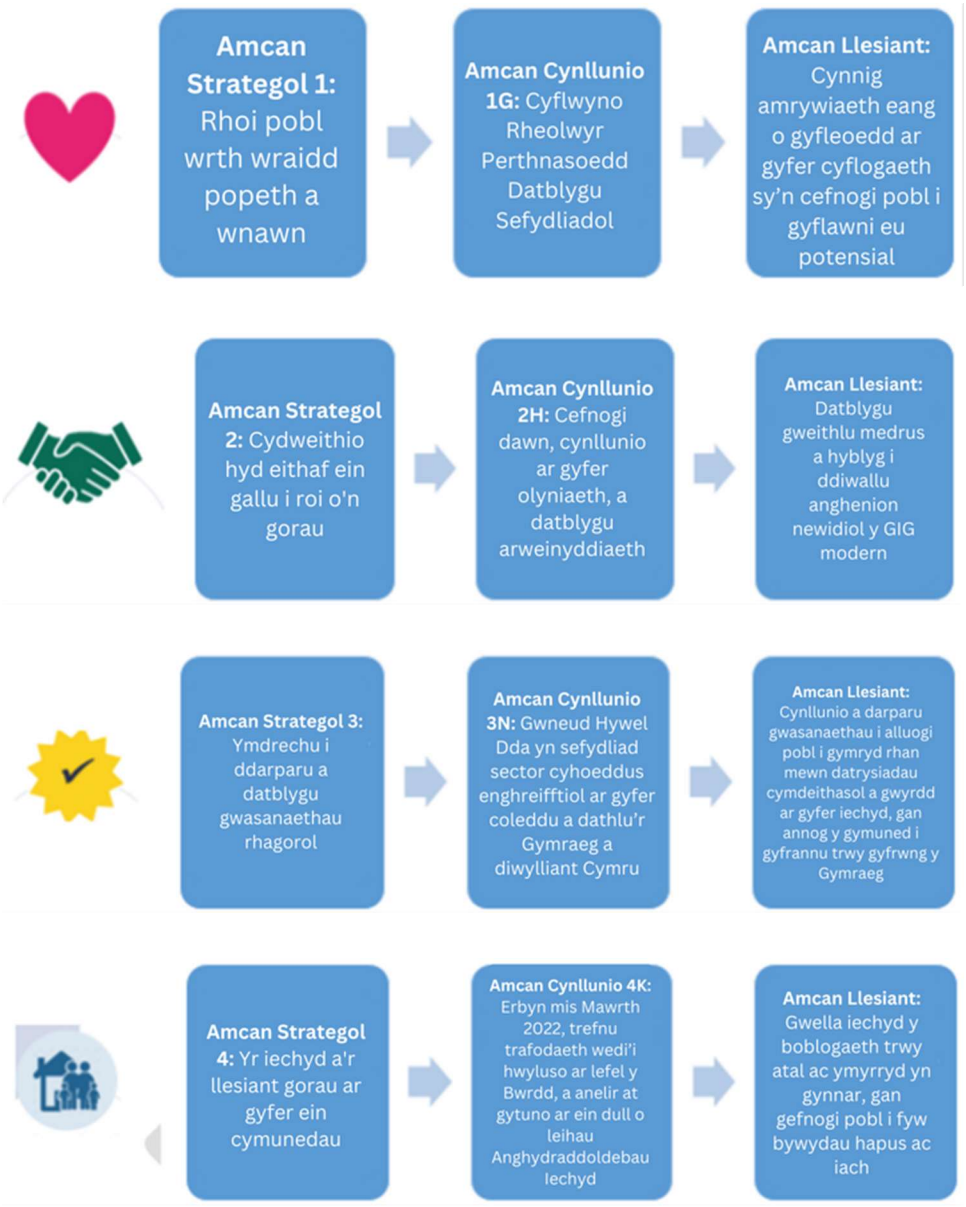
I gael rhagor o wybodaeth am y mesurau uchod a'r materion a'r risgiau a effeithiodd ar ein perfformiad yn 2022-23, gweler yr adran 'Ein Mesurau Perfformiad Allweddol'.

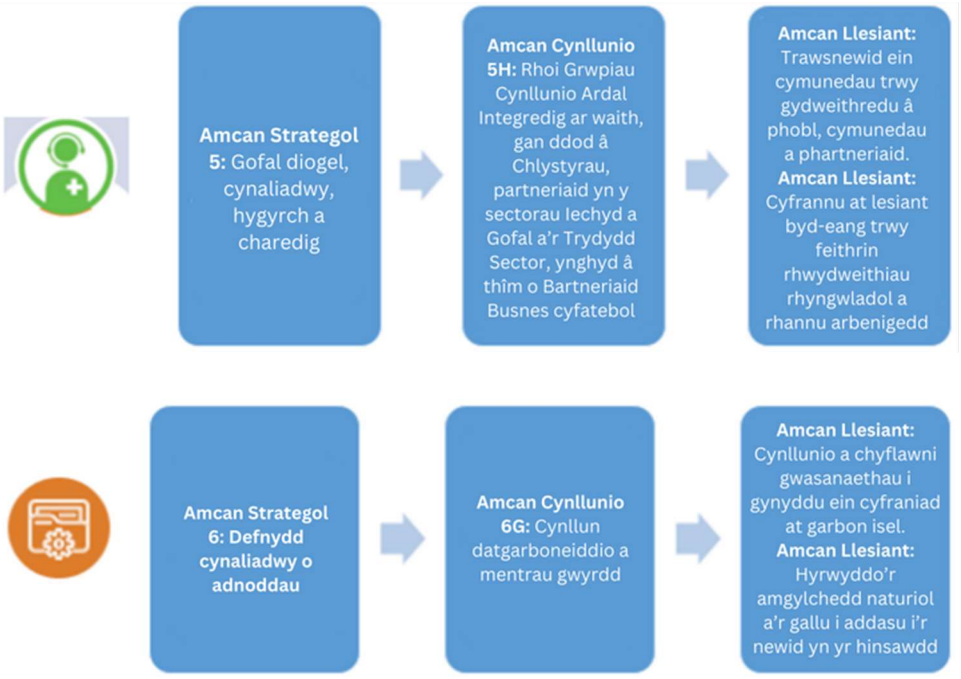
## Ein Datganiad a'n Hamcanion Llesiant

Nid yw ein Hamcanion Llesiant wedi'u cyfyngu i un canlyniad cenedlaethol, ac maent yn cyd-fynd â mwy nag un o'r nodau cenedlaethol. Rydym yn cydnabod yr angen i ddangos cydweddu clir rhwng ein hamcanion strategol a'n hamcanion cynllunio gweithredol, fel y dangosir yn y diagram isod.

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

Sefydlwyd ein Hamcanion Llesiant i fod yn nodau ac uchelgeisiau hirdymor i wreiddio'r broses o weithredu'r Ddeddf, ac mae'r rhain yn parhau i fod yn berthnasol ar gyfer y flwyddyn i ddod. Isod, rydym wedi dangos enghreifftiau o'r modd y maent yn cysylltu ag amcanion strategol ein bwrdd iechyd a'n hamcanion cynllunio gweithredol:






## Cyflawni ein Hamcanion Llesiant yn ystod 2022-2023

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

Trwy ein haelodaeth, rydym yn gweithio gydag amrywiaeth o bartneriaid lleol a rhanbarthol ac yn anelu, trwy ein cydweithrediad a'n gwaith partneriaeth, i wella llesiant cymdeithasol, economaidd, amgylcheddol a diwylliannol ein poblogaeth a chenedlaethau'r dyfodol.

Bydd ein Hadroddiad Blynyddol ar Amcanion Llesiant yn cael ei gyhoeddi ym mis Medi 2023, a bydd yn nodi manylion y modd yr ydym wedi cyflawni o gymharu â'n hwyth Amcan Llesiant yn unol â'n chwe Amcan Strategol.

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

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

# Ein Mesurau Perfformiad Allweddol

# Ein Mesurau Perfformiad Allweddol

Mae pandemig COVID-19 wedi arwain at bwysau sylweddol ledled gwasanaethau'r GIG. Ar y cyd â Llywodraeth Cymru, aethom ati i nodi'r meysydd canlynol i'w blaenoriaethu ar gyfer gwelliannau yn 2022-23:

### Gofal wedi'i gynllunio (nad yw'n ofal brys)

- Cynyddu lefelau gofal wedi'i gynllunio yn ôl at lefelau 2019-20, yn enwedig o ran arbenigeddau llawfeddygol
- Lleihau nifer y cleifion sy'n aros mwy na blwyddyn i gael apwyntiad cleifion allanol cyntaf
- Lleihau nifer y cleifion sy'n aros mwy na dwy flynedd i gael triniaeth

### Gofal brys a gofal mewn argyfwng

- Lleihau nifer yr achosion o drosglwyddo cleifion mewn ambiwlans i'n hadrannau brys sy'n cymryd mwy na phedair awr

### Canser

- Cynyddu nifer y cleifion ar y llwybr lle'r amheuir canser sy'n dechrau ar driniaeth cyn pen 62 diwrnod i'r adeg pan amheuwyd bod ganddynt ganser
- Lleihau'r ôl-groniad o gleifion canser sy'n aros mwy na 104 o ddiwrnodau

### Iechyd meddwl

- Cynyddu canran yr oedolion sy'n cael therapi seicolegol cyn pen chwe mis iddynt gael eu hatgyfeirio

### Gwasanaethau niwroddatblygiadol

- Cynyddu nifer y plant a phobl ifanc sy'n cael asesiad niwroddatblygiadol cyn pen chwe mis iddynt gael eu hatgyfeirio

### Rheoli heintiau

- Lleihau nifer yr achosion o heintiau *C.difficile*
- Lleihau nifer yr achosion o heintiau *E.coli*

### Y Gweithlu

- Cynyddu nifer y nyrsys a'r bydwragedd sydd gennym mewn swyddi

Trafodir y materion a'r risgiau sy'n effeithio ar ein perfformiad, y camau a gymerwyd, a'r cynnydd a wnaed yn achos pob un o'r meysydd uchod, yn fwy manwl isod.

Mae manylion yr holl feysydd yr ydym wedi bod yn gweithio arnynt i wella perfformiad i'w gweld yn ein Hadroddiad Sicrwydd Perfformiad Integredig sy'n cael ei ddiweddaru'n fisol a'i gyhoeddi: Monitro ein perfformiad – Bwrdd Iechyd Prifysgol Hywel Dda (gig.cymru).

## Y Materion a'r Risgiau Allweddol a Effeithiodd ar Ein Perfformiad yn 2022-23

### Digwyddiadau parhad busnes

Yn ystod 2022-23, oherwydd pwysau eithafol, cyrhaeddodd ein safleoedd acíwt y lefel uchaf o gynnydd mewn risg ar saith achlysur ac roedd angen rheoli Parhad Busnes. Roedd yn ofynnol i uwch-arweinwyr ailflaenoriaethu eu gweithgareddau a drefnwyd i ddarparu goruchwyliaeth a her i glinigwyr a chyd-weithwyr rheoli er mwyn sicrhau cynnydd yn nifer yr unigolion a ryddhawyd o'r ysbyty i hwyluso llif cleifion a lleihau risg.

### Prinder staff

Roedd swyddi gwag, trefniadau cadw staff, salwch ymhlith y staff, gweithredu diwydiannol a gwyliau blynyddol a gariwyd ymlaen o'r pandemig, i gyd yn effeithio ar ein gallu i weld a thrin cleifion.

### Aciwtedd cleifion

Oherwydd oedi wrth i gleifion ddod i gael gofal yn ystod y cyfyngiadau symud, a'r cynnydd yn yr amseroedd aros o ganlyniad, roedd cyflwr llawer o gleifion yn fwy acíwt a chymhleth na chyn y pandemig, ac felly roedd arnynt angen lefelau gofal uwch.

### Llif y cleifion

Roedd oedi yn y gwasanaeth ambiwlans yn peryglu cleifion a oedd yn aros yn y gymuned am ambiwlans neu fynediad at driniaeth/gludiant.

Roedd y cynnydd yn aciwtedd cleifion, y sonnir amdano uchod, wedi arwain at gynnydd yn nifer y cleifion â gofynion rhyddhau cymhleth, ac arweiniodd hyn yn ei dro at oedi wrth ryddhau cleifion tra bod trefniadau yn cael eu rhoi ar waith i ddiwallu eu hanghenion. Roedd y rhan fwyaf o'r achosion o oedi i'w priodoli i fynediad amserol at asesiadau gwahanol lwybrau, darpariaeth gofal cartref, argaeledd pecynnau ailalluogi, gallu gweithwyr cymdeithasol, a lleoliadau mewn cartrefi gofal. Ar 22 Mawrth 2023, roedd 294 o'r cleifion mewnol yn glinigol ffit ac yn barod i adael yr ysbyty.

Cafodd yr oedi wrth ryddhau cleifion effaith ar ein hadrannau achosion brys a'n hunedau asesu, gyda nifer o gleifion yn aros am ddiwrnodau am wely claf mewnol. Ar fore 31 Mawrth 2023, roedd gennym 59 o gleifion yn ein hadrannau achosion brys yn aros i gael eu derbyn, ond dim ond lle i 49 o gleifion difrifol wael/dadebru a oedd gennym. Roedd gweddill y cleifion yn aros mewn cilfachau mân anafiadau, mewn ambiwlansys, ar gadeiriau, mewn coridorau ac yn yr ystafell aros.

### Galw a gallu

Arweiniodd y problemau'n ymwneud â llif cleifion a ddisgrifir uchod at ddiffyg lle i drin cleifion newydd a oedd yn cyrraedd ein hadrannau brys. Ar 31 Mawrth 2023, roedd ein hysbytai acíwt wedi bod 95% yn llawn ers dros 12 mis.

Roedd y galw am driniaeth yn uwch na'n gallu i weld cleifion mewn nifer o feysydd (e.e. y gwasanaethau iechyd meddwl, y llwybr canser sengl, ac endosgopi) a arweiniodd at gynnydd yn y rhestrau aros. Cafodd cleifion ddim yn mynd i apwyntiadau effaith ar ein gallu. Roedd hyn yn fwyaf amlwg yn ein gwasanaethau iechyd meddwl.

# Deall Siartiau Rheoli Prosesau Ystadegol (SPC)

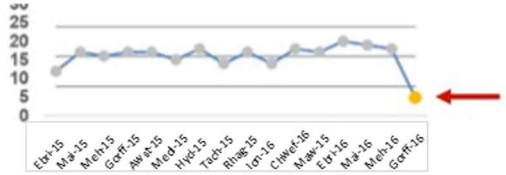
Yn yr adran hon, cyflwynir y data trwy ddefnyddio siartiau SPC. Yn y bôn, mae siart SPC yn siart tueddiadau sy'n amlygu unrhyw amrywiaeth sy'n annhebygol o fod wedi digwydd ar hap.

## Pam defnyddio siartiau SPC?

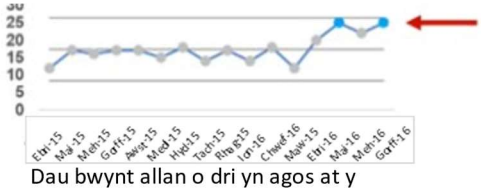
- Mae yna sylfaen dystiolaeth gref i gefnogi'r defnydd o siartiau SPC i lywio gwelliant yn y GIG.
- Gall plotio data dros amser lywio gwell penderfyniadau.
- Mae amrywiaeth o fis i fis i'w ddisgwyl oherwydd y nifer mawr o ffactorau sy'n cael effaith.
- Gall data RAG (Coch, Ambr, a Gwyrdd) mewn tabl guddio'r hyn sy'n digwydd.
- Mae siartiau SPC yn ein galluogi i nodi lle mae newidiadau yn annhebygol o fod wedi digwydd ar hap.
- Mae siartiau SPC hefyd yn ein helpu i fynd ati'n rhwydd i gymharu ein perfformiad o gymharu â'r targed.

## Rheolau ar gyfer amrywiaeth arbennig o fewn siartiau SPC

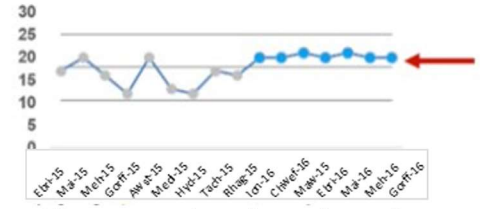
Amrywiaeth arbennig yw newid sy'n annhebygol o fod wedi digwydd ar hap. Rydym yn defnyddio pedair rheol:



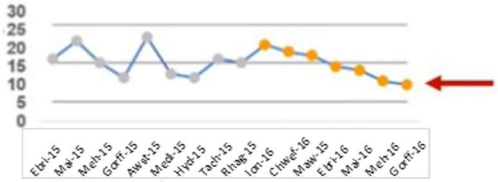
Un pwynt data y tu allan i'r terfynau prosesu



Dau bwynt allan o dri yn agos at y terfyn prosesu



7* neu ragor o bwyntiau wedi symud uwchlaw neu islaw'r llinell gymedrig



Rhediad o 7* neu ragor o bwyntiau mewn trefn esgynnol/ddisgynnol

*Mae gan batrwm o saith debygolrwydd o 1 mewn 28 (0.8%) o ddigwydd ar hap.

## Eiconau SPC

Mae pob siart SPC yn cynhyrchu dau eicon, h.y. un ar gyfer amrywiaeth ac un arall ar gyfer sicrwydd:

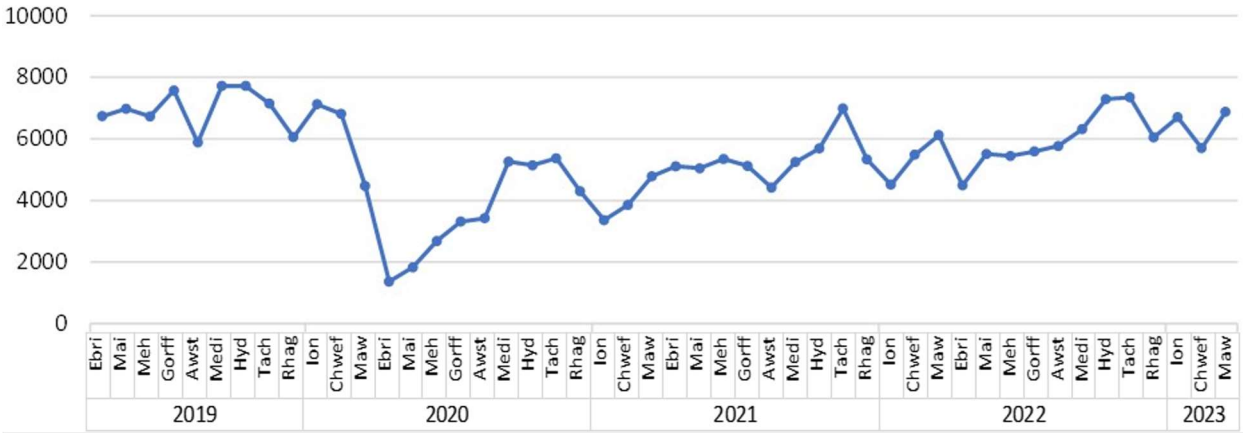
| | | |
|---|---|---|
| **Amrywiaeth** Sut yr ydym yn gwneud dros amser | ■ | Tuedd sy'n peri pryder = dirywiad sy'n annhebygol o fod wedi digwydd ar hap |
| | ■ | Tuedd arferol = amrywiaeth achos cyffredin/newid sydd o fewn ein terfynau arferol |
| | ■ | Tuedd sy'n gwella = gwelliant sy'n annhebygol o fod wedi digwydd ar hap |
| **Sicrwydd** Perfformiad o gymharu â'r targed | ▣ | Methu'r targed = bydd y targed yn cael ei fethu'n gyson heb adolygiad o'r gwasanaeth |
| | ▣ | Taro a methu'r targed = nid yw'r taged yn cael ei gyflawni'n gyson, ac mae'n arbennig o sensitif i ffactorau allanol |
| | ▣ | Taro'r targed = bydd y targed yn cael ei gyflawni'n gyson |

## Gofal wedi'i Gynllunio

Roedd ein huchelgeisiau allweddol ar gyfer 2022-23 mewn perthynas â gofal wedi'i gynllunio fel a ganlyn:

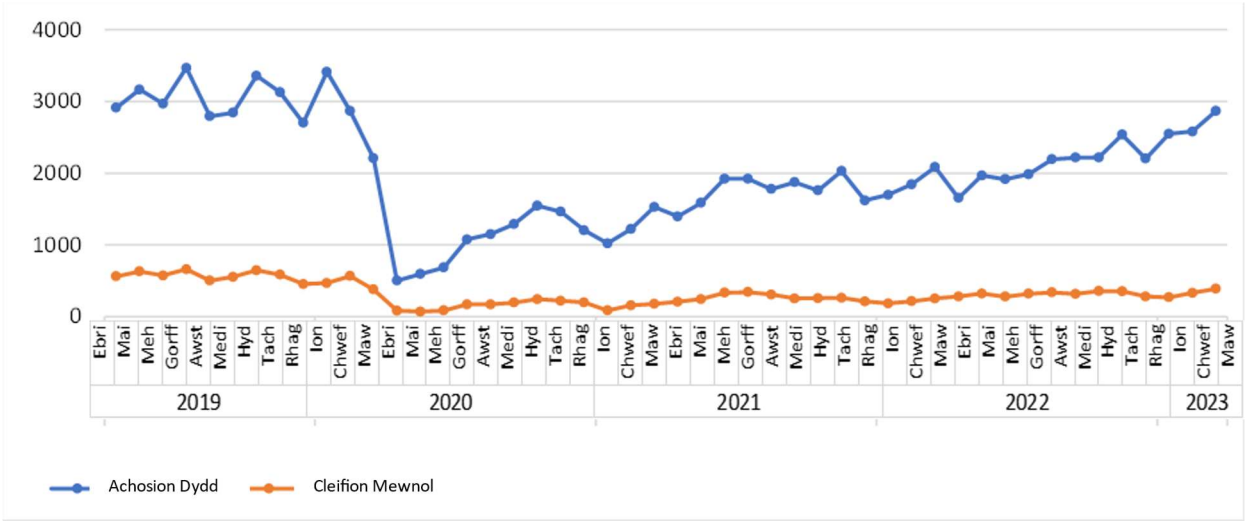
- Cynyddu lefelau gofal wedi'i gynllunio yn ôl at lefelau 2019-20, yn enwedig o ran arbenigeddau llawfeddygol
- Lleihau nifer y cleifion sy'n aros mwy na blwyddyn i gael apwyntiad cleifion allanol cyntaf
- Lleihau nifer y cleifion sy'n aros mwy na dwy flynedd i gael triniaeth

### Gweithgarwch gofal wedi'i gynllunio – nifer y cleifion allanol newydd a welwyd



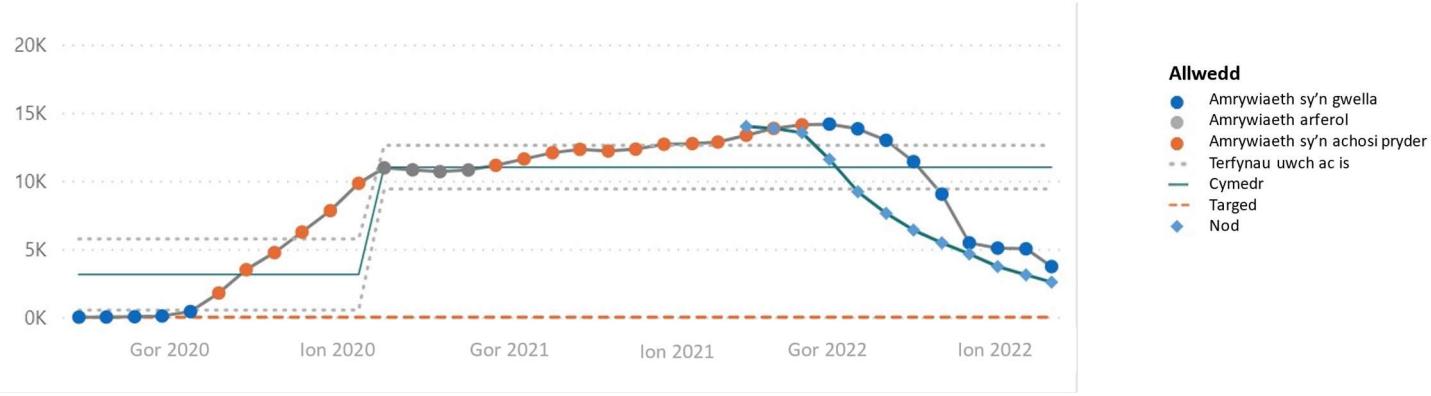

Mae'r capasiti a'r gyfradd ryddhau cleifion allanol wedi bod yn cynyddu'n gyson, ac mae 'nawr yn debyg i'r lefelau cyn COVID-19 ar gyfer cleifion newydd, gyda rhai arbenigeddau yn rhagori ar y gyfradd ryddhau trwy ddefnyddio llwybrau amgen. Ym mis Mawrth 2023, cynhaliwyd 6,884 o apwyntiadau cleifion allanol newydd, sef cynnydd o 2% o gymharu â chyfartaledd misol 2019-20. O fewn yr arbenigeddau llawfeddygol, cynhaliwyd 4,400 o apwyntiadau cleifion allanol newydd, sef cynnydd o 18% o gymharu â chyfartaledd misol 2019-20. Rhagorodd gwasanaethau'r fron, y colon a'r rhefr, ENT, gynaecoleg, ac wroleg i gyd ar gyfartaledd misol 2019-20. Ni chyrhaeddodd gweithgarwch ar gyfer llawdriniaethau cyffredinol, offthalmoleg, na thrawma ac orthopedeg lefelau 2019-20, ond roedd yn ddigon i fynd i'r afael â nifer y cleifion allanol a oedd yn aros dros 52 wythnos.

### Gweithgarwch gofal wedi'i gynllunio – nifer yr achosion dydd a'r cleifion mewnol a gafodd eu trin



Mae gweithgarwch o ran cleifion mewnol ac achosion sydd, fel ei gilydd, wedi gwella yn ystod y misoedd diwethaf, er iddynt barhau'n is na gweithgarwch misol cyfartalog 2019-20, a hynny'n rhannol o ganlyniad i golli capasiti o ganlyniad i weithredu diwydiannol. Cynyddodd gweithgarwch y cleifion mewnol yn gyson trwy gydol 2022-23. Gwelwyd cynnydd mwy mewn gweithgarwch achosion dydd, sy'n elwa o'r ddwy theatr ddydd newydd yn Ysbyty'r Tywysog Philip, Llanelli a'r gwaith o addasu'r uned llawdriniaethau dydd yn Ysbyty Dyffryn Aman, sy'n darparu llawdriniaeth cataractau, gyda'r ddau wasanaeth yn agor ddiwedd 2022. Ym mis Mawrth 2023, bu i ni gynnal 2,866 o driniaethau achosion dydd, sef 96% o'n cyfartaledd misol ar gyfer 2019-20, gyda gwasanaethau y colon a'r rhefr, gynaecoleg, trawma ac orthopaedeg, ac wroleg i gyd yn rhagori ar gyfartaledd misol 2019-20. Mae angen gwneud rhagor o waith ym maes llawfeddygaeth gyffredinol ac offthalmoleg, a gyflawnodd tua dau draean o'r achosion dydd ym mis Mawrth 2023 o gymharu â chyfartaledd misol 2019-20.

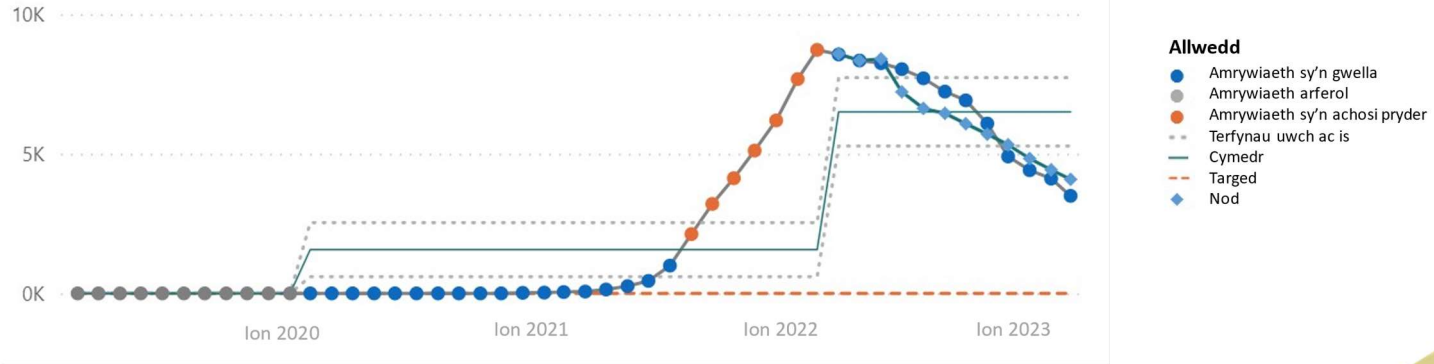
### Nifer y cleifion sy'n aros mwy na blwyddyn am apwyntiad cleifion allanol cyntaf




Yn ystod 2022-23, gosodwyd targed i'r byrddau iechyd yng Nghymru sicrhau na fyddai yna unrhyw gleifion yn aros mwy na blwyddyn am apwyntiad cleifion allanol cyntaf erbyn 31 Rhagfyr 2022. Er bod hon yn her sylweddol i bob bwrdd iechyd, bu i ni lwyddo i gyflawni gwelliant sylweddol yn ystod y flwyddyn, gan gyrraedd ein safle terfynol o 5,452 o doriadau ddiwedd mis Rhagfyr 2022. Roedd BIPHDd yn y safle cyntaf ymhlith byrddau iechyd eraill Cymru, llwyddodd i gyflawni'r gwelliant canrannol mwyaf yn ystod 2022, ac roedd ganddo lawer llai o arbenigeddau lle nad oedd unrhyw doriadau'n parhau.

Yn dilyn y sefyllfa ddiwedd Rhagfyr 2022, aethom ati i bennu uchelgais i'n hunain i leihau nifer y cleifion sy'n aros mwy na 52 wythnos am apwyntiad cleifion allanol cyntaf ymhellach i lai na 4,000 erbyn diwedd mis Mawrth 2023. Roeddem wedi cyflawni hyn, ac ar ddiwedd mis Mawrth roedd ein sefyllfa yn 3,715 o doriadau. Ein nod yw gwella'r sefyllfa hon ymhellach yn 2023-24.

### Nifer y cleifion sy'n aros mwy na dwy flynedd am driniaeth



Yn ystod 2022-23, ochr yn ochr â'r targed ar gyfer cleifion allanol, gosodwyd targedau i'r byrddau iechyd yng Nghymru sicrhau na fyddai yna unrhyw gleifion yn aros mwy na dwy flynedd am driniaeth erbyn 31 Mawrth 2023. Roedd hyn, unwaith eto, yn her sylweddol i bob bwrdd iechyd, a gwnaeth BIPHDd welliant cyson parhaus trwy gydol y flwyddyn, er gwaethaf heriau sylweddol o ran capasiti a staffio. Bu i ni gyrraedd sefyllfa o 3,495 o doriadau ddiwedd mis Mawrth 2023, a oedd yn rhagori ar ein huchelgais wreiddiol o 4,000 o doriadau.

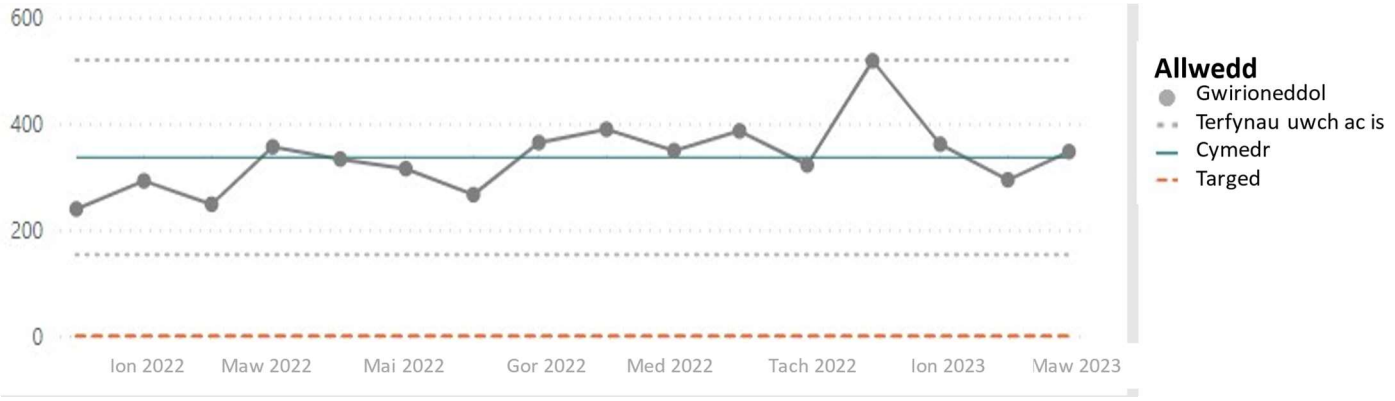
Y camau gweithredu allweddol a gymerwyd i wella perfformiad a lliniaru risgiau:

- Ffocws ar bennu lefel risg a nodi blaenoriaeth glinigol mewn perthynas â rhestrau aros i sicrhau bod cleifion â chyflyrau clinigol brys yn cael eu gweld mewn modd amserol, gan gydbwyso hyn â thrin ein carfan o gleifion sydd wedi bod yn aros am amser hir.
- Adolygiadau rheolaidd o ofod cleifion allanol, achosion dydd a chleifion mewnol ochr yn ochr â chynlluniau'r gweithlu a recriwtio i alluogi gwelliannau graddol mewn gweithgarwch trwy gydol 2022-23.
- Mae arweinyddiaeth glinigol a mabwysiadu canllawiau arfer gorau yn galluogi gwell cynhyrchiant ac effeithlonrwydd, gan fod o fudd i weithgarwch cleifion allanol a thriniaeth lawfeddygol.
- Ailsefydlu ardaloedd wardiau pwrpasol ar gyfer cleifion mewnol dewisol.
- Dwy theatr llawdriniaethau dydd newydd wedi'u sefydlu yn Ysbyty'r Tywysog Philip o fis Rhagfyr 2022.
- Cyfleuster llawdriniaethau dydd pwrpasol newydd wedi'i sefydlu yn Ysbyty Dyffryn Aman ar gyfer llawdriniaeth cataractau offthalmoleg.
- Cynnydd parhaus o ran ein blaenoriaethau trawsnewid y gwasanaeth cleifion allanol, gan gynnwys defnyddio llwyfannau cyflawni digidol a'r defnydd cynyddol o ddulliau Gweld pan fydd Symptomau (SoS)/Apwyntiad Dilynol a Ysgogir gan y Claf (PIFU) mewn perthynas â gofal dilynol.
- Cyfuniad o weithgarwch wyneb yn wyneb a rhithwir yn cael ei ddarparu er mwyn cynyddu'r capasiti i'r eithaf
- Dull canolbwyntiedig a thargededig o ddilysu rhestrau aros gan ddefnyddio adnoddau lleol a chymorth allanol
- Cymorth gweithredol i gleifion sydd wedi aros yn hir am fynediad i ofal trwy ein Gwasanaeth Cymorth Rhestrau Aros a ddatblygwyd yn lleol
- Craffu a monitro manwl mewn perthynas â chynlluniau cyflawni fesul arbenigedd i gefnogi ein huchelgeisiau
- Offer cynllunio galw a gallu wedi'u mireinio a'u gwella.

## Gofal Brys a Gofal Mewn Argyfwng

Ein huchelgais allweddol ar gyfer 2022-23 mewn perthynas â gofal brys a gofal mewn argyfwng oedd lleihau nifer yr achosion o drosglwyddo cleifion mewn ambiwlans i'n hadrannau brys sy'n cymryd mwy na phedair awr.

## Nifer yr achosion o drosglwyddo cleifion mewn ambiwlans i'n hadrannau brys sy'n cymryd mwy na phedair awr




Yn ystod 2022-23, ar gyfartaledd roedd yna 354 o ambiwlansys y mis yn aros mwy na phedair awr i drosglwyddo cleifion, a chyrhaeddodd hyn anterth o 518 ym mis Ragfyr 2022. Prif sbardun yr oedi hwn yw cyfyngiadau ar lif y system, gyda'r adrannau brys yn orlawn yn rheolaidd tra bo cleifion yn aros am welyau cleifion mewnol. Ym mis Mawrth 2023, roedd 294 o'n cleifion yn barod i adael ein hysbytai acíwt/cymunedol, ond ni ellid eu rhyddhau yn bennaf oherwydd diffyg gofal cymdeithasol a chymorth cartref. Rydym hefyd wedi profi heriau sylweddol yn dilyn adegau pan oedd COVID-19 ar ei waethaf a'r cynnydd yn yr heintiau cysylltiedig â gofal iechyd, sydd wedi ychwanegu pwysau pellach ar lif y cleifion a'r capasiti. Er gwaethaf yr heriau a amlinellir, rydym wedi gweld gwelliant cyson mewn nifer o fesurau'r fframwaith perfformiad ar gyfer gofal brys a gofal mewn argyfwng ers mis Ionawr 2023.

Y camau gweithredu allweddol a gymerwyd i wella perfformiad a lliniaru risgiau

- Sefydlwyd Grŵp Cyflawni Gweithredol ar y Cyd ag Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru i oruchwylio'r broses o weithredu ar y cyd i wella perfformiad o ran trosglwyddo cleifion.
- Cyflwynwyd Gofal mewn Argyfwng ar yr Un Diwrnod (SDEC) yn ysbytai Glangwili, y Tywysog Philip a Llwynhelyg. Dechreuodd gwasanaeth Gofal Brys ar yr Un Diwrnod (SDUC) weithredu o Ganolfan Gofal Integredig Aberteifi. Helpodd y rhain i leihau derbyniadau gyda gofal cofleidiol o'r gymuned ar gael i gefnogi'r broses o osgoi derbyniadau lle mae'n ddiogel ac yn briodol gwneud hynny.
- Cafodd cleifion a oedd yn aros am ambiwlans yn ystod oriau brig yr adrannau achosion brys (10am-2pm) eu brysbennu gan feddygon teulu gofal brys a chanolraddol, a lle ystyrid bo hynny'n briodol, argymhellwyd opsiynau gofal amgen i gleifion er mwyn osgoi iddynt gael eu cludo a'u derbyn i'r ysbyty.
- Cyflwynasom rôl Uwch-ymarferydd Parafeddygol i weithio ochr yn ochr â'n model brysbennu gan feddygon teulu i helpu i leihau nifer y cleifion a gludir i'r ysbyty mewn ambiwlansys.
- Sefydlwyd Cyswllt Cyntaf 111 – llinell gymorth a gynhelir gan Ymddiriedolaeth Gwasanaethau Ambiwlans Cymru i ddarparu cyngor ar iechyd i bobl sy'n byw yng Nghymru.
- Canolfan Gofal Sylfaenol Brys Rithwir (UPCC) – Rydym wedi bod yn gweithio i ddatblygu Canolfan Gofal Sylfaenol Brys Rithwir. Mae'r rhan fwyaf o'n practisau meddygon teulu wedi ymrwymo i ddarparu'r gwasanaeth hwn ac wedi cadarnhau eu bod yn gallu cymryd atgyfeiriadau gan Cyswllt Cyntaf 111 pan fydd y Ganolfan rithwir yn fyw, ac yn barod i wneud hynny.

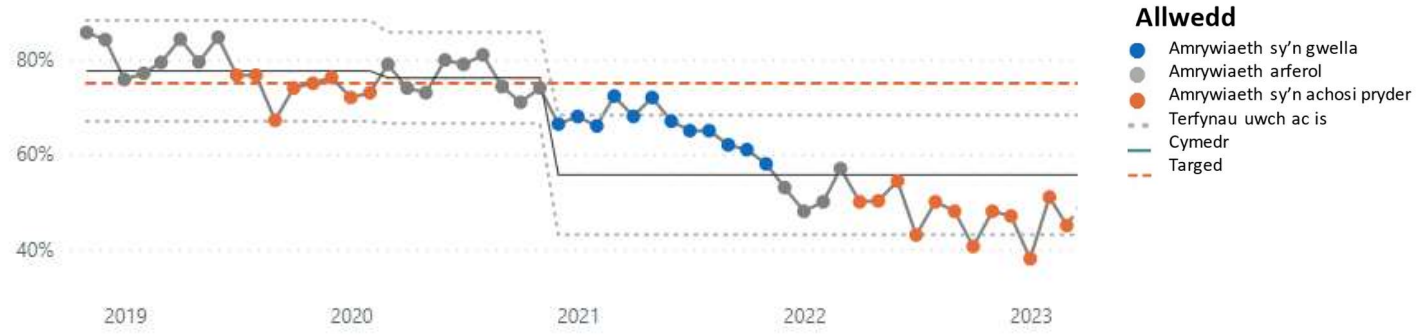
- Cymhwyso Teleiechyd fel cynllun peilot ar gyfer nodi cleifion sy'n dirywio yn y gymuned ac mewn cartrefi gofal yn gynnar, ynghyd ag ymyriadau i atal gorfod anfon a derbyn cleifion i'r ysbyty.
- Creu capasiti camu i lawr/ymchwydd ychwanegol yn y gymuned ym mhob sir.
- Comisiynu 13 o welyau ychwanegol mewn cartrefi gofal yn ystod cyfnod y gaeaf i gynorthwyo gyda llif y cleifion.
- Mae pob safle acíwt wedi cyflwyno rhaglen Galw a Gallu Amser Real i helpu i gefnogi a nodi achosion o ryddhau cleifion er mwyn gwella'r llif yn yr adrannau brys.
- Bu i ni fabwysiadu a pharhau i ymgorffori ein rhaglen chwe nod ar gyfer trefnu a chynllunio'r broses o wella gweithrediad a thrawsnewid ein gwasanaeth Gofal Brys a Gofal Mewn Argyfwng.

## Canser

Roedd ein huchelgeisiau allweddol ar gyfer 2022-23 mewn perthynas â chanser fel a ganlyn:

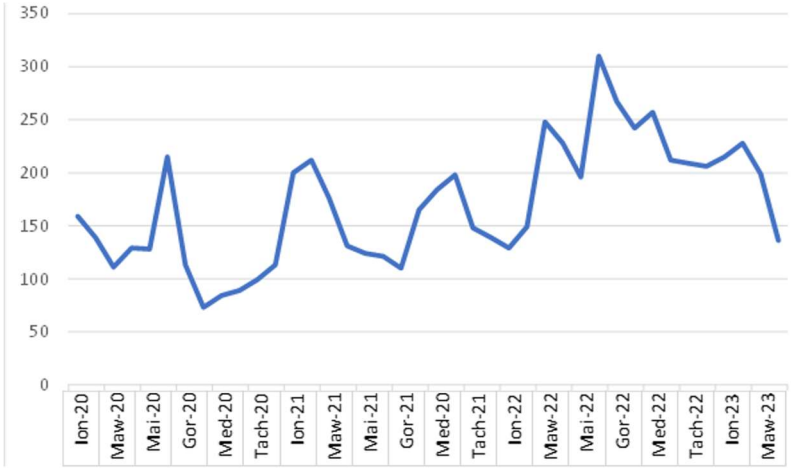
- Cynyddu nifer y cleifion ar y llwybr lle'r amheuir canser sy'n dechrau ar driniaeth cyn pen 62 diwrnod i'r adeg pan amheuwyd bod ganddynt ganser
- Lleihau'r ôl-groniad o gleifion canser sy'n aros mwy na 104 o ddiwrnodau

### % y cleifion sy'n dechrau ar driniaeth canser swyddogol gyntaf cyn pen 62 diwrnod i'r adeg pan amheuwyd bod ganddynt ganser




Gwelwyd amrywiaeth yn y perfformiad yn ystod 2022-23. Bu i'r newid o ganser tybiedig brys a chanser tybiedig nad yw'n fater brys (USC/NUSC) ym mis Chwefror 2020 arwain at gynnydd yn nifer y cleifion a oedd yn cael eu tracio ar y llwybr canser sengl (SCP). Ym mis Chwefror 2023, roedd 38% yn fwy o gleifion yn ymuno â'r llwybr nag ym mis Chwefror 2020. Mae'r galw am driniaethau llawfeddygol a thriniaeth therapi gwrth-ganser systemig (SACT) yn fwy na'r cyfnod cyn COVID-19. Rhwng Ebrill 2022 a Mawrth 2023, mae'r ôl-groniad cyffredinol wedi gostwng 28% (596 ym mis Ebrill 2022 i 429 ym mis Mawrth 2023). Wrth i'r ôl-groniad leihau ymhellach, disgwyliwn i berfformiad ein llwybr canser sengl wella yn ystod 2023-24 a rhagwelir trywydd perfformiad o 70% erbyn mis Mawrth 2024.

## Lleihau'r ôl-groniad o gleifion canser sy'n aros mwy na 104 o ddiwrnodau




Y llwybr wroleg sydd â'r nifer mwyaf o gleifion sy'n aros mwy na 104 o ddiwrnodau. Fodd bynnag, bu yna ostyngiad o 40% yn y gwasanaeth wroleg (142 ym mis Ebrill 2022 i 85 ym mis Ebrill 2023), gostyngiad o 32% yn y gwasanaeth gastroberfeddol isaf (41 ym mis Ebrill 2022 i 28 ym mis Ebrill 2023), gostyngiad o 50% yng ngwasanaeth y croen (12 ym mis Ebrill 2022 i 6 ym mis Ebrill 2023), a gostyngiad o 29% yn y gwasanaeth gynaecoleg (24 ym mis Ebrill 2022 i 17 ym mis Ebrill 2023). Yn anffodus, yn achos rhai safleoedd tiwmor, sy'n dibynnu ar lwybr trydyddol neu sydd â lefel o gymhlethdod, ni welwyd unrhyw welliant neu gwelwyd twf bach yn y cyfaint (yr ysgyfaint a gastroberfeddol uchaf). Yn achos gweddill y safleoedd tiwmor, mae nifer bach o gleifion yn dal i aros dros 104 diwrnod o ganlyniad i gymhlethdod.

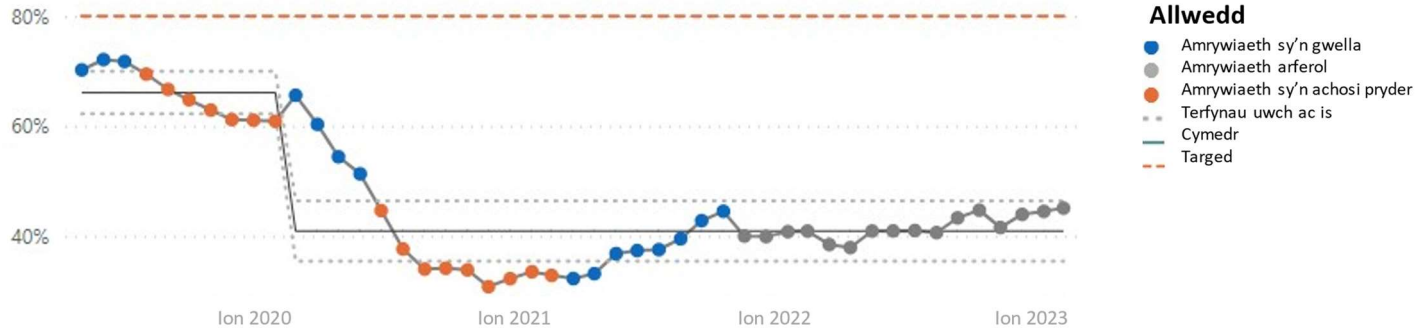
Y camau gweithredu allweddol a gymerwyd i wella perfformiad a lliniaru risgiau

- Cyflwynwyd clinig diagnosis cyflym ar gyfer cleifion â symptomau amhendant nad ydynt yn bodloni'r meini prawf ar gyfer y llwybrau tiwmorau safle benodol.
- Mae'r Prawf Imiwnocemegol ar Ysgarthion (FIT) yn brawf sgrinio ar gyfer canser y colon. Treialwyd profion FIT ym maes Gofal Sylfaenol ym mis Ionawr 2023, a bwriedir ei gyflwyno'n llawn ym mis Ebrill 2023.
- Cyfarfodydd dilysu wythnosol â thimau clinigol tiwmorau safle benodol.
- Cynhaliwyd cyfarfodydd grŵp diagnosteg y llwybr canser sengl yn fisol i nodi, archwilio a datrys tagfeydd yn y system.
- O ganlyniad i'r pandemig, roedd nifer yr atgyfeiriadau at wasanaethau radioleg yn fwy na'n gallu i ateb y galw, a ffurfiodd ôl-groniad o gleifion a oedd yn aros. Cynllunio ar gyfer galw a gallu mewn perthynas â'r gwasanaeth radioleg mewn cydweithrediad ag Uned Gyflawni GIG Cymru.
- Aethom ati i archwilio'r atgyfeiriadau o'n hapwyntiadau cleifion allanol i nodi problemau posibl, a datblygwyd cynlluniau gwella i fynd i'r afael â'r problemau hyn.
- Cyfarfodydd perfformiad misol â Llywodraeth Cymru.
- Datblygodd y gwasanaethau perthnasol gynlluniau perfformiad trywyddau ar gyfer pob safle tiwmor, a hynny o ran gwella perfformiad. Mae hyn hefyd yn cynnwys cynlluniau Trywyddau Ôl-groniadau o ran y modd y cyflawnir y gwelliannau hyn. Mae hyn yn cael ei fonitro trwy grŵp goruchwylio Canser Gweithredol Amlddisgyblaethol wythnosol.

# Iechyd Meddwl

Ein huchelgais allweddol ar gyfer 2022-23 mewn perthynas ag iechyd meddwl oedd cynyddu canran yr oedolion sy'n cael therapi seicolegol cyn pen 26 wythnos ar ôl cael eu hatgyfeirio.

### Canran y cleifion sy'n aros llai na 26 wythnos i ddechrau ar therapi seicolegol ym maes Iechyd Meddwl Arbenigol i Oedolion




Mae'r data'n cynnwys y Gwasanaeth Therapïau Seicolegol Integredig, a'r gwasanaethau Oedolion, Oedolion Hŷn ac Anableddau Dysgu

Mae'r mesur hwn yn cynnwys pedwar maes gwasanaeth gwahanol – y Gwasanaethau Therapïau Seicolegol Integredig, Seicoleg Oedolion, Seicoleg Anableddau Dysgu, ac Iechyd Meddwl Oedolion Hŷn. Mae perfformiad wedi bod yn gwella'n raddol tuag at ddiwedd 2022-23 er ein bod yn parhau i fod cryn dipyn islaw'r targed (80 y cant). Roedd ein perfformiad yn 2022-23 yn amrywio o 37.9% ym mis Mai 2022 (yr isaf) i 45.1% ym mis Mawrth 2023 (yr uchaf). Roedd nifer yr atgyfeiriadau a gafwyd yn fwy na'n gallu i drin cleientiaid.

Y camau gweithredu allweddol a gymerwyd i wella perfformiad a lliniaru risgiau

- Rydym wedi creu rhaglen o sesiynau therapi grŵp ym maes Therapïau Seicolegol Integredig i alluogi cleientiaid i gael triniaeth yn gynt na phe baent yn aros am sesiwn un-i-un.
- Dilysu rhestrau aros i sicrhau eu bod yn gywir ac yn gyfredol, deall lefel y risg glinigol ar ein rhestrau aros, blaenoriaethu triniaethau ar gyfer y rhai mwyaf brys, a llywio trafodaethau â chleifion ynghylch eu camau nesaf.
- Treialu model rhestr aros sengl ym maes seicoleg oedolion er mwyn cynnig opsiynau i gleientiaid yn gynharach; fodd bynnag, mae hyn yn golygu y bydd angen iddynt, o bosibl, fynychu apwyntiadau y tu allan i'r sir lle maent yn byw neu drwy lwyfannau rhithwir.
- Ymgymryd ag adolygiadau o'r llwyth achosion yn y gwasanaeth seicoleg anableddau dysgu er mwyn sicrhau'r capasiti mwyaf a blaenoriaethu yn ôl angen clinigol i leihau'r risg i'r cleient ac i eraill.
- Cyflwyno gwasanaeth testun SMS (Gwasanaeth Neges Fer) peilot i leihau nifer y cleifion nad ydynt yn mynd i apwyntiadau a drefnwyd.
- Ymgyrchoedd recriwtio i ddarparu gweithlu cynaliadwy.
- Caffael cwmni trydydd sector i ddarparu capasiti ychwanegol yn achos therapi seicolegol er mwyn gweld mwy o gleifion.

## Gwasanaethau Niwroddatblygiadol

Ein huchelgais allweddol ar gyfer 2022-23 mewn perthynas â materion niwroddatblygiadol oedd cynyddu canran y plant a phobl ifanc sy'n cael asesiadau ar gyfer ADHD (Anhwylder Diffyg Canolbwyntio a Gorfywiogrwydd) neu ASD (Anhwylderau'r Sbectrwm Awtistig) cyn pen 26 wythnos ar ôl cael eu hatgyfeirio.

### Canran y plant a phobl ifanc sy'n aros llai na 26 wythnos i ddechrau ar asesiad niwroddatblygiadol

Mae perfformiad wedi bod yn peri pryder ers mis Gorffennaf 2022. Roedd ein perfformiad yn 2022-23 yn amrywio o 15.6% ym mis Tachwedd 2022 (yr isaf) i 23.4% ym mis Ebrill 2022 (yr uchaf), sy'n llawer is na'r targed (80%). Roedd nifer yr atgyfeiriadau a gafwyd yn fwy na'n gallu i drin plant a phobl ifanc.

Y camau gweithredu allweddol a gymerwyd i wella perfformiad a lliniaru risgiau:

- Mwy o graffu a chymorth ar gael trwy'r sesiynau Gwella Gyda'n Gilydd a sefydlwyd gan y bwrdd iechyd, a bydd hyn yn cyfrannu at y gwaith o gynllunio galw a gallu.
- Mae cyfarfodydd â'r Uned Gyflawni yn parhau i nodi meysydd i'w gwella. Mae adolygiad annibynnol o'r gwasanaethau Niwroddatblygiadol ledled y byrddau iechyd yng Nghymru yn cael ei gynnal.
- Cafwyd cymeradwyaeth Llywodraeth Cymru i ddarparu asesiadau allanol i fynd i'r afael â'n rhestr aros.
- Cydweithio â'r Gwasanaeth Cymorth Rhestrau Aros fel bod yr holl blant a phobl ifanc ar y rhestr aros yn cael rhyw fath o gyfathrebu gan y bwrdd iechyd yn cadarnhau eu bod ar y rhestr aros ac yn cynnig cymorth generig tra eu bod yn aros.
- Adolygiad o'r prosesau sy'n cael eu cynnal i gynnwys cyflwyno system/proses archebu ganolog i leihau cyfraddau'r rhai nad ydynt yn mynd i apwyntiadau.
- Anhwylder y Sbectrwm Awtistiaeth (ASD):
  - Aed ati i fapio prosesau systemau a llwybrau cyfredol i wella effeithlonrwydd a lleihau'r amser cyn asesiad.
  - Mae cyfarfodydd yn parhau i fynd rhagddynt ag amrywiaeth o ddarparwyr platfformau digidol i nodi ffyrdd amgen o fynd i'r afael â rhestrau aros.
  - Mae llety amgen yn cael ei gyrchu i gynyddu capasiti a nifer y cyfleoedd asesu, ac i fynd i'r afael â materion TG.
- Anhwylder Diffyg Canolbwyntio a Gorfywiogrwydd (ADHD):
  - Adolygiad o'r gwasanaeth Pediatreg Cymunedol, a gomisiynwyd gan y Tîm Gweithredol
  - Grŵp Gorchwyl a Gorffen wedi'i greu i fynd i'r afael ag amseroedd aros cynyddol

- Mae recriwtio meddygon Arbenigol ac Arbenigol Cysylltiedig (SAS) ac arbenigwr nyrsio ADHD wedi arwain at gynnydd yn y capasiti.
- Creu gweithgor i sicrhau bod yr holl brosesau TG yn cael eu dilyn a fydd yn caniatáu gwell arferion adrodd.

## Rheoli heintiau

Roedd ein huchelgeisiau allweddol ar gyfer 2022-23 mewn perthynas â Heintiau sy'n Gysylltiedig â Gofal Iechyd fel a ganlyn:

- Lleihau nifer yr achosion o heintiau *C.difficile*
- Lleihau nifer yr achosion o heintiau *E.coli*

### Nifer yr achosion o *C.difficile* a gadarnhawyd gan y labordy bob mis

Yn ystod 2022-23, gwelsom gynnydd yn nifer yr achosion *C.difficile* a gadarnhawyd, gyda chyfartaledd o 17 achos y mis, gan gyrraedd uchafbwynt o 21 ym mis Medi 2022 a mis Ionawr 2023. BIPHDd a amlygodd y gyfradd uchaf o achosion yn y boblogaeth o blith holl fyrddau iechyd Cymru.

### Nifer yr achosion o facteremia *E.coli* a gadarnhawyd gan y labordy bob mis

Yn ystod 2022-23, roedd nifer yr achosion o *E.coli* a gadarnhawyd yn gymharol â blynyddoedd blaenorol, er i ni gael cyfanswm o 24 yn llai o achosion nag yn 2021-22. Cafodd Hywel Dda ei ddyfarnu'n bumed ymhlith y chwe bwrdd iechyd yng Nghymru.

Y camau gweithredu allweddol a gymerwyd i wella perfformiad a lliniaru risgiau:

- Cafodd y cynllun gwella Heintiau sy'n Gysylltiedig â Gofal Iechyd ei ddatblygu i ganolbwyntio ar agweddau allweddol ar atal a rheoli heintiau, gyda'r nod o leihau cyfraddau a chynnal safonau. Caiff y cynllun gwella ei fonitro'n fisol, a chraffir ar y perfformiad. Mae'r

cynllun yn cyd-fynd â'r pum ymrwymiad craidd a amlinellir yn yr Ymrwymiad i Bwrpas – Dileu Heintiau Ataliadwy sy'n Gysylltiedig â Gofal Iechyd;

- Newid y diwylliant.
- Arweinyddiaeth.
- Gwella ansawdd a diogelwch.
- Mesur llwyddiant.
- Iechyd y cyhoedd.

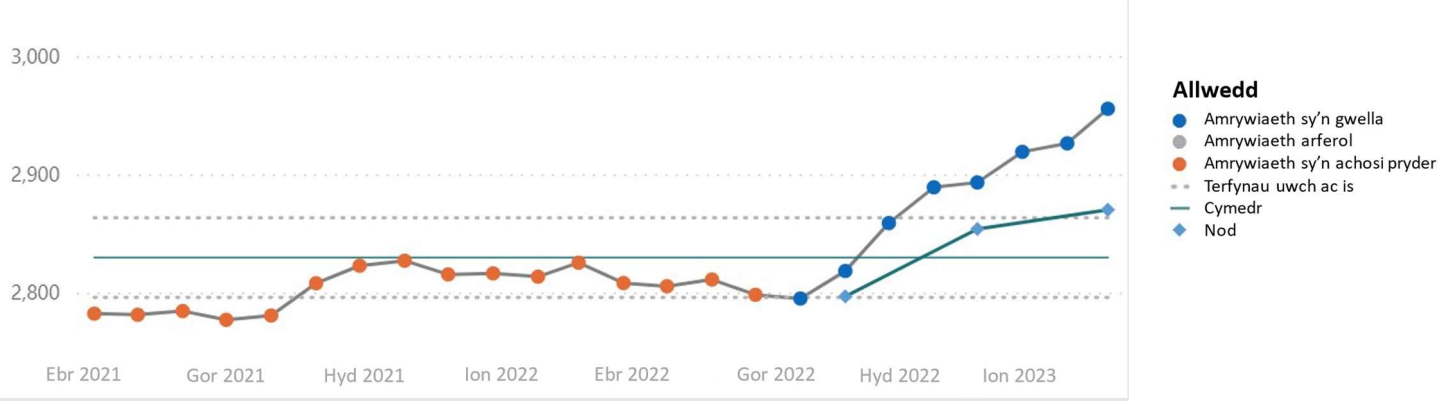
Mae gan bob un o'r pum ymrwymiad craidd hyn gyfres o gamau gwella cyfatebol:

- Rhaid i raglenni addysg a hyfforddiant gynnwys y gallu i ymateb i fygythiadau newydd a rhai sy'n dod i'r amlwg.
- Ffocws cynyddol ar addysg a hyfforddiant ar gyfer staff cartrefi gofal a gofal sylfaenol.
- Datblygu cyfleoedd ar gyfer hyfforddiant ar Ofal Cartref.
- Darparu addysg bwrpasol/dargededig ar *C.difficile* trwy ddatblygu ffolderi addysg ar gyfer staff ac asesu cymhwysedd.
- Gwneud hyfforddiant ac archwiliadau stiwardiaeth gwrthficrobaidd yn orfodol i bob presgripsiynydd i wella ymgysylltiad ac ysgogi gwelliant.
- Meithrin ymwybyddiaeth o'r ap MicroGuide i symud i ffyrdd digidol o weithio a chynyddu ymgysylltiad â'r sylfaen dystiolaeth a mynediad ati.
- Gweithio gyda'r Tîm Cyfathrebu i ailfywiogi arwyddion er mwyn codi proffil arferion Atal a Rheoli Heintiau ledled adeiladau'r bwrdd iechyd: sgriniau digidol, posteri, arwyddion ynghylch hylendid dwylo.
- Ailgyflwyno Hyfforddiant Diweddaru Atal a Rheoli Heintiau/Gwrthficrobaidd wyneb yn wyneb i feddygon teulu ac ymgynghorwyr meddygol.
- Adolygu polisïau a gweithdrefnau Atal a Rheoli Heintiau – sicrhau eu bod yn bolisïau clir, diamwys a hygyrch.
- Adolygu'r capasiti ar gyfer cyfleusterau ynysu digonol, a gwella cydymffurfedd â cheisiadau i ynysu.
- Cynnal dadansoddiad dwfn o'r gwasanaethau glanhau ledled y sefydliad, ac adolygu prosesau archwilio ar gyfer glendid amgylcheddol.
- Ailsefydlu rhaglen archwilio chwarterol ar gyfer hylendid dwylo, Atal a Rheoli Heintiau a chomodau.
- Adolygu prosesau trwy gadw golwg ar heintiau gan ganolbwyntio ar gasglu data, dadansoddi data a rhoi adborth i glinigwyr ac eraill sy'n ymwneud â gwneud penderfyniadau.

# Y Gweithlu

Ein huchelgais allweddol ar gyfer 2022-23 mewn perthynas â'r gweithlu oedd cynyddu nifer y nyrsys a'r bydwragedd sydd gennym mewn swyddi.

## Nifer y staff nyrsio a bydwreigiaeth sydd mewn swyddi

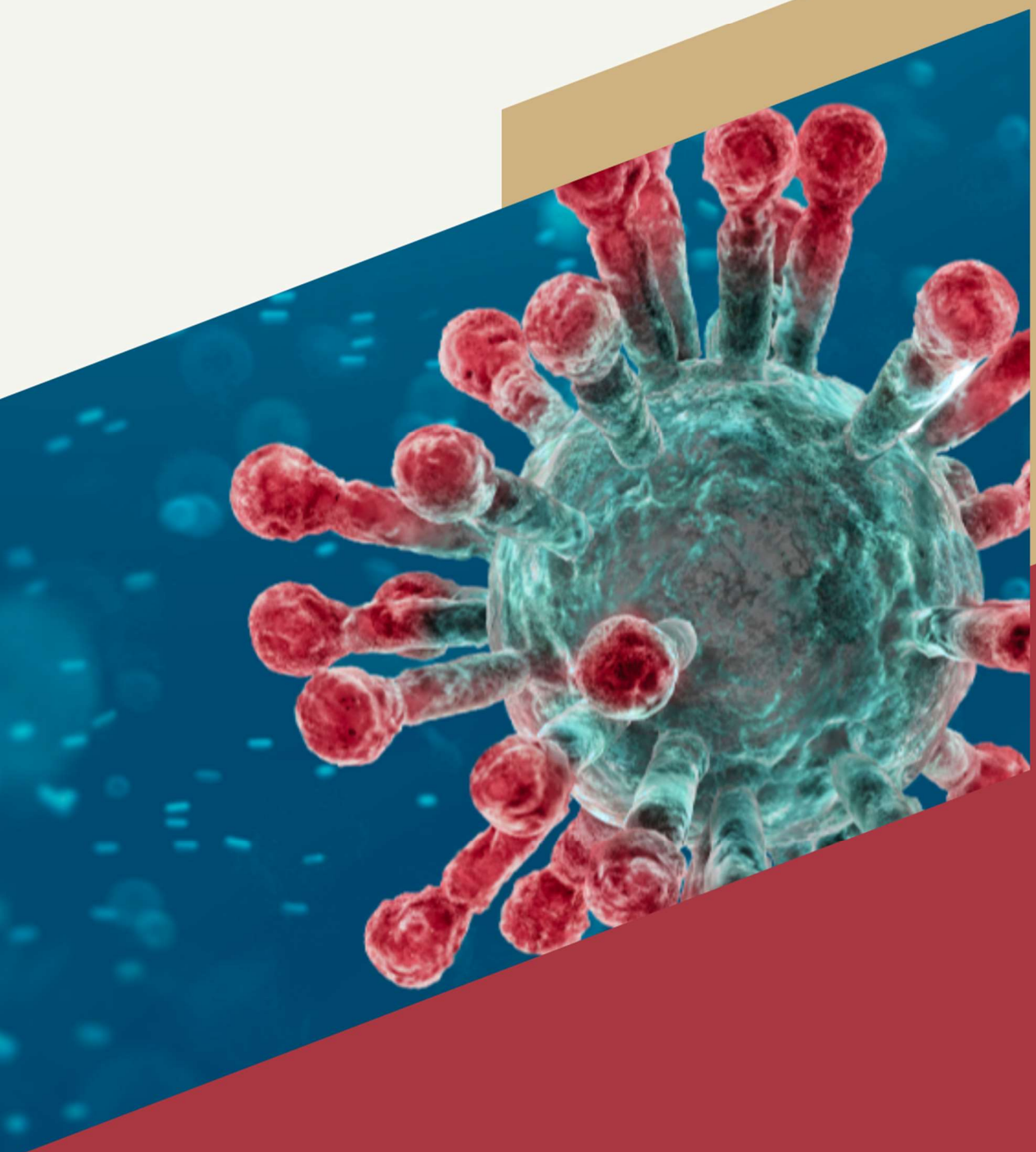



Rhagorwyd ar ein huchelgais ar gyfer 2022-23 i gynyddu cyfanswm y staff nyrsio a bydwreigiaeth cyfwerth ag amser llawn (WTE) i 2,870, gyda 2,955 o staff nyrsio a bydwreigiaeth mewn swyddi ym mis Mawrth 2023. Mae hyn yn unol â'r amcanestyniad pum mlynedd sydd ar waith i gael 3,318 o staff nyrsio a bydwreigiaeth mewn swyddi erbyn 2027-28.

Y camau gweithredu allweddol a gymerwyd i wella perfformiad a lliniaru risgiau:
Mae ein datblygiad o ran cynyddu cyfanswm nifer y staff nyrsio a bydwreigiaeth cyfwerth ag amser llawn sydd mewn swyddi, i'w briodoli i'n hymrwymiad i Gynllun Gweithredu ein Gweithlu Nyrsio, sydd, yn ei hanfod, yn cynnwys:

- Symleiddio'r llwybr recriwtio ar gyfer nyrsys cofrestredig newydd gymhwyso.
- Cynllun gwaith gweithredol ar waith gyda'r Grŵp Gorchwyl a Gorffen Cadw Nyrsys.
- Y prosiect Recriwtio Nyrsys Cofrestredig Rhyngwladol.
- Ymgyrch dargededig ar gyfer nyrsys sy'n dychwelyd i ymarfer.

# Yr ymateb parhaus i COVID-19



# Yr ymateb parhaus i COVID-19

## Profi ac imiwneiddio ar gyfer COVID-19

### Profion COVID-19

Dechreuodd y bwrdd iechyd gynnal profion cymunedol am COVID-19 ym mis Mawrth 2020. Oddi ar hynny, mae'r galw am brofion, y strategaeth genedlaethol, a'r seilwaith profi wedi newid yn aml ac yn eithaf dramatig. Aethom ati i ddatblygu seilwaith profi cadarn, sydd wedi bod yn ymatebol i ddisgwyliadau newidiol Llywodraeth Cymru wrth i'r strategaeth brofi genedlaethol ddatblygu. Trwy gydol 2022-23, aed ati'n systematig i ddirwyn y profion COVID-19 i ben wrth i nifer yr achosion o COVID-19, ynghyd â'i effaith, leihau yn ystod y flwyddyn yn unol â natur dymhorol salwch anadlol, llwyddiant y brechiadau COVID-19, a'r newid yng nghanllawiau'r llywodraeth. Yn ystod yr hydref a'r gaeaf datblygodd y broses brofi yn fodel profion amryfath ar gyfer clefydau anadlol ehangach.

### Profi symptomatig

Daeth y profion cymunedol ar gyfer y cyhoedd, a ddefnyddiai profion PCR amser real, i ben ar 1 Ebrill 2022, pan aed ati'n genedlaethol i dynnu'n ôl yr holl unedau profi rhanbarthol a symudol. Gallai aelodau symptomatig o'r cyhoedd gyrchu Dyfeisiau Llif Unffordd (LFD) am ddim tan ddiwedd mis Mehefin 2022. Ers hynny, mae'r profion wedi bod ar gael i'w prynu'n unig.

Parhawyd i gefnogi'r gwaith o brofi staff iechyd a gofal cymdeithasol symptomatig trwy gydol y flwyddyn er mwyn diogelu cleifion agored i niwed a phreswylwyr cartrefi gofal. Newidiodd y gofynion profi ar gyfer staff trwy gydol y flwyddyn, yn dibynnu ar ddata gwyliadwriaeth ac effaith heintusrwydd.

Yn unol â chanllawiau Llywodraeth Cymru, daeth y broses o brofi staff symptomatig i ben ar 1 Ebrill 2023.

### Profi mewn cartrefi gofal

Rydym yn parhau i gynnig profion symptomatig ac asymptomatig mewn senarios rheoli achosion/digwyddiadau ledled y sector cartrefi gofal. Gyda dyfodiad yr haf, a'r gostyngiad tymhorol yn y clefydau anadlol sydd o gwmpas, rhoddwyd y gorau i o brofi cartrefi cyfan yn awtomatig. Mae profion mewn lleoliadau caeedig bellach yn cael eu rheoli trwy gynllun rheoli digwyddiadau arferol, a dim ond pan fydd angen y cânt eu cynnal.

### Profi cleifion mewnol

Bu i ni barhau i brofi cleifion wrth iddynt gael eu derbyn i'r ysbyty trwy gydol y flwyddyn, gan leihau nifer y profion i gynnwys y rheiny â symptomau anadlol yn unig pan fyddai nifer yr achosion yn lleihau, a chynyddu nifer y profion i gynnwys pob derbyniad pan fyddai nifer yr achosion yn cynyddu.

Ar ôl i gleifion gael eu derbyn, byddent yn cael eu profi pe byddent yn datblygu symptomau.

O 1 Ebrill 2023 ymlaen, dim ond yn achos cleifion sy'n cael eu derbyn â symptomau anadlol a chleifion mewnol â symptomau anadlol, ac a fyddai'n elwa o gael triniaeth, y cynhelir profion, neu i gefnogi llif y broses o atal a rheoli heintiau, neu ar gyfer gwyliadwriaeth goddefol.

### Profi asymptomatig

Cyn mis Mehefin 2022, roedd pob claf a oedd ar fin cael llawdriniaeth yn cael prawf PCR amser real i wirio ei statws o ran haint COVID-19 cyn y llawdriniaeth. Er mis Gorffennaf 2022, yn unol â chanllawiau Llywodraeth Cymru, cynhelir asesiad risg ar gleifion sydd ar fin cael llawdriniaeth, a dim ond y rheiny y mae arnynt angen llawdriniaeth fawr neu y mae'n debygol y bydd arnynt angen lefelau uwch o ofal ar ôl y llawdriniaeth sy'n cael eu profi. Oedwyd yr holl brofion COVID-19 cyn llawdriniaeth ar 31 Mawrth 2023.

Daeth profion PCR amser real ar gyfer cleifion cemotherapi i ben ym mis Mehefin 2022, a chawsant eu disodli gan brofion Dyfeisiau Llif Unffordd (LFD).

Daeth argaeledd cyffredinol citiau LFD i gynnal profion asymptomaig i ben ar 31 Mawrth 2022. Fodd bynnag, roeddem wedi parhau i ddarparu dyfeisiau llif unffordd i staff iechyd a gofal cymdeithasol trwy gydol y flwyddyn. Newidiodd y canllawiau ar gyfer profi staff trwy gydol y flwyddyn i gefnogi'r broses o ddychwelyd i'r gwaith yn dilyn canlyniad COVID-19 positif ac yn achos staff a fu mewn cysylltiad ag achosion positif. Rhoddwyd y gorau i brofi'r holl staff iechyd a gofal cymdeithasol ar 1 Ebrill 2023.

### Olrhain cysylltiadau

Rhoddwyd y gorau i olrhain cysylltiadau fel mater o drefn yn ystod y flwyddyn, yn unol â'r gostyngiad yn nifer y profion ar gyfer COVID-19. Symudodd y ffocws i olrhain er mwyn cefnogi lleoliadau caeedig agored i niwed, megis cartrefi gofal, cleifion mewnol a staff iechyd a gofal cymdeithasol.

Nid yw'r trefniadau olrhain arferol ar waith bellach, a dim ond i roi cymorth i achosion mewn lleoliadau caeedig y cânt eu defnyddio. Mae timau olrhain cysylltiadau awdurdodau lleol wedi symud i weithio ledled y system diogelu iechyd ehangach mewn partneriaeth â thimau'r byrddau iechyd ac Iechyd Cyhoeddus Cymru, a hynny i ddarparu dull rhanbarthol, mwy cynaliadwy o ddiogelu iechyd.

### Rhaglen frechu COVID-19

Ystyriwyd bod y gwaith o gyflawni ein rhaglen frechu COVID-19 ar gyfer y tair sir yn 2022-23 yn flwyddyn bontio, gan symud tuag at ymagwedd fwy integredig at imiwneiddio ac iechyd y cyhoedd yn ehangach, ac mae'n cyd-fynd yn llawn â Fframwaith Imiwneiddio Cenedlaethol Llywodraeth Cymru (Strategaeth Frechu COVID-19 ar gyfer 2022 cyhoeddwyd | LLYW.CYMRU).
Nod ein rhaglen frechu COVID-19 o hyd yw amddiffyn y rhai sydd fwyaf mewn perygl o salwch difrifol a marwolaeth o ganlyniad i'r feirws, a rhoi'r brechlyn iddynt ac i'r rheiny y mae yna risg y byddant yn trosglwyddo'r haint i nifer o bobl agored i niwed neu staff eraill mewn amgylchedd iechyd neu ofal.

Yn seiliedig ar y cyngor gan y Cyd-bwyllgor ar Imiwneiddio a Brechu (JCVI), rydym yn parhau i geisio cynnig brechiadau cyntaf neu frechiadau atgyfnerthu i bawb sy'n gymwys i'w cael.

Er mwyn cynnig amddiffyniad a brechu pobl cyn gynted ag y gallwn, rydym yn defnyddio dull cyfunol i gyflwyno Rhaglen Frechu COVID-19 ar y cyflymder gofynnol, gan ddarparu ar gyfer y

materion logistaidd a achosir gan nodweddion y brechlyn, cyflenwadau brechlynnau, ein demograffeg a natur wledig yr ardal, a'r polisi a'r cyngor cenedlaethol newidiol. Fel hyn, rydym yn defnyddio ein holl gryfderau i gynnig brechiadau i'n cymunedau.

Mae hyn yn golygu y bydd rhai pobl wedi cael neu yn cael eu brechiadau trwy eu meddygfa deulu neu fferyllfa gymunedol, tra bydd eraill yn cael eu gwahodd i'w canolfan brechu torfol agosaf, lle caiff y brechlyn ei roi gan staff y bwrdd iechyd.

Rydym hefyd yn brechu grwpiau targed mewn ffyrdd eraill lle bo angen, er enghraifft rydym wedi rhoi brechiadau yn yr ysbyty i ofalu am ddefnyddwyr gwasanaethau neu gleifion hirdymor, gofalwyr di-dâl a'r bobl hynny sy'n ddigartref. Nod hyn yw lleihau effeithiau unrhyw anghydraddoldebau iechyd, a sicrhau na chaiff neb ei adael ar ôl yn ein cymunedau.

Mae darpariaeth hyblyg yn hanfodol er mwyn bodloni'r canllawiau cymhwystra, fel y nodir gan y JCVI, ac, yn achlysurol, gwahoddir grwpiau blaenoriaeth i gael eu brechu ar yr un pryd fel y gallwn wneud y defnydd gorau o'r cyflenwad o frechlynnau a ddarperir i ni. Mae'r rhaglen yn parhau i gyrraedd ein poblogaeth iau; ein nod yw cefnogi ein plant iau trwy glinigau yn ein canolfan frechu torfol neu leoliadau clinig amgen sy'n addas ar gyfer y grŵp iau hwn. Anelwn at sicrhau bod yr amgylchedd yn cael ei addasu i ddiwallu anghenion y grŵp iau hwn er mwyn atal unrhyw drallod a chefnogi profiad cadarnhaol.

Yn ystod rhaglen pigiadau atgyfnerthu y gwanwyn rhwng mis Ebrill a mis Gorffennaf 2022, rhoddwyd 48,876 o frechiadau COVID-19 i'n preswylwyr. Roedd y lefelau'n parhau'n uchel ledled ein grwpiau o ran y nifer a gafodd y brechiad, wrth i ni fynd y tu hwnt i'n targed o 75%.

Yn ystod rhaglen pigiadau atgyfnerthu yr hydref rhwng mis Medi 2022 a mis Mawrth 2023, darparwyd 137,193 o frechiadau COVID-19 i'n preswylwyr a'n gweithwyr iechyd a gofal cymdeithasol. Roedd y lefelau'n heriol o ran y nifer a gafodd eu brechu, gyda llawer o blith ein poblogaeth gymwys yn penderfynu peidio â chael eu brechu. Roedd yn amlwg trwy drafodaethau mai'r rheswm dros beidio â chael y brechiad yn achos mwyafrif y rhai na chafodd eu brechu oedd eu bod wedi cael y feirws yn ddiweddar ac felly'n teimlo bod eu himiwnedd wedi'i atgyfnerthu. Yr hydref hwn, ni chyflawnwyd y targed o 75%, gyda nifer terfynol yr unigolion a gafodd eu brechu yn 67%.

Rydym yn arbennig o falch o'n timau brechu, sy'n cynnwys imiwneiddwyr o leoliadau acíwt, sylfaenol a chymunedol ac a gafodd gymorth gan dimau gweinyddol a gwirfoddolwyr pan oeddent yn gallu ymateb i argaeledd brechlynnau, gan ein galluogi i newid eleni i gynnig brechlynnau COVID- 19 a ffliw ar yr un pryd. Mae eu hymateb parhaus ledled ein holl leoliadau darparu wedi bod yn rhagorol wrth iddynt gyflenwi pigiadau atgyfnerthu y gwanwyn a'r hydref i'n poblogaeth tra eu bod hefyd yn parhau i estyn allan i'n cymunedau i gwblhau eu cyrsiau sylfaenol.

### Y ffliw tymhorol

Roedd yna bryder y gallai tymor y ffliw heriol, yn ychwanegol at bandemig COVID-19 a'r rhaglen frechu gysylltiedig, fod wedi arwain at bwysau ychwanegol sylweddol a llethu'r GIG a'r system ofal. Felly, datblygwyd strategaeth ddiwygiedig i ddarparu brechlyn y ffliw mewn modd diogel ac

amserol i amddiffyn grwpiau cymwys yn y gymuned, gan ganiatáu ar gyfer rhoi brechlyn y ffliw ar y cyd â'r brechlyn COVID-19 lle bynnag y bo modd.

Parhaodd partneriaid ym maes gofal sylfaenol â'u cynlluniau i ddarparu ar gyfer system apwyntiadau yn unig i frechu cynifer o bobl â phosibl a manteisio ar y cyfle i roi'r ddau frechlyn ar y cyd. Oherwydd amserlen argaeledd y ddau frechlyn, gohiriwyd y cyfleoedd ar ddechrau tymor y ffliw; fodd bynnag, roedd yr amserlenni'n cyd-fynd o fis Hydref 2022 ymlaen a gwnaed pob ymdrech i wneud y gorau o'r dull hwn. Roedd y broses o roi'r ddau frechlyn gyda'i gilydd yn llwyddiannus yn nifer o glinigau brechu gofal iechyd a'r bwrdd iechyd, a byddwn yn parhau i geisio gwella'r dull gweithredu hwn ar gyfer rhaglennu brechu anadlol yn y dyfodol.

Cafodd 39.5% o'r plant dwy a thair oed frechlyn ffliw byw wedi'i wanhau (LAIV) ar gyfer tymor y ffliw 2022-23. Bu yna gynnydd o 70% yn nifer y plant dan bump oed a gafodd eu derbyn i'r ysbyty oherwydd y ffliw yn nhymor y ffliw 2022-23 o gymharu â 2021-22. Byddwn yn adeiladu ar y dull targededig hwn ar gyfer ein plant dwy a thair oed trwy gynnal trafodaethau â chyd-weithwyr gofal sylfaenol, a rhoi cyngor iddynt, ynghylch pwysigrwydd cyflwyno LAIV yn gynnar yn ystod tymor y ffliw 2023-24 i amddiffyn babanod, ac ynghylch yr amddiffyniad y mae hyn hefyd yn ei ddarparu i weddill y boblogaeth am fod plant yn cael eu hystyried yn 'archledaenwyr' feirysau anadlol y gaeaf.

Parhaodd y Gwasanaeth Nyrsio mewn Ysgolion i gyflenwi rhaglen y ffliw ar gyfer plant ysgolion cynradd ac uwchradd, fel ei gilydd. Er gwaethaf yr heriau o ganlyniad i'r haint COVID-19 a feirysau eraill a oedd yn effeithio ar bresenoldeb plant yn yr ysgol, llwyddwyd i gyflawni'r rhaglenni ysgol datblygedig a brechu niferoedd mawr ar draws pob oedran.

Roed tîm imiwneiddio ein bwrdd iechyd hefyd wedi estyn allan i'n plant sy'n cael eu haddysgu yn y cartref i sicrhau eu bod yn cael eu brechu. Manteisiodd y tîm ar y cyfle i estyn allan i rieni/warcheidwaid y plant hyn a chynnig unrhyw frechlynnau ychwanegol nad oeddent wedi'u cael yn unol â'r cynllun imiwneiddio i blant. Cafwyd ymateb da i'r cyswllt a wnaed â'r teuluoedd hyn a byddwn yn archwilio'r dull hwn ymhellach ochr yn ochr â'n Tîm Nyrsio Ysgolion.

Yn cyd-fynd â hyn yr oedd ymarfer cyfathrebu a chysylltiadau cyhoeddus allanol a oedd yn gydnaws â strategaeth frechu Llywodraeth Cymru. Roedd rhan o'r ymgyrch hon yn cynnwys buddsoddiad sylweddol i gyrraedd y gynulleidfa annigidol, megis hysbysiadau mewn papurau newydd ledled y tair sir i ailadrodd llwyddiant y flwyddyn flaenorol, ochr yn ochr â hysbysebion radio. Yn y cyfamser, rhoddwyd deunyddiau hyrwyddo ar y ffliw i bob ysgol i'w dosbarthu'n uniongyrchol i'r rhieni.

Gyda chymorth brechwyr cymheiriaid, arweiniodd ein Tîm Iechyd Galwedigaethol ymgyrch i gyflwyno brechlyn y ffliw i'r staff. Rheolwyd y materion logistaidd o ran darparu rhaglen frechu o fewn cyfyngiadau canllawiau COVID-19 trwy waith partneriaeth rhagorol a'r angen i fod mor hyblyg ac ymatebol â phosibl. Cefnogwyd y broses o frechu rhag y ffliw ochr yn ochr ag apwyntiad ar gyfer brechiad COVID-19 trwy ein canolfannau brechu torfol, lle bo hynny'n bosibl.

Cefnogwyd y rhaglen hon gan ymgyrch cyfathrebu ac ymgysylltu â staff, a dynnai sylw at glinigau a oedd ar gael a'r modd i gael gafael ar frechlynnau.

# Amcan Strategol 1 – Rhoi pobl wrth wraidd popeth a wnawn

# Amcan Strategol 1 – Rhoi pobl wrth wraidd popeth a wnawn

Mae'r amcan strategol hwn yn mapio'r mesurau a'r blaenoriaethau gweinidogol canlynol:

- Adferiad y GIG – mynediad at ofal wedi'i gynllunio amserol Chwe Nod Gofal Brys a Gofal Mewn Argyfwng
- Cefnogi iechyd a gofal y gweithlu
- Digidol a thechnoleg

Mae ein hamcanion strategol yn eang ac yn drawsbynciol. Mae'r amcanion cynllunio a'r naratif o ran cynnydd mewn perthynas â phob amcan strategol yn cael eu fframio i gyd-fynd â'r themâu a'r canlyniadau canlynol:

| **Thema:** | **Canlyniad:** |
|---|---|
| Y Claf | Mae ein cleifion yn adrodd am brofiad cadarnhaol yn dilyn eu triniaeth a'u gofal |
| Y Boblogaeth | Rydym yn mynd ati i ymgysylltu â'n poblogaeth ac yn ceisio eu hadborth ar eu profiad presennol a'u hanghenion yn y dyfodol |
| Y Staff | Mae ein staff yn teimlo bod iddynt werth a'u bod yn rhan o benderfyniadau |

Mae'r tabl isod yn rhoi crynodeb lefel uchel o'n cynnydd ar gyfer yr amcan strategol hwn yn 2022-23:

| Ein hamcanion cynllunio | Statws |
|---|---|
| 1A – Targedau Fframwaith Cyflenwi y GIG | □ Wedi'i gwblhau |
| 1B – Hwb Iechyd Hywel Dda – Un Man Cyswllt | □ Ar y trywydd iawn |
| 1E – Gofal personol i gleifion sy'n aros | □ Wedi'i gwblhau |
| 1F – Arlwy adnoddau dynol (cynefino, polisïau, cysylltiadau â chyflogeion, hyfforddiant) | □ Ar y trywydd iawn |
| 1G – Cyflwyno Rheolwyr Cysylltiadau Datblygu Sefydliadol | □ Wedi'i gwblhau |
| 1H – Y rhaglen Gwasanaeth Cwsmeriaid “Gwneud Gwahaniaeth” | □ Ar y trywydd iawn |
| 1I – Cyflwyno'r Gwasanaeth Cyswllt â Theuluoedd | □ Wedi'i ddadflaenoriaethu |
| **Ein prif risgiau** | **Rheolaeth RAG** |
| 1184 – Mesur y modd yr ydym yn gwella profiad cleifion a'r gweithlu | □ Canolig |
| 1185 – Ymgysylltiad cyson ac ystyrlon trwy ein gweithlu | □ Canolig |
| 1186 – Denu, cadw a datblygu staff â'r sgiliau cywir | □ Canolig |
| **Mesurau ein canlyniadau** | **Statws** |
| Sgôr gyffredinol profiad y claf | □ Yn cyrraedd y targed |
| % yr oedolion a all ddylanwadu ar benderfyniadau sy'n effeithio ar yr ardal leol | □ Dim data |

| Ein hamcanion cynllunio | Statws |
|---|---|
| Sgôr gyffredinol ar gyfer ymgysylltu â'r staff | □ Y targed wedi'i fethu |

I gael rhagor o wybodaeth am y prif risgiau a chanlyniadau, gweler Fframwaith Sicrwydd ein Bwrdd: Agenda a Phapurau'r Bwrdd 30 Mawrth 2023 (eitem 3.1).

## Ein hamcanion cynllunio

Bu i ni nodi saith amcan cynllunio a oedd yn cyfateb i'r amcan strategol hwn. Mae'r tabl isod yn crynhoi'r amcanion cynllunio hyn a'r cynnydd a wnaed gennym erbyn mis Mawrth 2023.

| Amcan cynllunio a statws | Diweddariad |
|---|---|
| □ Wedi'i gwblhau<br><br>**1A: Targedau Fframwaith Cyflenwi y GIG**<br>Datblygu a gweithredu cynlluniau i gyflawni targedau Fframwaith Cyflenwi y GIG sy'n berthnasol i'r gweithlu erbyn 31 Mawrth 2024 | Cyflwynwyd dangosfwrdd i'n Pwyllgor Pobl, Datblygu Sefydliadol a Diwylliant (PODCC) ym mis Chwefror 2022. Roedd y dangosfwrdd yn cynnwys ystod lawn o fesurau, a chafwyd nifer o sylwadau cadarnhaol gan aelodau'r Pwyllgor, gan gynnwys: "wir yn gwerthfawrogi symlrwydd y negeseuon â ffocws clir ar berfformiad cyfredol, perfformiad mewn perthynas â'r duedd, a chamau gweithredu yn y dyfodol i fynd i'r afael ag unrhyw welliant sy'n ofynnol o ran perfformiad." |
| □ Ar y trywydd iawn<br><br>**1B: Hwb Iechyd Hywel Dda: Un Man Cyswllt**<br>• Datblygu un man cyswllt dros y ffôn a thrwy e-bost i gysylltu apwyntiadau cleifion, trefniadau archebu ar-lein, a derbynwyr galwadau. Galwadau i bob tîm arbenigol i gael eu cyfeirio trwy'r man cyswllt hwn.<br>• Datblygiadau i gefnogi ein hymateb i COVID-19<br>• Datblygu system ymhellach i hwyluso'r broses o olrhain, archwilio ac adrodd am ymholiadau, ymatebion a chamau gweithredu<br>• Datblygu a gweithredu cynllun i gyflwyno mynediad i bob claf at ei gofnodion a'i apwyntiadau ei hun. | • Mae Un Man Cyswllt wedi'i sefydlu yn yr hwb cyfathrebu. Wrth werthuso, amlygwyd effeithlonrwydd y gwasanaethau, ailddosbarthiad staff yn y gwasanaeth, a'r ffaith bod cleifion yn rhyngweithio'n uniongyrchol â phobl ac yn cael un man cyswllt sy'n darparu gwasanaeth o safon, yn hytrach na'u bod yn gadael neges ar beiriant ateb y gallai gymryd sawl diwrnod i ymateb iddi.<br>• Mae gwaith hefyd wedi cael ei wneud gyda'r tîm cyllid a gofal iechyd seiliedig ar werth i ddangos gwerth buddsoddi o ran canlyniadau o'r ganolfan gyfathrebu.<br>• O ganlyniad i hyn, mae ystod eang o wasanaethau ar gael 'nawr trwy'r Un Man Cyswllt. |

| Amcan cynllunio a statws | Diweddariad |
| --- | --- |
| □ Wedi'i gwblhau | |
| **1E: Gofal personol i gleifion sy'n aros**<br>Cyflwyno'r broses a ddatblygwyd yn 2021-22 i wneud y canlynol:<br>• Cynnal cyswllt personol â'r holl gleifion sy'n aros am ofal dewisol.<br>• Sefydlu dull systematig o fesur niwed, gan ddwyn ynghyd niwed a asesir yn glinigol a niwed a hunanasesir gan y claf, a defnyddio hyn i flaenoriaethu rhestrau aros.<br>• Ymgorffori'r gwaith o adolygu a gwirio cydsyniad cleifion | Cyfunwyd yr Amcan Cynllunio hwn ag Amcan Cynllunio 1B am fod eu nodau'n cyd-fynd. |
| □ Ar y trywydd iawn | |
| **1F: Arlwy adnoddau dynol (cynefino, polisïau, cysylltiadau â chyflogeion, mynediad at hyfforddiant)**<br>Bydd hwn yn mynd i'r afael â'r ffordd y mae'r bwrdd iechyd yn recriwtio staff newydd ac yn darparu hyfforddiant cynefino, yr holl bolisïau adnoddau dynol presennol, y ffordd y mae materion cysylltiadau â chyflogeion yn cael eu rheoli, a mynediad teg at hyfforddiant a gwasanaethau llesiant staff y bwrdd iechyd. | • Erbyn hyn, mae'r broses gynefino yn becyn cynefino cyflawn, sydd wedi'i gysylltu â'r nodau atgoffa awtomatig a gohebiaeth reolaidd, ac yn gysylltiedig â phrofiad y staff.<br>• Rydym yn datblygu cynllun gweithredu wedi'i flaenoriaethu ar gyfer recriwtio, cynllun a fydd yn cael ei gyd-gynllunio â'n staff.<br>• Lansiwyd ein platfform recriwtio newydd ar y Rhyngrwyd: https://biphdd.gig.cymru/gweithio-i-ni/<br>• Mae'r llwybr recriwtio ar gyfer nyrsys cofrestredig wedi'i symleiddio a'i ganoli.<br>• Diweddarwyd yr hyfforddiant recriwtio i ddarparu 'dewislen' o hyfforddiant recriwtio dwyieithog.<br>• Nodwyd 36 o bolisïau i'w hadolygu yn 2022-3. Cwblhawyd 30 ohonynt ac mae'r chwech arall ar fin dwyn ffrwyth.<br>• Datblygwyd cynllun gweithredu cysylltiadau â chyflogeion i wella pob agwedd ar yr hyn a gynigir gennym, o'r modd yr ydym yn rheoli'r broses hyd at gwblhau'r amserlenni dan sylw. |

| Amcan cynllunio a statws | Diweddariad |
| --- | --- |
| □ Wedi'i gwblhau<br><br>**1G: Cyflwyno Rheolwyr Cysylltiadau Datblygu Sefydliadol**<br>Rheolwyr Cysylltiadau Datblygu Sefydliadol i gydlynu'r gwaith o ddatblygu Cynlluniau Diwylliant Pobl ar lefel Cyfarwyddiaeth ledled y sefydliad. | Mae rôl y Rheolwyr Cysylltiadau Datblygu Sefydliadol wedi'i hen sefydlu, ac mae'r cysylltiadau'n helpu i fynd i'r afael â materion diwylliannol hynod o heriol mewn rhai meysydd gwasanaeth. Mae'r tîm yn parhau i weithio'n agos gyda chyd-weithwyr yr undebau llafur i ddatrys heriau diwylliannol penodol wrth iddynt ddod i'r amlwg, a hyrwyddo perthnasoedd gwaith iach lle bynnag y bo modd. Mae'r gwaith sy'n cael ei wneud gan y tîm yn helpu i hybu enw da Hywel Dda fel cyflogwr o ddewis. |
| □ Ar y trywydd iawn<br><br>**1H: Y Rhaglen Gwasanaeth Cwsmeriaid "Gwneud Gwahaniaeth"**<br>Gweithredu cynllun i ganolbwyntio ar gyflawni a mesur canlyniadau (yn gysylltiedig â Fframwaith Sicrwydd y Bwrdd), gyda phob aelod o staff wedi cwblhau'r rhaglen erbyn mis Medi 2024. | Parhawyd i gyflwyno'r Rhaglen Gwasanaeth Cwsmeriaid Gwneud Gwahaniaeth oddi ar 2021-22. Ategir hyn gan nifer o gamau allweddol i sicrhau bod cynifer o aelodau o staff â phosibl, o bob rhan o'r bwrdd iechyd, yn ymgysylltu â'r rhaglen. Mae hyn yn cynnwys:<br>• Gwerthuso'r rhaglen<br>• Datblygu offeryn ymddygiad<br>• Targedu grwpiau staff heb gynrychiolaeth ddigonol.<br>• Dechrau gweithio gyda Thîm Profiad y Claf i alluogi ymyriadau targededig i allu amlygu effaith y rhaglen o safbwynt meintiol yn ogystal ag ansoddol. Bydd y gwerthusiad yn cael ei gyflwyno i'r Pwyllgor Pobl, Datblygu Sefydliadol a Diwylliant ym mis Ebrill 2023 i ddirwyn y cynllun gweithredu i ben. |
| Wedi'i ddadflaenoriaethu<br>**1I: Cyflwyno'r Gwasanaeth Cyswllt â Theuluoedd**<br>Sefydlu a chynnal gwasanaeth cyswllt â theuluoedd mewn lleoliadau cleifion mewnol a chlinigol priodol o fis Ebrill 2023 ymlaen. | Mae rôl y Gwasanaeth Cyswllt â Theuluoedd yn estyniad o'r gwasanaeth a ddarparwyd yn ystod COVID-19. Mae gwaith yn parhau, yn seiliedig ar werthuso sut olwg a allai fod ar fodel gwasanaeth y dyfodol yn dibynnu ar y cyllid sydd ar gael ar ei gyfer. |

I gael rhagor o wybodaeth am ein holl amcanion cynllunio, yn cynnwys ein Cyfarwyddwyr Gweithredol arweiniol a'r trefniadau llywodraethu, gweler Atodiad A: Ein Hamcanion Cynllunio ar gyfer 2022-23.

## Diwylliant a phrofiad y gweithlu

Gan barhau â'n huchelgais i sicrhau bod pob diwrnod gwaith yn BIPHDd yn ddiwrnod da, rydym wedi cyflwyno nifer o fentrau i gefnogi ein staff yn well yn y gwaith ac yn eu bywydau y tu allan i'r gwaith er mwyn cynnal eu hiechyd a'u llesiant.

### Y Rhaglen gwasanaeth cwsmeriaid 'Gwneud Gwahaniaeth'

Ym mis Ebrill 2022, lansiwyd ein rhaglen ddwyieithog, 'Gwneud Gwahaniaeth'. Mae'r rhaglen hon, a gynlluniwyd trwy ymchwil seiliedig ar dystiolaeth ac sy'n canolbwyntio ar anghenion unigol, yn darparu gwybodaeth am wasanaethau llesiant, buddion staff, a grwpiau cymunedol, ac yn cyfeirio pobl iddynt, gan roi cyfle i leisiau staff gael eu clywed. Hyd yma, mae dros 500 o staff wedi bod i'r sesiynau, a byddai 100% ohonynt yn eu hargymell i gyd-weithwyr. Cyrhaeddodd y rhaglen y rhestr fer ar gyfer Menter Dysgu a Datblygu Gorau CIPD Cymru.

### Rhaglen Cydnabod a Gwerthfawrogi

Mae cydnabod a gwerthfawrogi cyflogeion wedi bod yn gonglfaen i sefydliadau effeithiol ers tro byd. Mae'r modd y mae sefydliad yn amlygu ei fod yn gwerthfawrogi ei gyflogeion wedi dod yn bwysicach nag erioed. Yn syml, mae cydnabyddiaeth yn ymwneud â'r hyn y mae pobl yn ei wneud; mae gwerthfawrogiad yn ymwneud â phwy ydynt.

Datblygodd Hywel Dda raglen cydnabod a gwerthfawrogi ar gyfer 2022-23 a amlinellai nifer o fentrau i adfywio'r modd yr ydym yn barhaus yn amlygu gwerth yn ein gweithlu. Roedd yr holl wobrau hyn yn rhan o raglen i amlygu gwerthfawrogiad a rhoi gwerth ar ein gweithlu.

### Gwobrau Canmoliaeth y Cadeirydd

Mae Gwobrau Canmoliaeth y Cadeirydd yn cydnabod staff am eu tosturi, eu harloesedd a'u cydweithrediad yn unol â gwerthoedd a phwrpas y sefydliad. Cynhaliwyd digwyddiadau chwarterol i enwebeion ac enillwyr gysylltu a dathlu cyflawniadau. Bu'r digwyddiadau hyn yn rhai eithriadol o gadarnhaol, a chafwyd nifer o enillwyr o gasgliad eang o wasanaethau.

## Gwobrau Gwasanaeth Hir

Cafodd ein cynllun gwobrau gwasanaeth hir ei gyflwyno i gydnabod staff am eu gwasanaeth i'r bwrdd iechyd. Cafodd staff a oedd yn dathlu pump a deng mlynedd o wasanaeth e-gerdyn yn eu llongyfarch ac yn diolch iddynt am eu hymrwymiad i'r gwasanaeth. Cafodd cyd-weithwyr a gyrhaeddodd y cerrig milltir o 25 neu 40 mlynedd o wasanaeth gerdyn ac arno neges bersonol, ynghyd â bathodyn pin wedi'i ddylunio'n arbennig. Mae'r gwobrau hyn wedi cael eu cydnabod yn gyffredinol ledled Hywel Dda ac wedi rhoi llawer o lawenydd i'r cyd-weithwyr a gydnabuwyd yn y modd hwn.

## Cymeradwyaeth Hywel

Ym mis Rhagfyr 2022, lansiwyd ein gwobrau staff Cymeradwyaeth Hywel. Cafodd staff eu henwebu gan gyd-weithwyr ar gyfer gwobrau ar draws ystod o gategorïau amrywiol megis Byw Ein Gwerthoedd, Amrywiaeth a Chynhwysiant, Arwr Anenwog, Seren y Dyfodol, a Llais Cleifion. Cafodd yr enillwyr eu dewis gan baneli a oedd yn cynnwys cyd-weithwyr ar draws amrywiaeth eang o wasanaethau.

- *"Er na chyrhaeddodd fy enwebiad y rhestr fer, rhoddwyd gwybod iddi, a rhoddodd hynny hwb mawr i'w hyder."*

- *"Roedd yr aelod o'r tîm a enwebais wedi cyrraedd y rhestr fer. Nid yn unig y gwnaeth hyn i mi wenu, ond roddodd hwb i'w morâl hi hefyd; teimlai ei bod yn cael ei gwerthfawrogi, a sicrhaodd ymagwedd gadarnhaol ymhlith y tîm wrth i ni rannu'r newyddion da."*

- *"Roedd yn rymusol, a galluogodd fi i gael mwy o gyfle i ddweud fy nweud y tu allan i'm cylch gwaith arferol."*

- *“O mam bach, doeddwn i ddim yn gwybod ei bod wedi gwneud hyn; roedd hynny'n beth bendigedig, a daeth â dagrau i'm llygaid. Rwyf eisoes yn enillydd yn gweithio gyda thîm mor hyfryd.”*

- *“Roedd yn noson hyfryd, ac roedd cael fy enwebi gan y bobl hynny sydd wir yn cyfrif mor emosiynol.”*

Mae buddion staff yn parhau i gael eu hyrwyddo trwy'r ap Hapi, sydd hefyd yn cynnig cymorth llesiant ariannol i staff. Cyflwynwyd ‘Wagestream’ ddiwedd 2022, sy'n galluogi staff i gael mynediad at eu cyflog mewn ffordd fwy hyblyg ac amserol. Hyd yma, mae 14% o'r staff wedi cofrestru ar gyfer Wagestream.

### Rhwydweithiau Staff

Mae’r bwrdd iechyd wedi ehangu ei rwydweithiau staff ac wedi lansio rhwydwaith RespectAbility yn ddiweddar i gefnogi staff niwroamrywiol, yn ogystal â’r rhai sy’n profi afiechyd cronig neu anableddau corfforol eraill. Mae hyn yn ategu rhwydweithiau staff presennol megis Enfys, BAME, Staff sy'n Ofalwyr, y Lluoedd Arfog, a Chaffi Menopause. Mae hyfforddiant amrywiaeth a chynhwysiant arbenigol a thargededig yn parhau i gael ei gynnig i'n staff.

Yn 2022-23 daeth y bwrdd iechyd yn aelod o Rwydwaith Cyflogaeth y Ffoaduriaid ac enillodd wobr Arian Amrywiaeth Stonewall. Roedd y bwrdd iechyd hefyd yn llwyddiannus yng Ngwobrau Iechyd a Gofal Cenedlaethol BAME, gan ennill Gwobr Menter Gymunedol y Flwyddyn a'r Wobr Menter Iechyd Meddwl.

### Llesiant seicolegol staff

Mae iechyd meddwl a llesiant emosiynol ein staff wedi parhau i fod yn flaenoriaeth yn ystod y flwyddyn ddiwethaf ac mae’r tîm Llesiant Seicolegol Staff wedi gweithio i ymestyn y cynnig i staff a chael adborth gwerthfawr ar yr hyn sy’n gweithio’n dda. Mae hyn wedi cynnwys gwella ac ehangu’r wybodaeth sydd ar gael i gefnogi llesiant staff:

- Lansio ein Llwybrau Gofal "Sut yr wyf yn teimlo a beth a allai fy helpu?" i'w gwneud yn haws i staff gael gafael ar yr adnoddau mwyaf perthnasol ar yr adeg iawn.
- Cynnig ein rhaglen Adferiad ym Myd Natur: Encilfannau Ecotherapi ar gyfer staff, ynghyd â'n Diwrnodau ym myd Natur.
    - *"Roedd hwn yn brofiad wirioneddol ddifyr a buddiol, ac yn un y byddwn yn ei argymell yn fawr i eraill."*
- Ein cyfres o weminarau Llesiant yn y Gwaith, sy'n cynnwys Atal Gorweithio, Cydnerthedd Timau, sut i ddefnyddio ffurflen Asesu Risg Straen, ac Adnoddau Llesiant.
    - *"Rwyf wrth fy modd â phob un o'r gweminarau hyn; mae'n gyfle i wirio pethau sydd weithiau'n amlwg ond hefyd ddysgu technegau/strategaethau newydd."*

- Lansio'r cyntaf o'n Harolygon o Anghenion Llesiant Staff i'n helpu i ddeall yr hyn sy'n gweithio i'r staff, pa rwystrau a allai atal staff rhag gofalu am eu llesiant eu hunain, a sut y gallwn wella.

Rydym hefyd wedi parhau i ddarparu mynediad at gymorth seicolegol un-i-un, a chafwyd 555 o hunanatgyfeiriadau yn ystod y flwyddyn, sy'n gynnydd o 6.5% oddi ar y flwyddyn flaenorol. Trefnwyd bron 2,000 o apwyntiadau therapiwtig awr o hyd gyda staff, yn cwmpasu amrywiaeth o faterion gan gynnwys perthnasoedd gwaith, straen a gorweithio, perthnasoedd gartref, pryder, ac iselder.

- *"Mae'r gwasanaeth yn rhagorol, a byddwn yn ei argymell yn fawr i unrhyw un. Roedd yr amser aros yn fyr. Mae'r staff yn gymwynasgar, yn dangos cydymdeimlad, ac yn wybodus, ac roedd gallu cael yr apwyntiad rhithwir yn wych yn fy amgylchiadau i."*

## Recriwtio

### Recriwtio rhyngwladol

Yn 2022-23, cymerodd GIG Cymru ran mewn Prosiect Recriwtio Nyrsys Rhyngwladol uchelgeisiol a moesegol i recriwtio 430 o Nyrsys a Addysgwyd yn Rhyngwladol i ddod i Gymru. Cafodd cant o'r nyrsys hyn eu recriwtio i Hywel Dda, gan adleoli o amryw o wledydd ac ymgartrefu'n dda mewn cymunedau lleol.

Mae'r nyrsys wedi'u lleoli ledled ein pedwar safle ysbyty ac yn gweithio mewn amrywiaeth o feysydd arbenigol. Mae'r prosiect wedi symud yn ei flaen yn gyflym i sicrhau bod y nyrsys yn cael eu hadleoli, eu hyfforddi a'u sefydlu'n fuan, a, hyd yma, nid oes yr un o'r nyrsys wedi gadael Hywel Dda.

Mae'r prosiect recriwtio rhyngwladol wedi cefnogi'r broses o sefydlogi Ysbyty Glangwili. Fel yr oedd ym mis Mawrth 2023, mae 100 o nyrsys tramor wedi cael eu lleoli, ac mae yna 31 yn rhagor i'w lleoli dros y misoedd nesaf. Mae hyn wedi lleihau nifer y swyddi nyrsio gwag yn Ysbyty Glangwili fwy na 50 o nyrsys cyfwerth ag amser llawn ers mis Awst 2022, ac wedi lleihau nifer y shifftiau heb eu llenwi.

Mae cefnogi'r gwaith hwn wedi bod yn broses ddwysáu ar gyfer y defnydd o nyrsys asiantaeth, gan wella trefniadau llywodraethu ein proses archebu nyrsys asiantaeth, a chaniatáu i benderfyniadau ynghylch defnyddio nyrsys asiantaeth gael eu seilio ar y galw gan gleifion neu fylchau staffio. Darparwyd cymorth hefyd trwy ffrydiau recriwtio canolog i leihau ffactor y swyddi gwag ar gyfer nyrsys cofrestredig a gweithwyr cymorth gofal iechyd.

### Ymgyrchoedd Recriwtio

Yn ystod 2022-2023, cafodd 'Tudalennau Gweithio i Ni' y bwrdd iechyd eu hail-lunio a'u hail-frandio. Mae hyn, ar y cyd â'r gwaith o ddatblygu a chydgysylltu llwyfannau cyfryngau cymdeithasol Swyddi Hywel Dda ymhellach, wedi arwain at y nifer mwyaf erioed o geisiadau'n cael eu cyflwyno i'r bwrdd iechyd.

Er mwyn sicrhau bod strategaethau denu yn gynhwysol, rydym wedi ehangu ein llwyfannau hysbysebu i gynnwys posteri lleol a chenedlaethol mewn gorsafoedd trenau, mannau poblogaidd i dwristiaid, trenau, gwasanaethau ar hyd coridor yr M4 a'r M5, y radio, Spotify, y wasg, dosbarthu taflenni trwy flychau llythyrau, pympiau petrol, bysiau, gwasanaeth trenau tanddaearol Llundain, a gwasanaeth hysbysebu digidol gorsafoedd New Street Manceinion a Birmingham. At hynny, rydym hefyd yn cysylltu ag awdurdodau lleol, busnesau, a sefydliadau addysgol i rannu hysbysebion trwy lwyfannau ar-lein.

### Canoli'r gwasanaeth recriwtio

Mewn ymgais i sicrhau effeithlonrwydd a chynhwysiant mewn perthynas â recriwtio, ac i wella'r profiad recriwtio ar gyfer ymgeiswyr, datblygwyd llwybr recriwtio canolog ar gyfer nyrsys cofrestredig a gweithwyr cymorth gofal iechyd.

### Recriwtio cynhwysol

I sicrhau ein bod yn hygyrch i bawb, ac i gefnogi ein cymunedau lleol ac ehangach, datblygwyd amrywiaeth o ddatrysiadau recriwtio ymarferol. Mae hyn yn cynnwys hysbysebu rhai swyddi gwag lle nad yw proses ymgeisio a llunio rhestr fer yn ofynnol. Mae hyn wedi galluogi gwasanaethau i lenwi eu nifer mawr o swyddi gwag mewn cyfnod byr iawn, a hynny gan ddenu pobl leol na fyddent, o bosibl, wedi gwneud cais ar-lein.

### Cynllunio'r gweithlu

Yn 2022-23, mae'r bwrdd iechyd wedi datblygu Fframwaith Adfywio'r Gweithlu, offeryn a fydd yn ein helpu i feintioli'r bylchau yn ein gweithlu a datblygu opsiynau i lenwi'r bylchau hyn yn yr hirdymor. Mae'r fframwaith yn canolbwyntio ar gydweithio â'n partneriaid i sefydlogi ac esblygu ein gweithlu trwy recriwtio, datblygu a chadw staff, gwneud y gorau o dechnoleg ddigidol, a bod yn arloesol mewn perthynas â modelau gweithio newydd. Mae'r fframwaith hwn bellach yn cael ei brofi'n lleol ac mae wedi llywio gwaith ar lefel ranbarthol ac ar lefel Cymru gyfan.

# Amcan Strategol 2 – Cydweithio hyd eithaf ein gallu i roi o'n gorau

# Amcan Strategol 2 – Cydweithio hyd eithaf ein gallu i roi o'n gorau

Mae'r amcan strategol hwn yn mapio'r mesurau a'r blaenoriaethau gweinidogol canlynol:

- Gweithio ochr yn ochr â gofal cymdeithasol – gofal yn nes at y cartref
- Cymru iachach
- Cefnogi iechyd a gofal y gweithlu

Mae ein hamcanion strategol yn eang ac yn drawsbynciol. Mae'r amcanion cynllunio a'r naratif o ran cynnydd mewn perthynas â phob amcan strategol yn cael eu fframio i gyd-fynd â'r themâu a'r canlyniadau canlynol:

| **Thema:** | **Canlyniad:** |
|---|---|
| Y Claf | Rydym yn gwrando ar leisiau ein cleifion i sicrhau bod ein gwasanaethau'n cyflawni'r canlyniadau sy'n bwysig iddynt |
| Y Staff | Mae ein staff yn teimlo eu bod yn rhan o dîm effeithiol |
| Y Boblogaeth | Mae ein gweledigaeth ni, y bwrdd iechyd, yn glir, ac mae ein hamcanion yn gyson |

| Ein hamcanion cynllunio | Statws |
|---|---|
| 2A – Ymateb i'r Strategaeth Gofalwyr Rhanbarthol | □ Wedi'i gwblhau |
| 2B – Sefydlu Cynllun Cydraddoldeb Strategol a'r Amcanion | □ Wedi'i gwblhau |
| 2D – Cynllun addysg glinigol | □ Wedi'i gwblhau |
| 2E – Darparu tystiolaeth o effaith cronfeydd elusennol | □ Wedi'i gwblhau |
| 2I – Arlwy Iechyd Galwedigaethol a Llesiant Seicolegol Staff integredig | □ Ar ei hôl hi |
| 2J – Rhaglenni Arweinyddiaeth “Future Shot” | □ Wedi'i gwblhau |
| 2K – Gwrando, dysgu a gwyleidd-dra diwylliannol sefydliadol | □ Wedi'i gwblhau |
| 2L – Cynllun strategol i ymgysylltu â staff | □ Wedi'i gwblhau |
| 2M – Datblygu'r Rhaglen Celfyddyd mewn Iechyd | □ Wedi'i gwblhau |
| **Ein prif risgiau** | **Rheolaeth RAG** |
| 1185 – Ymgysylltiad cyson ac ystyrlon trwy ein gweithlu | □ Canolig |
| 1186 – Denu, cadw a datblygu staff â'r sgiliau cywir | □ Canolig |
| 1187 – Enw da i ddenu pobl a phartneriaid | □ Canolig |
| 1188 – Amlygu dylanwad effeithiol mewn partneriaethau | □ Uchel |
| **Mesurau ein canlyniadau** | **Statws** |
| Mae aelodau'r tîm yn ymddiried yng nghyfraniad y naill a'r llall | □ Dim Newid |
| Rwy'n falch o ddweud wrth bobl fy mod yn gweithio i Hywel Dda | □ Y targed wedi'i fethu |

| Ein hamcanion cynllunio | Statws |
|---|---|
| Staff: PADR (Gwerthusiad Perfformiad ac Adolygiad o Ddatblygiad) yn y 12 mis diwethaf sydd wedi cefnogi fy natblygiad ac wedi rhoi amcanion clir i mi yn unol â nodau'r sefydliad | □ Yn well ond y targed wedi'i fethu |

## Ein hamcanion cynllunio

Bu i ni nodi naw amcan cynllunio a oedd yn cyfateb i'r amcan strategol hwn. Mae'r tabl isod yn crynhoi'r amcanion cynllunio hyn a'r cynnydd a wnaed gennym erbyn mis Mawrth 2023.

| Amcan cynllunio a statws | Diweddariad |
|---|---|
| □ Wedi'i gwblhau<br><br>**2A: Ymateb i'r Strategaeth Gofal Rhanbarthol**<br>Datblygu cynllun penodol i'r bwrdd iechyd sy'n cefnogi dull cynaliadwy o ddarparu ein gwasanaethau a gomisiynir ar gyfer gofalwyr di-dâl, ac sy'n ymateb i'r Strategaeth Gofalwyr Rhanbarthol. | • Cynhaliwyd gweledegdd rôl bwysig gofalwyr di-dâl trwy gydol y flwyddyn, gan gynnwys rhoi cyflwyniad i'r Bwrdd ar Ddiwrnod Hawliau Gofalwyr ym mis Tachwedd 2022. Er gwaethaf heriau ariannol parhaus cyllid byrdymor ac afreolaidd, cafodd gwasanaethau a gomisiynir gan y bwrdd iechyd eu hadolygu a'u haddasu i ymateb i anghenion newidiol Gofalwyr di-dâl.<br>• Datblygwyd cynllun gweithredu'r bwrdd iechyd trwy waith y Grŵp Strategaeth Gofalwyr, a'i gysoni â'r Strategaeth Gofalwyr ranbarthol a blaenoriaethau cenedlaethol.<br>• Mae rhwydwaith staff y bwrdd iechyd yn parhau i gynnig cymorth gan gymheiriaid i staff sydd â chyfrifoldebau gofalu di-dâl, a chafodd amrywiaeth o weithgareddau meithrin ymwybyddiaeth eu cynnal trwy gydol y flwyddyn.<br>• Cyflwynwyd adroddiad diweddaru blynyddol i'r Pwyllgor Pobl, Datblygu Sefydliadol a Diwylliant yn ei gyfarfod ym mis Chwefror 2023. |
| □ Wedi'i gwblhau<br><br>**2B: Sefydlu Cynllun ac Amcanion Cydraddoldeb Strategol**<br>Rhoi cyfres o gamau gweithredu ar waith i wella Hywel Dda fel sefydliad sy'n gymwys yn ddiwylliannol. Gall hyn gefnogi a chydnabod anghenion unigol cyflogeion, cleifion a gofalwyr. | Mae'r bwrdd iechyd wedi ehangu ei rwydweithiau staff ac wedi lansio rhwydwaith RespectAbility i gefnogi staff niwroamrywiol, yn ogystal â'r rhai sy'n profi afiechyd cronig neu anableddau corfforol eraill. Mae hyn yn ategu'r rhwydweithiau staff presennol: Enfys, BAME, Staff sy'n Ofalwyr, y Lluoedd Arfog, Caffi Menopos. |

| Amcan cynllunio a statws | Diweddariad |
| --- | --- |
| □ Wedi'i gwblhau<br><br>**2D: Cynllun addysg glinigol**<br>Datblygu cynllun addysg glinigol ac anghlinigol amlddisgyblaethol, a dechrau ei roi ar waith ym mis Hydref 2022. Bydd y cynllun hwn yn ymgorffori'r broses o ehangu'r Academi Prentisiaethau o ran ei chwmpas, ei maint, a'r modd y mae'n integreiddio i mewn i ofal cymdeithasol. | • Mae Cynllun Addysg Ryngbroffesiynol wedi cael ei ddatblygu a'i gyflwyno, sy'n nodi'r newidiadau gofynnol i ddarparu addysg a hyfforddiant rhyngbroffesiynol dros y tair blynedd nesaf, ac yn nodi'r modd y mae'n bwriadu darparu profiad dysgu arloesol a theg i'r staff.<br>• Mae Addysg Seiliedig ar Efelychu (SBE) yn gyfrwng allweddol i gyflawni'r Cynllun Addysg Ryngbroffesiynol, ac rydym wedi gwneud cynnydd sylweddol o ran datblygu ein dull gweithredu. |
| □ Wedi'i gwblhau<br><br>**2E: Darparu tystiolaeth o effaith cronfeydd elusennol**<br>Parha i gyflawni amcanion cynllun tair blynedd (2020-2023) yr elusen i feithrin rhagor o ymwybyddiaeth o'n helusen swyddogol a'r cyfleoedd sydd ar gael i godi arian a defnyddio cronfeydd i wneud gwahaniaeth cadarnhaol i iechyd, llesiant a phrofiad cleifion, defnyddwyr y gwasanaeth, a staff ledled y bwrdd iechyd. | Roeddem wedi rhagori ar y targed ar gyfer Apêl Cemotherapi Bronglais, ariannu mainc goffa ar gyfer Wythnos y Lluoedd Arfog, a datblygu gwefan newydd ar gyfer yr elusen: https://elusennauiechydhyweldda.gig.cymru/. |
| □ Ar ei hôl hi<br><br>**2I: Arlwy Iechyd Galwedigaethol a Llesiant Seicolegol Staff integredig**<br>Datblygu arlwy Iechyd Galwedigaethol a Llesiant Seicolegol Staff integredig ac iddo un man cyswllt sy'n cefnogi staff i barhau mewn gwaith, yn cynnig cymorth pan fyddant yn absennol, ac yn darparu cyfleoedd amgen pan fydd iechyd yn effeithio ar allu unigolyn i fod mewn rôl. | • Cafodd yr amcan ei oedi oherwydd trafodaethau parhaus ar hyd a lled Cymru mewn perthynas â dull gweithredu unwaith ar gyfer Cymru.<br>• Mae hwn wedi'i ddwyn ymlaen fel amcan cynllunio ar gyfer 2023-24, gyda'r bwriad o'i gwblhau erbyn mis Medi 23. Y cam cyntaf fydd ymgysylltu â rhanddeiliaid allweddol. Mae cyfarfodydd cychwynnol wedi'u trefnu ar gyfer mis Ebrill 2023. |

| Amcan cynllunio a statws | Diweddariad |
| --- | --- |
| □ Wedi'i gwblhau<br><br>**2J: Rhaglenni Arweinyddiaeth "Future Shot"**<br>Cynllunio ystod gynhwysfawr o lwybrau datblygu arweinyddiaeth i greu carfannau o arweinwyr y mae eu hangen i fynd i'r afael â'r heriau sydd o'n blaenau. Bydd hyn yn cynnwys cynllunio tîm arwain graddedigion ar gyfer iechyd a gofal cymdeithasol. | • Cyflawnwyd nifer o raglenni datblygu arweinyddiaeth ar draws yr holl grwpiau staff, gan gynnwys Mewnwelediad Ymddygiadol ar Waith; Arweinyddiaeth Ymgysylltu â Phobl Anhygoel (LEAP).<br>• Cynllunio a datblygu fframwaith rheoli talent a chynllunio ar gyfer olyniaeth newydd (i'w lansio yn ystod haf 2023).<br>• Mae'r galluogrwydd hyfforddi ledled y sefydliad yn parhau i dyfu, gyda phum carfan naill ai wedi'u cwblhau neu wedi dechrau ar y rhaglen. Mae nifer yr hyfforddwyr cymwys yn cynyddu o ganlyniad, gan gefnogi'r broses o ddatblygu diwylliant hyfforddi ledled Hywel Dda.<br>• Ddechrau 2022 penderfynwyd gohirio'r broses o ddatblygu rhaglen arweinyddiaeth i raddedigion ledled iechyd a gofal cymdeithasol, a datblygu'r rhaglen LEAP yn ei lle, a hynny'n ffordd fwy effeithlon a chyflym o gynyddu ein gallu i arwain. |
| □ Wedi'i gwblhau<br><br>**2K: Gwrando, dysgu a gwyleidd-dra diwylliannol sefydliadol**<br>Dangos cynnydd y camau gweithredu o'r adroddiad darganfod staff cyntaf gan ganolbwyntio ar y modd y gallwn gefnogi staff yn well yn y gwaith ac yn eu bywydau ehangach i gefnogi iechyd a llesiant. | Y cynllun gweithredu wedi'i gyflwyno i symud y canlyniadau ymlaen o'r adroddiad Darganfod Staff, yn ogystal ag Arolwg Staff y GIG, y Raddfa Ymgysylltiad Meddygol a'r Arolwg o Lesant Nyrsys a Bydwragedd yn y Gwaith. Roedd y camau gweithredu'n cynnwys ystod ehangach o sianeli i wrando ar ein staff a dysgu ganddynt; gwaith cadw gwyliadwriaeth mwy deallus i driongli ein dealltwriaeth ddiwylliannol, ac amrywiaeth lawer ehangach o ffyrdd i ni ddangos ein gwerthfawrogiad a'n cydnabyddiaeth o'n staff. Pan fo hyn yn cael ei gyfuno â'n dull o gynllunio ar gyfer diwylliant pobl ar lawr gwlad, rydym yn gweld gwelliant cadarnhaol iawn ym mhrofiad y staff. |

| Amcan cynllunio a statws | Diweddariad |
| --- | --- |
| □ Wedi'i gwblhau<br><br>**2L: Cynllun strategol i ymgysylltu â staff**<br>Datblygu cynllun i sicrhau ein bod yn cadw ein staff newydd a phresennol trwy wella ein hymgysylltiad â staff a lleihau trosiant. | • Mae gwaith gwyliadwriaeth i ddeall pam y mae pobl yn ystyried gadael, yn ogystal ag arolygon a chyfweliadau ymadael yn ein helpu i ddeall y materion sy'n bwysig i'n staff yn well. Ymhlith y materion y mae ein nyrsys yn dweud sy'n bwysig iddynt y mae cydbwysedd rhwng bywyd a gwaith, mwy o hyblygrwydd, a chyfleoedd o ran gyrfa.<br>• Mae ein Rheolwyr Perthnasoedd Datblygu Sefydliadol wedi bod yn gweithio gyda thimau i helpu i ddeall heriau penodol y gwasanaeth.<br>• Aed ati hefyd i sefydlu grŵp i weithio ar gyfraddau cadw staff meddygol.<br>• Ni sydd â'r gyfradd trosiant staff gyffredinol orau o blith holl fyrddau iechyd Cymru. |
| □ Wedi'i gwblhau<br><br>**2M: Datblygu'r Rhaglen Celfyddyd mewn Iechyd**<br>Cynnal a datblygu'r Rhaglen Celfyddyd mewn Iechyd i hybu ac annog y defnydd o'r celfyddydau yn yr amgylchedd gofal iechyd i wneud cyfraniad cadarnhaol i lesiant ein cleifion, defnyddwyr ein gwasanaeth, a'n staff. | Mae datblygiadau Celfyddyd mewn Iechyd ar y trywydd iawn o ran ymgysylltu â'r cyhoedd a'r staff ynghylch datblygu gweledigaeth newydd ar gyfer Celfyddyd mewn Iechyd. Mae gweithgareddau creadigol ar gyfer llesiant staff yn mynd rhagddynt o ran bwrsarïau canu Hywel Dda; ac adnoddau llesiant y Gydweithredfa Greadigol a'r Cwtsh Diwylliannol ar gyfer gweithwyr iechyd a gofal cymdeithasol. Ymhlith y mentrau ar gyfer cleifion y mae'r ddarpariaeth Celfyddydau ac Iechyd Meddwl 'Arts Boost' i blant a phobl ifanc, mewn partneriaeth â SCAMHS (y Gwasanaeth Iechyd Meddwl Arbenigol i Blant a'r Glasoed), a Cherddoriaeth Fyw ledled gwasanaeth Uned Therapi Dwys Hywel Dda. Mae'r Rhaglenni Dawns ar Bresgripsiwn a Darganfod Presgripsiynu Creadigol ar gael ar gyfer cymunedau. |

I gael rhagor o wybodaeth am ein holl amcanion cynllunio, yn cynnwys ein Cyfarwyddwyr Gweithredol arweiniol a'r trefniadau llywodraethu, gweler Atodiad A: Ein Hamcanion Cynllunio ar gyfer 2022-23.

## Myfyrdodau allweddol ar Amcan Strategol 2: ‘Cydweithio hyd eithaf ein gallu i roi o’n gorau’

Mewn perthynas â'n cynnydd yn unol ag Amcan Strategol 2, ‘Cydweithio hyd eithaf ein gallu i roi o’n gorau’, un o ganlyniadau allweddol y bwrdd iechyd oedd datblygu gweledigaeth strategol glir y mae ein hamcanion yn gyson â hi.

Mae ein gwaith i hyrwyddo gwerth dull sgyrsiol o fynd i'r afael â'r broses o werthuso a datblygu perfformiad, a hynny dan arweiniad y cyflogai, yn parhau i wella. Cyrhaeddodd ein cyfradd cydymffurfio â tharged Haen 1 PADR 73% ym mis Chwefror 2023.

### Cenedlaethau'r Dyfodol yn Byw Bywydau Iach

Mae gennym weledigaeth a rennir â'n cymunedau i ni fyw bywydau iach, llawen. Rydym am i bobl a’r cymunedau y maent yn byw ynddynt fod:

- Yn gysylltiedig – yn gallu byw a gweithio gyda'i gilydd
- Yn gefnogol – yn gallu helpu ei gilydd
- Yn ymaddasol – yn gallu newid yn ôl yr angen
- Yn gydnerth – yn gallu adfer pan fyddant yn wynebu heriau
- Yn ddyfeisgar – yn gallu dod o hyd i ffyrdd i oresgyn problemau

Ein huchelgais yw symud o fod yn wasanaeth sy'n trin salwch yn unig, i fod yn un sy'n cadw pobl yn iach, yn atal pobl rhag mynd yn sâl neu'n atal salwch rhag gwaethygu, ac sy'n darparu unrhyw help y mae arnoch ei angen yn gynnar. Rydym yn gweithio yn ein cymunedau i ddarparu cymorth a gofal mwy cydgysylltiedig mor agos at y cartref â phosibl.

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

Datblygwyd ein gweledigaeth ar gyfer iechyd a gofal trwy wrando ar y sgyrsiau canlynol â’n cymunedau. Mae ein huchelgais wedi'i nodi yn ein strategaeth, Canolbarth a Gorllewin Cymru Iachach: Cenedlaethau'r Dyfodol yn Byw Bywydau Iach.

Roeddem wedi cyflwyno cynlluniau uchelgeisiol i Lywodraeth Cymru ddechrau 2022, ac, os byddant yn llwyddiannus, gallent arwain at fuddsoddiad o tua £1.3 biliwn mewn iechyd a gofal yng ngorllewin Cymru. Sylfaen y cynllun yw sicrhau cymaint o ofal â phosibl yn nes at gartrefi pobl, ac mae yna gynlluniau ar waith i greu nifer o ganolfannau iechyd a llesiant integredig, wedi'u cynllunio ar y cyd â'r cymunedau lleol, ledled Sir Gaerfyrddin, Ceredigion a Sir Benfro.

Mae ysbyty gofal brys a gofal wedi'i gynllunio newydd yn rhan o’n strategaeth i allu ail-ddarparu mwy o ofal mewn lleoliadau cymunedol, a hynny trwy sicrhau model ysbytai cynaliadwy sy’n addas ar gyfer cenedlaethau’r dyfodol. Byddai hyn yn gwella ac yn cynyddu'r gwasanaethau gofal arbenigol y gellir eu darparu ac yn mynd i'r afael â heriau hirsefydlog, gan gynnwys hen ysbytai, problemau o ran cynnal rotas meddygol ar draws sawl ysbyty, a recriwtio staff.

Mewn cyfarfod a gynhaliwyd ar 4 Awst 2022, clywodd y Bwrdd fod y broses hyd yma o arfarnu safleoedd posibl ar gyfer ysbyty newydd, o fewn y parth y cytunwyd arno yn dilyn ymgynghoriad

cyhoeddus yn 2018, wedi cael cydnabyddiaeth arfer gorau gan y corff annibynnol, y Sefydliad Ymgynghori.

Roedd yna gytundeb unfrydol bod angen ymgynghoriad cyhoeddus pellach, yn enwedig i glywed lleisiau'r rhai nas clywir yn aml a'r staff, gan gynnwys y rheiny yn y gymuned a'r gwasanaethau gofal sylfaenol.

Yn seiliedig ar y dystiolaeth a'r manylion a ddarparwyd trwy'r broses arfarnu tir gynhwysfawr hyd yma, penderfynodd y Bwrdd gynnwys tri o'r pum safle a ystyriwyd yn flaenorol yn yr ymgynghoriad cyhoeddus.

### Cyflwyno Achos Busnes ar gyfer y Rhaglen

Yr Achos Busnes ar gyfer y Rhaglen a gyflwynwyd gennym i Lywodraeth Cymru ym mis Chwefror 2022 yw'r ddogfen lefel uchel gyntaf i geisio sicrhau cymeradwyaeth Llywodraeth Cymru ar gyfer y rhaglen ac i gefnogi trefniadau i ariannu gwaith manylach.

Gobeithiwn y bydd y broses hon, yn y pen draw, yn arwain at fuddsoddiad o £1.3 biliwn gan Lywodraeth Cymru yn yr adeiladau a'r seilwaith y mae eu hangen i ni gyflawni ein strategaeth hirdymor. Pe bai'n cael ei gymeradwyo, byddai hon yn lefel ddigynsail o fuddsoddiad mewn gofal iechyd yng ngorllewin Cymru, buddsoddiad y mae mawr ei angen.

Mae Llywodraeth Cymru wrthi'n ystyried ein Hachos Busnes ar gyfer y Rhaglen, ac, os bydd yn llwyddiannus, y cam nesaf fydd llunio Achos Amlinellol Strategol ar gyfer pob un o'r datblygiadau allweddol cyn llunio Achosion Busnes Llawn. Yn ystod y flwyddyn adrodd, mae'r gwaith o lunio'r Achos Amlinellol Strategol wedi parhau, gan gynnwys: y Cyflwyniad a'r Achos Strategol; yr Achos Economaidd; yr Achos Rheoli; yr Achos Ariannol a'r Achos Masnachol.

Yn amodol ar gwblhau'r Adolygiad o'r Strategaeth Glinigol, sy'n gyd-ddibynnol ar yr Achos Amlinellol Strategol, rydym ar y trywydd iawn i gwblhau'r fersiwn ddrafft o'r Achos Amlinellol Strategol erbyn diwedd mis Mehefin 2023. Ar hyn o bryd, mae'r bwrdd iechyd yn rhagweld y bydd cyllid Llywodraeth Cymru ar gyfer y costau datblygu sy'n gysylltiedig â'r achos ar gael yn 2023-24.

Ein hamcan yw cyrraedd y cam o gyflwyno Achos Busnes Llawn ar draws holl elfennau ein Rhaglen erbyn mis Mawrth 2026. Mae'r amserlen hon yn uchelgeisiol ond bydd yn ein galluogi i gyflawni gwelliannau ar gyfer ein poblogaethau cyn gynted â phosibl, a symud ymlaen yn gyflym i gyflawni targed datgarboneiddio 2030 GIG Cymru.

Fodd bynnag, bydd hon yn broses hir. Er enghraifft, rydym yn disgwyl iddi gymryd tan o leiaf diwedd 2029 cyn y bydd yr Ysbyty Gofal Brys a Gofal wedi'i Gynllunio yn agor.

### Ymgynghoriad ar dir safle'r ysbyty newydd

Lansiodd y bwrdd iechyd ei ymgynghoriad ffurfiol 12 wythnos o hyd ar 23 Chwefror 2023, gan wahodd aelodau o'r cyhoedd, staff a sefydliadau partner i rannu eu barn am dri safle posibl ar gyfer ysbyty gofal brys a gofal wedi'i gynllunio newydd yn rhan o strategaeth ehangach Bwrdd Iechyd Prifysgol Hywel Dda i wella iechyd a gofal yn y rhanbarth. Mae'r manylion llawn, ynghyd â gweithgareddau ymgysylltu cymunedol eraill, wedi'u cynnwys ar ddiwedd y bennod ar 'Amcan Strategol 3 – Ymdrechu i ddarparu a datblygu gwasanaethau rhagorol'.

## Dull partneriaeth o fynd i'r afael ag iechyd a gofal

Trwy gydol 2022, bu'r tri Bwrdd Gwasanaethau Cyhoeddus yn ardal Hywel Dda yn gweithio mewn partneriaeth i sefydlu fframwaith methodoleg ar y cyd a chynllun ymgysylltu ar y cyd i gefnogi gwaith yn y sir i adnewyddu ein Hasesiadau Llesiant ar y cyd.

Roedd yn hollbwysig llunio asesiad cadarn a chywir o lesiant, a fyddai'n rhoi sylw dyledus i farn ac anghenion trigolion Hywel Dda. Roedd yr asesiadau hefyd yn rhoi mewnwelediad gwerthfawr i'r bwrdd iechyd i gefnogi ei agenda ei hun mewn perthynas â chynllunio strategol, cyflawni gweithredol, a thrawsnewid.

Nod yr asesiadau oedd cipio sbectrwm eang o ffactorau economaidd, cymdeithasol, amgylcheddol a diwylliannol sy'n effeithio ar fywydau pobl bob dydd. Roedd hyn yn cynnwys nodi'r cryfderau, yr asedau, yr heriau, a'r cyfleoedd y mae dinasyddion yn ardal pob awdurdod lleol yn eu hwynebu.

Roedd asesiadau llesiant yn ffurfio sail i ddatblygu Cynlluniau Llesiant 2023-2028, sydd wedi bod yn destun ymgynghoriad cyhoeddus yn ddiweddar ac sydd ar hyn o bryd yn rhan o broses craffu a chymeradwyo.

Mae Bwrdd Partneriaeth Rhanbarthol Gorllewin Cymru yn parhau i ddatblygu 'Ymhellach, Yn Gyflymach', sef ein cenhadaeth i ddatblygu Gwasanaeth Gofal Cymunedol Integredig i Gymru. Roedd Llywodraeth Cymru yn bresennol yng nghyfarfod y Bwrdd Partneriaeth Rhanbarthol a gynhaliwyd ym mis Ionawr 2023 i roi trosolwg o'i phapur polisi 'Ymhellach, Yn Gyflymach'. Mae'r Bwrdd Partneriaeth Rhanbarthol yn gweithio i adeiladu ar gynnydd diweddar i ddatblygu gwe gryfach o gymorth er mwyn sicrhau gwell ansawdd bywyd i bobl, ac mae'n mynd ati ar y cyd i ddatblygu a chytuno ar wasanaeth gofal cymunedol a model ar gyfer y gweithlu.

Yn ei gyfarfod ym mis Ionawr, bu'r i'r Bwrdd Partneriaeth Rhanbarthol hefyd gytuno ar Strategaeth Eiriolaeth Gorllewin Cymru, ac mae hon yn cael ei gweithredu trwy ein Bwrdd Rhaglen Gomisiynu ar y cyd. Ym mis Chwefror 2023, cynhaliodd y Bwrdd Partneriaeth Rhanbarthol weithdy, wedi'i hwyluso gan Sefydliad Gofal Cyhoeddus Prifysgol Oxford Brookes, i gefnogi datblygiad y Strategaeth Gyfalaf Integredig Ddeng Mlynedd.

## Cefnogi gofal cymdeithasol a sicrhau bod cleifion yn cael eu rhyddhau'n ddiogel o'r ysbyty

Mae ein strategaeth, Canolbarth a Gorllewin Cymru Iachach, yn disgrifio dull system gyfan o ymdrin ag iechyd a llesiant. Mae'n rhoi pwyslais sylweddol ar roi pobl a chymunedau wrth galon y model, gyda rhwydweithiau cymunedol yn chwarae rôl hanfodol o ran cyflawni'r trawsnewid angenrheidiol.

Nod model y dyfodol yw creu system gofal iechyd gynaliadwy wedi'i seilio ar "fodel cymdeithasol ar gyfer iechyd a llesiant". Mae hyn yn gofyn am newid o ffocws ar ofal yn yr ysbyty i system o lesiant ac atal lle darperir gofal yn nes at y cartref trwy fodelau cymunedol gwell. Bydd gan fodel gofal y dyfodol rwydwaith o ganolfannau iechyd a llesiant integredig, a ddatblygir ar y cyd â'n partneriaid yn y sector cyhoeddus a'r trydydd sector, canolfannau a fydd yn cefnogi llesiant a'r anghenion o ran iechyd a gofal cymdeithasol mewn perthynas ag iechyd corfforol a meddyliol ar gyfer ein cymunedau. Bydd y gwasanaethau a gynigir mewn canolfannau iechyd a llesiant hefyd yn cael eu darparu o gyfleusterau cymunedol presennol, sydd ag amrywiaeth o enwau, ac yn ysbytai Glangwili a Llwynhelyg yn eu rolau o fod yn ysbytai cymunedol.

### Gweithio gyda'n partneriaid ar gyfleoedd ymchwil

Ers sawl blwyddyn, mae BIPHDd wedi chwarae rôl weithredol o ran cefnogi ymchwil i wella gofal a gwasanaethau cleifion. Mae hyn yn cynnwys y bwrdd iechyd yn cydweithio â phartneriaid, gan gynnwys Prifysgol Cymru y Drindod Dewi Sant (PCYDDS) i gefnogi'r gwaith o gyflawni Canolbarth a Gorllewin Cymru Iachach, yn ogystal â Phrifysgol Aberystwyth i helpu i drawsnewid gofal iechyd trwy agor cyfleuster ymchwil glinigol.

Yn gynharach yn y flwyddyn adrodd, cafodd Dr Peter Cnudde, sy'n llawfeddyg sydd wedi gosod nifer mawr o gymalau newydd yn Ysbyty'r Tywysog Philip, Llanelli, gyllid gan Ymchwil Iechyd a Gofal Cymru  yn rhan o Wobrau Amser Ymchwil y GIG. Maes diddordeb ymchwil Dr Cnudde yw datblygu llwybr cleifion a alluogir gan dechnoleg ar gyfer cymalffurfiad, sef llawdriniaeth lle caiff cymal artiffisial ei osod yn lle'r cymal sydd wedi'i niweidio.

Mae'r bwrdd iechyd hefyd wedi cael mwy na £435,000 o gyllid gan Ymchwil ac Arloesi yn y DU (UKRI) ar gyfer dau brosiect sydd â'r nod o ddatblygu a gwella systemau i gefnogi gofal iechyd a chynllunio ar lefel leol a chenedlaethol yng Nghymru.

Mae cystadleuaeth Horizon Europe Guarantee UKRI yn rhoi cyllid o £168,268 i'r bwrdd iechyd yn rhan o brosiect DYNAMO Horizon Europe. Bydd y prosiect, sy'n werth €5 miliwn, yn canolbwyntio ar fodelu a chynnal asesiadau dynamig o lwybrau iechyd a gofal integredig, gan wella gallu systemau iechyd i ymateb. Bydd DYNAMO yn arwain at ddatrysiad darbodus a phwerus gan alluogi dull cyflym o gynllunio llwybrau gofal ar gyfer sefyllfaoedd lle mae gweithrediad systemau iechyd dan fygythiad, dull a lywir gan ddata ac sy'n annibynnol ar lwyfan.

Dyfarnwyd cyllid o £266,860 i'r ail brosiect, a hynny gan gystadleuaeth Horizon Europe Guarantee yr UKRI yn rhan o brosiect Invest4Health Horizon Europe. Nod y prosiect hwn yw symbylu modelau cyllid newydd ar gyfer hybu iechyd ac atal clefydau.

## Amlygu Datblygiadau Allweddol

### Llyfrgell apiau Iechyd a Gofal ORCHA

Bu'r bwrdd iechyd yn gweithio gydag ORCHA (y Sefydliad Adolygu Apiau Gofal ac Iechyd) a ni oedd y bwrdd iechyd cyntaf yng Nghymru i lansio Llyfrgell Apiau Iechyd a Gofal sy'n cynnwys cannoedd o apiau a adolygir yn annibynnol.

Gan fod dros 375,000 o apiau iechyd ar gael ar draws y siopau apiau gwahanol – sy'n cwmpasu popeth o ryseitiau bwyta'n iach i apiau loncian, a rhai sy'n monitro rhythmau'r galon neu'n darparu cymorth iechyd meddwl – gall fod yn anodd gwybod pa rai sy'n ddibynadwy ac yn effeithiol.

Bu i ni ffurfio partneriaeth ag ORCHA i ddatblygu llyfrgell o apiau iechyd a gofal sydd wedi bod yn destun adolygiadau annibynnol. Mae tîm ORCHA, sy'n cynnwys clinigwyr sydd wrthi'n ymarfer, yn achredu apiau iechyd yn unol â nifer o feini prawf llym mewn meysydd megis sicrwydd clinigol/proffesiynol, data a phreifatrwydd, defnyddioldeb, a hygyrchedd; gan roi sgôr ganrannol hawdd ei deall i bob ap, a fydd yn helpu pobl leol i benderfynu a ddylid ei lawrlwytho ai peidio.

### Prosiect LUMEN

Mae prosiect LUMEN yn rhoi mynediad uniongyrchol at nyrs arbenigol i bobl sy'n byw yn Sir Gaerfyrddin ac yn profi problemau anadlol, pa un a ydynt yn smygwyr ai peidio, nyrs a all drafod symptomau, ac, os yw hynny'n briodol, eu hatgyfeirio'n uniongyrchol i gael archwiliad pellach. Os bydd y cynllun peilot yn llwyddiannus, y gobaith yw y caiff ei estyn i Sir Benfro a Cheredigion yn y flwyddyn nesaf.

### Ymgyrch Nightingale 23

Datblygwyd Ymgyrch Nightingale 23 gan Gyngor Sir Penfro mewn ymateb i'r cyfnod parhaus o bwysau'r gaeaf, a darparodd amrywiaeth o fesurau i helpu i gynyddu llif cleifion allan o'r ysbyty, gan gynnwys:

- adleoli staff y sir i rolau cymorth cymunedol yn y byrdymor
- capasiti gwaith cymdeithasol ychwanegol
- adleoli'r capasiti gofal cymdeithasol presennol i dimau'r ysbytai i flaenoriaethu'r gwaith o asesu gofal cleifion a dyrannu pecynnau gofal
- defnyddio grwpiau cymunedol a gwirfoddolwyr i ganiatáu i bobl adael yr ysbyty yn ddiogel a dychwelyd adref.

### Y Cynllun Ymateb i Gwympiadau ac Eiddilwch

Dechreuodd Cynllun Ymateb i Gwympiadau Ambiwlans Sant Ioan yn Sir Benfro ar 1 Ionawr 2023 gan godi pwysau sylweddol oddi ar y GIG yn yr ardal, yn ogystal â darparu gofal brys i'r rheiny y mae arnynt ei angen fwyaf yn y gymuned leol.

Bu'r cynllun, a oedd wedi'i leoli yn Hwlffordd, yn rhedeg tan ddiwedd mis Mawrth 2023, ac fe'i darparwyd mewn partneriaeth rhwng y bwrdd iechyd, Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru, ac Ambiwlans Sant Ioan Cymru, a fu'n cydweithio i helpu'r cymunedau ledled y rhanbarth.

Pan ddeialir 999, os yw'r digwyddiad yn ymwneud â chwymp gall tîm Ymateb i Gwympiadau Ambiwlans Sant Ioan Cymru ei frysbennu. Mae tîm Ambiwlans Sant Ioan yn asesu'r claf ac yn gweithio gyda Desg Cymorth Clinigol y gwasanaeth Ambiwlans i nodi llwybr triniaeth priodol, a allai gynnwys cludo'r claf i'r ysbyty mewn Ambiwlans neu y claf yn aros yn ei gartref. Gellir trefnu cymorth pellach hefyd os oes angen.

### Cynllun Gartref Gyntaf

Bu Uwch-barafeddygon o Ymddiriedolaeth Gwasanaethau Ambiwlans Cymru (WAST) yn gweithio trwy'r cynllun Gartref Gyntaf, yn Llanelli, i asesu galwadau 999 i weld a oes yna unrhyw ffyrdd o ddefnyddio eu sgiliau uwch i drin pobl yn ddiogel gartref. Ymatebodd Uwch-barafeddygon i dros 70% o'r holl alwadau yn yr ardal, gan ddargyfeirio nifer o gleifion o'r Adran Damweiniau ac Achosion Brys i gael eu trin trwy lwybrau eraill.

### Nyrsio Digidol: Cofnod Gofal Nyrsio Cymru

Ers dechrau ar ei daith ym mis Ebrill 2021 fel y bwrdd iechyd cyntaf yng Nghymru i gyflwyno'r Cofnod Gofal Nyrsio Cymru digidol newydd, mae Hywel Dda wedi parhau i arwain y ffordd o ran y prosiect cenedlaethol hwn a arweinir yn glinigol ac sy'n torri tir newydd.

Yn dilyn lansiad swyddogol Cofnod Gofal Nyrsio Cymru yn Hywel Dda, mae'r broses o gyflwyno'r dechnoleg wedi parhau'n ddi-oed, a nodwyd yng nghyfarfod y Bwrdd ym mis Mai 2022 ei bod wedi'i chwblhau. Mae ein taith tuag at ffyrdd mwy clyfar o weithio, sy'n canolbwyntio ar y claf, yn defnyddio'r dechnoleg ddigidol ddiweddaraf ar lechen, yn hytrach na ffurflenni papur. Mae Cofnod Gofal Nyrsio Cymru wedi trawsnewid dogfennaeth nyrsio yn y bwrdd iechyd.

### Rôl ein Grŵp Cyfeirio Rhanddeiliaid

Mae'r Grŵp Cyfeirio Rhanddeiliaid yn darparu fforwm ar gyfer ymgysylltu a mewnbwn ymhlith rhanddeiliaid ledled y cymunedau a wasanaethwn. Ei nod yw bod rhanddeiliaid yn ystyried ac yn dod i bersbectif cytbwys i lywio'r penderfyniadau a wneir gennym.

Mae gan y grŵp aelodau o blith amrywiaeth eang o randdeiliaid sydd â diddordeb ym mhenderfyniadau'r bwrdd iechyd, penderfyniadau a allai effeithio ar eu rolau a'u gweithgarwch eu hunain. Mae'r aelodau'n cynnwys partneriaid yn y gymuned, sefydliadau cyflenwi, a grwpiau diddordeb arbennig.

Cynhaliwyd pedwar cyfarfod o Grŵp Cyfeirio Rhanddeiliaid Hywel Dda yn ystod 2022-23, gan roi cyfle i aelodau'r Grŵp drafod, rhoi sylwadau, a gwneud argymhellion i'r bwrdd iechyd ynghylch y meysydd gwaith a restrir isod. Mae hyn wedi sicrhau bod rhanddeiliaid yn cymryd rhan lawn yn y meysydd allweddol hyn o fusnes y bwrdd iechyd, ac yn cynnig cyfeiriad ar eu cyfer, meysydd sy'n cynnwys:

- Diweddariad ar y Rhaglen Drawsnewid
- Ymgysylltu Parhaus
- Celfyddyd mewn Iechyd
- Siarter Pobl Ifanc/Mabwysiadu Cynnar
- Rôl a chylch gwaith y Pwyllgor Moeseg
- Aros yn Dda/Rhestrau Aros
- Canolbarth a Gorllewin Cymru Iachach
- Y Cynllun Tymor Canolig Integredig (Cynllun Tair Blynedd)
- Diweddariad ar y Cynllun Adfer
- Adeiladu Dyfodol Iachach yn dilyn COVID-19: Diweddariad ar Ymgysylltu
- Cynlluniau Clwstwr
- Y Prosiect Ysbyty Gofal Brys a Gofal wedi'i Gynllunio Newydd

### Fforwm Lleol Cymru Gydnerth Dyfed Powys

Mae Fforwm Lleol Cymru Gydnerth Dyfed Powys yn bartneriaeth amlasiantaethol sy'n cynnwys cynrychiolwyr o'r gwasanaethau cyhoeddus lleol, gan gynnwys y gwasanaethau brys, awdurdodau lleol, y GIG, Cyfoeth Naturiol Cymru, ac eraill. Mae'r asiantaethau hyn yn orfodol mewn deddfwriaeth, ac fe'u gelwir yn Ymatebwyr Categori 1, fel y'u diffinnir gan Ddeddf Argyfyngau Sifil Posibl 2004. Cefnogir y Fforwm gan sefydliadau eraill hefyd, a elwir yn Ymatebwyr Categori 2, er enghraifft yr Awdurdod Gweithredol Iechyd a Diogelwch, cwmnïau cludiant a chyfleustodau, yr Asiantaeth Priffyrdd, a chwmnïau cyfleustodau cyhoeddus. Mae ganddynt gyfrifoldeb i gydweithredu â sefydliadau Categori 1 ac i rannu gwybodaeth berthnasol â'r Fforwm. Mae'r ardal ddaearyddol a gwmpesir gan y Fforwm yn seiliedig ar ardal Heddlu Dyfed Powys.

Mae'r Fforwm hefyd yn gweithio gyda phartneriaid eraill yn y sectorau milwrol a gwirfoddol, sy'n darparu cyfraniad gwerthfawr i waith y Fforwm o ran parodrwydd am argyfwng. Nod y Fforwm yw cynllunio a pharatoi ar gyfer digwyddiadau lleol ac argyfyngau trychinebus, fel ei gilydd. Mae'n gweithio i nodi ac asesu risgiau posibl a llunio cynlluniau brys i naill ai atal neu liniaru effaith unrhyw ddigwyddiad o'r fath ar eu cymunedau lleol. Mae hyfforddi ac ymarfer ar gyfer digwyddiadau o'r fath yn hollbwysig, ac mae'r Fforwm yn hwyluso cyfleoedd amlasiantaeth i ddatblygu ein cydnerthedd.

Yn ystod y flwyddyn ddiwethaf, mae'r bwrdd iechyd wedi cymryd rhan yn ymateb amlasiantaeth Fforwm Lleol Cymru Gydnerth Dyfed Powys i nifer o ddigwyddiadau (achosion o dân, tywydd eithafol, a tharfu ar y cyflenwad dŵr). Bu'n cymryd rhan mewn digwyddiadau hyfforddi megis pennau'r cyfryngau/pennau'n siarad. Mae hyfforddiant strategol lefel aur ar gyfer Cyfarwyddwyr Gweithredol a hyfforddiant ôl-drafod wedi cefnogi ein rhaglen barhaus o barodrwydd a chydnerthedd. Mae'r bwrdd iechyd hefyd wedi cymryd rhan mewn ymarfer rhanbarthol yn ymwneud â thoriadau yn y cyflenwad pŵer (Ymarfer Lemur) a hefyd yn Ymarfer Haen 1 Cenedlaethol Mighty Oak a oedd yn canolbwyntio ar yr ymateb lefel strategol. Mae'r ddau ymarfer hyn wedi cynorthwyo i ddatblygu ein gallu i wrthsefyll senario o'r fath ymhellach.

## Cydraddoldeb, amrywiaeth a chynhwysiant

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

Mae yna fesurau rheoli ar waith i sicrhau bod y sefydliad yn cydymffurfio â'i rwymedigaethau o dan ddeddfwriaeth cydraddoldeb a hawliau dynol. Cymeradwyodd y Bwrdd Gynllun Cydraddoldeb Strategol ac amcanion diwygiedig ar gyfer y cyfnod 2020-24.

Roedd COVID-19 wedi gwaethygu anghydraddoldebau yn achos y rheiny â nodweddion gwarchodedig a chymunedau sydd dan anfantais economaidd-gymdeithasol, felly, mewn ymateb, aethom ati i adolygu ein cynlluniau gan amlinellu'r modd y byddem yn cyflawni'r amcanion hynny, ac un cam gweithredu allweddol oedd sefydlu Bwrdd Cynghori Pobl Dduon, Asiaidd ac Ethnig Leiafrifol, ynghyd â'r canlynol:

- Cafodd gofynion y Ddyletswydd Economaidd-Gymdeithasol, a ddaeth i rym yn 2021, eu hymgorffori ym mhroses gwneud penderfyniadau strategol y bwrdd iechyd.
- Adolygwyd y broses o gynnal Asesiad o'r Effaith ar Gydraddoldeb (EqIA) i gynnwys y ddyletswydd economaidd-gymdeithasol, ac mae rhaglen hyfforddi EqIA ar gael i bob aelod o staff.
- Mae hyfforddiant ar Gydraddoldeb a Hawliau Dynol yn orfodol i bob aelod o staff yn rhan o'r cyfnod cynefino corfforaethol.
- Cyhoeddir Adroddiad Blynyddol ar y Cynllun Cydraddoldeb Strategol bob blwyddyn, ochr yn ochr ag Adroddiad ar Gydraddoldeb y Gweithlu ac Adroddiadau ar y Bwlch Cyflog sy'n canolbwyntio ar rywedd, ethnigrwydd ac anabledd.

### Amcanion cydraddoldeb

Mae'r gwaith i symud yr agenda cydraddoldeb yn ei blaen yn gysylltiedig â'n gwaith yn ymwneud â Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 a Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014. I gael rhagor o wybodaeth am y Cynllun Cydraddoldeb Strategol a'r amcanion a'r cynnydd a amlinellir yn yr adroddiadau blynyddol, ewch i https://hduhb.nhs.wales/about-us/governance-arrangements/equality-diversity-and-inclusion/equality-diversity-and-inclusion-documents/.

### Mae enghreifftiau o uchafbwyntiau allweddol 2022-23 yn cynnwys:

- Caffi Menopos sefydledig ar gyfer staff, sydd wedi cynnwys sesiynau ychwanegol yn cael eu darparu gan arbenigwyr ar ioga menopos, deiet a'r menopos, a sesiwn holi ac ateb yng nghwmni ein Hymgynghorydd Menopos Arbenigol. Roedd y Tîm Menopos hefyd wedi darparu sesiwn wybodaeth wedi'i thargedu at ein staff gwrywaidd i'w haddysgu am y menopos a'r modd y gallant gynnig cymorth i'r rhai o'u cwmpas.
- Rhwydwaith staff newydd ar gyfer staff ag anabledd, sy'n cydnabod staff ag anghenion corfforol a niwroamrywiol.

- Adfywiwyd ein Rhwydwaith Staff LHDTC+, ENFYS, yn dilyn y pandemig, ac mae aelodau'r rhwydwaith wedi cynrychioli'r bwrdd iechyd mewn sawl digwyddiad Pride ar hyd a lled De a Gorllewin Cymru. Ymunodd staff Iechyd Rhywiol, Rhoi'r Gorau i Smygu, Imiwneiddio a Brechu, a'r Gweithlu a Datblygu Sefydliadol ag aelodau'r rhwydwaith yn y digwyddiadau hyn i ymgysylltu â'r cyhoedd, cynnig cyngor ar ein gwasanaethau gofal iechyd, a hyrwyddo cyfleoedd recriwtio.
- Mae'r Rhwydwaith Staff Pobl Dduon, Asiaidd ac Ethnig Leiafrifol yn parhau i ddod yn fwyfwy poblogaidd ac mae'n cwrdd yn rheolaidd i drafod materion yn y gweithle. Mae'r rhwydwaith yn rhoi gwybod i Grŵp Cynghori Pobl Dduon, Asiaidd ac Ethnig Leiafrifol y bwrdd iechyd am unrhyw weithgareddau, ac mae aelodau'r rhwydwaith yn gweithio gyda'r Tîm Profiad a Diwylliant y Gweithlu i ddatblygu cynllun gweithredu yn rhan o Grŵp Gorchwyl a Gorffen Bwlio ac Aflonyddu. Mae digwyddiadau cymdeithasol hefyd wedi cael eu trefnu ar gyfer aelodau'r rhwydwaith, a'r rheiny wedi'u hanelu'n benodol at staff tramor newydd sy'n ceisio ymgartrefu yn yr ardal ar ôl ymuno â'r bwrdd iechyd. Cynhaliwyd digwyddiad Diwali llwyddiannus ym mis Hydref 2022, a chymerodd aelodau'r rhwydwaith ran mewn Gwasanaeth Nadolig aml-ffydd ym mis Rhagfyr.
- Cynigiwyd wyth deg pump o sesiynau Cydraddoldeb, Amrywiaeth, a Chynhwysiant i'r staff trwy gydol 2022-2023, a'r rheiny ar amrywiaeth o bynciau. Roedd y rhain ar ffurf hyfforddiant ffurfiol gan gyflenwyr hyfforddiant allanol, gweminarau, a hyfforddiant mewnol gan staff y bwrdd iechyd. Mae'r tîm Amrywiaeth a Chynhwysiant wedi bod yn gweithio gyda'r tîm Dysgu a Datblygu i ddatblygu modiwlau hyfforddi Cydraddoldeb, Amrywiaeth, a Chynhwysiant ar gyfer rheolwyr. Bydd y rhain yn cael eu cyflwyno yn 2023 yn rhan o'r rhaglen LEAP newydd. Nod y modiwlau hyn fydd arfogi staff mewn rolau arwain â'r sgiliau a'r wybodaeth i roi arfer gorau ar waith ac amlygu gwerthoedd parchus ac anwahaniaethol.
- Mae cynlluniau ar y gweill i adolygu Cynllun Cydraddoldeb Strategol ac Amcanion y bwrdd iechyd ar gyfer 2024-2028. Mae'r gwaith hwn yn cael ei wneud mewn partneriaeth â'r awdurdodau lleol, Heddlu Dyfed Powys, Gwasanaeth Tân ac Achub Canolbarth a Gorllewin Cymru, prifysgolion lleol, a Pharciau Cenedlaethol, a hynny i ddatblygu set newydd o amcanion i hyrwyddo cynhwysiant a dileu gwahaniaethu ym mhob maes gwaith y bwrdd iechyd.

# Amcan Strategol 3 – Ymdrechu i ddarparu a datblygu gwasanaethau rhagorol

# Amcan Strategol 3 – Ymdrechu i ddarparu a datblygu gwasanaethau rhagorol

Mae'r amcan strategol hwn yn mapio'r mesurau a'r blaenoriaethau gweinidogol canlynol:

- Ymatebion a Heriau mewn perthynas â COVID-19
- Adferiad y GIG – mynediad at ofal wedi'i gynllunio amserol, chwe Nod Gofal Brys a Gofal mewn Argyfwng
- Cefnogi iechyd a gofal y gweithlu
- Digidol a thechnoleg

Mae ein hamcanion strategol yn eang ac yn drawsbynciol. Mae'r amcanion cynllunio a'r naratif o ran cynnydd mewn perthynas â phob amcan strategol yn cael eu fframio i gyd-fynd â'r themâu a'r canlyniadau canlynol:

| **Thema:** | **Canlyniad:** |
|---|---|
| Darganfod | Rydym yn chwarae rhan weithredol o ran ymchwil, datblygu ac arloesi |
| Cynllunio | Mae ein staff yn mynd ati i gynnwys gwelliant ac arloesi yn ein ffordd o feddwl |
| Cyflawni | Mae ein staff yn cael eu grymuso a'u cefnogi i weithredu newid ac i ddysgu a gwella'n barhaus |

Mae'r tabl isod yn rhoi crynodeb lefel uchel o'n cynnydd ar gyfer yr amcan strategol hwn yn 2022-23:

| Ein hamcanion cynllunio | Statws |
|---|---|
| 3A – Gwella Gyda'n Gilydd | □Wedi'i gwblhau |
| 3C – Gofynion o ran Ansawdd ac Ymgysylltu | □Wedi'i gwblhau |
| 3E – Gwybodaeth Busnes a Modelu Busnes | □Ar ei hôl hi |
| 3G – Ymchwil ac Arloesi | □Ar y blaen |
| 3H – Dysgu o Gyflawni'r Amcanion Cynllunio | □Wedi'i ddadflaenoriaethu |
| 3I – Diwygio'r Contract Gofal Sylfaenol | □ Ar y trywydd iawn |
| 3J – Cynllun Cyfathrebu Canolbarth a Gorllewin Cymru Iachach | □Wedi'i gwblhau |
| 3L – Adolygiad o'r trefniadau diogelwch presennol | □Wedi'i gwblhau |
| 3M – Cynllun Cyfathrebu Bwrdd Iechyd y Brifysgol | □Ar ei hôl hi |
| 3N – Y Gymraeg | □Ar ei hôl hi |
| **Ein prif risgiau** | **Rheolaeth RAG** |
| 1186 – Denu, cadw a datblygu staff â'r sgiliau cywir | □ Canolig |
| 1189 – Dysgu, arloesedd a gwelliant amserol a digonol | □ Canolig |
| 1191 – Peidio â rhoi digon o sylw i Ragoriaeth | □ Canolig |

| Ein hamcanion cynllunio | Statws |
|---|---|
| Nifer yr astudiaethau ymchwil a datblygu newydd a gynhaliwyd yn ystod y flwyddyn | ☐ Y targed wedi'i fethu |
| Gallaf wneud gwelliannau yn fy maes gwaith | ☐ Y targed wedi'i fethu |
| Rydym wedi'n grymuso ac yn cael ein cefnogi i roi newid ar waith ac i ddysgu a gwella'n barhaus | ☐ Y targed wedi'i fethu |

## Ein hamcanion cynllunio

Bu i ni nodi deg amcan cynllunio a oedd yn cyfateb i'r amcan strategol hwn. Mae'r tabl isod yn crynhoi'r amcanion cynllunio hyn a'r cynnydd a wnaed gennym erbyn mis Mawrth 2023.

| Amcan cynllunio a statws | Diweddariad |
|---|---|
| □ Wedi'i gwblhau<br><br>**3A: Gwella Gyda'n Gilydd**<br>Gweithredu system rheoli ansawdd sy'n defnyddio Gwella Gyda'n Gilydd yn gyfrwng cyflawni. Bydd hyn yn cefnogi ac yn ysgogi gwelliannau o ran ansawdd a pherfformiad ledled y sefydliad yn unol â'n hamcanion strategol a chanlyniadau Fframwaith Sicrwydd y Bwrdd. Y nod fydd ysgogi a chefnogi cyd-weithwyr ar bob lefel i anelu at ragoriaeth. | • Mae'r Fframwaith Gwella Gyda'n Gilydd yn nodi ein dull o wreiddio arferion gwella perfformiad trwy ein trefniadau llywodraethu, ac mae'n cael ei alluogi gan ddata ar bob lefel i gefnogi'r broses o wneud penderfyniadau ac i ysgogi newid mewn gwasanaethau.<br>• Ar y lefel fwyaf strategol, mae Fframwaith Sicrwydd y Bwrdd a'r Adroddiad Sicrwydd Perfformiad Integredig yn darparu data a thystiolaeth i'r Bwrdd, y Pwyllgorau a'r Tîm Gweithredol i'w helpu i ddeall a ydym yn cyflawni uchelgeisiau cenedlaethol a lleol ac yn gweithio tuag atynt.<br>• Ar lefel y gyfarwyddiaeth, rydym wedi sefydlu Sesiynau Gwella Gyda'n Gilydd y Gyfarwyddiaeth i ddarparu amser dynodedig i dimau gwrdd â'u Cyfarwyddwr Gweithredol a'u Cyfarwyddwyr Gweithredol Corfforaethol i drafod blaenoriaethau/nodau, heriau cyfredol, a'r cymorth sy'n ofynnol, ac i dynnu sylw at uchafbwyntiau, neu faterion yn ymwneud ag ansawdd, y gweithlu, perfformiad, cyllid, risg, archwiliadau, ac arolygiadau. Cefnogir y sesiynau gan y dangosfyrddau Ein Perfformiad a'n Diogelwch sydd newydd eu datblygu. |

| Amcan cynllunio a statws | Diweddariad |
| --- | --- |
| □ Wedi'i gwblhau<br><br>**3C: Gofynion o ran Ansawdd ac Ymgysylltu**<br>Sefydlu grŵp gweithredu i nodi'r camau gweithredu sy'n ofynnol i ymateb i ofynion newydd y Ddeddf Ansawdd ac Ymgysylltu. | Mae grŵp gweithredu wedi'i sefydlu, i sicrhau bod y bwrdd iechyd yn cydymffurfio â'i ddyletswyddau o dan Ddeddf Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru) 2020. Mae yna ddwy brif ddyletswydd o dan y Ddeddf y mae'n rhaid i'r bwrdd iechyd eu hystyried:<br><br>Y Ddyletswydd Gonestrwydd<br>• Mae diwylliant o ddidwylledd, tryloywder a gonestrwydd yn gysylltiedig yn aml â gofal o ansawdd da. I helpu i gyflawni hyn, mae'r Ddeddf yn gosod dyletswydd gonestrwydd ar ddarparwyr gwasanaethau'r GIG (cyrff y GIG a gofal sylfaenol) – sy'n cefnogi dyletswyddau proffesiynol presennol.<br>• Mae'r ddyletswydd yn ei gwneud yn ofynnol i ddarparwyr y GIG ddilyn proses – i'w nodi mewn Rheoliadau – pan fydd defnyddiwr gwasanaeth yn dioddef canlyniad anffafriol sydd wedi arwain at niwed annisgwyl neu anfwriadol sy'n fwy nag ychydig iawn o niwed, neu a allai arwain at niwed o'r fath, a bod y gofal iechyd a ddarparwyd yn ffactor neu'n ffactor posibl. Nid oes yna elfen o fai, gan felly alluogi ffocws ar ddysgu a gwella, nid ar fai.<br>• Nod y ddyletswydd yw hyrwyddo diwylliant o ddidwylledd a gwella ansawdd y gofal yn y gwasanaeth iechyd trwy annog dysgu sefydliadol, ac felly osgoi digwyddiadau yn y dyfodol.<br><br>Y Ddyletswydd Ansawdd<br>• Mae ansawdd yn ymwneud â mwy na bodloni safonau'r gwasanaeth yn unig; mae'n ffordd system gyfan o weithio i ddarparu gofal iechyd diogel, effeithiol, amserol, effeithlon a theg, sy'n canolbwyntio ar yr unigolyn, a hynny yng nghyd-destun diwylliant o ddysgu. I helpu i gyflawni hyn, mae'r Ddeddf:<br>  ○ yn gosod dyletswydd ansawdd trosfwaol ar Weinidogion Cymru; ac<br>  ○ yn ail-fframio ac ehangu'r ddyletswydd bresennol ar gyrff y GIG. |

| Amcan cynllunio a statws | Diweddariad |
|---|---|
| | • Mae hyn yn sicrhau bod y cysyniad o “ansawdd” yn cael ei ddefnyddio yn unol â'i ddiffiniad ehangach, heb ei gyfyngu i ansawdd y gwasanaethau a ddarperir i unigolyn nac i safonau'r gwasanaethau. |

| Amcan cynllunio a statws | Diweddariad |
|---|---|
| ☐ Ar ei hôl hi<br><br>**3E: Gwybodaeth Busnes a Modelu Busnes**<br>Datblygu llwyfan dadansoddol uwch sy’n hygyrch iawn ac sy’n darparu data integredig amser real i gefnogi ein clinigwyr a’n rheolwyr i gynorthwyo gyda'r broses cyflawni gweithredol o ddydd i ddydd, a hefyd gyda chynllunio strategol ar gyfer y sefydliad cyfan. Ar yr un pryd, sefydlu mecanweithiau i sicrhau bod ein dull gweithredu yn arloesi’n barhaus trwy ddefnyddio technolegau cyfredol, arferion gorau, a chyfarwyddyd o’r ymchwil a’r cyhoeddiadau diweddaraf. | Mae llwyfan dadansoddol uwch wedi'i ddatblygu, ac mae 'nawr yn hygyrch ac yn cynnwys cymwysiadau sy'n cyflawni Dadansoddiad o Gyfres Amser, Rhagolygon, Siartiau Rheoli Prosesau Ystadegol (SPC), a Delweddu Llif; ac mae cymhwysiad mapio GIS (System Gwybodaeth Ddaearyddol) wedi'i ymgorffori yn y Llwyfan Gwyddor Data. |
| ☐ Ar y blaen<br><br>**3G: Ymchwil ac Arloesi**<br>Gweithredu'r Cynllun Strategol Ymchwil ac Arloesi (2021-24) i gynyddu'r gweithgarwch ymchwil, datblygu ac arloesi, ynghyd â nifer yr ymchwilwyr ymchwil, fel bod yna ddigon i gyflawni disgwyliadau a thargedau gwella y bwrdd iechyd, Llywodraeth Cymru, ac Ymchwil Iechyd a Gofal Cymru. | 2022-2023 oedd trydedd flwyddyn gweithredu’r Strategaeth Ymchwil ac Arloesi a gyhoeddwyd ym mis Mawrth 2021. Gwnaed cynnydd sylweddol mewn perthynas â phob un o’r nodau yn y strategaeth:<br>1) Gwella ansawdd ac effaith ein gweithgarwch. Bu'r perfformiad yn gadarn yn 2022-23. O ran dangosyddion perfformiad allweddol, gan gynnwys recriwtio yn unol ag amser a thargedau, mae'r bwrdd iechyd wedi bod yn un o'r perfformwyr gorau yng Nghymru. Mae'r gwaith ymchwil a sefydlwyd, ynghyd â'r trefniadau sicrhau ansawdd, wedi'u cryfhau ymhellach, gyda gwell perfformiad yn cael ei adlewyrchu yn y dangosyddion perfformiad allweddol.<br>2) Buddsoddi yn ein staff a'n cyfleusterau. Yn 2022-23, cynhaliwyd rhaglen arweinyddiaeth ar |

| Amcan cynllunio a statws | Diweddariad |
| --- | --- |
| | gyfer yr holl staff B7, a gwaned buddsoddiad parhaus yn ein cyfleusterau ymchwil gyda'r cyfleuster ymchwil newydd yn Ysbyty Cyffredinol Glangwili yn dod yn weithredol a chynlluniau'n cael eu cadarnhau ar gyfer cyfleuster newydd yn Ysbyty Cyffredinol Bronglais. Cafodd y swyddogaeth TriTech ac Arloesi ei sefydlu'n llawn, gan gynyddu'r arbenigedd sydd ar gael i'r bwrdd iechyd i gefnogi arloesi a gwerthuso.<br>3) Cynyddu gweithgarwch ymchwil ac arloesi mewn meysydd cryfder a chyfle. Sicrhawyd dyfarniadau amser ymchwil glinigol newydd ym maes orthopaedeg ac iechyd menywod. Mae'r amser penodedig hwn wedi trosi'n ymchwil ddiriaethol newydd yn y ddau faes. Sicrhawyd grant ymchwil sylweddol ym maes offthalmoleg hefyd. Daeth adolygiad systematig o'n banc bio i'r casgliad yn y pen draw na ddylem ddatblygu'r gwasanaeth hwn mwyach, ac mae strategaeth ymadael wedi'i rhoi ar waith.<br>4) Meithrin partneriaethau cryf ac effeithiol â sefydliadau academaidd, gofal iechyd, diwydiant ac ymchwil. Mae swyddogaeth TriTech ac Arloesi wedi aeddfedu ac wedi arwain at sawl dyfarniad grant mawreddog. Mae'r rhain yn cynnwys grantiau i gefnogi cyfranogiad y bwrdd iechyd ym mhrosiectau'r Undeb Ewropeaidd, ynghyd â nifer o bartneriaethau masnachol newydd â diwydiant. Mae ein Partneriaethau â Phrifysgolion hefyd wedi aeddfedu, ac ymhlith y cyflawniadau niferus yr oedd ceisiadau am gyllid grant ymchwil, parhad swyddi ar y cyd, a nifer cynyddol o ddyfarniadau er anrhydedd.<br>Bydd y 12 mis nesaf yn dod â'r cyfnod cynllunio strategol hwn i ben, a bydd gwaith yn dechrau ar ein strategaeth nesaf. |

| Amcan cynllunio a statws | Diweddariad |
| --- | --- |
| ☐ Wedi'i ddadflaenoriaethu<br><br>**3H: Dysgu o Gyflawni'r Amcanion Cynllunio**<br>Sefydlu proses i gywain a lledaenu'r dysgu sy'n deillio o gyflawni'r holl Amcanion Cynllunio. Bydd y dysgu hwn yn dod o'r tu mewn i'r sefydliad a chan ein poblogaeth leol. | Cynhaliwyd nifer o drafodaethau yn ystod y flwyddyn, a chytunwyd y byddai Dangosfwrdd Amcanion Cynllunio yn cael ei ddatblygu i alluogi arweinwyr Amcanion Cynllunio i fonitro mesurau canlyniadau ac asesu a ydynt yn cael effaith gadarnhaol ar ansawdd, y gweithlu a pherfformiad ariannol. Fodd bynnag, wrth i'r gwaith ddechrau roedd system rheoli prosiectau newydd (PACE) yn cael ei chyflwyno yn y bwrdd iechyd, system sydd â'r gallu i gael ei datblygu a'i defnyddio i gasglu'r hyn a ddysgwyd o'r Amcanion Cynllunio. Mae'r gwaith hwn wedi cael ei ddadflaenoriaethu ar gyfer 2023-24, ac nid yw wedi'i gynnwys yn y cynllun blynyddol. Fodd bynnag, mae gwaith pellach yn mynd rhagddo i nodi mesurau canlyniadau penodol ar gyfer pob un o'r Amcanion Cynllunio a nodwyd ar gyfer 2023-24, ynghyd â thrywyddau cynlluniedig i gynorthwyo arweinwyr yr Amcanion Cynllunio a'r Tîm Gweithredol. Mae mecanweithiau adrodd yr Amcanion Cynllunio hefyd yn cael eu hadolygu i sicrhau bod y Bwrdd a'r Pwyllgorau'n cael sicrwydd bod BIPHDd yn deall effaith yr Amcanion Cynllunio ac yn cymhwyso'r hyn a ddysgwyd wrth wneud penderfyniadau. Felly, mae'r Amcan Cynllunio hwn wedi'i gau. |
| ☐ Ar y trywydd iawn<br><br>**3I: Diwygio'r Contract Gofal Sylfaenol**<br>Gweithredu diwygiadau i'r contract yn unol â chanllawiau ac amserlenni cenedlaethol. | • Mae'r gwaith o weithredu'r newidiadau i gontract Gwasanaethau Meddygol Cyffredinol 2022-23 wedi cael ei gyflawni, ac mae'r prosesau monitro ac adrodd angenrheidiol ar waith.<br>• Mae'r holl newidiadau i'r contract Fferylliaeth Gymunedol a negodwyd ar gyfer 2022-23 wedi'u rhoi ar waith i fodloni amserlenni cenedlaethol.<br>• Parhawyd i gefnogi'r gwaith Diwygio Contractau yn rhan o'r broses o gomisiynu Gwasanaethau Deintyddol Cyffredinol yn unol â chanllawiau cenedlaethol. Mae gwaith yn mynd rhagddo i lunio mandad y GIG ar gyfer negodi contractau yn y dyfodol. |

| Amcan cynllunio a statws | Diweddariad |
|---|---|
| | • Mae gwaith yn mynd rhagddo i ddatblygu'r llwybrau clinigol a'r gofynion contractiol i gefnogi'r broses o weithredu'r negodiadau a ddaeth i ben yn 2022, ac i rannu mandad y GIG ar gyfer negodi contractau yn y dyfodol. |
| □ Wedi'i gwblhau<br><br>**3J: Cynllun Cyfathrebu Canolbarth a Gorllewin Cymru Iachach**<br>Llunio cynllun cyfathrebu cychwynnol mewn perthynas â'n strategaeth – *Canolbarth a Gorllewin Cymru Iachach* – a'n cynllun tair blynedd i adennill, adfer a datblygu gwasanaethau lleol. Bydd y cynllun hwn yn rhagweithiol ac yn ceisio meithrin ymddiriedaeth ymhlith ein staff, ein partneriaid a'r boblogaeth leol, ynghyd ag ymdeimlad o obaith ac optimistiaeth wrth i Ganolbarth a Gorllewin Cymru ddod allan o'r pandemig. | Mae Cynllun Cyfathrebu wedi cael ei ddrafftio. Bu'r ffocws ddiwedd y flwyddyn ar gynllun cyfathrebu manwl ar gyfer sicrhau ymwybyddiaeth o'r Ymgynghoriad ar Safle'r Ysbyty Newydd ac ymgysylltiad â'r ymgynghoriad hwnnw. |
| □ Ar y trywydd iawn<br><br>**3L: Adolygiad o'r trefniadau diogelwch presennol**<br>Cynnal adolygiad o'r trefniadau diogelwch presennol yn y bwrdd iechyd gan gyfeirio'n benodol at gryfhau'r meysydd canlynol: diogelwch ffisegol, cloeon awtomataidd, teledu cylch cyfyng, systemau rheoli mynediad, larymau tresmaswyr, systemau cyfathrebu, y ffactor dynol, eiddo personol cleifion/staff, rheolaeth leol, a pherchnogaeth staff. | I fodloni gofynion yr Amcan Cynllunio hwn, sefydlwyd Grŵp Gorchwyl a Gorffen y Fframwaith Rheoli Diogelwch i oruchwylio'r gwaith.<br><br>Gwnaed cynnydd sylweddol mewn perthynas â theledu cylch cyfyng (cafwyd buddsoddiad i wella'r ddarpariaeth mewn adrannau Damweiniau ac Achosion Brys ledled y bwrdd iechyd) a Rheoli Mynediad yn benodol, ac mae Polisi Rheoli Diogelwch wedi cael ei ddrafftio. |
| □ Ar ei hôl hi<br><br>**3M: Cynllun Cyfathrebu Bwrdd Iechyd y Brifysgol**<br>Datblygu cynllun cyfathrebu tair blynedd cynhwysfawr i esblygu ein brand, dyfnhau ein cysylltiadau â'n staff, meithrin hyder sefydliadol, a chyfathrebu mewn modd | Rydym wedi parhau i ddatblygu a llunio ein strategaeth gyfathrebu ar gyfer y bwrdd iechyd. Mae hyn wedi cynnwys adolygu ein gweithgareddau a'n sianeli cyfathrebu cyfredol; a lansio ein tudalennau mewnrwyd newydd. Bydd y cynllun cyfathrebu newydd yn cael ei ddatblygu erbyn mis Gorffennaf 2023. |

| Amcan cynllunio a statws | Diweddariad |
| --- | --- |
| gonest, tryloyw ac effeithiol â'n cleifion a'n poblogaeth leol. | |
| ☐ Ar ei hôl hi<br><br>**3N: Y Gymraeg**<br>Cynnal proses ddarganfod y Gymraeg a diwylliant Cymru sy'n gofyn am farn ein staff, ein cleifion, ein partneriaid, sefydliadau enghreifftiol, a'r boblogaeth leol mewn perthynas â ffyrdd o sicrhau bod Hywel Dda yn sefydliad sector cyhoeddus enghreifftiol o ran coleddu a dathlu'r Gymraeg a diwylliant Cymru. | Lansiwyd y broses Darganfod y Gymraeg a Diwylliant Cymru ar stondin y bwrdd iechyd ar faes yr Eisteddfod Genedlaethol yn Nhregaron ym mis Awst 2022.<br><br>Cyflwynir yr adroddiad Darganfod i'r Pwyllgor Pobl, Datblygu Sefydliadol a Diwylliant ym mis Mehefin 2023. |

I gael rhagor o wybodaeth am ein holl amcanion cynllunio, yn cynnwys ein Cyfarwyddwyr Gweithredol arweiniol a'r trefniadau llywodraethu, gweler Atodiad A: Ein Hamcanion Cynllunio ar gyfer 2022-23.

## Y Gymraeg

Hoffai BIPHDd fod y bwrdd iechyd cyntaf yng Nghymru lle mae'r Gymraeg a'r Saesneg yn cael eu trin yn gyfartal o ran statws (Safonau Iechyd a Gofal: Gofal gydag Urddas). Fel hyn, byddwn nid yn unig yn cydymffurfio â Safonau'r Gymraeg, ond hefyd yn coleddu ysbryd y safonau.

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

Er bod ein sefydliad yn teimlo'n angerddol ac yn uchelgeisiol ynghylch cyflawni ein dyletswyddau statudol, a rhagori arnynt, rydym yn cydnabod nad yw'r ddarpariaeth bob amser yn gyson ledled ein safleoedd a'n timau. Mae angen i'r diwylliant esblygu er mwyn i ni ddarparu gwasanaeth dwyieithog di-dor i'r bobl sy'n defnyddio'r GIG a'r gwasanaethau gofal, ac mae hon yn ymdrech hirdymor.

Mae'r Gymraeg yn un o drysorau Cymru. Mae'n rhan o'r hyn sy'n ein diffinio fel pobl ac fel cenedl.

Nod y bwrdd iechyd yw darparu gwasanaethau gofal iechyd dwyieithog i'r cyhoedd, a hwyluso'r staff i ddefnyddio'r Gymraeg yn naturiol yn y gweithle. Anelwn at fod yn esiampl yn y maes hwn, gan arwain trwy esiampl a mynd ati i hyrwyddo a hwyluso defnydd cynyddol o'r Gymraeg gan ein gweithlu. Pa un a ydynt yn siaradwyr rhugl, yn siaradwyr dihyder sy'n dymuno gwella eu sgiliau,

neu'n siaradwyr newydd, mae'r gweithle yn darparu cyfleoedd i unigolion ddefnyddio, ymarfer a dysgu'r Gymraeg.

Cyflawnwyd carreg filltir enfawr tuag at y nod hwn eleni pan aethom ati i benodi tiwtor i weithio'n benodol gyda staff sydd â sgiliau Cymraeg Lefel 3 ac uwch ond nad oes ganddynt yr hyder i ddefnyddio'r sgiliau hynny. Gwnaethpwyd y penodiad hwn yn bosibl trwy gyllid gan y Ganolfan Dysgu Cymraeg Genedlaethol. Dechreuodd y tiwtor ddiwedd mis Chwefror; felly ni fydd y canlyniadau'n cael eu mesur tan 2023-24.

Byddwn yn adrodd ar y cynnydd o ran hyn, ac o ran camau gweithredu allweddol eraill i gyflawni ein huchelgais a'n goblygiadau statudol ar gyfer y Gymraeg, a hynny yn ein Hadroddiad Blynyddol ar y Gymraeg, a gyhoeddir ar ein gwefan (https://biphdd.gig.cymru).

### Sgiliau iaith y staff

Caiff sgiliau iaith y staff, yn unol â Safonau'r Gymraeg 116 ac 117, eu cipio a'u cofnodi ar y system rheoli staff electronig (ESR). Fel yr oedd ar 31 Mawrth 2023, mae 97.42% o'r staff wedi cofnodi eu sgiliau iaith Gymraeg fel a ganlyn:

### Lefel sgìl o ran y Gymraeg, Nifer y Cyflogeion, a chanrannau

| Lefel sgìl o ran y Gymraeg | Nifer y cyflogeion | canran |
|---|---|---|
| 0 – Dim Sgiliau | 4,439 | 38.27% |
| 1 – Mynediad | 2,711 | 23.37% |
| 2 – Sylfaen | 1,056 | 9.10% |
| 3 – Canolradd | 869 | 7.49% |
| 4 – Uwch | 909 | 7.84% |
| 5 – Hyfedredd | 1,317 | 11.35% |
| Heb ei Gofnodi ar yr ESR eto | 299 | 2.58% |
| Cyfanswm | 11,600 | 100% |

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

- Nifer y swyddi lle roedd y Gymraeg yn hanfodol – 41
- Nifer y swyddi lle roedd y Gymraeg yn ddymunol – 4,467
- Y nifer lle roedd angen dysgu'r Gymraeg – 0
- Y nifer lle nad oedd y Gymraeg yn ofynnol – 0
- Cyfanswm Nifer y Swyddi – 4,508

### Cwynion yn ymwneud â'r Gymraeg

Cafwyd pedair cwyn yn ymwneud â gwasanaeth Cymraeg yn ystod 2022-23. Mae dwy gŵyn wedi arwain at ymchwiliad gan Gomisiynydd y Gymraeg yn ystod y flwyddyn, a hynny o dan adran 71 o Fesur y Gymraeg. Mae'r manylion llawn i'w gweld yn yr Adroddiad Blynyddol ar y Gymraeg, a gyhoeddir ar ein gwefan (https://biphdd.gig.cymru).

# Ymgysylltu ac Ymgynghori â'n cymunedau

## Ymgynghoriad ar dir safle'r ysbyty newydd

Roedd y bwrdd iechyd yn cydnabod bod ymgysylltu â'r cyhoedd yn un o ofynion sylfaenol y broses o ddewis tir, ac mae wedi sicrhau bod y cyhoedd wedi cymryd rhan ym mhob prif gam. Aethom ati i sefydlu cyfres o weithdai i adolygu'r cynnydd, cytuno ar allbynnau, a chadarnhau'r cam nesaf i'w gymryd. Cymeradwyodd y Bwrdd y broses hon yn dilyn cyflwyno adroddiadau ym mhob prif gam.

Yn ystod y cyfnod o fis Ebrill i fis Mehefin 2022, aethom ati i adolygu a chytuno ar y meini prawf gwerthuso technegol, pwysoli'r meini prawf gwerthuso technegol, a sgorio'r safleoedd ar y rhestr fer gan ddefnyddio'r meini prawf pwysol.

Ar 9 Mehefin 2022, cymeradwyodd y Bwrdd y meini prawf pwysol a sefydlwyd trwy ffrwd waith a oedd yn cynnwys 52% o gynrychiolaeth y cyhoedd a 48% o staff y bwrdd iechyd a rhanddeiliaid eraill. Roedd hyn yn adlewyrchu ymrwymiad cynharach gan y Bwrdd bod yna ddisgwyliad rhesymol mai llais y cyhoedd a ddylai fod y prif lais yn y broses werthuso dechnegol.

Yn ystod y gweithdy terfynol a gynhaliwyd ar 28 Mehefin 2022, aed ati i sgorio'r rhestr fer o safleoedd yn unol â'r meini prawf gwerthuso technegol pwysol, a hynny'n ogystal ag aelodau o'r cyhoedd a staff a rhanddeiliaid y bwrdd iechyd. Ni chymerodd pob rhanddeiliad ran yn y broses sgorio, a sicrhaodd cynrychiolwyr o Gyngor Iechyd Cymuned Hywel Dda eu bod yno i dystio i'r broses. Ceisiwyd ystyried cynrychiolaeth ar gyfer y staff o blith amrywiaeth o raddau mewn adrannau Clinigol, Corfforaethol a Chyfleusterau Iedled ardal Hywel Dda.

Lluniwyd yr Asesiad o'r Effaith ar Gydraddoldeb ac Iechyd i'w gyflwyno gyda'r Achos Busnes ar gyfer y Rhaglen, ac mae'n ddogfen fyw sy'n cael ei diweddaru'n rhan o'r rhaglen barhaus. Mae'r Asesiad o'r Effaith ar Gydraddoldeb ac Iechyd wedi cael ei adolygu a'i ddiweddaru fel y bo'n briodol i adlewyrchu adborth gan:

1. Grŵp ffocws ar-lein a hwyluswyd yn annibynnol gan y Sefydliad Ymgynghori ar 14 Mehefin 2022, ac a oedd yn cynnwys cyfranogwyr o Sir Benfro (6), Sir Gaerfyrddin (4) a Cheredigion (1).
2. Holiadur a gynhaliwyd rhwng 1 a 14 Mehefin 2022 ac a anfonwyd at grwpiau sy'n cynrychioli pobl â nodweddion gwarchodedig ac aelodau o gynllun cynnwys ac ymgysylltu y bwrdd iechyd, Siarad Iechyd. Daeth 775 o ymatebion i law. Cafodd yr holiadur hefyd ei rannu gan y grŵp 'Ymgyrch Achub Llwynhelyg', a arweiniodd at fwy o adborth gan breswylwyr Sir Benfro yn gyffredinol, a oedd yn cynrychioli 89% o'r holl ymatebwyr.

Lansiwyd yr ymgynghoriad ffurfiol 12 wythnos o hyd ar 23 Chwefror 2023, a gwahoddwyd aelodau o'r cyhoedd, staff a sefydliadau partner i rannu barn am dri safle posibl ar gyfer ysbyty gofal brys a gofal wedi'i gynllunio newydd yn rhan o strategaeth ehangach y bwrdd iechyd i wella iechyd a gofal yn y rhanbarth.

Mae Ysbyty Gofal Brys a Gofal wedi'i Gynllunio newydd yn rhan o strategaeth y bwrdd iechyd i allu ail-ddarparu mwy o ofal mewn lleoliadau cymunedol, a hynny trwy sicrhau model ar gyfer ysbytai cynaliadwy sy'n addas ar gyfer cenedlaethau'r dyfodol. Bydd hyn yn gwella ac yn cynyddu'r gwasanaethau gofal arbenigol y gellir eu darparu yn Hywel Dda, ac yn mynd i'r afael â heriau

hirsefydlog, gan gynnwys hen ysbytai, problemau o ran cynnal rotas clinigol ar draws sawl ysbyty, a recriwtio staff.

Mae'r ymgynghoriad yn nodi tri safle posibl ar gyfer Ysbyty Gofal Brys a Gofal wedi'i Gynllunio newydd yn ne ardal BIPHDd – dau ger Hendy-gwyn ar Daf ac un ger Sanclêr.

Nid oes gan y bwrdd iechyd safle a ffefrir, ac nid yw wedi prynu unrhyw safle na thir ar gyfer y datblygiad hwn. Mae prynu safle a darparu'r Ysbyty Gofal Brys a Gofal wedi'i Gynllunio newydd yn amodol ar gyllid gan Lywodraeth Cymru, nad yw wedi'i gadarnhau eto, ac os bydd yn llwyddiannus, byddai'n cymryd sawl blwyddyn i'w gyflawni.

I helpu aelodau o'n cymunedau i ddysgu rhagor am y cynlluniau ar gyfer ein hysbyty gofal brys a gofal wedi'i gynllunio newydd, trefnodd y bwrdd iechyd nifer o ddigwyddiadau cyhoeddus – wyneb yn wyneb ac ar-lein – i bobl rannu eu barn.

### Adolygiad o'r Gwasanaethau Pediatrig

Tan fis Hydref 2014, roedd uned cleifion mewnol pediatrig 24 awr ar gael yn ysbytai Glangwili a Llwynhelyg, fel ei gilydd. Ar ôl y dyddiad hwn, newidiwyd yr uned cleifion mewnol yn Ysbyty Llwynhelyg yn wasanaeth Uned Triniaethau Dydd Pediatrig (PACU) 12 awr. Roedd y gwasanaeth 12 awr yn cael ei gefnogi gan Gerbyd Ambiwlans Penodedig (DAV), a gyflwynwyd i alluogi cleifion i gael eu trosglwyddo ar frys rhwng ysbytai gyda chymorth staff hyfforddedig arbenigol. Parhaodd Ysbyty Glangwili i fod yn uned cleifion mewnol 24 awr.

Gwnaed cyfres o newidiadau dros dro i'r gwasanaeth ers hynny, ac mae'r rhain wedi cael eu dogfennu a'u hadolygu. Yn y cyfamser, nes bod yr ysbyty newydd yn cael ei adeiladu, mae'r bwrdd iechyd yn adolygu'r newidiadau dros dro y mae wedi'u gwneud er 2016 i'r ffordd y mae gwasanaethau brys ac mewn argyfwng yn yr ysbyty ar gyfer plant a phobl ifanc yn cael eu darparu yn ne ein hardal.

Gwahoddwyd y cyhoedd i rannu eu barn mewn holiadur a nodi a oedd yna unrhyw faterion yr hoffent i'r bwrdd iechyd eu hystyried neu fod yn ymwybodol ohonynt wrth i ni gynnal yr adolygiad pediatrig interim, a gofynnwyd iddynt a hoffent gael yr wybodaeth ddiweddaraf a chael cyfleoedd pellach i ddweud eu dweud am y gwaith hwn.

Yn ystod y flwyddyn adrodd, dechreuodd y bwrdd iechyd baratoi ar gyfer ymgynghoriad cyhoeddus ar y modd y byddwn yn darparu gwasanaethau brys ac mewn argyfwng i blant a phobl ifanc (pediatreg) yn y dyfodol, ar gyfer plant sy'n byw mewn ardaloedd a wasanaethir gan Ysbytai Llwynhelyg a Glangwili neu sy'n ymweld â nhw.

Mae'r bwrdd iechyd wedi gweithio i ddatblygu a gwerthuso rhestr o opsiynau hyfyw, gan weithio gyda phlant a phobl ifanc, eu rhieni a'u gwarcheidwaid, a'r tîm amlddisgyblaethol o staff sy'n gweithio gyda phlant a phobl ifanc yn ardal Hywel Dda. Yn ystod y cam datblygu opsiynau, bu i ni ymgysylltu â'r canlynol: plant a phobl ifanc ar ein wardiau; arolwg Dweud eich Dweud; anfonwyd arolwg pobl ifanc i ysgolion uwchradd a chlybiau ieuenctid; sesiynau galw heibio i'r staff; digwyddiadau galw heibio anffurfiol yn Folly Farm, Sir Benfro; Xcel Bowl, Sir Gaerfyrddin; a Chastell Aberteifi, Ceredigion; ymweliadau ag Ysgol Portfield, Hwlffordd ac Ysgol y Preseli, Crymych i wrando ar blant; ymgysylltu â'r gymuned Sipsiwn a Theithwyr yn Sir Benfro.

Aethom ati hefyd i geisio datganiadau o ddiddordeb gan y cyhoedd a chynrychiolwyr grwpiau cymunedol a thrydydd sector i gymryd rhan yn y canlynol: sesiwn gydgynghorol gan ddefnyddio'r papur materion yn sail i drafodaeth â grŵp gwerthuso; proses o werthuso'r rhestr hir o opsiynau gan ddefnyddio meini prawf clwyd; a phroses i werthuso'r opsiynau a oedd yn dal i gael eu hystyried (y rhestr fer).

### Dweud eich Dweud – *ymgysylltu ar-lein*

Mae porth ymgysylltu ar-lein y bwrdd iechyd, Dweud eich Dweud, wedi cynnal y prosiectau canlynol i ymgysylltu ac ymgynghori â'r cymunedau yn ystod 2022-23 ynghylch y materion canlynol:

- **Cais i gau meddygfa gangen Tŷ-croes yn Rhydaman**
    - Bu Practis Stryd Marged, Bwrdd Iechyd Prifysgol Hywel Dda a'r Cyngor Iechyd Cymuned yn gweithio gyda'i gilydd i ymgysylltu â chleifion y ddwy feddygfa i ddod i ddeall sut y byddai cau cangen Tŷ-croes yn effeithio ar gleifion. Cynhaliwyd yr ymgynghoriad o 9 Mai tan 24 Mehefin. Ym mis Hydref 2022, cyhoeddodd y Bwrdd gytundeb unfrydol fod yn rhaid cefnogi'r Practis i barhau i gynnig gwasanaethau o'i feddygfa gangen, ac i wrthod y cais i gau Meddygfa Tŷ-croes.
- **Canolfan Iechyd a Lles Integredig Abergwaun**
    - Mae'r bwrdd iechyd yn symud ymlaen gyda chynlluniau i ddatblygu Canolfan Iechyd a Lles Integredig Abergwaun i gefnogi'r boblogaeth ledled gogledd Sir Benfro, o Solfach a Thyddewi yn y gorllewin, i Abergwaun a Threfdraeth.
    - Cynhaliwyd y broses ymgysylltu trwy gydol haf 2022, a gofynnwyd i'r cyhoedd beth yr hoffent ei weld yn y Ganolfan. Roedd yn cynnwys sesiwn galw heibio gyhoeddus ar 29 Mehefin. Bydd y broses o wrando ar gymunedau yn rhan bwysig o'r gwaith o ddatblygu ein hachos busnes, a fydd yn cael ei gyflwyno i Lywodraeth Cymru i geisio am y cyllid.
- **Meddygfa Neyland a Thre Ioan – dyfodol gwasanaethau i gleifion cofrestredig**
    - Gwnaeth Meddygfa Neyland a Thre Ioan y penderfyniad anodd i ildio contract y Gwasanaethau Meddygol Cyffredinol i weithredu'r practis o 31 Hydref 2022, a hynny'n dilyn ymddeoliad diweddar un o'r meddygon teulu partner ac ymdrechion aflwyddiannus i recriwtio rhagor o feddygon teulu.
    - Gan weithio'n agos gyda'r practis a'r Cyngor Iechyd Cymuned, gofynnodd y bwrdd iechyd am farn y gymuned leol a'r cleifion mewn holiadur a ddaeth i ben ar 2 Medi 2022.
    - Cyhoeddodd y bwrdd iechyd y byddai'n cymryd yr awenau ym Meddygfa Neyland a Thre Ioan yn ddiweddarach y mis hwnnw, a hynny ar ffurf meddygfa a reolir.
- **Meddygfa Solfach – dyfodol y gwasanaethau ar gyfer cleifion cofrestredig**
    - Ym Meddygfa Solfach, gwnaeth Dr Dhaduvai y penderfyniad anodd i ildio contract y Gwasanaethau Meddygol Cyffredinol i weithredu ei phractis, a hynny'n effeithiol o 31 Mawrth 2023. Daw hyn yn sgil ei phenderfyniad i ymddeol yn y gwanwyn, ac ymdrechion aflwyddiannus yn ystod y blynyddoedd diwethaf i recriwtio meddyg teulu partner arall i barhau â'r gwasanaeth.
    - Gan weithio'n agos gyda'r practis a'r Cyngor Iechyd Cymuned, gofynnodd y bwrdd iechyd am farn y gymuned leol a'r cleifion mewn holiadur a ddaeth i ben ar 4 Chwefror 2023.

- At hynny, cafodd digwyddiad galw heibio cyhoeddus ar gyfer cleifion cofrestredig ei gynnal ddydd Mawrth 24 Ionawr 2023.
- Yn ddiweddarach ym mis Chwefror 2023, cyhoeddodd y bwrdd iechyd y byddai'n cymryd yr awenau ym Meddygfa Solfach, a hynny ar ffurf practis a reolir.

- **Canolfan Iechyd a Llesiant Llanelli**
  - Ym mis Rhagfyr 2022, yn rhan o'i waith Gwella Iechyd a Llesiant, cyflwynodd y bwrdd iechyd gais cynllunio ar gyfer darparu Canolfan Gwella Iechyd a Llesiant yn Llanelli, a fydd yn cynyddu amrywiaeth a hygyrchedd gwasanaethau hanfodol i'r boblogaeth leol. Mae'r bwrdd iechyd a phartneriaid wedi archwilio lleoliadau posibl eraill ond wedi cadarnhau mai Anchor Point yw'r eiddo mwyaf addas i'w ddatblygu.
  - Nod y cyfleuster yw gwella iechyd a llesiant y gymuned a chenedlaethau'r dyfodol trwy ddarparu gwasanaethau cyfrinachol i'r gymuned leol, a hynny ar gyfer plant, pobl ifanc ac oedolion sy'n dymuno ceisio cymorth i newid eu hymddygiad a'u ffordd o fyw.
  - Trefnwyd sesiwn galw heibio gyhoeddus ar gyfer 21 Chwefror 2023, a gwahoddwyd y cyhoedd i anfon cwestiynau cyn y digwyddiad trwy Dweud eich Dweud.
- **Dweud eich Dweud am gelfyddyd mewn iechyd yn Hywel Dda**
  - Mae ein strategaeth – Canolbarth a Gorllewin Cymru Iachach: Cenedlaethau'r Dyfodol yn Byw Bywydau Iach – yn rhannu ein gweledigaeth ar gyfer gwella iechyd a llesiant ein cymunedau. Bydd rhan o'r gwaith hwn yn adeiladu ar yr wybodaeth a'r sylfaen dystiolaeth gynyddol sy'n dweud wrthym fod gan y celfyddydau rôl bwerus i'w chwarae o ran cefnogi iechyd a llesiant.
  - Gofynnwyd i'r cyhoedd roi eu barn mewn holiadur, ar fwrdd negeseuon, neu drwy rannu stori, a dweud wrthym sut yr oedd y celfyddydau a cherddoriaeth wedi helpu unigolion, ond hefyd sut y gallent hefyd wella iechyd a llesiant pobl yn ein hardal; a gwella ansawdd y profiad o ysbyty neu o ofal.

### Cynllun Cyfranogi ac Ymgysylltu Siarad Iechyd

Mae gan gynllun cyfranogi ac ymgysylltu Siarad Iechyd dros 1,000 o aelodau sydd wedi mynegi diddordeb mewn amryw o wasanaethau iechyd gwahanol. Mae'r aelodau'n cael gwybodaeth yn rheolaidd gan y bwrdd iechyd, ac mae nifer ohonynt yn barod i gymryd rhan mewn gweithgareddau ychwanegol, gan gynnwys holiaduron, digwyddiadau, ac ymgyngoriadau lleol a chenedlaethol.

### Panel Darllenwyr

Mae aelodaeth Siarad Iechyd yn cynnwys nifer sy'n rhan o banel darllenwyr sy'n rhoi sylwadau ac yn cynnig adborth adeiladol ar daflenni a dogfennau drafft.
Ymhlith y taflenni a adolygwyd gan yr aelodau y mae:

- Taflen Wybodaeth i Gleifion am Eli Capsaicin
- Gwybodaeth i gleifion am feddyginiaethau didrwydded – Taflenni A a B
- Taflen Wybodaeth i Gleifion am y Clinig Malaenedd o Darddiad Anhysbys
- Gwybodaeth i Feddygon Teulu am y Gwasanaeth Malaenedd o Darddiad Anhysbys
- Taflen ar Anadlyddion Asthma a Newid yn yr Hinsawdd
- Taflen Wybodaeth i Gleifion am y Llinell Gymorth Triniaeth Canser – taflenni A a B
- Tramadol – gwybodaeth i gleifion a gofalwyr

### Cronfa ddata rhanddeiliaid

Mae gan y Tîm Ymgysylltu gronfa ddata fawr o fanylion cyswllt dros 4,000 o randdeiliaid allweddol o'r ardal, sy'n cynnwys sefydliadau statudol, y trydydd sector, grwpiau diddordeb arbennig, sefydliadau chwaraeon, meithrinfeydd, ac ati.

### Arolygon staff a chleifion Uned Ddydd Cemotherapi (CDU) Bronglais

Cynhaliwyd arolygon Uned Ddydd Cemotherapi (CDU) Bronglais i ymgysylltu â staff a chleifion yr uned mewn perthynas â'r gwaith parhaus o ailgynllunio a diweddaru'r uned.

Cynhaliwyd yr arolygon rhwng 23 Medi a 31 Hydref 2022, a hynny ar-lein a thrwy ddefnyddio copïau papur o'r holiadur a oedd ar gael yn yr uned i staff a chleifion eu llenwi.

Diben yr arolygon oedd ceisio barn a phrofiadau cleifion ynghylch yr Uned Ddydd Cemotherapi bresennol, a hefyd farn y staff am eu profiadau o weithio yn yr uned, gyda'r bwriad o gael trosolwg mwy cynhwysol o sut olwg a allai fod ar yr uned arfaethedig a pha welliannau sy'n ofynnol, a hynny i fwydo i mewn i gamau technegol a chysyniadol y prosiect.

Mae'r adborth a gafwyd o'r arolygon wedi'i ymgorffori yng ngham nesaf y prosiect. Bydd y data cydraddoldeb a gasglwyd yn rhan o'r arolygon yn helpu i lywio elfen asesiad o'r effaith ar gydraddoldeb y prosiect.

Prif nod y prosiect, a gymeradwywyd gan y Bwrdd ar 29 Gorffennaf 2021, yw galluogi i ddatrysiad diogel, lleol, ac addas ar gyfer y dyfodol gael ei ddarparu o ran triniaeth gwrth-ganser systemig (SACT) i bobl sy'n byw yng Ngheredigion a rhannau o siroedd cyfagos Gogledd Powys a De Gwynedd.

### Grŵp Llywio Lleisiau Plant a Phobl Ifanc

Sefydlwyd Grŵp Llywio Lleisiau Plant a Phobl Ifanc i sicrhau bod lleisiau plant a phobl ifanc yn cael eu clywed ac yn llywio gwaith y bwrdd iechyd.

Mae gan y grŵp gylch gorchwyl eang. Mae'n helpu i gefnogi'r gwaith o ddatblygu canllawiau, polisïau a gweithdrefnau priodol i sicrhau bod BIPHDd yn cydnabod ac yn ystyried pwysigrwydd dysgu gan blant a phobl ifanc. Mae'n darparu cymorth i sicrhau bod plant a phobl ifanc yn dylanwadu ar gyfeiriad strategol y sefydliad, a bod lleisiau plant a phobl ifanc yn dylanwadu ar wasanaethau a staff ledled y sefydliad.

### Dathlu Lleisiau Plant a Phobl Ifanc: 15-20 Mai 2022

Cynhaliodd y Grŵp Llywio Lleisiau Plant a Phobl Ifanc wythnos o amrywiaeth o weithgareddau i ddathlu lleisiau plant a phobl ifanc o fewn Hywel Dda.

Defnyddiwyd yr wythnos i feithrin ymwybyddiaeth o Siarter y Plant, a ddatblygwyd mewn partneriaeth â Heddlu Dyfed Powys, Comisiynydd Heddlu a Throseddu Dyfed Powys, BIPHDd, a Gwasanaeth Tân ac Achub Canolbarth a Gorllewin Cymru, ac roedd dros 200 o blant a phobl ifanc wedi cymryd rhan.

Ymhlith uchafbwyntiau Wythnos y Plant y mae:

- Cystadleuaeth bathodyn Siarter y Plant (ar gael yn Saesneg, yn Gymraeg, yn Wcreineg ac yn Rwsieg)

- Lansio fersiwn BSL (Iaith Arwyddion Prydain) newydd o Siarter y Plant
- Meithrin Ymwybyddiaeth yn y Gynhadledd Nyrsio a Bydwreigiaeth, Llanelli
- Addewidion gan staff i gofrestru ar gyfer Siarter y Plant

Roedd adrannau pediatrig Iedled y bwrdd iechyd hefyd wedi darparu amrywiaeth o weithgareddau ac arddangosfeydd yn ystod yr wythnos, a'r rheiny â ffocws ar y thema caredigrwydd. Roedd y gweithgareddau hyn yn cynnwys:

- Caredigrwydd – Siarter a Hawliau CCUHP – Erthygl 24: Yr hawl i ofal iechyd da
- Technoleg – Bwlio – Erthygl 19: Yr hawl i gael eich amddiffyn rhag niwed
- Amrywiaeth a Chynhwysiant – Erthygl 2: Dylai pob plentyn gael ei drin yn gyfartal
- Caredigrwydd i'r blaned/amgylchedd – Erthygl 24: Yr hawl i amgylchedd glân

### Cystadleuaeth Bathodyn Siarter y Plant

Anfonwyd posteri cystadleuaeth Bathodyn Siarter y Plant i ysgolion cynradd yn ardal y bwrdd iechyd, ac i'r Ganolfan Groeso yn Llangrannog, a roddodd gyfle i blant o Wcráin gymryd rhan. Gofynnwyd i'r plant ddylunio bathodyn i hyrwyddo'r Siarter.

Roedd dau ddarlun yn llwyddiannus. Bydd darlun 1 yn cael ei ddefnyddio ar fathodyn ac yn ddelwedd gefndir ar gyfer Microsoft Teams. Bydd darlun 2 yn cael ei ddefnyddio ar gyfer baner e-bost. Bydd y ddau ddarlun llwyddiannus yn helpu i feithrin ymwybyddiaeth o'r Siarter Plant Iedled y bwrdd iechyd.

### Canolfan Iechyd a Llesiant Cross Hands

Cynhaliwyd sesiynau briffio i roi gwybodaeth i randdeiliaid am ddatblygiad Canolfan Iechyd a Llesiant Cross Hands. Roedd y sesiynau'n cynnwys cyfle i'r rhanddeiliaid roi eu barn a'u hadborth. Roedd Fforwm Anabledd Sir Gaerfyrddin, y Cyngor Iechyd Cymuned a Chynghorwyr Lleol wedi cymryd rhan.

### Grŵp Ymgysylltu a Phrofiad

Cafodd Grŵp Ymgysylltu a Phrofiad ei sefydlu yn ystod 2022-23 i ystyried adborth o bob ffynhonnell ymgysylltu â'r cyhoedd, cleifion a staff, a hynny i sicrhau bod barn a safbwyntiau ein holl randdeiliaid yn llywio ac yn dylanwadu ar waith Bwrdd Iechyd Prifysgol Hywel Dda.

### Yr Eisteddfod Genedlaethol, Tregaron

Roedd yr Eisteddfod Genedlaethol yn Nhregaron yn gyfle heb ei ail i'r bwrdd iechyd ymgysylltu â phoblogaethau lleol ac ymwelwyr. Yn ystod wythnos o ddigwyddiadau ar stondin ryngweithiol, cyflwynodd y bwrdd iechyd y fersiwn arwyddo a chanu gyntaf o 'Yma o Hyd' gyda Dafydd Iwan; lansiwyd byrddau cyfathrebu lleferydd ac iaith i gefnogi unigolion sy'n profi anawsterau cyfathrebu; lansiwyd proses darganfod y Gymraeg a diwylliant Cymru y bwrdd iechyd gan ddarlledwraig y BBC, Beti George; a chymerwyd rhan mewn trafodaeth ar fywyd a marwolaeth, celfyddyd a meddygaeth gan dîm y Celfyddydau a Llesiant. Trwy gydol yr wythnos, roedd timau o bob cwr o'r bwrdd iechyd wrth law i rannu rhagor o wybodaeth am ystod eang o bynciau – o'r modd i ddatblygu eich gyrfa gyda Hywel Dda i gadw golwg ar eich pwysedd gwaed, ac o sesiynau adrodd stori ar gyfer cynulleidfaoedd iau i gymorth gan y tîm llesiant dementia – roedd yna rywbeth i bawb.

# Amcan Strategol 4 – Yr iechyd a'r llesiant gorau ar gyfer ein cymunedau

# Amcan Strategol 4 – Yr iechyd a llesiant gorau ar gyfer ein cymunedau

Mae'r amcan strategol hwn yn mapio'r mesurau a'r blaenoriaethau gweinidogol canlynol:

- Ymatebion a Heriau mewn perthynas â COVID-19
- Adferiad y GIG – mynediad at ofal wedi'i gynllunio amserol, chwe Nod Gofal Brys a Gofal mewn Argyfwng
- Gweithio ochr yn ochr â gofal cymdeithasol – gofal yn nes at y cartref
- Llesiant meddyliol ac emosiynol
- Cefnogi iechyd a gofal y gweithlu
- Iechyd y boblogaeth
- Atal a rheoli heintiau
- Digidol a thechnoleg

Mae ein hamcanion strategol yn eang ac yn drawsbynciol. Mae'r amcanion cynllunio a'r naratif o ran cynnydd mewn perthynas â phob amcan strategol yn cael eu fframio i gyd-fynd â'r themâu a'r canlyniadau canlynol:

| **Thema:** | **Canlyniad:** |
|---|---|
| Y Boblogaeth | Mae ein cymunedau'n teimlo'n hapus ac yn ddiogel, a gallant fyw bywydau llawn |
| Iechyd a Llesiant | Mae gan ein cymunedau gyfle i fod yn iach yn hapus ac yn wybodus, o adeg eu geni hyd at henaint |
| Tegwch | Mae gan ein cymunedau lais, a gallant gyflawni eu potensial ni waeth beth yw eu cefndir neu eu hamgylchiadau |

Mae'r tabl isod yn rhoi crynodeb lefel uchel o'n cynnydd ar gyfer yr amcan strategol hwn yn 2022-23:

| Ein hamcanion cynllunio | Statws |
|---|---|
| 4A – Targedau Cyflawni Iechyd y Cyhoedd | ☐ Ar y trywydd iawn |
| 4B – Targedau Perfformiad Lleol Iechyd y Cyhoedd | ☐ Ar y trywydd iawn |
| 4C – Cynlluniau'r gronfa Trawsnewid | ☐ Wedi'i gwblhau |
| 4D – Sgrinio Iechyd y Cyhoedd | ☐ Wedi'i gwblhau |
| 4G – Pwysau Iach: Cymru Iach | ☐ Wedi'i gwblhau |
| 4H – Cynllunio at argyfwng ac argyfyngau sifil posibl | ☐ Wedi'i gwblhau |
| 4I – Cyfamod y Lluoedd Arfog | ☐ Wedi'i gwblhau |
| 4J – Cynlluniau Llesiant Rhanbarthol | ☐ Wedi'i gwblhau |
| 4K – Anghydraddoldebau Iechyd | ☐ Wedi'i gwblhau |

| Ein hamcanion cynllunio | Statws |
|---|---|
| 4L – Model Cymdeithasol ar gyfer Iechyd a Llesiant | ☐ Wedi'i gwblhau |
| 4M – Diogelu iechyd | ☐ Wedi'i gwblhau |
| 4N – System fwyd | ☐ Ar y trywydd iawn |
| 4P – Gwasanaeth Adfer ac Adsefydlu | ☐ Wedi'i gwblhau |
| 4Q – Cymorth Gofal Cymunedol i leihau nifer y gwelyau acíwt nad ydynt yn ddewisol | ☐ Ar ei hôl hi |
| 4R – Iechyd Gwyrdd a Chynaliadwyedd | ☐ Wedi'i ddadflaenoriaethu |
| 4S – Gwella Iechyd y Boblogaeth | ☐ Ar y blaen |
| 4T – Gweithredu proses ymgysylltu barhaus | ☐ Ar ei hôl hi |
| 4U – Cynigion cymunedol ar gyfer camau gweithredu seiliedig ar le | ☐ Wedi'i gwblhau |
| 4V – Iechyd Cyfunol | ☐ Ar y trywydd iawn |
| 4W – Dull Ysgol Gyfan o fynd i'r afael â Llesiant Meddyliol ac Emosiynol | ☐ Ar y trywydd iawn |

| Ein prif risgiau | Rheolaeth RAG |
|---|---|
| 1192 – Y gwerth anghywir wedi'i osod ar gyfer yr iechyd a'r llesiant gorau | ☐ Uchel |
| 1193 – Ehangu neu fethu mynd i'r afael ag anghydraddoldebau iechyd | ☐ Canolig |
| 1194 – Cynyddu nifer y bobl sy'n manteisio ar ymyriadau iechyd y cyhoedd a mynediad i'r ymyriadau hynny | ☐ Canolig |

| Mesurau ein canlyniadau | Statws |
|---|---|
| Sgôr llesiant meddyliol gyfartalog ar gyfer oedolion (16+) | ☐ Dim data |
| % yr oedolion (16+) sydd â dau neu ragor o ymddygiadau iach | ☐ Dim data |
| % y plant sydd â dau neu ragor o ymddygiadau iach | ☐ Dim data |
| Y bwlch o ran disgwyliad oes (y mwyaf a'r lleiaf difreintiedig) – gwrywod a benywod | ☐ Dim data |
| Disgwyliad oes iach – gwrywod a benywod | ☐ Dim data |

I gael rhagor o wybodaeth am y prif risgiau a chanlyniadau, gweler Fframwaith Sicrwydd ein Bwrdd: Agenda a Phapurau'r Bwrdd 30 Mawrth 2023 (eitem 3.1).

## Ein hamcanion cynllunio

Bu i ni nodi 20 o amcanion cynllunio a oedd yn cyfateb i'r amcan strategol hwn. Mae'r tabl isod yn crynhoi'r amcanion cynllunio hyn a'r cynnydd a wnaed gennym erbyn mis Mawrth 2023.

| Amcan cynllunio a statws | Diweddariad |
|---|---|
| ☐ Ar y trywydd iawn<br><br>**4A: Targedau Cyflawni Iechyd y Cyhoedd**<br>Datblygu a gweithredu cynllun i ddarparu targedau Fframwaith Cyflenwi y GIG sy'n berthnasol i iechyd y cyhoedd cyn pen y tair blynedd nesaf, a hynny mewn modd cynaliadwy. | Bu yna sawl datblygiad allweddol yn ystod 2022-23, yn cynnwys, ond heb fod yn gyfyngedig i'r canlynol:<br>• Cyflwynwyd cynllun brechu rhag feirysau anadlol i'r Bwrdd ym mis Medi 2022. Mae rhaglen ar y cyd ar gyfer y ffliw a COVID ar waith ar gyfer 2022-23.<br>• Mae dadansoddiad dwfn o nifer y plant sy'n cael eu brechu ar y gweill, a gyflwynir i'n Pwyllgor Datblygu Strategol a Chyflawni Gweithredol (SDODC). Bydd canfyddiadau'r dadansoddiad dwfn yn ffurfio sail i gynllun gwella.<br>• Cyflwynwyd strategaeth gwella iechyd a llesiant i'r Bwrdd ym mis Tachwedd 2022. |
| ☐ Ar y trywydd iawn<br><br>**4B: Targedau Cyflawni Lleol Iechyd y Cyhoedd**<br>Datblygu a gweithredu cynlluniau i gyflawni targedau perfformiad ac iddynt flaenoriaeth leol mewn perthynas ag iechyd y cyhoedd yn ystod y tair blynedd nesaf, a hynny mewn modd cynaliadwy. | Mae yna gysylltiad agos rhwng Amcanion Cynllunio 4A a 4B, ac mae'r datblygiadau allweddol ar gyfer 4A yn adlewyrchu cyflawniadau 4B. |
| ☐ Wedi'i gwblhau<br><br>**4C: Cynlluniau'r gronfa trawsnewid**<br>Cynnal gwerthusiad o effaith a buddion y tair Cronfa Trawsnewid a gefnogir gan Lywodraeth Cymru a'r cynlluniau a gefnogir gan y Gronfa Gofal Integredig i lunio cynigion, ar y cyd â phartneriaid yn yr awdurdodau lleol, i'w hystyried a'u cymeradwyo gan y Bwrdd Partneriaeth Rhanbarthol erbyn mis Mawrth 2023 a'u gweithredu o fis Ebrill 2024. | • Nid yw rhaglenni'r Cronfeydd Trawsnewid na'r Gronfa Gofal Integredig yn bodoli mwyach.<br>• Adolygwyd pob rhaglen ac, yn achos rhai rhaglenni, cytunwyd ar gyllid trwy drefniadau Cyllid Integreiddio Rhanbarthol (RIF) yn unol â'r meini prawf newydd a sefydlwyd o dan y Gronfa, a byddir yn parhau i adrodd trwy'r strwythur hwnnw ac i'n Grŵp Gweithredol Integredig. |

| Amcan cynllunio a statws | Diweddariad |
| --- | --- |
| ☐ Wedi'i gwblhau<br><br>**4D: Sgrinio Iechyd y Cyhoedd**<br>Erbyn mis Mawrth 2023, llunio cynllun i leihau'r anghydraddoldebau iechyd lleol sy'n codi mewn perthynas â gwasanaethau sgrinio, gan roi'r camau gweithredu y cytunwyd arnynt ar waith ym mis Ebrill 2023 fan bellaf. Y nod yw cynyddu mynediad a chyfleoedd mewn perthynas â sgrinio yn ein cymunedau mwyaf difreintiedig hyd nes iddynt gyrraedd y lefelau yn ein hardaloedd lleiaf difreintiedig. | Mae yna dri darn sylweddol o waith yr ydym yn eu datblygu:<br>• Rhaglen Dysgu Canser Moondance (Canser y Coluddyn) ar gyfer Ysgolion – rhaglen bartneriaeth rhwng Menter Canser Moondance, Tîm Iechyd y Cyhoedd Hywel Dda, a Chynllun Ysgolion Iach Sir Benfro. Mae'r rhaglen, a gafodd ei datblygu a'i threialu'n wreiddiol yng Ngwm Taf, yn fuddsoddiad i ddylanwadu ar newid ymddygiad hirdymor ymhlith cenedlaethau iau, a hynny trwy eu haddysgu ynghylch canser, triniaethau canser, a'r cysylltiad ag ymddygiadau iach. Mae hefyd yn archwilio dysgu sy'n pontio'r cenedlaethau, a hynny trwy feithrin ymwybyddiaeth o drefniadau sgrinio coluddion, arwyddion, a symptomau ymhlith rhwydwaith teuluol ehangach y disgyblion.<br>• Sgrinio Serfigol a Ffoaduriaid – tîm amlddisgyblaethol o weithwyr iechyd proffesiynol allweddol, dan arweiniad Arweinydd Canser sy'n Feddyg Teulu, sy'n edrych ar faint o unigolion ymhlith y boblogaeth ffoaduriaid yn ardal Hywel Dda sy'n cael prawf sgrinio serfigol.<br>• Rhwystrau i gael Profion Sgrinio ymhlith Gofalwyr – mae'r darn hwn o waith yn y camau cwmpasu cynnar ar hyn o bryd, a bydd yn edrych ar faint o ofalwyr sy'n manteisio ar raglenni sgrinio, beth yw'r rhwystrau a'r galluogwyr yn eu hachos nhw a hefyd brofiadau'r rhai y maent yn gofalu amdanynt. Bydd y gwaith hwn yn cysylltu â rhwydweithiau cymorth gofalwyr lleol a gwaith cenedlaethol sydd eisoes yn mynd rhagddo. |

| Amcan cynllunio a statws | Diweddariad |
| --- | --- |
| ☐ Wedi'i gwblhau<br><br>**4G: Pwysau Iach: Cymru Iach**<br>Yn ystod y cyfnod 2022-23 i 2024-25, gweithredu cynllun "Pwysau Iach: Cymru Iach" y bwrdd iechyd, cynnal gwerthusiad o'r effaith ac, yng ngoleuni'r dysgu hwn, datblygu cynllun ar ei newydd wedd ar gyfer y cylch cynllunio tair blynedd nesaf erbyn mis Medi 2024. | Mae'r prif ffocws yn 2022-23 wedi canolbwyntio ar y canlynol:<br>• Cwblhau'r broses o recriwtio i'r gwasanaeth rheoli pwysau Lefel 3, a chyfathrebu â'r cyhoedd a gweithwyr proffesiynol ynghylch y llwybrau un pwynt mynediad (Lefel 2/3) a hunangyfeirio i'r gwasanaeth.<br>• Sefydlu tri grŵp gorchwyl a gorffen, dan arweiniad Arweinydd y Llwybr Clinigol, i wneud y gwaith sy'n ofynnol ar draws disgyblaethau a sefydliadau i fodelu gallu a galw a chynllunio a chostio'r model darpariaeth ar gyfer oedolion Lefel 2, ar gyfer mamolaeth, ac ar gyfer plant, pobl ifanc a theuluoedd.<br>• Mae'r gwaith hwn yn cyd-fynd yn agos â'r gwaith ar Raglen Atal Diabetes Cymru Gyfan ac, yn fwy diweddar, y Rhaglen Strategol ar gyfer Gofal Sylfaenol, a hynny er mwyn cyrraedd cynifer o bobl â phosibl a sicrhau'r canlyniadau gorau posibl i'r boblogaeth trwy ddefnyddio gwahanol ffrydiau ariannu. |
| ☐ Wedi'i gwblhau<br><br>**4H: Cynllunio at argyfwng ac argyfyngau sifil posibl**<br>Adolygu a diweddaru strategaethau cynllunio at argyfwng ac argyfyngau sifil posibl/diogelu'r cyhoedd BIPHDd, a'u cyflwyno i'r Bwrdd erbyn mis Rhagfyr 2022. Dylai hyn gynnwys yr hyn a ddysgwyd o bandemig COVID-19. | Cafodd y Cynllun Digwyddiadau Mawr ar ei newydd wedd ei gymeradwyo yng nghyfarfod y bwrdd iechyd ym mis Gorffennaf 2022. Nod y Cynllun Digwyddiadau Mawr yw achub bywydau a lliniaru anafiadau mewn amgylchiadau lle nad yw'r gwasanaethau arferol yn ddigonol, o bosibl, a hefyd sicrhau cyd-drefniant er mwyn gwneud yn siŵr bod adnoddau cyfyngedig yn cael eu defnyddio yn y modd mwyaf effeithiol. Mae'r cynllun hwn yn seiliedig ar ddefnyddio ysbytai Llwynhelyg, Glangwili a Bronglais fel yr Ysbytai Derbyn Dynodedig ar gyfer yr ardal, gydag Ysbyty'r Tywysog Philip yn cael ei ddynodi'n ysbyty cynorthwyol. Byddai holl gyfleusterau'r gwasanaeth iechyd ar gael yn achos digwyddiad mawr. Pe byddai nifer yr anafedigion yn fwy na'r capasiti ar y pryd, efallai y byddai'n ofynnol gofyn i ysbytai eraill gynorthwyo trwy dderbyn unigolion a anafwyd yn y digwyddiad a/neu gleifion a drosglwyddir o'r ysbytai |

| Amcan cynllunio a statws | Diweddariad |
| --- | --- |
| | hyn, a hynny er mwyn rhyddhau gwelyau. Dylid nodi y gellid galw ar ysbytai Bronglais, Glangwili, Llwynhelyg a'r Tywysog Philip i fod yn ysbytai cynorthwyol pe byddai yna Ddigwyddiad Mawr mewn ardal gyfagos. |
| ☐ Wedi'i gwblhau<br><br>**4I: Cyfamod y Lluoedd Arfog**<br>Datblygu cynllun y bwrdd iechyd ymhellach i ysgogi gwell canlyniadau ar gyfer Cyn-filwyr ac aelodau o gymuned y Lluoedd Arfog, a hynny mewn perthynas â chanllawiau'r GIG ar driniaeth â blaenoriaeth ac â'i strategaethau recriwtio, ac adrodd ar gynnydd yn flynyddol. | Daeth Dyletswydd Cyfamod y Lluoedd Arfog i rym ym mis Tachwedd 2022, ac mae'n cryfhau gofynion cyfreithiol y bwrdd iechyd i roi sylw dyledus i anghenion Cymuned y Lluoedd Arfog wrth wneud penderfyniadau. Mae Dyletswydd Cyfamod y Lluoedd Arfog wedi'i hymgorffori yn y broses o Asesu'r Effaith ar Gydraddoldeb i sicrhau bod y gofynion cyfreithiol yn cael eu bodloni. Bydd gwaith yn parhau yn 2023-24 i ddatblygu meysydd gwaith presennol a nodi camau gweithredu newydd. Mae hyn yn cynnwys gwneud cais am wobr Veteran Aware, sy'n rhan o Gynghrair Gofal Iechyd y Cyn-filwyr, ac yn adeiladu ar ein Gwobr Aur bresennol sy'n rhan o'r Cynllun Cydnabod Cyflogwyr Amddiffyn.<br><br>• Mae Cynllun Cyfamod y Lluoedd Arfog wedi'i ddatblygu ar y cyd â Grŵp Llywio'r Lluoedd Arfog.<br>• Mae nodi Hyrwyddwr y Lluoedd Arfog ym maes Gofal Sylfaenol, Dr Anthony Drew, trwy ein gwaith gydag Arweinwyr y Clystyrau yn ein helpu i lywio camau gweithredu ar gyfer y dyfodol.<br>• Bu yna ymgysylltu cadarnhaol â Chymuned y Cyn-filwyr a'r Lluoedd Arfog yn ystod y flwyddyn, fel y crynhoir yn y cylchlythyr "Cefnogi Cymuned y Lluoedd Arfog 2022-23". Amlygodd hyn amrywiaeth o gamau gweithredu i hyrwyddo cyfleoedd ar gyfer cyflogaeth, mynediad at driniaeth â blaenoriaeth a mentrau llesiant staff.<br>• Mae aelodau o Rwydwaith y Lluoedd Arfog wedi rhoi cefnogaeth frwd i ddigwyddiadau.<br>• Gosodwyd meinciau coffa ledled yr holl brif safleoedd ysbytai, ac fe'u croesawyd gan staff yn gydnabyddiaeth o'r cyfraniad y mae cyn-filwyr ac aelodau'r lluoedd arfog yn ei wneud. |

| Amcan cynllunio a statws | Diweddariad |
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| ☐ Wedi'i gwblhau<br><br>**4J: Cynlluniau Llesiant Rhanbarthol**<br>Gweithio mewn partneriaeth â'r Byrddau Gwasanaethau Cyhoeddus a'r Byrddau Partneriaeth Rhanbarthol i sicrhau bod yr Asesiadau o Lesiant a'r Boblogaeth statudol yn cael eu cyhoeddi erbyn mis Mehefin 2022, a bod Cynllun Ardal a Chynlluniau Llesiant y Byrddau Gwasanaethau Cyhoeddus yn cael eu cyhoeddi erbyn mis Mehefin 2023. | Mae'r asesiadau o lesiant wedi'u cwblhau, a'r cynlluniau wedi eu cyflawno ar gyfer ymgynghoriad cyhoeddus. |
| ☐ Wedi'i gwblhau<br><br>**4K: Anghydraddoldebau iechyd**<br>Trefnu trafodaeth wedi'i hwyluso yng nghyfarfod y Bwrdd, sydd wedi'i hanelu at gytuno ar ein dull o leihau anghydraddoldebau iechyd. Rhaid i hyn gynnwys dadansoddiad o anghydraddoldebau iechyd cyfredol, tueddiadau ac achosion, opsiynau posibl ar gyfer mynd i'r afael â'r anghydraddoldebau, a nodi offer ac ymyriadau a anelir at fynd i'r afael â'r achosion. Datblygu amcanion cynllunio penodol erbyn mis Medi 2023, yn barod i'w rhoi ar waith yn 2024-25. | Mae'r amcan cynllunio hwn wedi'i gwblhau, a bydd y gwerthusiad o'r opsiynau yn dod gerbron seminar y bwrdd ym mis Ebrill 2023. Fodd bynnag, mae yna ragor i'w wneud o ran mynd i'r afael ag anghydraddoldebau a dim ond y cam cyntaf oedd yr amcan cynllunio cychwynnol; felly er bod yr amcan wedi'i gwblhau, bydd yr agenda hon yn cael ei chynnwys yn yr amcanion cynllunio ar gyfer 2023-24 a'r opsiynau'n cael eu dewis trwy'r gwerthusiad a thrwy weithredu argymhellion y bwrdd. |
| ☐ Wedi'i gwblhau<br><br>**4L: Model Cymdeithasol ar gyfer Iechyd a Llesiant**<br>Cynllunio a gweithredu proses sy'n mynd ati'n barhaus i lunio cynigion newydd y gellir eu datblygu'n amcanion cynllunio ac iddynt y nod o'n symud yn gyson tuag at "fodel cymdeithasol ar gyfer iechyd a llesiant" cynhwysfawr a chymunedau cydlynol a chydnerth. | Mae adolygiad systematig o'r llenyddiaeth mewn perthynas â model cymdeithasol ar gyfer iechyd a llesiant wedi cael ei gynnal ar ein rhan gan Brifysgol Aberystwyth.<br><br>Rydym hefyd wedi bod yn ymgysylltu â phroses o'r enw 'Sgyrsiau â Phwrpas' i helpu gydag adolygiad thematig. |

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| ☐ Wedi'i gwblhau<br><br>**4M: Diogelu iechyd**<br>Creu gwasanaeth diogelu iechyd cynaliadwy a chadarn, gan gynnwys model gwasanaethau twbercwlosis cynaliadwy. | Mae'r amcan cynllunio hwn yn ymwneud â datblygu system diogelu iechyd gynaliadwy, gadarn. Anfonwyd diweddariad at y Pwyllgor Datblygu Strategol a Chyflawni Gweithredol (SDODC) ym mis Ebrill 2023. Rhoddwyd sicrwydd bod yr amcan cynllunio ar y trywydd iawn; fodd bynnag, nid ydym wedi cael sicrwydd y bydd yna gyllid yn y dyfodol am mai cyllid pontio yw'r cyllid ar gyfer diogelu iechyd a gafwyd gan Lywodraeth Cymru yn 2022-23. Mae cyfanswm y cyllid sydd ar gael ar gyfer 2023-24 yn £1.9 miliwn. Ar 23 Chwefror 2023, cytunodd y Grŵp Trosolwg Strategol Rhanbarthol y byddai'r cyllid yn cael ei neilltuo fel a ganlyn:<br>• £732 mil ar gyfer profion cymunedol y bwrdd iechyd, yn seiliedig ar wasanaeth pum niwrnod llawer llai yn y gwanwyn/haf, a gwasanaeth saith niwrnod yn yr hydref/gaeaf.<br>• £100 mil ar gyfer costau Profion Pwynt Gofal – cyfarpar, cynnal a chadw, gwarantau, ac ati<br>• £1.068 miliwn ar gyfer timau'r awdurdodau lleol, wedi'i rannu fel a ganlyn:<br>  ○ £534 mil ar gyfer Sir Gaerfyrddin<br>  ○ £36 mil o gyfran Ceredigion a Sir Benfro i'r bwrdd iechyd gyflogi Nyrs Atal a Rheoli Heintiau i weithio yn nhimau ALlau (Awdurdodau Lleol) Ceredigion a Sir Benfro<br>  ○ £296 mil ar gyfer Sir Benfro<br>  ○ £202 mil ar gyfer Ceredigion<br>Mae'r Grŵp Gweithredu TB wedi'i ailsefydlu. Sefydlwyd y grŵp yn wreiddiol i ymateb i'r achosion a'r ymateb yn Llwynhendy, ac yna i'r rhaglen anheddu Ffoaduriaid o Wcráin, ond ni fydd yn rhoi sylw i'r cynllun hirdymor ar gyfer gwasanaethau TB yn BIP Hywel Dda. Mae'r Cylch Gorchwyl yn cael ei ddatblygu a llwybrau a gwasanaethau yn cael eu hadolygu. Mae'r grŵp hefyd yn diweddaru'r gofrestr risgiau corfforaethol yn unol ag Adolygiad Allanol Achosion Llwynhendy. |

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| ☐ Ar y trywydd iawn<br><br>**4N: System fwyd**<br>Mewn partneriaeth ag awdurdodau lleol, Byrddau Gwasanaethau Cyhoeddus, a rhanddeiliaid eraill, creu a gweithredu proses sy'n cynnwys ac yn ymgysylltu â chynrychiolwyr o bob agwedd ar y system fwyd, a rhoi'r broses honno ar waith. Y nod yw nodi cyfleoedd i optimeiddio'r system fwyd fel penderfynydd allweddol o ran llesiant. | • Mae agenda sefydlog ar gyfer y Grŵp Gweithredu Systemau Bwyd wedi cael ei chymeradwyo i alluogi i waith ehangach y systemau bwyd gael ei ymgorffori.<br>• Mae'r Grŵp Gweithredu wedi adolygu argymhellion North Star Transition yn unol â ffrydiau gwaith eraill gyda'r bwriad o goladu, symleiddio a chyfathrebu cynllun gwaith arfaethedig grŵp llywio'r Model Cymdeithasol ar gyfer Iechyd a Llesiant. |
| ☐ Wedi'i gwblhau<br><br>**4P: Gwasanaeth Adfer ac Adsefydlu**<br>Erbyn mis Rhagfyr 2022, llunio cynllun Adfer ac Adsefydlu a fydd yn darparu fframwaith unigol, cynhwysfawr sy'n canolbwyntio ar yr unigolyn, fframwaith a fydd yn cefnogi anghenion y pedair poblogaeth a nodir yn "Adsefydlu: fframwaith ar gyfer parhad ac adferiad", yn cynnwys y rheiny sydd â COVID-19, a gofyn am gymeradwyaeth gan y Bwrdd. Yn amodol ar drafodaethau'n ymwneud â'r Cynllun Tymor Canolig Integredig yn Ch4 2022-23, dylai'r cynllun hwn fod yn barod i'w weithredu o fis Ebrill 2024 ymlaen. | Y nod a'r weledigaeth yw sefydlu gwasanaethau rhagsefydlu ac adsefydlu effeithiol ar hyd a lled y system i gefnogi'r gwaith o gyflawni'r canlyniadau iechyd a llesiant gorau posibl i'n cymunedau a symud ymlaen ag adferiad ein poblogaeth yn dilyn pandemig COVID-19. I alluogi'r cynllun hwn, nododd ein Gwasanaethau Therapi bedair ffrwd waith sy'n sail i'r broses ddarparu:<br>• Adrodd ar berfformiad/Cynllunio galw a chapasiti<br>• Darpariaeth ddigidol<br>• Cynllun y gweithlu<br>• Llety a chyfarpar<br><br>Mae pob ffrwd waith yn cynnwys camau gweithredu i adolygu a datblygu'r gwasanaethau ar hyd a lled taith y claf a chefnogi datblygiad modelau darparu gwasanaeth a lefel briodol o ofal. Mae'r camau gweithredu ym mhob ffrwd waith yn cydredeg, sy'n golygu bod angen goruchwylio a llywodraethu'r rhaglenni yn barhaus ac mewn modd hyblyg i sicrhau nad yw'r prosiectau'n gwrthdaro.<br><br>Byddwn yn bwrw ymlaen â'r Amcan Cynllunio hwn yn rhan o ffrwd waith y TUEC. |

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| ☐ Ar ei hôl hi<br><br>**4Q: Cymorth Gofal Cymunedol i leihau nifer y gwelyau acíwt nad ydynt yn ddewisol**<br>Trwy ehangu pob math o ofal cymunedol yn gyflym, rhoi'r cymorth gofynnol ar waith fel y gall digon o breswylwyr Hywel Dda barhau yn eu cartrefi/ddychwelyd adref i sicrhau gostyngiad o 120 y diwrnod, ar gyfartaledd, yn nifer y cleifion nad ydynt yn gleifion dewisol mewn gwelyau ysbyty acíwt. | Ein hamcan yw cynyddu cyfanswm y gweithlu gofal yn y cartref yn y gymuned mewn modd cynaliadwy. Datblygu set gyson a rhanbarthol o egwyddorion y gellir eu perchnogi a'u gweithredu yn unol â'r hyn sydd fwyaf priodol ym mhob system sirol. Bydd y timau'n canolbwyntio ar gefnogi annibyniaeth, ailalluogi neu alluogi ac egwyddorion Gartref Gyntaf. Byddwn yn ceisio gwneud hyn mewn partneriaeth, gan gydnabod yr effeithiau ar brofiad a chanlyniadau unigolion a'r boblogaeth ehangach. Rydym am geisio rhannu'r cyfrifoldeb a'r risg wrth gynllunio, gweithredu a darparu adnoddau, a byddwn yn sicrhau cynrychiolaeth gyson ymhlith unigolion uwch mewn grŵp llywio rhanbarthol a Grwpiau Cyflawni Gweithredol lleol.<br><br>Er i'r capasiti gael ei gynyddu yn ystod y gaeaf diwethaf, ni chyflawnwyd y lefel o uchelgais yr oeddem yn gobeithio ei chyflawni. Mae'r capasiti ychwanegol hwnnw bellach yn rhan o'n hymateb craidd i lif cleifion trwy'r system, a byddwn yn adeiladu arno yn y flwyddyn nesaf wrth i ni geisio datblygu'r model gofal yn y cartref. |

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| ☐ Wedi'i ddadflaenoriaethu<br><br>**4R: Iechyd Gwyrdd a Chynaliadwyedd**<br>Sefydlu grŵp goruchwylio rhanbarthol, mewn partneriaeth â Byrddau Gwasanaethau Cyhoeddus a'r Bwrdd Partneriaeth Rhanbarthol, i ddatblygu a hyrwyddo ystod eang o gamau gweithredu a fydd yn hybu'r datrysiadau cymdeithasol a gwyrdd ar gyfer iechyd a llesiant ac yn cyfrannu at y gwaith o fynd i'r afael â'r argyfwng newid hinsawdd trwy brosiectau iechyd gwyrdd a chynaliadwyedd. | • Mae Bwrdd Ataliadau wedi'i sefydlu.<br>At hynny, mae Ymarferydd Iechyd Cyfunol mewn swydd ac yn allweddol i gysylltu iechyd y cyhoedd ag agenda'r hinsawdd. |
| ☐ Ar y blaen<br><br>**4S: Gwella Iechyd y Boblogaeth**<br>Datblygu a gweithredu'r strategaeth i wella iechyd y boblogaeth fel y gall pawb yn ein rhanbarth ddisgwyl byw mwy o'u bywyd mewn iechyd da trwy wneud y canlynol:<br>1. Sicrhau cynlluniau gweithredu clir i fynd i'r afael â'r ffactorau risg ataliadwy mwyaf ar gyfer afiechyd a marwolaeth gynnar.<br>2. Mynd i'r afael â gwahaniaethau o ran iechyd er mwyn torri'r cysylltiad rhwng cefndir a'r rhagolygon ar gyfer bywyd iach trwy weithio mewn partneriaeth gref. | Bydd gan y strategaeth yr ydym wrthi'n ei datblygu elfennau ar wahân i adlewyrchu:<br>• Nodau ein Strategaeth Rheoli Tybaco leol – amgylcheddau di-fwg, lleihau mynychder, darparu gwasanaeth rhoi'r gorau i smygu, strategaethau clinigol, a grwpiau blaenoriaeth ac atal.<br>• Nodau'r Strategaeth Lleihau Niwed Alcohol a Chamddefnyddio Cyffuriau – atal ac ymyrryd yn gynnar, lleihau niwed, triniaeth ac adferiad, lleihau troseddu, anghenion cymhleth, iechyd meddwl a digartrefedd, plant, teuluoedd, a chymunedau.<br>• Nodau Gwella Iechyd a Llesiant Ehangach – tai ac iechyd, hunanladdiad, feirysau a gludir yn y gwaed, ac amcanion sy'n ymwneud â ffactorau galluogi, canlyniadau, a pherfformiad. |
| ☐ Ar ei hôl hi<br><br>**4T: Gweithredu proses ymgysylltu barhaus**<br>Gweithredu a gwreiddio ein dull o ymgysylltu'n barhaus trwy wneud y canlynol:<br>• Darparu hyfforddiant ar ymgysylltu parhaus a'n dyletswyddau i ymgysylltu/ymgynghori ynghylch | • Darparodd y Sefydliad Ymgynghori ystod o sesiynau hyfforddi ar ymgysylltu parhaus i'r staff a'r Cyngor Iechyd Cymuned.<br>• Cynhaliwyd adolygiad o'r mecanweithiau cyfredol. Cafodd y Cynllun Ymgysylltu Parhaus newydd ei gymeradwyo gan y Bwrdd ym mis Mai 2022. |

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| newidiadau i wasanaethau yn unol â chyngor y Sefydliad Ymgynghori<br>• Gweithredu strwythurau a mecanweithiau i gefnogi ymgysylltiad parhaus, sy'n cyfateb i'r fframwaith rhanbarthol ar gyfer ymgysylltiad parhaus<br>Cyflwyno Pecyn Cymorth Ymgysylltiad Parhaus sy'n cynnwys canllawiau a thempledi i gefnogi timau ehangach ac i hyrwyddo arfer da. | • Presenoldeb rheolaidd y Tîm Ymgysylltu yn y Grŵp Llywio Ymgysylltu Parhaus Rhanbarthol, sy'n ceisio nodi digwyddiadau ymgysylltu ledled Gorllewin Cymru a gynhelir gan y bwrdd iechyd a sefydliadau allweddol eraill.<br>• Rydym wedi sefydlu grŵp Profiad ac Ymgysylltu newydd.<br>Mae cylch gorchwyl y Grŵp Cyfeirio Rhanddeiliaid wedi'i ddiwygio i sicrhau bod grwpiau nad ydynt yn cael eu clywed yn aml ac unigolion â nodweddion gwarchodedig yn cael eu cynrychioli. |

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| ☐ Wedi'i gwblhau<br><br>**4U: Cynigion cymunedol ar gyfer camau gweithredu seiliedig ar le**<br>Datblygu cynnig ar gyfer camau gweithredu seiliedig ar le mewn o leiaf un gymuned ym mhob sir gyda phartneriaid lleol allweddol a chymorth gan Gyngor Gweithredu Gwirfoddol Cymru, cynnig sy'n cynnwys nodi a datblygu arweinwyr cymunedol, mapio asedau a nodi meysydd gweithredu â blaenoriaeth a fyddai'n cael yr effaith fwyaf tebygol a chyflymaf ar iechyd a llesiant y gymuned honno, ac a fyddai'n eiddo i'r gymuned. | Gwnaed cynnydd sylweddol o ran cyflawni Amcan Cynllunio 4U. Er enghraifft:<br>• Sefydlwyd Grŵp Cynllunio amlasiantaeth.<br>• Gwaith cwmpasu ynghylch y modd y gellir diffinio “cymuned”.<br>• Cynhaliwyd trafodaethau â chynrychiolwyr o raglenni eraill, megis y Rhaglen Dyfodol Gwledig, ynghylch y modd y bu iddynt nodi cymunedau ar gyfer gweithredu.<br>• Mae gwaith cysylltiedig sy’n mynd rhagddo ledled y bwrdd iechyd, yn cynnwys teithiau cerdded llesiant yn Llanelli, ymgysylltu parhaus, mapio asedau yn Sir Gaerfyrddin, a’r fenter “10,000 o sgyrsiau”.<br>• Trafodaethau ag amrywiaeth eang o bartneriaid, gan gynnwys Cynghorau Gwirfoddol Sirol, Awdurdodau Lleol (ALlau) a Byrddau Gwasanaethau Cyhoeddus (BGCau).<br>• Casglwyd data ac ystadegau i gefnogi'r broses o wneud penderfyniadau o ran adnabod cymunedol, e.e. data tlodi plant a data Mynegai Amddifadedd Lluosog Cymru (WIMD).<br>• Mae gwaith cwmpasu, gan gynnwys chwiliad o’r llenyddiaeth, wedi’i wneud ynghylch y modd y gellir adnabod a chefnogi “arweinwyr cymunedol”, e.e. Rhaglen Hyfforddi Catalyst Create Gloucestershire neu Setiau Dysgu Gweithredol.<br>• Gwnaed gwaith cwmpasu mewn perthynas â'r modd y gellir mesur gweithgarwch seiliedig ar le dan arweiniad y gymuned, e.e. Gwerth Cymdeithasol, cadw at Ganllawiau NICE NG44, meddalwedd Lincus neu ddangosyddion cenedlaethol a cherrig milltir cenedlaethol ar gyfer Cymru, fel sy’n ofynnol gan adrannau 10(8) a 10(3) o Ddeddf Llesiant Cenedlaethau’r Dyfodol (Cymru) 2015.<br>• Sefydlwyd is-grwpiau amlasiantaeth sirol i oruchwylio'r gwaith ar lefel y sir. |

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| ☐ Ar y trywydd iawn<br><br>**4V: Iechyd Cyfunol**<br>Llunio set o fesurau canlyniadau “Iechyd Cyfunol” a cheisio cymeradwyaeth y Bwrdd i’w cynnwys yn Fframwaith Sicrwydd y Bwrdd yn rhan o Amcan Strategol 4. Datblygu fframwaith a thempled clir i’w defnyddio ar draws Amcanion Cynllunio perthnasol ac a fydd yn ymgorffori egwyddorion “Iechyd Cyfunol” yn eu darpariaeth, a datblygu pecyn hyfforddi sy’n hygyrch i’r holl staff i feithrin ymwybyddiaeth o egwyddorion “Iechyd Cyfunol” a'r modd y gellir eu gweithredu yng ngwaith y bwrdd iechyd o ddydd i ddydd. | Mae hwn yn amcan cynllunio gymharol newydd a fabwysiadwyd yn ystod 2022-23, ac felly mae cynnydd yn y camau cychwynnol. Fodd bynnag, mae nifer o gyflawniadau allweddol eisoes wedi’u cyflawni:<br>• Cynhaliwyd dau weithdy amlsector wedi’u hwyluso gan Brifysgol Aberystwyth gyda’r bwriad o ymgorffori egwyddorion Iechyd Cyfunol wrth weithio mewn partneriaeth<br>• Wrthi'n trafod â Choleg Sir Gâr a Phrifysgol Bangor mewn perthynas â datblygu pecyn hyfforddi Iechyd Cyfunol (ar y cyd â'r Cyfarwyddwr Ymchwil, arloesi, a Phartneriaeth â Phrifysgolion)<br>• Mae Iechyd Cyfunol yn rhan o gynlluniau gwaith drafft Iechyd Cyhoeddus Cymru a Llywodraeth Cymru, ac mae yna botensial i ddatblygu fframwaith/pecyn cymorth/mesurau canlyniadau cenedlaethol. |
| ☐ Ar y trywydd iawn<br><br>**4W: Dull Ysgol Gyfan o fynd i'r afael â Llesiant Meddyliol ac Emosiynol**<br>Rhoi cynllun gweithredu ar waith fel bod pob ysgol yn ardal Hywel Dda wedi gweithredu Fframwaith Llywodraeth Cymru ar gyfer Iechyd Meddwl a Llesiant Emosiynol, a sefydlu fframwaith gwerthuso ffurfiol i fonitro ac asesu effaith y fframwaith ar iechyd meddwl a llesiant emosiynol pob plentyn ysgol. | • Hyd yn hyn, mae 100 y cant o'r holl ysgolion ledled Hywel Dda yn ymwybodol o Fframwaith Llywodraeth Cymru, ac mae ganddynt fynediad at Offeryn Hunanwerthuso a chynllun a chanllawiau Gweithredu Iechyd Cyhoeddus Cymru.<br>• Yn genedlaethol, penderfynwyd ar lwybr symlach i gasglu data o'r Offer Hunanwerthuso, ac mae hyn 'nawr yn cael ei amlygu trwy ddangosfwrdd Power BI Iechyd Cyhoeddus Cymru.<br>• Yn aros am uchelgeisiau Llywodraeth Cymru (LIC) ar gyfer 2023-24. |

I gael rhagor o wybodaeth am ein holl amcanion cynllunio, yn cynnwys ein Cyfarwyddwyr Gweithredol arweiniol a'r trefniadau llywodraethu, gweler Atodiad A: Ein Hamcanion Cynllunio ar gyfer 2022-23.

## Llesiant cenedlaethau'r dyfodol

Mae Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 yn ei gwneud yn ofynnol i sefydliadau gymryd camau unigol, yn ogystal â chydweithredu â Byrddau Gwasanaethau Cyhoeddus (BGC) a phartneriaid ehangach. Mae'r Ddeddf hefyd yn nodi lle y mae angen i newidiadau ddigwydd o fewn saith o swyddogaethau corfforaethol sefydliad, sef: cynllunio corfforaethol; cynllunio'r gweithlu; rheoli perfformiad; cynllunio ariannol; risg; asedau, a chaffael. Dyma elfennau gwasanaethau'r sefydliad.

Aethom ati i adfywio ein hamcanion llesiant ym mis Tachwedd 2019, ac nid ydym wedi gwneud unrhyw newidiadau iddynt am eu bod yn dal i fod yn strategol berthnasol i'n gweledigaeth a'n cenhadaeth i ddod yn sefydliad sy'n canolbwyntio ar iechyd y boblogaeth. Mae ein hamcanion llesiant yn gyson â mwy nag un o'r nodau llesiant cenedlaethol, ond maent yn disgyn, yn fras, i bedair thema: yr amgylchedd a newid yn yr hinsawdd; cynllunio a datblygu'r gweithlu; ymyrryd yn gynnar ac atal; cydweithredu, cymryd rhan ac ymgysylltu. Dyma ein hamcanion llesiant:

1. Cynllunio a darparu gwasanaethau i gynyddu ein cyfraniad at allyriadau carbon isel.
2. Datblygu gweithlu medrus a hyblyg i ddiwallu anghenion newidiol y GIG modern.
3. Hyrwyddo'r amgylchedd naturiol a'r gallu i addasu i'r newid yn yr hinsawdd.
4. Gwella iechyd y boblogaeth trwy atal ac ymyrryd yn gynnar, gan gefnogi pobl i fyw bywydau hapus ac iach
5. Cynnig ystod amrywiol o gyfleoedd cyflogaeth sy'n cefnogi pobl i wireddu eu potensial.
6. Cyfrannu at lesiant byd-eang trwy ddatblygu rhwydweithiau rhyngwladol a rhannu arbenigedd.
7. Cynllunio a chyflawni gwasanaethau i alluogi pobl i gymryd rhan mewn atebion cymdeithasol a gwyrdd ar gyfer iechyd. Annog cymunedau i gyfranogi trwy gyfrwng y Gymraeg.
8. Trawsnewid ein cymunedau trwy gydweithredu â phobl, cymunedau a phartneriaid.

Yn ystod 2022-23, buom yn gweithio'n agos gyda phartneriaid Byrddau Gwasanaethau Cyhoeddus i ddatblygu cynlluniau llesiant ledled ardaloedd y tri Awdurdod Lleol sy'n ffurfio ôl troed rhanbarthol BIP Hywel Dda.

### Integreiddio

Rydym yn parhau i weithio gyda'n sefydliadau partner i ddarganfod ffyrdd o gyflymu trefniadau partneriaeth. Bu hyn yn arbennig o bwysig wrth i ni gydweithio ar asesiadau a chynlluniau llesiant. Mae cynlluniau llesiant wedi cael eu cymeradwyo gan holl bartneriaid statudol ein Byrddau Gwasanaethau Cyhoeddus erbyn hyn. Yn y bwrdd iechyd rydym hefyd wedi cydnabod pwysigrwydd integreiddio rhwng cyfarwyddiaethau mewn perthynas â phynciau llesiant allweddol, gan gynnwys ein hymateb i'r argyfwng costau byw ac i ddyfodiad pobl sy'n ceisio noddfa rhag y rhyfel yn Wcráin. Cynhaliodd BIP Hywel Dda y ganolfan groeso gyntaf i bobl o Wcráin sy'n ceisio noddfa yng Nghymru, gan weithio'n agos gyda'r Urdd a phartneriaid yn yr Awdurdodau Lleol.

### Cyfranogi

Yn ystod y flwyddyn, rydym wedi ceisio ymgysylltu â'r cyhoedd mewn amrywiaeth o sgyrsiau, gan gynnwys o ran y modd yr hoffai'r cyhoedd ymgysylltu â'r bwrdd iechyd wrth symud ymlaen. Mae ffrydiau o waith ymgysylltu wedi'u hintegreiddio a'u dwyn ynghyd i geisio sicrhau nad yw'r un cwestiynau'n cael eu gofyn i bobl gan sawl ffynhonnell. Mae'r Tîm Allgymorth Datblygiad

Cymunedol wedi bod yn allweddol wrth ddarparu mynediad at arolygon a holiaduron i gymunedau ethnig leiafrifol, gan gynnwys, yn arbennig, ddeall y profiad y mae pobl o Wcráin sy'n ceisio noddfa gyda ni wedi'i gael mewn perthynas â sgrinio iechyd. Mae yna ymgysylltu parhaus ynghylch safle ein hysbyty newydd, gan gynnwys nifer o ddigwyddiadau wyneb yn wyneb i randdeiliaid yn cael eu cynnal ledled y rhanbarth, ochr yn ochr â'r opsiwn i gymryd rhan yn y drafodaeth trwy arolygon ar-lein. Mae ein cynlluniau llesiant wedi canolbwyntio ar yr hyn y dywedodd ein cymunedau wrthym a oedd yn bwysig iddynt yn rhan o'r gwaith ymgysylltu a wnaed gan ein partneriaid wrth ddatblygu asesiadau llesiant.

### Yr hirdymor

Mae cyrff cyhoeddus yn wynebu'r her o boblogaeth sy'n heneiddio a'r effaith y mae hyn yn ei chael ar y gweithlu sydd ar gael i ni. Mae cynllun yr Academi Prentisiaethau yn enghraifft allweddol o'r gwaith yr ydym yn ei wneud i sicrhau dull mwy hirdymor o gyfrannu at Gymru Ffyniannus. Mae'n ein cefnogi i fuddsoddi mewn cynyddu cyfoeth lleol, ac yn cyfrannu at ein hamcan llesiant ein hunain i gynnig dewis amrywiol o gyfleoedd ar gyfer cyflogaeth sy'n cefnogi pobl i wireddu eu potensial yn llawn.

Mae BIP Hywel Dda yn parhau i gefnogi cyflogeion sy'n ceisio cymwysterau addysg uwch, ac mae lleoedd wedi'u hariannu ar gael trwy broses ymgeisio flynyddol.

### Cydweithrediad

Roedd trefniadau ein partneriaethau â Byrddau Gwasanaethau Cyhoeddus wedi creu amryw o gyfleoedd i gydweithredu. Un enghraifft yw'r gwaith cydweithredol sy'n canolbwyntio ar liniaru effaith yr argyfwng costau byw i bobl sy'n byw yng Ngorllewin Cymru. Daeth aelodau o bob Bwrdd Gwasanaethau Cyhoeddus, y bwrdd iechyd, sefydliadau'r trydydd sector, ac elusennau ynghyd ar gyfer gweithdy i drafod, dadlau a rhannu syniadau a chynlluniau ar gyfer cefnogi cymunedau a'r gweithlu trwy'r cyfnod eithriadol o anodd hwn. Yn ystod y flwyddyn ddiwethaf, cafodd grŵp tegwch iechyd ei sefydlu hefyd, sef grŵp amlasiantaeth sydd â'r nod o sicrhau ein bod yn clywed lleisiau ein cymunedau a'r grwpiau sy'n byw yn y rhanbarth. Mae'r grŵp yn cynnwys ffocws ar ddigartrefedd a thai, ein cymunedau teithiol ac iechyd lleiafrifoedd ethnig, ymhlith pynciau eraill.

# Amcan Strategol 5 – Gofal diogel, cynaliadwy, teg a charedig

# Amcan Strategol 5 – Gofal diogel, Cynaliadwy, Teg a Charedig

Mae'r amcan strategol hwn yn mapio'r mesurau a'r blaenoriaethau gweinidogol canlynol:

- Adferiad y GIG – mynediad at ofal wedi'i gynllunio amserol Chwe Nod Gofal Brys a Gofal Mewn Argyfwng
- Gweithio ochr yn ochr â gofal cymdeithasol – gofal yn nes at y cartref
- Cymru iachach
- Iechyd meddwl a llesiant emosiynol
- Cefnogi iechyd a gofal y gweithlu
- Iechyd y boblogaeth
- Atal a rheoli heintiau
- Digidol a thechnoleg

Mae ein hamcanion strategol yn eang ac yn drawsbynciol. Mae'r amcanion cynllunio a'r naratif o ran cynnydd mewn perthynas â phob amcan strategol yn cael eu fframio i gyd-fynd â'r themâu a'r canlyniadau canlynol:

| **Thema:** | **Canlyniad:** |
|---|---|
| Diogel | Rydym yn lleihau niwed i'r cleifion yn ein gofal |
| Cynaliadwy | Mae gennym weithlu sefydlog a chynaliadwy |
| Hygyrch | Gall ein cleifion gyrchu gwasanaethau o fewn amserlen sy'n briodol yn glinigol |
| Caredig | Rydym yn cynyddu hyd yr eithaf nifer y diwrnodau y mae pobl yn eu treulio mewn iechyd da yn eu cartrefi eu hunain |

Mae'r tabl isod yn rhoi crynodeb lefel uchel o'n cynnydd ar gyfer yr amcan strategol hwn yn 2022-23:

| Ein hamcanion cynllunio | Statws |
|---|---|
| 5A – Targedau Fframwaith Cyflenwi GIG Cymru | □ Wedi'i gwblhau |
| 5B – Targedau Perfformiad Lleol | □ Wedi'i gwblhau |
| 5C – Achosion Busnes ar gyfer Gorllewin a Chanolbarth Cymru Iachach | □ Ar ei hôl hi |
| 5F – Strategaeth Bronglais | □ Ar ei hôl hi |
| 5G – Gweithredu'r broses o drawsnewid y gwasanaethau Iechyd Meddwl ac Anableddau Dysgu | □ Ar y trywydd iawn |
| 5H – Cynlluniau ardal integredig | □ Ar ei hôl hi |
| 5I – Gwella'r gwasanaethau plant a phobl ifanc | □ Ar y trywydd iawn |
| 5J – Model gofal brys 24/7 ar gyfer Gofal Cymunedol a Sylfaenol | □ Ar ei hôl hi |
| 5K – Proses hunanasesu effeithiolrwydd clinigol | □ Ar y trywydd iawn |
| 5M – Gweithredu system glinigol a system TG Cymru gyfan | □ Ar y trywydd iawn |

| Ein hamcanion cynllunio | Statws |
|---|---|
| 5N – Gweithredu cynlluniau'r Rhwydweithiau cenedlaethol a'r Cyd-bwyllgorau | □ Ar y trywydd iawn |
| 5O – Gwasanaethau Bregus | □ Ar ei hôl hi |
| 5P – Datganiad o Sefydlogrwydd y Farchnad | □ Wedi'i gwblhau |
| 5Q – Y llwybr asthma | □ Wedi'i gwblhau |
| 5R – Cynhwysiant digidol | □ Ar ei hôl hi |
| 5S – Y Strategaeth Gofal Lliniarol a Gofal Diwedd Oes | □ Ar ei hôl hi |
| 5T – Anghenion iechyd a gofal cymhleth | □ Wedi'i gwblhau |
| 5U – Strategaeth yr ystadau cymunedol ac anghlinigol | □ Ar ei hôl hi |
| 5V – Y Cynllun Tymor Canolig Integredig a chynllunio gweithredol | □ Wedi'i gwblhau |
| 5W – Trefniadau Diogelu Rhyddid | □ Wedi'i gwblhau |
| 5X – System Rheoli Ansawdd | □ Wedi'i gwblhau |
| **Ein prif risgiau** | **Rheolaeth RAG** |
| 1195 Dangosyddion cynnar cynhwysfawr o ran diffygion diogelwch | □ Canolig |
| 1196 Buddsoddiad annigonol mewn cyfleusterau/cyfarpar/seilwaith digidol | □ Canolig |
| 1197 Rhoi modelau gofal ar waith nad ydynt yn cyflawni ein strategaeth | □ Canolig |
| **Mesurau ein canlyniadau** | **Statws** |
| Digwyddiadau diogelwch cleifion y nodwyd eu bod yn gymedrol, yn ddifrifol, neu wedi achosi niwed catastroffig yn dilyn ymchwiliad | □ Y targed wedi'i fethu |
| Nifer y staff nyrsio a bydwreigiaeth sydd mewn swyddi | □ Rhagorwyd ar y targed |
| Nifer y cleifion sy'n aros 26 wythnos neu ragor rhwng cael eu hatgyfeirio a chael triniaeth | □ Y targed wedi'i fethu |
| Cleifion: Rwy'n cael fy nhrin ag urddas, parch, a charedigrwydd | □ Y targed wedi'i gyflawni |

I gael rhagor o wybodaeth am y prif risgiau a chanlyniadau, gweler Fframwaith Sicrwydd ein Bwrdd: Agenda a Phapurau'r Bwrdd 30 Mawrth 2023 (eitem 3.1).

## Ein hamcanion cynllunio

Bu i ni nodi 21 o amcanion cynllunio a oedd yn cyfateb i'r amcan strategol hwn. Mae'r tabl isod yn crynhoi'r amcanion cynllunio hyn a'r cynnydd a wnaed gennym erbyn mis Mawrth 2023.

| Amcan cynllunio a statws | Diweddariad |
|---|---|
| ☐ Wedi'i gwblhau<br><br>**5A: Targedau Fframwaith Cyflenwi GIG Cymru**<br>Datblygu a gweithredu cynllun i gyflawni targedau Fframwaith Cyflenwi y GIG sy'n berthnasol i Ansawdd a Diogelwch, ac i'r gwasanaethau Gofal Sylfaenol, Gofal Eilaidd ac Iechyd Meddwl cyn pen y tair blynedd nesaf, a hynny mewn modd cynaliadwy. | Mae elfennau allweddol o'r cynllun gwaith a gyflawnwyd yn ystod 2022-23 yn cynnwys:<br>• Adolygu ein mesurau perfformiad yn unol â Fframwaith Perfformiad LIC ar gyfer 2022-23<br>• Gweithio gyda'n timau i ddatblygu llwybrau ar gyfer mesurau gwella LIC a'n mesurau gwella allweddol<br>• Darparu cymorth a hyfforddiant i gyfarwyddiaethau fel y gallant gyrchu eu mesurau perfformiad yn rhwydd er mwyn gallu nodi a gweithredu unrhyw welliannau gofynnol<br>• Sicrhau bod gan bob cyfarwyddiaeth broses ar waith i ystyried ei pherfformiad a sicrhau ei bod yn ymwybodol o'r modd i gael mynediad at hyfforddiant a chymorth lle bo angen<br>• Rydym hefyd yn rhoi ystyriaeth i'n hamodau atebolrwydd mewn perthynas â pherfformiad a lle mae targedau cyfredol ar ei hôl hi.<br>• Mae diweddariad ar ein perfformiad ar gael trwy ein Hadroddiad Sicrwydd Perfformiad Integredig. |
| ☐ Wedi'i gwblhau<br><br>**5B: Targedau Perfformiad Lleol**<br>Datblygu a gweithredu cynllun i gyflawni targedau perfformiad sydd â blaenoriaeth leol ac sy'n berthnasol i Ansawdd a Diogelwch, ac i'r gwasanaethau Gofal Sylfaenol, Gofal Eilaidd ac Iechyd Meddwl cyn pen y tair blynedd nesaf, a hynny mewn modd cynaliadwy. | Gweler y diweddariad ar gyfer Amcan Cynllunio 5A |

| Amcan cynllunio a statws | Diweddariad |
| --- | --- |
| ☐ Ar ei hôl hi<br><br>**5C: Achosion Busnes ar gyfer Canolbarth a Gorllewin Cymru Iachach**<br>Cytuno ar yr achosion busnes terfynol yn unol â'r tybiaethau cynllunio a nodir yn 'Canolbarth a Gorllewin Cymru Iachach' ar gyfer:<br>• Addasu Ysbytai Glangwili a Llwynhelyg at ddibenion gwahanol neu eu hadeiladu o'r newydd.<br>• Gweithredu ysbyty gofal brys a gofal wedi'i gynllunio newydd ym mharth Arberth a Sanclêr.<br>Gweithio gyda phartneriaid i ddatblygu a mynd i'r afael â mynediad, teithio, trafnidiaeth, a'r seilwaith angenrheidiol i gefnogi cyfluniad y gwasanaeth, gan roi ystyriaeth i'r hyn a ddysgwyd o bandemig COVID-19.<br><br>Datblygu cynlluniau ar gyfer yr holl ofynion eraill o ran y seilwaith i gefnogi'r strategaeth iechyd a gofal. | • Cyflwynwyd Achos Busnes ar gyfer y Rhaglen i LIC ym mis Chwefror 2022.<br>• Cafwyd sylwadau craffu gan LIC, ac ymatebwyd iddynt erbyn diwedd Ebrill 2022.<br>• Rhoddwyd cyflwyniad i'r Bwrdd Buddsoddi mewn Seilwaith ar 27 Mai 2022.<br>• Mae proses dewis tir yn cael ei chynnal trwy bedair ffrwd waith arfarnu<br>  ○ Technegol<br>  ○ Clinigol<br>  ○ Y Gweithlu<br>  ○ Ariannol ac Economaidd<br>  Adroddiad i'r Bwrdd 4 Awst 2022<br>• Mae'r dadansoddiad o drafnidiaeth yn cefnogi'r ffrydiau gwaith arfarnu, a bydd yn helpu i ffurfio'r sail ar gyfer datblygu'r strategaeth drafnidiaeth.<br>• Cytunodd y Bwrdd ar restr fer o dri safle yn y cyfarfod ar 4 Awst 2022, ac y byddai'r bwrdd iechyd yn cynnal ymgynghoriad cyhoeddus ar y tri safle hyn. Cyflwynwyd cynllun ymgynghori i'r Bwrdd ar 29 Medi 2022, a chyflwynwyd adroddiad yn manylu ar y camau nesaf sy'n gysylltiedig â nodi tir ar gyfer yr Ysbyty Gofal Brys a Gofal wedi'i Gynllunio newydd a'r adnoddau cysylltiedig i'r Bwrdd mewn Pwyllgor ar 29 Medi 2022.<br>• Gwnaed cynnydd mewn perthynas ag achosion busnes ar gyfer Seilwaith Cymunedol, gydag Achos Busnes Amlinellol Cross Hands yn cael ei gymeradwyo gan y Bwrdd ym mis Mai 2022 a'i gyflwyno i LIC ar 31 Mai 2022. Cafwyd sylwadau craffu gan LIC, ac anfonwyd ymatebion Bwrdd Iechyd y Brifysgol ar 16 Medi 2022. |
| ☐ Ar ei hôl hi<br><br>**5F: Strategaeth Bronglais**<br>Gweithredu strategaeth Ysbyty Bronglais yn llawn yn ystod y tair blynedd nesaf, fel y cytunwyd gan y Bwrdd ym mis Tachwedd 2019, gan roi ystyriaeth i'r hyn a ddysgwyd o bandemig COVID-19. | • Mae pandemig COVID-19 wedi cael effaith andwyol ar gynnydd y gwaith o gyflawni Strategaeth Ysbyty Bronglais, wrth i'r timau gweithredol ganolbwyntio ar ddarparu gwasanaethau oddi ar 2020.<br>• Mae adolygiad ôl-COVID-19 o'r strategaeth wedi dechrau. |

| Amcan cynllunio a statws | Diweddariad |
| --- | --- |
| | • Mae cynllun gweithredu diwygiedig drafft wedi'i baratoi |
| ☐ Ar y trywydd iawn<br><br>**5G: Gweithredu'r broses o drawsnewid y gwasanaethau Iechyd Meddwl ac Anableddau Dysgu**<br>Gweithredu elfennau eraill y cynllun Trawsnewid Iechyd Meddwl, a datblygu a gweithredu strategaeth Trawsnewid Anableddau Dysgu yn unol â “Gwella Bywydau, Gwella Gofal” yn ystod y tair blynedd nesaf, a hefyd ddatblygu a gweithredu cynllun ar gyfer trawsnewid y gwasanaethau iechyd meddwa arbenigol i blant a'r glasoed (CAMHS), anhwylderau'r sbectrwm awtistig, ac ADHD. | • Ni oedd y bwrdd iechyd cyntaf yng Nghymru i gyflwyno 111 Opsiwn 2<br>• Rydym yn parhau i weithio tuag at gyflawni ein llwybrau targededig mewn perthynas â Rhan 1A ac 1B, ac i weithio gyda phartneriaid trwy'r Bwrdd Partneriaeth Rhanbarthol i gryfhau'r trefniadau gofal a chymorth ar gyfer plant ag anghenion iechyd emosiynol a meddyliol ymhellach trwy fynd ati ar unwaith i fabwysiadu'r Fframwaith Help a Chymorth Cynnar, sy'n cael ei weithredu'n rhan o'r rhaglen *Gyda'n Gilydd dros Blant a Phobl Ifanc*.<br>• Cynnal ymarfer caffael i drefnu i asesiadau a thriniaeth gael eu cynnal yn allanol er mwyn mynd i'r afael â'n rhestrau aros yn y gwasanaethau Anhwylderau'r Sbectrwm Awtistig ar gyfer oedolion a phlant a phobl ifanc, fel ei gilydd. Yn dilyn gwerthusiad a chyfnod segur, dyfarnwyd contractau i ddau ddarparwr hyd at 31 Mawrth 2025.<br>• Mae gwaith yn mynd rhagddo ar y rhaglen Gwella'r Gwasanaeth Anableddau Dysgu mewn perthynas â'r rhaglen newid lleoliadau gofal cymunedol a chleifion mewnol. Cyflwynwyd diweddariad i’r Bwrdd ym mis Ionawr 2023 yn amlinellu’r cyfeiriad ar gyfer y dyfodol a’r camau nesaf yn seiliedig ar asesiadau diweddar o'r gwasanaeth. Roedd yr adroddiad yn cynnwys Cynllun Ymgysylltu cynhwysfawr wedi'i drefnu ar gyfer Chwefror/Mawrth 2023.<br>• Mae'r gwaith o ddatblygu ein Gwasanaeth Asesu'r Cof yn parhau. Gwnaed cynnydd da o ran y mentrau amseroedd aros ar gyfer Therapi Galwedigaethol, yn cynnwys cynlluniau gweithredu cytunedig a chyswllt â chleifion. Mae Manyleb Gwasanaethau, sy'n nodi'r model gwasanaethau newydd, yn destun ymgysylltu/ymgynghori ar hyn o bryd. Dechreuodd y broses gaffael o ran Fframwaith Trydydd Sector ar gyfer ystod o wasanaethau |

| Amcan cynllunio a statws | Diweddariad |
|---|---|
| | atal ac ymyrryd yn gynnar ym maes Iechyd Meddwl ac Anableddau Dysgu ym mis Tachwedd 2022. Cafodd pob agwedd ar y broses dendro ei chydgynhyrchu gyda chyfranogiad defnyddwyr y gwasanaethau a gofalwyr. |
| ☐ Ar ei hôl hi<br><br>**5H: Cynlluniau ardal integredig**<br>Datblygu a gweithredu grwpiau Cynllunio Ardal Integredig. Sefydlu cynllun ardal integredig sy'n gyson â blaenoriaethau cenedlaethol a rhanbarthol ledled y system iechyd a gofal gyfan. Bydd y Grwpiau Cynllunio Ardal Integredig yn cytuno ar gyd-gyllideb a rennir i gefnogi'r broses o gyflawni'r cynlluniau, ac yn dangos eu bod wedi cyflawni'r canlynol:<br>• Cymunedau caredig cysylltiedig, gan gynnwys gweithredu'r model presgripsiynu cymdeithasol<br>• Proses ragweithiol a chydlynol o bennu lefel risg, cynllunio gofal, a darpariaeth integredig gan y tîm cymunedol integredig<br>• Un man cyswllt i gydlynu anghenion gofal brys a chanolraddol ac ymateb yn gyflym iddynt er mwyn cynyddu'r amser a dreulir gartref.<br>• Gwell defnydd o dechnoleg i gefnogi hunanofal a gofal rhagweithiol.<br>Cynyddu'r gwasanaeth gofal arbenigol a thriniaethau dydd trwy glinigau cymunedol. | • Cafodd gwaith ei wneud i symleiddio'r broses o ddatblygu strwythur cyfarfodydd a llywodraethu i gefnogi'r broses o weithredu Datblygiad Clwstwr Carlam trwy gyfarfodydd Grŵp Cynllunio Clwstwr Cyfan, ac ati.<br>• Rhestr wirio Datblygiad Clwstwr Carlam wedi'i diweddaru a'i chyflwyno yn unol ag amserlenni cenedlaethol.<br>• Gweithredu'r model presgripsiynu cymdeithasol ledled y bwrdd iechyd.<br>• Un man cyswllt i gydlynu anghenion gofal brys a chanolraddol ac ymateb yn gyflym iddynt er mwyn cynyddu'r amser a dreulir gartref.<br>• Gwell defnydd o dechnoleg i gefnogi hunanofal a gofal rhagweithiol.<br>• Sefydlwyd mecanweithiau adrodd ar gyfer y Blaenoriaethau Gweinidogol sy'n gyson â chontractwyr Gofal Sylfaenol a Gwasanaethau Cymunedol.<br>• Mae adolygiad o'r rhaglen waith bresennol wedi cael ei gynnig ar gyfer dechrau mis Mai 2023 i gysoni blaenoriaethau ac adnewyddu'r ffrydiau gwaith. |
| ☐ Ar y trywydd iawn<br><br>**5I: Gwella'r gwasanaethau plant a phobl ifanc**<br>Cynnal asesiad cynhwysfawr o holl Wasanaethau Plant a Phobl Ifanc y bwrdd iechyd i nodi meysydd i'w gwella. O hyn, datblygu cynllun gweithredu i fynd i'r afael â'r canfyddiadau erbyn mis Mawrth 2024, fan bellaf. Dylai'r broses asesu a'r cynllun | • Mae'r adran pediatreg gymunedol wedi dechrau ar ymarfer Gorchwyl a Gorffen sy'n canolbwyntio ar leihau nifer y plant a phobl ifanc sy'n aros am apwyntiad newydd neu ddilynol gyda phaediatregydd cymunedol. Bydd y grŵp Gorchwyl a Gorffen yn asesu'r gofyn am gymysgedd sgiliau a newidiadau o ran arfer ledled y gwasanaeth. |

| Amcan cynllunio a statws | Diweddariad |
|---|---|
| gweithredu gynnwys lleisiau plant a phobl ifanc a meddu ar gysylltiadau clir â'r gwaith ehangach sy'n cael ei wneud gan y Bwrdd Partneriaeth Ranbarthol. | Ffurfiwyd is-grŵp i archwilio'r bylchau a nodwyd o ran Cefnogi Ymddygiad yn Gadarnhaol. Mae papur wedi'i ysgrifennu sy'n destun ymgynghoriad. |
| ☐ Ar ei hôl hi<br><br>**5J: Model gofal brys 24/7 ar gyfer Gofal Cymunedol a Sylfaenol**<br>Cynnal adolygiad o'r newidiadau sylweddol a wnaed i'r model gwasanaeth gofal heb ei drefnu ar gyfer gofal cymunedol a sylfaenol 24/7 yn 2021-22, a datblygu cynllun wedi'i ddiweddaru i ymgorffori'r newidiadau hynny a chwblhau'r dasg o sefydlu model cynhwysfawr a chynaliadwy. | • Mae model ar gyfer gofal sylfaenol brys 24/7 (sy'n cynnwys y gymuned yn y cyd-destun hwn) wedi'i ddatblygu a'i gymeradwyo trwy bwyllgorau ffurfiol. Mae cyllid Gofal Brys a Gofal Mewn Argyfwng dan nawdd Llywodraeth Cymru yn cefnogi agweddau craidd ar y model hwn:<br>○ Datblygu a gweithredu gwasanaeth Gofal Brys ar yr Un Diwrnod yng Nghanolfan Gofal Integredig Aberteifi. Mae'r broses werthuso wedi nodi bod y gwasanaeth wedi atal 1,995 o ymweliadau ag adrannau damweiniau ac achosion brys ledled Hywel Dda, ynghyd â 185 o alwadau '999' ym mlwyddyn ariannol 2022-23. Mae rhai heriau'n parhau yn gysylltiedig â rhywfaint o'r ddarpariaeth ddiagnostig a mynediad at glinigau poeth.<br>○ Comisiynu 3,222 awr y flwyddyn yn ychwanegol, o 37 o bractisau meddygon teulu ledled Hywel Dda, i helpu i gefnogi a rheoli anghenion Gofal Sylfaenol Brys yn y gymuned.<br>• Mae'r blaenoriaethau o ran y gwaith parhaus o ddatblygu ein model Gofal Sylfaenol Brys ar gyfer 2023-24 yn cynnwys y canlynol:<br>○ Penodi wyth Ymatebydd Llesiant ychwanegol i ddarparu ymateb gofal sylfaenol brys 24/7 i anghenion brys yn y gymuned.<br>○ Cyflwyno gwasanaethau cymorth Cartrefi Gofal penodedig y disgwylir iddynt leihau nifer y preswylwyr cartrefi gofal sy'n cael eu cludo a'u derbyn i'r ysbyty yn ddiangen.<br>○ Adolygu a datblygu ein dull gweithredu 'Gartref Gyntaf' ledled Hywel Dda. Mae Gartref Gyntaf yn cyfeirio at ddull sy'n canolbwyntio ar yr unigolyn ac sy'n darparu strwythur sefydliadol ar gyfer cydlynu'r gwaith o ddydd i ddydd o fynd ati i fonitro a |

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| | rheoli poblogaeth y pennwyd lefel risg ar ei chyfer. Bydd hefyd yn darparu ymateb amserol i argyfyngau meddygol, swyddogaethol neu gymdeithasol. Mae'r ymateb hwn yn mynd i'r afael â'r "hyn sydd fwyaf pwysig" i'r unigolyn/uned deuluol gan ddefnyddio penderfyniadau gwybodus a wneir ar y cyd. |
| ☐ Ar y trywydd iawn<br><br>**5K: Proses hunanasesu effeithiolrwydd clinigol**<br>Sefydlu proses i sicrhau bod arfer clinigol effeithiol yn rhan annatod o arfer unigol a meysydd gwasanaethau clinigol. Bydd hyn yn cael ei gyflawni trwy wneud y canlynol:<br>• Cefnogi'r broses o asesu ymarfer yn unol â safonau effeithiolrwydd clinigol lleol a chenedlaethol, a sicrhau bod y canfyddiadau'n cael eu defnyddio i wella'r gwasanaethau a ddarperir i'n cleifion;<br>• Cefnogi gwasanaethau i nodi, deall a gweithredu ar ganfyddiadau o adolygiadau allanol sy'n berthnasol i ymarfer clinigol effeithiol, e.e. GIRFT (Gwneud Pethau'n Iawn y Tro Cyntaf), Adolygiadau gan Gymheiriaid y Coleg Brenhinol | • Mae Fframwaith Strategol ar gyfer Ymarfer Clinigol Effeithiol wedi'i ddatblygu sy'n nodi'r hyn a olygir wrth ymarfer clinigol effeithiol a'r modd y bydd meysydd gwasanaethau clinigol a gweithwyr proffesiynol clinigol unigol yn cael eu cefnogi i sicrhau bod eu hymarfer yn effeithiol yn glinigol. Mae pecyn cymorth wedi'i ddatblygu a'i gyhoeddi ar y fewnrwyd i gefnogi'r gwaith o gyflawni'r Fframwaith Strategol, sy'n cynnwys fideos animeiddiedig cam wrth gam. Bydd hwn yn cael ei rannu ledled y bwrdd iechyd yn ystod 2023-24, gan gynnwys mewn sioe y bwriedir iddi deithio o amgylch safleoedd o fis Mehefin 2023 ymlaen.<br>• Mae Cynllun Cyflenwi hefyd wedi'i ddatblygu, sy'n manylu ar y modd y caiff y Cynllun Strategol ar gyfer Ymarfer Clinigol Effeithiol ei gyflawni, ac ar y targedau ymarferol y byddwn yn gweithio tuag atynt i gefnogi'r gwaith o gyflawni'r cynllun strategol. Un o'r cyflawniadau allweddol a gyflawnwyd trwy'r cynllun hwn yn ystod 2022-23 oedd cyflwyno'r System Rheoli a Thracio Archwiliadau (AMaT) sy'n hwyluso adolygiadau o gydymffurfedd yn unol â chanllawiau NICE a chanllawiau cenedlaethol eraill. Mae'n gweithredu fel ystorfa ganolog ar gyfer archwiliadau clinigol lleol a chenedlaethol ac yn galluogi proses o olrhain argymhellion arolygu a chamau gweithredu cyfatebol.<br>• Mae Grŵp Safonau a Chanllawiau Clinigol newydd hefyd wedi'i sefydlu. Diben y Grŵp yw nodi meysydd blaenoriaeth i'r tîm effeithiolrwydd clinigol gyfeirio adnoddau; cefnogi clinigwyr a meysydd gwasanaeth i'w asesu eu hunain yn |

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| | unol â'r safonau a'r canllawiau effeithiolrwydd clinigol, gan ddefnyddio'r wybodaeth hon i ddysgu a gwella; a goruchwylio'r broses o fabwysiadu, gweithredu a glynu wrth safonau a chanllawiau clinigol a gydnabyddir yn genedlaethol.<br>• Rydym wedi ymgysylltu mewn modd rhagweithiol â Thechnoleg Iechyd Cymru o ran ei archwiliad mabwysiadu, sy'n cefnogi'r broses o fabwysiadu eu canllawiau nad ydynt yn ymwneud â meddyginiaethau yng Nghymru, pan argymhellir hynny. |
| ☐ Ar y trywydd iawn<br><br>**5M: Gweithredu system glinigol a system TG Cymru gyfan**<br>Gweithredu'r gofynion cenedlaethol presennol mewn perthynas â systemau clinigol a'r holl systemau TG Cymru gyfan eraill yn unol ag amserlenni cenedlaethol disgwyliedig. Datblygu cynllun i symud ymlaen i Lefel 5 o'r saith lefel ym matrics aeddfedrwydd y Gymdeithas Gwybodaeth Gofal Iechyd a Systemau Rheoli (HIMSS) (mae BIPHDd ar Lefel 3 ar hyn o bryd). | Gwelwyd datblygiadau sylweddol mewn nifer o feysydd allweddol gan gynnwys, ond heb fod yn gyfyngedig i'r canlynol:<br>• Cofnod Iechyd Electronig<br>• Presgripsiynu a Rhoi Meddyginiaethau yn electronig (ePMA)<br>• Digideiddio Gofal Llygaid<br>• Ceisiadau am brawf radioleg electronig<br>• Hysbysiad Canlyniadau<br>• System Wybodaeth Gofal Dwys Cymru (WICIS)<br>• System Wybodaeth Gofal Cymunedol Cymru (WCCIS) – ni fydd BIPHDd yn cynyddu nifer defnyddwyr WCCIS/CareDirector hyd nes y bydd nodweddion disgwyliedig CareDirector yn cael eu darparu ac y gellir amlygu manteision clir. Bydd y bwrdd iechyd yn parhau i weithio gyda'r rhaglen WCCIS Genedlaethol a staff yn y gymuned i nodi'r ffordd orau o weithredu systemau ar gyfer gwasanaethau yn y gymuned. |
| ☐ Ar y trywydd iawn<br><br>**5N: Gweithredu cynlluniau'r Rhwydweithiau Cenedlaethol a'r Cyd-bwyllgorau**<br>Gweithredu'r holl gynlluniau sy'n disgwyl sylw mewn perthynas â Rhwydweithiau Cenedlaethol a Chyd-bwyllgorau, ond heb fod yn gyfyngedig iddynt. Bydd hyn yn cynnwys ymrwymiadau y cytunwyd arnynt â BIP Bae Abertawe/y Cydweithrediad | Mae BIPHDd yn bartner mewn nifer o raglenni lleol, rhanbarthol a chenedlaethol. Er enghraifft, trwy ARCH (Cydweithrediad Rhanbarthol ar gyfer Iechyd) mae'r bwrdd iechyd yn datblygu ystod eang o fentrau gwasanaethau rhanbarthol, er enghraifft:<br>• Cardioleg<br>• Niwrowyddorau<br>• Patholeg<br>• Diagnosteg |

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| Rhanbarthol ar gyfer Iechyd (ARCH), Cyd-bwyllgor Canolbarth Cymru, y Ganolfan Atgyfeirio Camdriniaeth Rywiol, y Gydweithredaeth Genedlaethol, Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru. | • Canser<br>• Dermatoleg<br>• Gofal llygaid |
| ☐ Ar ei hôl hi<br><br>**5O: Gwasanaethau Bregus**<br>Datblygu a gweithredu cynllun i fynd i'r afael â gwasanaethau bregus penodol y bwrdd iechyd, sy'n cynnal ac yn datblygu gwasanaethau diogel hyd nes y sefydlir y system ysbyty newydd. | Mae'r amcan cynllunio hwn wedi canolbwyntio ar y gwasanaethau strôc, yn unol ag amcan cynllunio 5N. Mae'r datblygiadau allweddol wedi cynnwys y canlynol:<br>• Safonau Clinigol Gofynnol ar gyfer Gwasanaethau Strôc Iedled y rhanbarth wedi'u drafftio.<br>• Achos Busnes drafft ar gyfer Canolfan Strôc Ranbarthol Gynhwysfawr (a elwid gynt yn Uned Strôc Tra Acíwt) wedi'i lunio.<br>• Mae'r camau nesaf yn cynnwys y bwrdd iechyd yn cytuno ar yr achos busnes ar gyfer y Ganolfan Strôc Ranbarthol Gynhwysfawr, a datblygu achos busnes ar gyfer gweddill y llwybr strôc. |
| ☐ Wedi'i gwblhau<br><br>**5P: Datganiad o Sefydlogrwydd y Farchnad**<br>Rhoi fersiynau terfynol o'r Datganiad o Sefydlogrwydd y Farchnad a'r Asesiad o Anghenion y Boblogaeth gerbron y bwrdd iechyd erbyn mis Mehefin 2022, a llunio set gychwynnol o Amcanion Cynllunio i fynd i'r afael â'r cyfleoedd a'r materion a godwyd erbyn mis Medi 2022 i'w gweithredu o Ch3 2022-23 ymlaen. | Ar ôl i Bartneriaethau Gorllewin Cymru gwblhau ei Adroddiad ar Sefydlogrwydd y Farchnad, nodwyd y canlynol:<br>• Ystyried yr achos busnes i ddatblygu darpariaeth nyrsio fewnol (yn cynnwys rhoi sylw dyledus i ofynion cofrestru) er mwyn cydbwyso'r farchnad a mynd i'r afael â methiannau ynddi.<br>• Datblygu modelau mewngymorth ac allgymorth gyda chartrefi preswyl wrth galon eu cymunedau (cyfeirir atynt hefyd fel modelau Prif Ganolfan a Lloerennau). Bydd hyn o fudd i gartrefi ac i'r amrywiaeth ehangach o wasanaethau a chymorth cymunedol, fel ei gilydd. Mae gwaith yn mynd rhagddo gyda thri awdurdod lleol y bwrdd iechyd.<br>• Mae angen mwy o ddarpariaeth arbenigol a nyrsio, yn enwedig ar gyfer pobl â dementia, a nodir mai'r cyfleusterau modern pwrpasol sy'n tueddu i fod â'r ddaliadaeth uchaf. Mae'r |

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| | pandemig wedi cyflymu'r duedd hon, yn enwedig yn y farchnad hunan-ariannu.<br>• Monitro daliadaeth yn fanwl wrth i'r cyllid caledi ddirwyn i ben er mwyn nodi darparwyr a all fod yn cael anhawster, a cheisio sicrhau bod unrhyw ymadawiadau na ellir eu hosgoi yn cael eu cynllunio a'u cefnogi.<br>• Ceisio cymell buddsoddiad mewn gofal nyrsio a dementia newydd/estynedig yn y rhanbarth, er enghraifft trwy gontractau sy'n rhannu risgiau deiliadaeth, darparu safleoedd, hwyluso caniatâd cynllunio, a chefnogi mentrau'r gweithlu.<br>• Ystyried a ddylid caffael cartrefi sydd mewn perygl o gau naill ai er mwyn cynnal y ddarpariaeth, addasu i ddibenion eraill sy'n cefnogi pobl i barhau'n annibynnol, megis byw â chymorth, neu ryddhau'r cyfalaf i'w ail-fuddsoddi mewn darpariaeth newydd. |
| ☐ Wedi'i gwblhau<br><br>**5Q: Y Llwybr Asthma**<br>Datblygu a gweithredu cynllun i gyflwyno gwasanaethau asthma rhyngwynebol ledled y Bwrdd iechyd o fis Ebrill 2021 ymlaen, gan weithio ar draws gofal sylfaenol ac eilaidd. Nod hyn yw gwella gwerth llwybrau trwy leihau afiachedd a marwolaethau cysylltiedig ag asthma, gan wella mynediad at farn arbenigol a lleihau'r galw am ofal eilaidd. | • Cynhelir cyfarfod wythnosol o'r tîm amlddisgyblaethol gan ddarparu cyngor anadlol ac atal apwyntiadau Meddygon Ymgynghorol gofal eilaidd.<br>• Cyfarfod Rhithwir bob tri mis â Meddyg Ymgynghorol Pediatrig i drafod plant a phobl ifanc.<br>• Mae clinigau Asthma anodd yn cael eu cynnal<br>• Mae gan dros 20 o Bractisau Meddygon Teulu gymorth, addysg a hyfforddiant ar waith ac, erbyn hyn, fynediad rheolaidd at y tîm asthma pan fo angen. |

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| ☐ Ar ei hôl hi<br><br>**5R: Cynhwysiant Digidol**<br>Mewn ymateb i'r Siarter Cynhwysiant Digidol a lofnodwyd yn ddiweddar, datblygu rhaglen cynhwysiant digidol ar gyfer y boblogaeth leol a fydd yn darparu dull cydlynol o fynd i'r afael â chynhwysiant digidol ledled y bwrdd iechyd a'i bartneriaid ehangach, a hynny erbyn mis Mawrth 2023. Bydd y rhaglen yn cydnabod y rôl y mae technoleg ddigidol yn ei chwarae ym mywydau unigolion a chymdeithas yn gyffredinol, rôl sy'n newid yn gyson. | Mae BPIHDd wedi llofnodi'r Siarter Cynhwysiant Digidol ar gyfer Cymru, a chafodd ei achredu ym mis Medi 2022 wedi iddo lwyddo i amlygi ei ymrwymiad i weithredu egwyddorion y Siarter. Bydd y bwrdd iechyd yn parhau i weithio gyda chymunedau i gydgynhyrchu gwasanaethau digidol gyda chleifion, gan sicrhau bod lleisiau'r holl gleifion, defnyddwyr gwasanaethau a gofalwyr yn helpu i lywio'r gwaith i sicrhau ei fod yn darparu'r gwerth mwyaf posibl i'r gymuned. |
| ☐ Ar ei hôl hi<br><br>**5S: Y Strategaeth Gofal Lliniarol a Gofal Diwedd Oes**<br>Sefydlu Triwriaeth Gofal Lliniarol ledled y bwrdd iechyd, ac iddi gyllideb gyfun, i arwain y gwaith o weithredu'r Strategaeth Gofal Lliniarol a Gofal Diwedd Oes gymeradwy. Bydd hyn yn cyflawni pum canlyniad allweddol: fframwaith comisiynu rhanbarthol ar gyfer gwasanaethau a gyflenwir gan y trydydd sector; model gweithlu seiliedig ar dystiolaeth a chynllun gallu a galw ac iddo gyfleoedd hyfforddi teg; model gwasanaeth seiliedig ar arfer gorau o'r model Swan/Cygnet; dangosfwrdd canlyniadau a chyflawni sy'n cyd-fynd â'r gofynion cenedlaethol newydd; a gweithredu adolygiad meincnodi yr adran ystadau. | • Model gwasanaeth a llawlyfr wedi'u datblygu gydag arweinwyr y gwasanaeth.<br>• Y broses o ddatblygu o ddull tîm amlddisgyblaethol lleol wedi'i gwblhau, a ffyrdd newydd o weithio yn cael eu cyflwyno.<br>• Strategaeth a rennir â'r arweinwyr strategol ar gyfer Gofal Lliniarol a Gofal Diwedd Oes.<br>• Achos busnes yn seiliedig ar fodel gweithlu'r gwasanaeth yn cael ei ddatblygu.<br>• Yn dilyn cymeradwyaeth ffurfiol y Strategaeth Gofal Lliniarol a Gofal Diwedd Oes gan y bwrdd iechyd, penodwyd Uwch-swyddog Adrodd i ymgorffori a hwyluso canfyddiadau'r strategaeth ledled ardal Hywel Dda. Mae camau allweddol o'r gwaith hwn yn cynnwys:<br>• Datblygu strwythur llywodraethu ac adrodd i gefnogi'r gwaith o weithredu'r strategaeth<br>• Datblygu tîm arwain/triwriaeth<br>• Datblygu strwythurau a threfniadau ar gyfer cyllideb gyfun<br>• Gweithredu'r strategaeth sy'n ymgorffori'r llwybr clinigol ar gyfer yr ystod oedran gyfan o'r dechrau i'r diwedd<br>• Datblygu model gweithlu<br>• Datblygu a gweithredu fframwaith comisiynu rhanbarthol ar gyfer gwasanaethau a gyflenwir gan y trydydd sector |

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| ☐ Wedi'i gwblhau<br><br>**5T: Anghenion iechyd a gofal cymhleth**<br>Yn achos pobl ag anghenion iechyd a gofal cymhleth a/neu gynyddol (sy'n cyfrif am 15-30% o'n poblogaeth), cynnig amcanion cynllunio newydd ar gyfer y flwyddyn ganlynol i dreialu a phrofi dulliau arloesol o gynnig mwy o reolaeth iddynt ar y dewis o ofal a chymorth y mae arnynt eu hangen. Rhaid i nod y dulliau hyn wella'r gwerth (canlyniadau o gymharu â chost) o'r gwasanaethau a ddarparwn, a manteisio ar y Fframwaith Gofal Iechyd Parhaus cenedlaethol newydd a'r Ymddiriedolaethau Defnyddwyr Annibynnol sy'n debygol o gael eu cyflwyno. | Mae'r amcan cynllunio hwn wedi'i gwblhau, ac mae'r gwaith yn mynd rhagddo 'nawr ar ffurf busnes fel arfer.<br><br>Mae'r argymhellion yr ydym wedi'u profi yn ystod y flwyddyn ddiwethaf yn cynnwys:<br>• Ehangu mentrau micro cymunedol.<br>• Datblygu'r **cylch** cymorth.<br>• Cymhwysiad cymunedol digidol, Profi Rhyngwyneb Gweinyddol Gofal Iechyd Cysylltiedig (CHAI).<br>• Gwerthuso'r modelau uchod a dangos tystiolaeth eu bod yn gweithio.<br><br>Mae hefyd angen i'r amcan cynllunio hwn gysylltu ag amcan cynllunio 5H (Cynllunio Ardal Integredig) a bod yn elfen ganolog ynddo. |
| ☐ Ar ei hôl hi<br><br>**5U: Strategaeth yr ystadau cymunedol ac anghlinigol**<br>Datblygu cynllun cychwynnol ar gyfer ystadau cymunedol ac anghlinigol y bwrdd iechyd â ffocws ar fynd i'r afael â menter 'Canol Trefi yn Gyntaf' Llywodraeth Cymru, lleihau ein gorbenion o ran llety, a gwella bywydau gwaith ein staff. Dylai hefyd nodi proses barhaus i adnewyddu ac adfywio'r cynllun hwn yn ystod y blynyddoedd i ddod er mwyn sicrhau ein bod yn cyd-fynd â phatrymau gweithio newydd, anghenion y bwrdd iechyd, a chyfleoedd ar gyfer cyd-leoli â phartneriaid o'r sectorau cyhoeddus a gwirfoddol. | Mae ein rhaglen Canolbarth a Gorllewin Cymru Iachach yn darparu'r cynllun strategol trosfwaol ar gyfer yr ystadau cymunedol ac anghlinigol. Cefnogir hyn gan 'Strategaeth Asedau Eiddo' ddatblygedig. Mae'r Strategaeth yn crynhoi'r ystad sylfaenol ac yn nodi'r cysylltiadau â chynlluniau byrdymor a thymor canolig sydd wedi'u cynllunio a'u cymeradwyo ar gyfer yr ystad, yn gynlluniau ar gyfer datblygu ac ad-drefnu'r ystad.<br><br>Bydd 'y Strategaeth' yn 'ddogfen fyw' a ddiweddarir yn flynyddol i adlewyrchu newidiadau cynlluniedig ac arfaethedig i'r ystad a gedwir, ond bydd yn parhau i fod yn gyson â chynlluniau strategol a gweithredol y bwrdd iechyd, gyda ffocws ar asedau'r ystad. |
| ☐ Wedi'i gwblhau<br><br>**5V: Y Cynllun Tymor Canolig Integredig a chynllunio gweithredol**<br>Datblygu cylch cynllunio blynyddol ar gyfer y Cynllun Tymor Canolig Integredig sy'n cefnogi'r Tîm Gweithredol i ddatblygu | O ystyried sefyllfa ariannol bresennol y bwrdd iechyd, ochr yn ochr â'r ffaith bod y sefydliad ar hyn o bryd yn destun Ymyrraeth Dargededig ar gyfer cyllid a chynllunio, ni fyddwn mewn sefyllfa i gyflwyno cynllun sy'n gytbwys yn ariannol dros dair |

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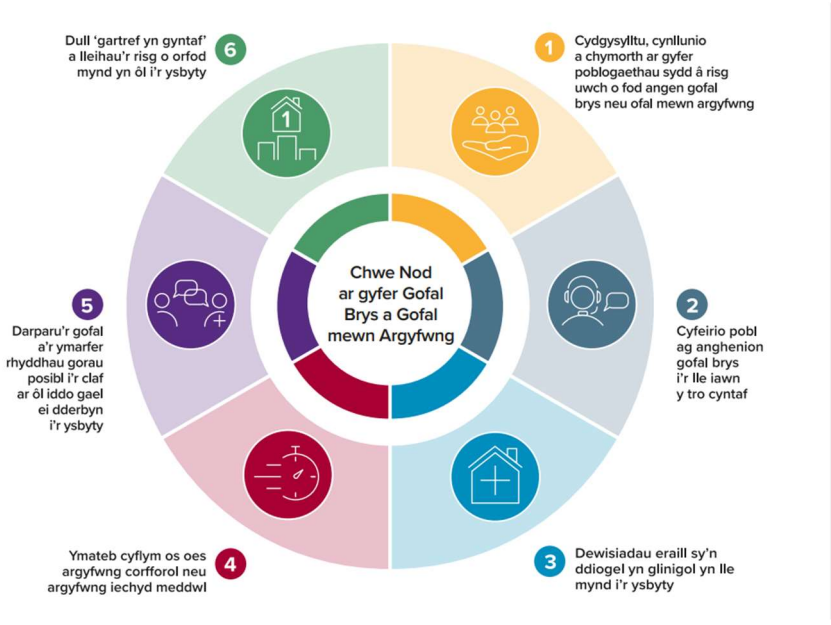
| cynlluniau blynyddol a chynlluniau tair blynedd mewn modd amserol. Dylai hyn ymgorffori'r defnydd o sesiynau preswyl chwarterol ar gyfer y Tîm Gweithredol, ynghyd â model i roi galluogrwydd cynllunio gweithredol ar waith yn y sefydliad. | blynedd clych y Cynllun Tymor Canolig Integredig presennol, ac felly bydd cynllun blynyddol mewn cyd-destun tair blynedd yn cael ei gyflwyno yn lle hynny. |
| ☐ Wedi'i gwblhau<br><br>**5W: Diogeliadau Amddiffyn Rhyddid**<br>Datblygu a chyflenwi rhaglen weithredu a fydd yn sicrhau bod y ddeddfwriaeth o ran y Diogeliadau Amddiffyn Rhyddid yn cael ei rhoi ar waith mewn modd effeithiol ledled y bwrdd iechyd erbyn 1 Hydref 2023. | • Mae Hywel Dda yn dal i aros am ymateb Llywodraeth y DU i'r ymgynghoriad ar y cod ymarfer, ac nid oes dyddiad newydd ar gyfer gweithredu'r Diogeliadau Amddiffyn Rhyddid wedi'i gyhoeddi.<br>• Mae hyfforddiant ehangach ar y Ddeddf Galluedd Meddyliol Ehangach yn mynd rhagddo yn rhan o'r paratoadau, ac rydym ar y trywydd iawn o ran y cynllun gweithredu. |
| ☐ Wedi'i gwblhau<br><br>**5X: System Rheoli Ansawdd**<br>Datblygu cynllun i gyflwyno system rheoli ansawdd gynhwysfawr i gefnogi a llywio ansawdd ledled y sefydliad. Y broses weithredu i ddechrau erbyn mis Ebrill 2022 ac i'w chwblhau cyn pen tair blynedd. Bydd y system yn cael cefnogaeth "Fframwaith Gwella Gyda'n Gilydd" a Rhaglen EQIiP y bwrdd iechyd yn gyfryngau cyflawni. | Daw Deddf Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru) 2020 i rym yng Ngwanwyn 2023**:**<br>• Mae'n ei gwneud yn ofynnol i wasanaethau iechyd ddangos bod ansawdd yn ganolog i bopeth a wnânt.<br>• Dull system gyfan o sicrhau ansawdd gofal mewn ffordd sy'n sicrhau gwelliant parhaus.<br>• Mae'r ddyletswydd yn berthnasol i holl swyddogaethau'r gwasanaeth iechyd (nid y rhai clinigol yn unig).<br>• Mae'n berthnasol i weinidogion Cymru mewn perthynas â'u swyddogaethau iechyd.<br>• Bydd yn rhaid i'r gweinidogion a chyrff y GIG fynd ati i ystyried a fydd eu penderfyniadau'n gwella ansawdd gwasanaethau ac yn sicrhau gwelliant o ran canlyniadau.<br>• Mae'r dull hwn yn cefnogi'r pum ffordd o weithio yn Neddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 i sicrhau Cymru iachach. |

I gael rhagor o wybodaeth am ein holl amcanion cynllunio, yn cynnwys ein Cyfarwyddwyr Gweithredol arweiniol a'r trefniadau llywodraethu, gweler Atodiad A: Ein Hamcanion Cynllunio ar gyfer 2022-23.

## Gofal Brys a Gofal Mewn Argyfwng

Mae ein gweledigaeth ar gyfer y ddarpariaeth gofal brys a gofal mewn argyfwng ledled y bwrdd iechyd yn gyson â'r uchelgais a nodir gan Lywodraeth Cymru. Yn benodol, mae'n amlinellu'r disgwyliad y bydd sefydliadau iechyd a gofal yn gweithio gyda'i gilydd i ddatblygu gwasanaeth gofal brys a gofal mewn argyfwng sy'n cefnogi pobl i gael mynediad at y gofal iawn, yn y lle iawn, ar yr amser iawn, ac mor agos at eu cartrefi â phosibl.

Ers nifer o flynyddoedd, heriwyd ein system gofal brys a gofal mewn argyfwng gan lefel o alw sy'n fwy na'r capasiti, ac mae'r pwysau ar y system wedi gwaethygu ymhellach ers pandemig COVID-19. Dangosodd ein data fod cleifion yn parhau i ymgyflwyno i adrannau achosion brys pan allai eu hanghenion fod wedi cael eu diwallu gan amrywiaeth o wybodaeth, cyngor a chymorth sydd ar gael yn y gymuned. Dangosodd hefyd y gallai cleifion a gafodd eu derbyn i'r ysbyty fod wedi elwa o ofal a thriniaeth gartref fel dewis diogel arall. Gall derbyniadau i'r ysbyty fod yn niweidiol i gleifion agored i niwed megis ein cleifion bregus ac oedrannus. Felly yn achos y boblogaeth hon, dylid ystyried bod gofal a thriniaeth yn y cartref yn well os yw meddygon a'u cyd-weithwyr amlddisgyblaethol yn ystyried bod hynny'n ddiogel ac yn briodol.




Gan ddefnyddio fframwaith Chwe Nod ar gyfer Gofal Brys a Gofal Mewn Argyfwng Llywodraeth Cymru, ynghyd â'r canllawiau cysylltiedig, mae'r bwrdd iechyd wedi datblygu a dechrau gweithredu rhaglen newid i wella mynediad at ofal brys a gofal mewn argyfwng. Mae ein rhaglen Trawsnewid Gofal Brys a Gofal Mewn Argyfwng (TUEC) yn canolbwyntio ar ddarparu'r canlynol, yr ydym yn cyfeirio atynt ar y cyd fel ein dull 'Gartref Gyntaf':

- Nodi cleifion yn y gymuned y mae yna risg uchel y bydd arnynt angen gofal brys yn gynnar, a'u rheoli mewn modd rhagweithiol.
- Gwell gofal a thriniaeth yn y gymuned i ddiwallu anghenion gofal brys mewn modd effeithlon ac effeithiol er mwyn lleihau'r angen i gleifion fynd i adrannau achosion brys a/neu gael eu derbyn i'r ysbyty. Pan fydd yn ofynnol derbyn cleifion i'r ysbyty, bydd y cynnydd yng nghapasiti'r gwasanaeth gofal cymunedol hefyd yn cynnig cymorth i hwyluso'r broses o'u rhyddhau cyn gynted â phosibl. Rydym wedi sicrhau 3,222 o oriau ychwanegol y flwyddyn

gan bractisau meddygon teulu ledled ardal Hywel Dda i helpu i gefnogi a rheoli anghenion Gofal Sylfaenol Brys yn y gymuned.

- Darpariaeth Gofal Brys ar yr Un Diwrnod ledled Sir Gaerfyrddin, Ceredigion a Sir Benfro sy'n darparu mynediad cyflym at feddygon teulu a pharafeddygon ar gyfer diagnosteg ac asesiadau arbenigol, gan ganiatáu i driniaeth gael ei darparu yn y cartref ac osgoi derbyniad i'r ysbyty. Cynhaliwyd gwerthusiad lleol a chenedlaethol o'n darpariaeth Gofal Brys ar yr Un Diwrnod, a nodwyd cyfleoedd pellach i ymestyn y gwasanaeth hwn.
- Datblygu 'Canolfan Ffrydio Clinigol' i'w defnyddio gan feddygon a chyd-weithwyr proffesiynol eraill, a'i chyflwyno'n raddol, i atgyfnerthu'r broses o atgyfeirio ac amserlennu yn achos dewisiadau amgen diogel yn lle gofal yn yr ysbyty. Mae clinigwyr amlddisgyblaethol (meddygon, therapyddion a nyrsys Gofal Sylfaenol a Chanolraddol Brys Arbenigol) a leolir yn y Ganolfa yn Sir Gaerfyrddin wedi cael budd o Uwch-ymarferwyr Parafeddygol o Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru. Mae'r Uwch-ymarferydd Parafeddygol yn cysylltu â chriwiau parafeddygon yn y fan a'r lle ac, ar y cyd â chlinigwyr yn y Ganolfan, yn ystyried dewis amgen diogel yn lle cludo cleifion i'r ysbyty. Mae'r dull hwn wedi cael ei werthuso'n allanol ac wedi creu canlyniadau cadarnhaol i gleifion. Bydd y dull 'nawr yn cael ei ehangu ledled ôl troed y bwrdd iechyd.
- Atgyfnerthu sgiliau a sylfaen wybodaeth staff mewn ysbytai acíwt o ran cynllunio a chydlynu effeithiol ar gyfer rhyddhau cleifion, a hynny trwy hyfforddiant a gwella prosesau.
- Gweithio ar y cyd â chyd-weithwyr yn yr awdurdodau lleol a'r sector gwirfoddol i gryfhau'r broses o asesu ar gyfer gofal, ynghyd â'r gofal sydd ar gael, er mwyn sicrhau bod cleifion yn dychwelyd adref ar unwaith pan nad oes arnynt angen triniaeth acíwt yn yr ysbyty mwyach.
- Defnyddio datrysiadau gofal a alluogir gan dechnoleg (teleiechyd a theleofal) sy'n galluogi unigolion i gynnal annibyniaeth a hunanreolaeth ar eu cyflyrau, gan hefyd ganiatáu i ddirywiad yn eu cyflwr gael ei nodi'n gynnar a rhybuddio gweithwyr proffesiynol bod angen cymorth.

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

- Bydd datblygu Canolfan Ffrydio Clinigol Hywel Dda ymhellach yn cynnwys integreiddio'r gwasanaeth Meddygon Teulu y Tu Allan i Oriau gyda'n darpariaeth gymunedol Gofal Sylfaenol Brys/Gartref Gyntaf amlddisgyblaethol, gan ddarparu adnodd 'cymysgedd sgiliau' i ddiwallu'r amrywiaeth o anghenion a ddaw i'r amlwg.
- Bydd y Ganolfan hefyd yn archwilio Cymorth yn y Cartref Gofal Telefeddygaeth 24/7 ac yn gwerthuso'r effaith i lywio'r ddarpariaeth derfynol
- Hyrwyddo'r broses o integreiddio darpariaeth gofal cymunedol gyda chyd-weithwyr yn yr awdurdodau lleol i ddatblygu gwasanaeth gofal integredig ar gyfer poblogaeth Gorllewin Cymru sy'n canolbwyntio ar ein dull Gartref Gyntaf.
- Gwella ein modelau Gofal mewn Argyfwng ar yr un Diwrnod/Gofal Brys ar yr Un Diwrnod i gynnwys yr argymhellion o werthusiadau diweddar o'r gwasanaeth yn lleol a chan Lywodraeth Cymru.
- Datblygu a gweithredu unedau asesu 72 awr ar safleoedd ein hysbytai acíwt
- Parhau i ganolbwyntio ar roi arferion a phrosesau rhyddhau effeithiol ac effeithlon ar waith i leihau arosiadau hir yn yr ysbyty y gellir eu hosgoi, yn enwedig yn achos ein poblogaeth o oedolion bregus.

## Gweithio i Wella

Mae ein proses ar gyfer rheoli pryderon yn gyson â Rheoliadau'r Gwasanaeth Iechyd Gwladol (Trefniadau Pryderon, Cwynion ac Iawn) (Cymru) 2011. Mae gwybodaeth fanwl am 'Gweithio i Wella: Mynegi eich pryderon ynghylch y GIG' ar gael yma: http://www.wales.nhs.uk/sitesplus/862/page/40398

Nod 'Gweithio i Wella' yw sicrhau proses sengl a chefnogol i bobl fynegi pryder, a darparu ymateb effeithiol ac amserol sy'n seiliedig ar egwyddorion tryloywder a gonestrwydd. Mae dysgu o bryderon yn rhan hanfodol o'r broses hon. Caiff gwybodaeth bellach am yr hyn yr ydym wedi'i wneud mewn ymateb i adborth sydd wedi dod i law, ynghyd â chanlyniadau ymchwiliadau i bryderon, eu hegluro isod.

### Pryderon (cwynion)

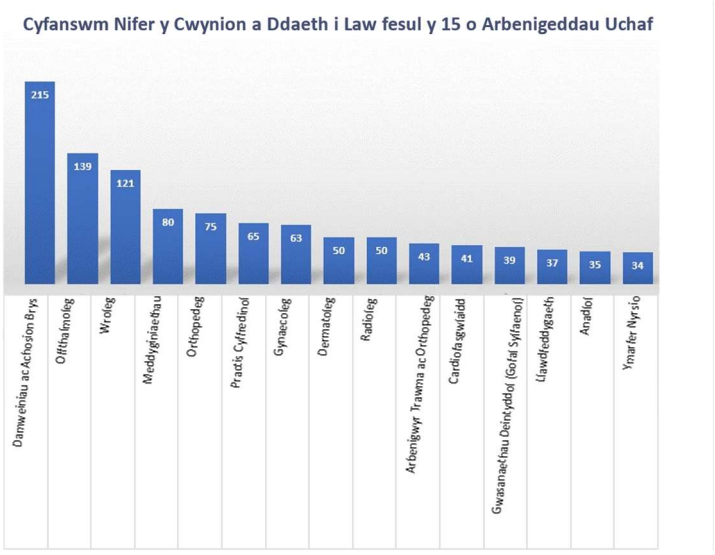
Yn ystod y cyfnod 1 Ebrill 2022 tan 31 awrth 2023, cawsom 2,509 o gŵynion yr aed i'r afael â nhw trwy'r broses Gweithio i Wella. Yn yr un cyfnod y llynedd, cafodd y bwrdd iechyd 1,739 o gŵynion yr aed i'r afael â nhw o dan yr un broses.

Rydym wedi ymrwymo'n llwyr i ddatrys cwynion cyn pen 30 diwrnod gwaith.

Pan nad yw hyn yn bosibl (er enghraifft pan fydd cwynion yn ymwneud ag asiantaethau amryfal, neu pan fydd cwyn yn ymwneud â digwyddiad difrifol iawn), ein nod yw datrys materion cymhleth cyn pen chwe mis. Mae gwella amseroldeb a chanlyniadau'r broses pryderon yn flaenoriaeth er mwyn i ni sicrhau y gellir mynd i'r afael ag unrhyw gamau unioni cyn gynted â phosibl.

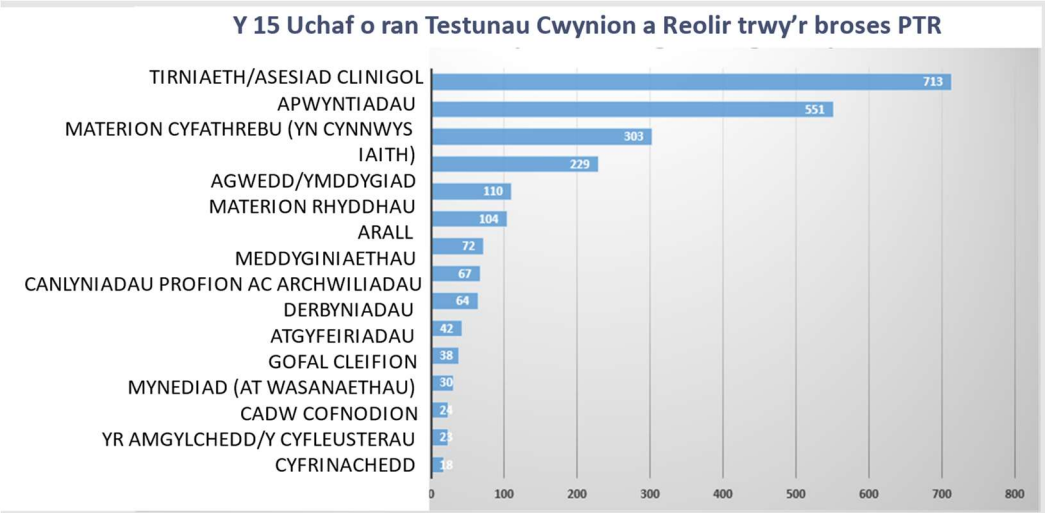
Yn ystod y flwyddyn, bu i ni ymateb i 65% o'r pryderon a ddaeth i law cyn pen 30 diwrnod gwaith, ac 86% cyn pen chwe mis. Yn y cyfamser, atgyfeiriwyd 13 o'r pryderon hyn at Gynllun Gwneud Iawn y GIG.

### Mae nifer y cwynion fesul arbenigedd wedi'u nodi isod:




Yr arbenigeddau y mynegwyd y nifer mwyaf o bryderon yn eu cylch yw ein hadrannau damweiniau ac achosion brys, ymarfer cyffredinol, a'r gwasanaethau orthopedig. Rhaid ystyried y niferoedd hyn yng nghyd-destun y lefel uchel o weithgarwch cleifion a chysylltiadau â chleifion yn y meysydd hyn.

Yn achos ymarfer cyffredinol, mae yna 48 o bractisau yn bodoli ar hyn o bryd (y mae chwech ohonynt yn bractisau a reolir gan y bwrdd iechyd). Mae'r rhif uchod yn cynrychioli cyfanswm nifer y pryderon a fynegwyd ar draws ymarfer cyffredinol. Mae'r rheswm dros gwyno, fel y dangosir yn y tabl isod, yn ymwneud ag amseroedd aros, triniaeth glinigol, a chyfathrebu.




## Ombwdsmon Gwasanaethau Cyhoeddus Cymru

Cafodd 51 o bryderon eu mynegi i'r Ombwdsmon yn ystod y flwyddyn hon, sy'n ostyngiad o gymharu â nifer y cwynion a ddaeth i law yn y flwyddyn flaenorol. Mae nifer y pryderon a fynegwyd ynghylch ymdrin â chŵynion hefyd wedi lleihau. Bu yna gynnydd bach yn nifer yr adroddiadau ymchwilio a gadarnhawyd/a gadarnhawyd yn rhannol. Rydym yn sicrhau bod camau yn cael eu cymryd ar unwaith i fynd i'r afael ag unrhyw ganfyddiadau a wneir gan yr Ombwdsmon. Mae pob adroddiad yn cael ei adolygu gan ein His-bwyllgor Gwrando a Dysgu, sydd hefyd yn sicrhau'r Bwrdd bod camau wedi'u cymryd, a hynny o fewn yr amserlenni y cytunwyd arnynt. Profiad y claf a dysgu o bryderon.

Rydym yn ymroddgar iawn i wella profiad y claf a dysgu o brofiadau cadarnhaol o ofal, ac o bryderon a chŵynion.

## Profiad y Claf

Mae adborth defnyddwyr y gwasanaeth yn bwysig i fonitro profiad y rhai sy'n cyrchu ein gwasanaethau ac ansawdd y gofal y maent yn ei gael. Mae hyn yn ein galluogi i nodi lle y mae angen i'r gwasanaethau wella, i rannu arfer da, ac i ddysgu o brofiadau cadarnhaol.

Ein blaenoriaeth yw gweithredu ar yr holl adborth a gawn, a hynny'n rhan o'n diwylliant i wella ac i ddangos ein bod yn cyflawni ein haddewidion a nodir yn y Siarter ar gyfer Gwella Profiadau. Mae ein Siarter yn nodi'r hyn y gall defnyddwyr ein gwasanaethau ei ddisgwyl wrth ddefnyddio ein gwasanaethau. Mae'n nodi nifer o addewidion yr ydym yn eu galw'n 'brofiadau bob amser'. Rydym wedi gweithio'n galed i roi'r Siarter ar waith yn ystod 2022, gan gynnwys gweithredu system Unwaith i Gymru newydd i gasglu profiad cleifion.

Rydym yn cael manylion yr adborth sydd wedi dod i law gan ddefnyddwyr y gwasanaethau ym mhob un o gyfarfodydd y Bwrdd, a rhoddir gwybod iddo am yr hyn sy'n cael ei wneud i wella profiad y claf. Gallwch gyrchu'r adroddiadau am brofiad y claf, sy'n cynnwys straeon cleifion

ynghylch amrywiaeth o brofiadau, ym mhapurau cyfarfod y Bwrdd ar ein gwefan: Eich bwrdd iechyd chi – Bwrdd Iechyd Prifysgol Hywel Dda (gig.cymru).

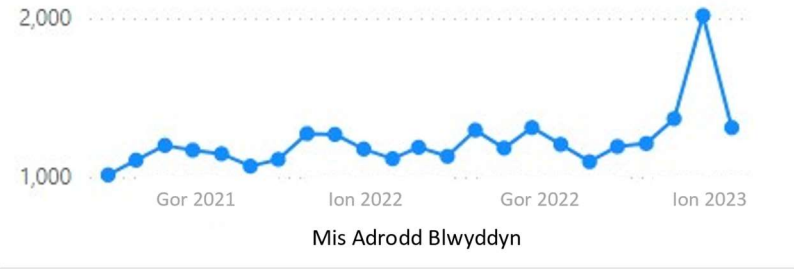
Mae dysgu o adborth yn elfen hanfodol wrth reoli pryderon. Heb adborth gan ddefnyddwyr ein gwasanaethau a'n staff, ni fydd y bwrdd iechyd yn gallu gwella'r gwasanaethau yn barhaus er diogelwch y cleifion. Mae'r crynodeb isod yn dangos rhywfaint o'r adborth pwysig sydd wedi dod i law, a'r hyn yr ydym wedi'i wneud i sicrhau newidiadau:

| Dywedasoch y canlynol: | Gwnaethom ni |
|---|---|
| Mae angen i'r Gwasanaethau Rhewmatoleg yn Hywel Dda fod yn fwy hygyrch – rwyf wedi aros yn rhy hir i glywed gan arbenigwr. | Mae'r Gwasanaeth Rhewmatoleg wedi gwneud rhai newidiadau pwysig i'r ffordd y ceir mynediad i'w wasanaethau, a hynny trwy gyflwyno system lle gall cleifion y mae arnynt angen apwyntiad gysylltu â'r Ganolfan Cyfathrebu, lle caiff manylion eu cymryd a'u trosglwyddo i'r Tîm Rhewmatoleg i'w brysbennu.<br><br>Ers cyflwyno'r system ym mis Awst y llynedd, rydym wedi gweld gwelliannau amlwg yn ein hamseroedd ymateb, wrth i'n nyrsys ffonio'r cleifion yn ôl yn gynyddol gyflym. Er mis Medi 2022, rydym wedi ymdrin ag 1,600 o ymholiadau yn y modd hwn – felly rydym wir yn gweithio'n galed iawn i wneud y gwasanaeth mor hygyrch â phosibl i bawb y mae arnynt ei angen. |
| Nid oeddech wedi rhoi ystyriaeth i'm hanghenion unigol pan ddechreuais ar fy ngofal a'm triniaeth o dan y gwasanaethau mamolaeth.<br><br>Cafodd fy anghenion penodol eu hanwybyddu, ac nid oedd fy eiriolwr yn gallu mynd gyda mi i apwyntiadau. Cefais fy hun yn gorfod ailadrodd fy anghenion pan oeddwn yno. | Dechreuodd y gwaith o ddatblygu 'pasbort mamolaeth' ym mis Ionawr 2023 ac mae bron wedi'i gwblhau. Bydd y pasbort mamolaeth yn sicrhau bod aelodau o'r staff yn ymwybodol ar unwaith o unrhyw anghenion gofal unigol penodol a all fod gan glaf ar hyd y llwybr mamolaeth.<br><br>Bydd hyn yn sicrhau na fydd angen i fenywod ailadrodd eu hanghenion gofal penodol ym mhob apwyntiad na bod dan anfantais os na fydd eiriolwr ar gael. |
| Gofynnais am gael aros mewn man tawel yn yr adran Damweiniau ac Achosion Brys, fel sy'n rhesymol oherwydd fy anghenion niwrowahanol. Roeddwn yn teimlo bod yna wahaniaethu yn fy erbyn oherwydd fy awtistiaeth. | Mae lle yn ardaloedd aros adrannau Damweiniau ac Achosion Brys yn heriol. Rydym yn croesawu'r cyfle i gefnogi anghenion unigol pan fo pobl yn teimlo'n gyfforddus i'w rhannu. Rydym yn gwahodd cleifion i ddod â chardiau neu nodiadau a baratowyd ymlaen llaw yn egluro eu hanghenion, fel y gellir rhoi gwybod i'r staff amdanynt. Mae gwaith yn mynd rhagddo i gyflwyno'r cynllun i'n holl adrannau Damweiniau ac Achosion Brys ac adrannau cleifion allanol, |

| | |
|---|---|
| | gan alluogi'r staff i ddiweddaru cofnodion meddygol y claf fel y bo'n briodol gyda ‘chyweirnod’ i nodi Awtistiaeth neu anghenion unigol eraill. Mae yna hefyd gyfleusterau ym mhob adran Damweiniau ac Achosion Brys i gynnal sgwrs breifat y tu allan i'r brif ardal brysur.<br><br>Mae pob aelod o’r staff yn cynnal ymwybyddiaeth o gydraddoldeb ac amrywiaeth yn rhan o’u hyfforddiant gorfodol. Rydym wedi sefydlu rhaglenni hyfforddi ychwanegol sy'n ymwneud yn benodol â niwroamrywiaeth, gan gynnwys ein cyrsiau ar ‘Ymwybyddiaeth o Awtistiaeth’, ‘Deall Awtistiaeth’ a ‘Materion y Sbectrwm Awtistiaeth’. Rydym yn gweithio'n galed i fireinio ein hymwybyddiaeth a datblygu deunyddiau hyfforddi a fydd yn cynhyrchu staff sy'n gynyddol gymwys i gefnogi anghenion niwrowahanol. |
| Dylid cynnig bwyd a diod mewn Adrannau Damweiniau ac Achosion Brys, yn enwedig am fod yna oedi hir cyn cael eich trin. | Er bod cleifion sy'n aros yn hir mewn Adrannau Brys yn cael cynnig rhywbeth i'w fwyta amser bwyd fel mater o drefn, erbyn hyn mae gennym gyflenwadau o ddŵr potel ar gael yn rhwydd i'n cleifion a'u perthnasau. Er ein bod eisoes yn cadw cyflenwad o frechdanau, rydym yn cydnabod y gall hyn fod yn annigonol o ystyried y nifer cynyddol o unigolion sy'n dod i'r adrannau a'r amseroedd aros hirach yno. O ganlyniad, rydym yn cynyddu nifer y byrbrydau i leihau'r risg o fynd yn brin.<br><br>Oherwydd ein bod wedi cael cwynion am y cyfleusterau yn ein Hadrannau Brys yn gyffredinol, rydym wedi sefydlu gweithgor i adolygu'r trefniadau eistedd, yr arwyddion, a'r amgylchedd ynddynt. O ganlyniad i'r gwaith hwn mae seddi newydd wedi cael eu darparu yn Ysbytai Llwynhelyg a Glangwili. |
| Mae angen i barhad o ran gofal fod yn well ar gyfer pobl ifanc wrth iddynt symud o gymorth y Gwasanaeth Iechyd Meddwl i Blant a’r Glasoed (CAMHS) i gymorth y Tîm Iechyd Meddwl Oedolion. | Rydym wedi cyflogi nyrs bontio yn CAMHS i sicrhau ein bod yn darparu gwasanaeth cymorth iechyd meddwl di-dor i bobl ifanc wrth iddynt ddod yn oedolion. |

## Digwyddiadau ac ymchwiliadau

Rhoddwyd gwybod am 18,585 o ddigwyddiadau, yn cynnwys digwyddiadau anffafriol, rhwng 1 Ebrill 2022 a 31 Mawrth 2023, yr oedd 16,047 ohonynt yn effeithio ar gleifion.




Yn achos digwyddiadau'n ymwneud â diogelwch cleifion, mae'r sawl sy'n adrodd am y digwyddiad yn rhoi syniad cychwynnol o'r niwed i'r unigolyn yr effeithiwyd arno, ac yna, yn dilyn ymchwiliad, rhoddir gradd niwed derfynol. Mae difrifoldeb terfynol y digwyddiad yn seiliedig ar ganlyniad y claf a pha un a achoswyd hyn gan unrhyw weithredoedd neu ddiffyg gweithredu gan y bwrdd iechyd. O blith y digwyddiadau o ran diogelwch cleifion lle mae'r ymchwiliad wedi'i gwblhau ac wedi'i gymeradwyo gan uwch-reolwr, barnwyd bod saith y cant wedi arwain at fwy nag ychydig iawn o niwed. Cofnodwyd y difrifoldebau canlynol:

- Dim niwed = 41%
- Niwed isel = 52%
- Niwed cymedrol = 6%
- Niwed difrifol = <1%
- Niwed catastroffig = <1%

Y pum digwyddiad a gofnodwyd amlaf ar gyfer y flwyddyn oedd:

- Briwiau pwyso
- Claf yn cwympo/cael damwain
- Camgymeriad o ran rhoi meddyginiaeth
- Ymddygiad
- Staff yn cwympo/cael damwain

Mae adrodd am ddigwyddiadau ac ymchwilio iddynt yn ein galluogi i nodi meysydd i'w gwella yn achos diogelwch cleifion. Yn ogystal â gwelliannau ar lefel ward neu dîm unigol, rydym yn defnyddio ein data adrodd am ddigwyddiadau ar gyfer ein rhaglen gwella ansawdd ‘Galluogi Gwella Ansawdd mewn Ymarfer’ (EQIiP). Cafodd ein Pwyllgor Ansawdd, Diogelwch a Phrofiad adroddiad Sicrwydd Ansawdd arferol ym mhob cyfarfod, a oedd yn manylu ar rywfaint o'r gwaith gwella ansawdd, sy'n gysylltiedig â digwyddiadau ac sy'n cael ei wneud yn BIPHDd. Mae hyn wedi cynnwys y canlynol:

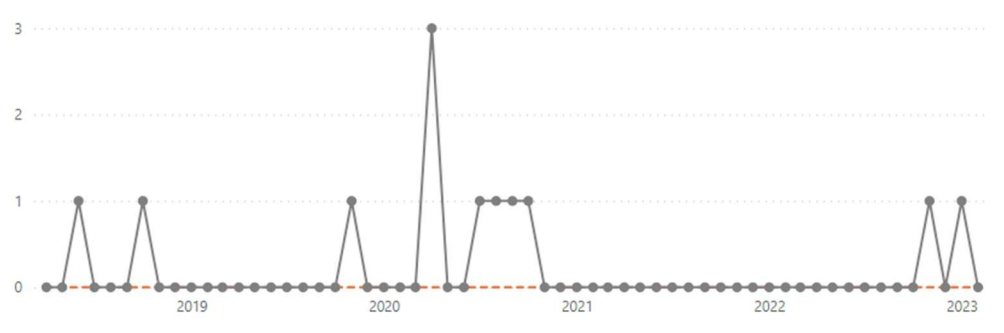
- Atal cwympiadau:
    - Pwysedd gwaed wrth orwedd a sefyll
    - Dogfennaeth ar gwympiadau
    - Gofal yn dilyn cwympiadau
- Rheoli Meddyginiaethau:
    - Ffactorau dynol yn y gweithle

- Lleihau nifer yr ymyriadau trwy gynnwys diwylliant ‘peidiwch â tharfu’
- Newid amseroedd rowndiau'r wardiau
- Defnyddio arwyddion ar ddolenni drysau (‘peidiwch â tharfu’ fel sydd mewn gwestai yn ystod rowndiau cyffuriau) a phosteri ar y wardiau
- Ymgyrch gyfathrebu trwy'r cyfryngau cymdeithasol (Facebook, Twitter, ac ati) i amlygu pwysigrwydd sicrhau bod cleifion yn dod â'u meddyginiaethau eu hunain i mewn i'r ysbyty gyda nhw
- Cofnodi pwysau'r claf ar siartiau cyffuriau

- Maeth a hydradu:
  - Asesiadau amserol o ran maeth, e.e. yn ein Hadrannau Brys

## Digwyddiadau sy'n Adroddadwy yn Genedlaethol

Mae'n ofynnol i ni roi gwybod i Uned Gyflawni GIG Cymru am ddigwyddiadau penodol. Yn ystod y flwyddyn, rhoddwyd gwybod i Uned Gyflawni GIG Cymru am 81 o ddigwyddiadau. Mae'r digwyddiadau diogelwch cleifion adroddadwy yn ddigwyddiadau a achosodd neu a gyfrannodd at farwolaeth annisgwyl neu niwed difrifol y gellid bod wedi'u hosgoi, a hynny yn achos un neu ragor o gleifion, staff** neu aelodau o'r cyhoedd yn ystod gofal iechyd a ariannwyd gan y GIG. Mae hefyd yn ofynnol i ni adrodd am Ddigwyddiadau ‘Byth’. Mae digwyddiadau ‘byth’ yn is-set o ddigwyddiadau diogelwch a ddiffinnir yn ‘ddigwyddiadau diogelwch cleifion difrifol, y gellir eu hatal i raddau helaeth, na ddylent ddigwydd os yw'r mesurau ataliol sydd ar gael wedi cael eu rhoi ar waith’. Yn 2022-23, adroddwyd am ddau Ddigwyddiad ‘Byth’ (mae'r rhain wedi'u cynnwys yn y ffigurau cyffredinol a adroddwyd i Uned Gyflawni GIG Cymru). Mae'r graff isod yn dangos nifer y Digwyddiadau ‘Byth’ yr adroddwyd amdanynt.




## Heintiau COVID nosocomiaidd

Ym mis Ebrill 2022, cawsom gyllid ychwanegol gan Lywodraeth Cymru i gefnogi ein rhaglen adolygu COVID nosocomiaidd. Rydym wedi nodi 2,320 o achosion o heintiau COVID yr amheuir eu bod yn nosocomiaidd, ac rydym yn cynnal ymchwiliadau cymesur ar eu cyfer. Mae hynt yr ymchwiliadau fel yr oedd ar 31 Mawrth 2023 i’w weld yn y tabl isod. Rhoddir diweddariadau rheolaidd ar gynnydd, gan gynnwys y dysgu a nodwyd, i'n Pwyllgor Ansawdd, Diogelwch a Phrofiad trwy'r adroddiad Sicrwydd Ansawdd.

Mae'r cynnydd sydyn yn nifer y digwyddiadau yr adroddwyd arnynt yn ystod mis Ionawr 2023 yn ganlyniad i ddarn o waith i sicrhau bod pob haint COVID yr amheuir ei fod yn nosocomiaidd yn cael ei nodi ar ein system cofnodi digwyddiadau (Datix Cymru).

| | Ton 1 | Ton 2 | Ton 3 | Ton 4 | **Cyfanswm** |
|---|---|---|---|---|---|
| | (27/2/2020-26/7/2020) | (27/07/2020-16/05/2021) | (17/05/2021-19/12/2021) | (20/12/2021-30/04/2022) | |
| Nifer yr achosion o COVID yn yr adolygiad yr amheuir iddynt darddu yn yr ysbyty | 119 | 1043 | 356 | 802 | **2320** |
| Y cyfanswm lle nad oes ymchwiliad wedi dechrau/sy'n destun ymchwiliad | 0 | 111 | 99 | 305 | **531** |
| Cyfanswm yr adolygiadau a gwblhawyd (ac sy'n aros am benderfyniad y panel) | 33 | 161 | 91 | 204 | **473** |
| Israddwyd | 11 | 47 | 15 | 10 | **83** |
| Y cyfanswm a gyfeiriwyd i'r panel (heb eu cau) | 9 | 128 | 24 | 75 | **236** |
| **Cyfanswm yr ymchwiliadau a gwblhawyd** | **66** | **596** | **127** | **208** | **997** |

Wrth i ni gynnal yr adolygiadau, rydym wedi nodi nifer o feysydd arfer da yr ydym wedi'u rhannu i'w dysgu ledled y sefydliad:

- Penderfyniadau amserol mewn perthynas â DNACPR (Na cheisier dadebru cardio-anadlol) gyda'r rhesymeg a thrafodaethau wedi'u dogfennu.
- Dogfennu'r drafodaeth ar derfyn uchaf gofal â'r claf a'i deulu.
- Cychwyn y llwybr diwedd oes lle bo hynny'n briodol.
- Hwyluso ymweliadau aelodau'r teulu ar ddiwedd oes.
- Adolygiadau meddygol rheolaidd (yn cael eu dogfennu'n dda).
- Y defnydd o dechnoleg ar gyfer cyfathrebu rhwng y claf a'r teulu.
- Dogfennu lleoliad gwelyau a'r rhesymeg dros symud cleifion.
- Dogfennu'r defnydd o PPE (Cyfarpar Diogelu Personol) pan fydd perthnasau'n ymweld â'r claf.
- Cynnal profion COVID-19 mewn modd amserol, e.e. wedi i symptomau COVID ddatblygu, yn unol â'r canllawiau ar y pryd.

## Deddf Lefelau Staff Nyrsio (Cymru)

Ar hyn o bryd, mae Deddf Lefelau Staff Nyrsio (Cymru) (Adran 25B) yn ei gwneud yn ofynnol i bob ward feddygol/llawdriniaethau oedolion a phob ward cleifion mewnol pediatrig gyfrifo lefelau'r staff nyrsio sy'n briodol i ddarparu gofal sy'n canolbwyntio ar y claf ac sy'n bodloni'r holl ofynion rhesymol yn y lleoliad hwnnw, a chymryd pob cam rhesymol i gynnal y lefelau hynny.

Rhaid cyfrifo lefelau'r staff nyrsio bob chwe mis, ac yn fwy aml os bydd angen, er enghraifft yn achos newidiadau i arbenigedd clinigol, niferoedd y gwelyau, a llwybrau cleifion; newidiadau i batrymau aciwtedd cleifion, yn ogystal â gweithredu mesurau atal heintiau newydd wrth i'r bwrdd iechyd ymateb i'r pandemig. Mewn ymateb i'n cyfrifoldebau statudol, mae gennym systemau ar waith i fynd ati'n rheolaidd i adolygu ac (ail)gyfrifo lefelau'r staff nyrsio sy'n ofynnol ar gyfer pob ward oedolion/pediatrig lle mae A25B o'r Ddeddf yn berthnasol; a chymerwyd nifer o gamau, a oedd yn briodol i bob safle ysbyty acíwt, i sicrhau bod pob cam rhesymol yn cael ei gymryd i gynnal lefelau staff nyrsio. Fodd bynnag, rydym yn parhau i wynebu heriau o ran cynnal lefelau'r staff nyrsio o ganlyniad i'r sefyllfa o ran swyddi gwag nyrsys cofrestredig; y lefelau uwch o salwch ac absenoldeb staff; a'r staff ychwanegol sy'n ofynnol i reoli'r capasiti cleifion mewnol ychwanegol sy'n cyfrannu at yr heriau hyn.

Ymhlith nifer o gamau eraill, roedd y defnydd o staff dros dro, lleoli nyrsys cofrestredig (a staff clinigol eraill) o wasanaethau eraill yn y wardiau hyn, recriwtio rhagor o Weithwyr Cymorth Gofal Iechyd, ac argaeledd taliadau cymhellol am weithio oriau ychwanegol, yn gamau lliniaru allweddol a gymerwyd. Er gwaethaf y rhain a nifer o gamau eraill a gymerwyd i gynnal lefelau staffio, roedd yna gyfnodau yn 2022-23 pan oedd wardiau ar bob safle acíwt yn gweithio mewn sefyllfaoedd lle roedd angen uwchgyfeirio pryderon ynghylch lefel y staff nyrsio. Aed ati i liniaru unrhyw risgiau o ran diogelwch cleifion yn ystod y cyfnodau hyn trwy gyfathrebu gweithredol dwys a chadarn, a thrwy gynllunio, o awr i awr, y dull gorau o leoli staff ar safle pob ysbyty acíwt. Yn y modd hwn, gellir dangos bod y gofynion a nodir yn Neddf Lefelau Staff Nyrsio (Cymru) wedi'u bodloni, hyd yn oed o dan yr amgylchiadau mwyaf heriol sydd wedi bodoli yn 2022-23.

Yn ogystal â'r gofynion penodol a nodir yn Adran 25B o'r Ddeddf, mae gan y bwrdd iechyd hefyd brif ddyletswydd i 'roi sylw i ddarparu digon o nyrsys i ofalu am gleifion mewn modd sensitif' (yn y gwasanaethau a ddarperir ac a gomisiynir ganddo, fel ei gilydd). Mae'r dystiolaeth fanwl i ddangos bod y ddyletswydd hon wedi cael ei chyflawni ledled holl wasanaethau nyrsio y Bwrdd yn cael ei nodi yn Adroddiad Sicrwydd blynyddol Deddf Lefelau Staff Nyrsio (Cymru) a gyflwynwyd i'r Bwrdd ym mis Mai 2022 https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2022/board-agenda-and-papers-26-may-2022/agenda-and-papers-26-may-2022/item-32-nurse-staffing-levels-wales-act-annual-report-2021-22pdf/

## Gwella Ansawdd

Yn dilyn llacio cyfyngiadau COVID, bu 2022-2023 yn flwyddyn brysur a chynhyrchiol mewn perthynas â Gwella Ansawdd. Ailsefydlwyd ymrwymiad y bwrdd iechyd i feithrin capasti a galluogrwydd yn unol â Fframwaith Strategol Gwella Ansawdd 2018-2021. Cynhaliodd Carfan 2 y Rhaglen Galluogi Gwella Ansawdd mewn Ymarfer (EQIiP) ei digwyddiad dathlu, gan gyflwyno 18 o brosiectau gwella i gynulleidfa wadd o aelodau'r bwrdd, rheolwyr a noddwyr. Dechreuodd Carfan 3 ym mis Tachwedd 2022 ar gyfer 12 o dimau prosiect o bob rhan o'r bwrdd iechyd, gan gynnwys y gwasanaethau mamolaeth, pediatreg, cardioleg, gwasanaethau cymunedol, iechyd meddwl a meddygaeth gyffredinol, gydag ystod ac amrywiaeth y prosiectau, o gymorth i ofalwyr di-dâl i ddatblygu system bwcio i gymell y geni, a system ar gyfer profi am Glefyd Coluddyn Llidus yn y cartref, yn amlygu cydnabyddiaeth gynyddol o werth y Rhaglen EQIiP. Cefnogwyd tîm pob prosiect gan Hyfforddwr Gwella ymroddedig

trwy gydol y rhaglen naw mis, a chafodd 15 yn rhagor o Hyfforddwyr Gwella eu nodi a'u datblygu, gan ddod â chyfanswm nifer yr Hyfforddwyr i 40 erbyn mis Mawrth 2023.

Y ogystal â chynllunio a chyflawni'r rhaglen EQIiP, mae'r Tîm Gwella Ansawdd a Thrawsnewid Gwasanaethau hefyd wedi darparu cymorth penodedig, trwy gydol y flwyddyn, i dimau gweithredol mewn meysydd diogelwch cleifion, megis Cwympiadau, Briwiau Pwyso, Maeth a Hydradu, Thrombosis a Gafwyd yn yr Ysbyty, a gwella'r broses o Reoli Meddyginiaethau. Darparwyd cymorth sylweddol i feysydd o dan drefniadau monitro manylach y bwrdd iechyd, a hynny trwy gyflwyno'r Fenter Galw a Gallu Amser Real (RTDC) ledled safleoedd yr ysbytai acíwt, a thrwy weithredu'r cynllun Trawsnewid Gofal Brys a Gofal Mewn Argyfwng (TUEC), sy'n cynnwys parhau i gyflwyno Rowndiau'r Bwrdd a Chwtshys Diogelwch mewn ardaloedd cleifion mewnol, a chymorth parhaus ar gyfer y model Gofal Brys ar yr Un Diwrnod.

Yn ystod 2022-23, parhaodd y Tîm Gwella Ansawdd a Thrawsnewid Gwasanaethau i ddatblygu dwy fenter sylweddol a nodwyd i gefnogi staff a chleifion yn ystod pandemig COVID-19, sef y Ganolfan Gyfathrebu a'r Gwasanaeth Cymorth Rhestrau Aros (WLSS). Bu i'r Ganolfan Gyfathrebu gefnogi nifer o dimau gweithredol, yn cynnwys y tîm brechu rhag COVID, o ran trin, ateb ac ymateb i dros 48,000 o alwadau rhwng mis Ionawr 2022 a mis Mawrth 2023, gan gefnogi gwasanaethau megis y rhaglen frechu, y gwasanaeth deintyddol, a nyrsio cymunedol. Parhaodd y Gwasanaeth Cymorth Rhestrau Aros i gefnogi cleifion a oedd yn aros am ofal dewisol, gan gysylltu â dros 18,000 o gleifion yn cynnig cyngor a chymorth i sicrhau'r iechyd a'r llesiant gorau posibl.

Cadarnhaodd y bwrdd iechyd ei ymrwymiad i weithredu Rhaglen Gydweithredol Gofal Diogel Genedlaethol Gwelliant Cymru/y Sefydliad Gwella Gofal Iechyd (IHI) ym mis Mehefin 2022, ac ar ôl ei lansio ym mis Tachwedd 2022, mae wedi cefnogi 40 o aelodau o staff o bob rhan o'r bwrdd iechyd i fynd i bob un o'r Digwyddiadau Dysgu yn 2022-23. Mabwysiadodd y bwrdd iechyd ymagwedd unigryw at y rhaglen gydweithredol trwy sefydlu timau i fynd ati i weithio ar brosiectau ar draws y pedair ffrwd waith gydweithredol (Arweinyddiaeth, Gofal Cymunedol, Gofal Dydd, a Gofal Acíwt) sy'n ymwneud â chynllun gwaith TUEC. Cyflwynwyd y dull hwn i'r gydweithredfa genedlaethol ym mis Mawrth 2023.

Trwy gydol y flwyddyn, cafodd gweithgareddau gwella y bwrdd iechyd eu cydnabod mewn nifer o gynadleddau a digwyddiadau cenedlaethol a rhyngwladol, gan gynnwys cyflwyniad ar ddiogelwch meddyginiaethau yng Nghynhadledd Diogelwch Cleifion Bryste; cafodd y Fenter Ragsefydlu Rithwir wobr yn y Gynhadledd Gofal Amweithredol Genedlaethol, cafodd ei chyhoeddi yn Llawlyfr Trawsnewid Digidol y GIG, ac enillodd wobr ITEC mewn Partneriaeth â Llesiant Delta; cyrhaeddwyd y rhestr fer ar gyfer dwy o wobrau'r HSJ; cafodd y rhaglen EQIiP ei gwerthuso gan Brifysgol Abertawe yn y Gynhadledd ISQUA yn Sydney, Awstralia a'i chyhoeddi yn y *Journal of Health Organization and Management*; a chafodd crynodeb chwe phrosiect eu derbyn ar gyfer Fforwm Diogelwch Cleifion y BMJ/yr IHI yn Copenhagen ym mis Mai 2023.

Cafodd Fframwaith Strategol Gwella Ansawdd wedi'i ddiweddaru ar gyfer 2023-2026 ei gymeradwyo gan y Bwrdd ym mis Mawrth 2023. Mae'r fframwaith hwn yn estyn uchelgais y Bwrdd i greu'r amgylchedd i staff rheng flaen feithrin y sgiliau a'r gallu i sicrhau gwelliant parhaus yn rhan o'u gwaith bob dydd trwy ymrwymo i gyflawni dwy raglen EQIiP y flwyddyn. Mae'r ymrwymiad hwn wedi hen ddechrau wrth i'r garfan EQIiP nesaf gael ei nodi ym mis Chwefror 2023. Bwriedir dechrau'r rhaglen ym mis Ebrill 2023. Mae'r fframwaith hwn yn sail i System Rheoli Ansawdd y bwrdd iechyd a lansiwyd ym mis Mawrth 2023, a bydd yn allweddol i nod y bwrdd iechyd o integreiddio'r holl weithgarwch gwella a newid i gefnogi diogelwch cleifion a llesiant staff yn 2023-24.

## Diogelu

Rydym yn parhau i amlygu ymrwymiad i weithio mewn partneriaeth a chydag asiantaethau. Rydym yn parhau i fod yn aelod cyson o Fwrdd Diogelu Rhanbarthol Canolbarth a Gorllewin Cymru, gan weithio ar y cyd a darparu her broffesiynol ledled y sbectrwm o waith diogelu. Mae ein fframwaith llywodraethu ar gyfer diogelu wedi'i nodi ym Mholisi Diogelu Corfforaethol y bwrdd iechyd.

Rydym wedi cyfrannu at Gynllun Blynyddol ac adroddiad blynyddol Bwrdd Diogelu Rhanbarthol Canolbarth a Gorllewin Cymru, ac wedi cyfrannu at gynllun gwaith ac adroddiad blynyddol Rhwydwaith Diogelu GIG Cymru. Mae Tîm Diogelu Corfforaethol y bwrdd iechyd wedi ymgymryd â rolau arweiniol mewn gwaith cenedlaethol i gefnogi rôl GIG Cymru yn yr agenda VAWDASV a datblygiadau ym maes asesu iechyd Plant sy'n Derbyn Gofal.

Arweiniodd y tîm diogelu corfforaethol hunanasesiad o'r bwrdd iechyd yn unol â Matrics Aeddfedrwydd Diogelu GIG Cymru, ac mae wedi nodi ein blaenoriaethau strategol o ganlyniad i hyn. Rydym yn parhau i adrodd ar ein cydymffurfedd â deddfwriaeth a hyfforddiant i Grwpiau Cyflawni Diogelu gwasanaeth y bwrdd iechyd, a chaiff eithriadau a sicrwydd eu monitro gan y Gweithgor Diogelu Strategol.

Mewn hinsawdd o weithgarwch cynyddol heb unrhyw adnoddau ychwanegol ar gyfer ein gwaith diogelu, mae'r Tîm Diogelu Corfforaethol a'r gwasanaethau gweithredol wedi parhau i arloesi, a chydnabuwyd rhywfaint o'r gwaith hwn yng Ngwobrau Bwrdd Diogelu Rhanbarthol Canolbarth a Gorllewin Cymru a Chynhadledd Diogelu Gyda'n Gilydd GIG Cymru.

## Deddf Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru) 2020

Yn ystod 2022-23, wrth i ni baratoi ar gyfer gorfodi Deddf Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) Cymru 2020, aethom ati i ffurfio Grŵp Gweithredu Ansawdd ac Ymgysylltu, dan gadeiryddiaeth y Cyfarwyddwr Nyrsio, Ansawdd a Phrofiad y Claf, a enwyd yn swyddog gweithredol arweiniol y grŵp. Ffurfiwyd dwy ffrwd waith, un ar gyfer Dyletswydd Ansawdd ac un ar gyfer Dyletswydd Gonestrwydd, a datblygwyd cynllun ar gyfer rhaglen.

Rydym wedi bod yn defnyddio pob cyfle priodol yn y bwrdd iechyd i feithrin ymwybyddiaeth o'r cyfrifoldebau o dan y Ddyletswydd Gonestrwydd a'r Ddyletswydd Ansawdd, e.e. cyfarfodydd ansawdd a llywodraethu y gyfarwyddiaeth, hyfforddiant ar ymchwilio cymesur, SharePoint, a'n bwletinau staff.

Rydym wedi ffurfioli Fframwaith Strategol ein System Rheoli Ansawdd ac wedi diweddaru ein Fframwaith Strategol Gwella Ansawdd, a chyflwynwyd y ddau i'n Bwrdd ar 30 Mawrth 2023. Nod trosfwaol fframwaith strategol y system rheoli ansawdd yw darparu dull system gyfan o sicrhau ansawdd gofal mewn ffordd sy'n gwarantu gwelliant parhaus. Mae'r fframwaith strategol hwn yn nodi ein dull gweithredu, ein strwythur a'r offer a ddarperir i rymuso staff i arwain a darparu gwasanaethau sy'n bodloni disgwyliadau a safonau ansawdd a diogelwch. Mae Fframwaith Strategol y System Rheoli Ansawdd yn darparu'r ymbarél lle daw'r galluogwyr allweddol a'r rhaglenni gwaith sy'n canolbwyntio ar hybu ansawdd, diogelwch, perfformiad ac effeithlonrwydd yn y bwrdd iechyd at ei gilydd.

# Amcan Strategol 6 – Defnydd cynaliadwy o adnoddau

# Amcan Strategol 6 – Defnydd cynaliadwy o adnoddau

Mae'r amcan strategol hwn yn mapio'r mesurau a'r blaenoriaethau gweinidogol canlynol:

- Cyllid y GIG ac ymdopi o fewn yr adnoddau – Economi ac Amgylchedd
- Cefnogi iechyd a gofal y gweithlu

Mae ein hamcanion strategol yn eang ac yn drawsbynciol. Mae'r amcanion cynllunio a'r naratif o ran cynnydd mewn perthynas â phob amcan strategol yn cael eu fframio i gyd-fynd â'r themâu a'r canlyniadau canlynol:

| **Thema:** | **Canlyniad:** |
|---|---|
| Cymdeithasol | Rydym yn cael yr effaith gadarnhaol fwyaf posibl ar gymdeithas |
| Amgylcheddol | Rydym yn gwneud cyfraniad cadarnhaol at fynd i'r afael â'r argyfwng hinsawdd |
| Economaidd | Rydym yn gwneud cynnydd o ran cyflawni ein "Trywydd i Adferiad Ariannol" |

Mae'r tabl isod yn rhoi crynodeb lefel uchel o'n cynnydd ar gyfer yr amcan strategol hwn yn 2022-23:

| Ein hamcanion cynllunio | Statws |
|---|---|
| 6B – Gwella gwerth a chyfleoedd ar gyfer incwm | ☐ Wedi'i gwblhau |
| 6D – Gofal Iechyd Seiliedig ar Werth a'r Rhaglen Canlyniadau a Adroddir gan Gleifion | ☐ Ar y trywydd iawn |
| 6G – Y cynllun datgarboneiddio a mentrau gwyrdd | ☐ Wedi'i gwblhau |
| 6H – Dadansoddi'r gadwyn gyflenwi | ☐ Ar y trywydd iawn |
| 6I – Cyllideb Interim 2022-23 | ☐ Wedi'i gwblhau |
| 6K – Tybiaethau cynllunio | ☐ Ar y trywydd iawn |
| 6L – Y Gweithlu, y Gwasanaeth Clinigol a Chynaliadwyedd Ariannol | ☐ Ar y trywydd iawn |
| 6M – Y Fframwaith Seiberddiogelwch | ☐ Wedi'i gwblhau |
| 6N – Awtomatiaeth Ddeallus | ☐ Ar ei hôl hi |

| Ein hamcanion cynllunio<br>Ein prif risgiau | Statws<br>Rheolaeth RAG |
|---|---|
| 1198 – Y gallu i symud gofal yn y gymuned | ☐ Canolig |
| 1199 – Cyflawni cynaliadwyedd ariannol | ☐ Canolig |
| 1200 – Hyrwyddo gwerth cymdeithasol | ☐ Canolig |
| **Mesurau ein canlyniadau** | **Statws** |
| Y % a wariwyd gan drydydd partïon yn achos cyflenwyr Hywel Dda | ☐ Y targed wedi'i fethu |
| Y % a wariwyd gan drydydd partïon yn achos cyflenwyr o Gymru | ☐ Y targed wedi'i fethu |
| Yr allyriadau yr adroddwyd arnynt yn unol â Dull Adrodd Carbon Sero Net Sector Cyhoeddus Cymru | ☐ Y targed wedi'i fethu |
| Diffyg ariannol (£miliwn) | ☐ Y targed wedi'i gyflawni |

I gael rhagor o wybodaeth am y prif risgiau a chanlyniadau, gweler Fframwaith Sicrwydd ein Bwrdd: Agenda a Phapurau'r Bwrdd 30 Mawrth 2023 (eitem 3.1).

## Ein hamcanion cynllunio

Bu i ni nodi naw amcan cynllunio a oedd yn cyfateb i'r amcan strategol hwn. Mae'r tabl isod yn crynhoi'r amcanion cynllunio hyn a'r cynnydd a wnaed gennym erbyn mis Mawrth 2023.

| Amcan cynllunio a statws | Diweddariad |
|---|---|
| ☐ Wedi'i gwblhau<br><br>**6B: Gwella gwerth a chyfleoedd ar gyfer incwm**<br>• Datblygu a chyflwyno cyfres gychwynnol o gynlluniau cynaliadwyedd ariannol ar gyfer y sefydliad cyfan yn seiliedig ar y modelau gweithredu targedau y mae'r bwrdd iechyd yn ceisio eu rhoi ar waith trwy ei amcanion cynllunio ar gyfer y tair blynedd nesaf. Dylai'r cynlluniau hyn ddarparu'r manylion sy'n sail i drywydd y bwrdd iechyd ar gyfer adferiad ariannol, a dylid eu cyflwyno mewn modd sy'n caniatáu i ddeiliaid cyllidebau ganolbwyntio ar y newid cadarnhaol a geisir.<br>• Ochr yn ochr â'r uchod, datblygu rhaglen prisio cyflwr a llwybr seiliedig ar weithgarwch ar gyfer pob prif gyflwr iechyd, gan felly ddarparu dadansoddiad hydredol o wariant y bwrdd iechyd i gefnogi'r broses barhaus o gyflwyno dulliau Mesurau Canlyniadau a Adroddir gan Gleifion (PROMs) a Gofal Iechyd Seiliedig ar Werth (VBHC) ar gyfer gwneud penderfyniadau cyllidebol a dyrannu adnoddau. | • Cynlluniau cynaliadwyedd ariannol – daeth y gwaith hwn i ben ar y cam cyntaf a rhoddwyd diweddariad ar gyfer cylch cynllunio 2023-24. Cafodd cyfleoedd a oedd yn cefnogi'r trywydd blaenorol tuag at gynaliadwyedd ariannol eu hadolygu a'u mireinio gyda'r arweinwyr Gweithredol. Cynhaliwyd ymchwiliad i ysgogwyr gweithredol twf y diffyg dros y ddwy flynedd ddiwethaf. Bu i'r meysydd gwastraff ac aneffeithlonrwydd a nodwyd trwy'r ddwy ffynhonnell hyn arwain at brosiectau Rhaglen Newid dan arweiniad y Weithrediaeth, sy'n cynnwys: Trawsnewid Gofal Brys a Gofal Mewn Argyfwng, Cynllunio Lleol Integredig, Sefydlogi Nyrsys, Gofal Amgen, Swyddogion Cyswllt Teulu, a Gofal Iechyd Parhaus.<br>• Rhaglen brisio ar gyfer pob prif gyflwr iechyd – gwnaed gwaith ochr yn ochr â'r rhaglen Gofal Iechyd Seiliedig ar Werth gyffredinol, lle gofynnwyd am wahoddiad cynnar i bob prosiect newydd i drafod yr arlwy a phenderfynu ar y cyd a yw'r trefniadau i fesur adnoddau yn ofynnol. Yn unol â hyn, caiff ceisiadau gweithredol ehangach i fodelu adnoddau eu gwerthuso gan ddefnyddio'r un fframwaith a dull gweithredu. |

| Amcan cynllunio a statws | Diweddariad |
| --- | --- |
| ☐ Ar y trywydd iawn<br><br>**6D: Gofal Iechyd Seiliedig ar Werth a'r Rhaglen Canlyniadau a Adroddir gan Gleifion**<br>Gweithredu'r tri amcan a'r camau gweithredu cysylltiedig a nodir yn y cynllun Gofal Iechyd Seiliedig ar Werth (2021-24), gan gynnwys casglu Canlyniadau a Adroddir gan Gleifion fel mater o drefn yn y rhan fwyaf o'n meysydd gwasanaeth, a chyflenwi rhaglen addysg a rhaglen bwrpasol o ymchwil ac arloesi. | Rydym wedi cyhoeddi cynllun clir ar gyfer darparu Gofal Iechyd Seiliedig ar Werth, cynllun sy'n gosod ein poblogaeth wrth galon y broses o ddatblygu ein gwasanaethau. Mae'r cynllun wedi'i strwythuro o amgylch tri nod cydgysylltiedig:<br>1. Buddsoddi yn y systemau a'r prosesau i alluogi ein staff i ddefnyddio PROMs a data defnyddio adnoddau yn rheolaidd wrth gynllunio, trefnu a darparu gofal iechyd.<br>2. Datblygu gwybodaeth a sgiliau ein staff i roi damcaniaeth Gofal Iechyd Seiliedig ar Werth ar waith.<br>3. Sefydlu partneriaethau â phrifysgolion, asiantaethau arloesi, systemau gofal iechyd rhyngwladol, a chwmnïau i ddeall sut i wneud y gorau o'r buddion cymdeithasol ehangach o fabwysiadu ymagwedd Gofal Iechyd Seiliedig ar Werth, a chyflymu'r datblygiadau arloesol sydd â photensial amlwg i sicrhau'r partneriaethau hynny.<br><br>Yn ystod 2022-23, mae'r Rhaglen Gofal Iechyd Seiliedig ar Werth wedi cynyddu o ran ei chwmpas a'i chyflymder, sy'n golygu bod Mesurau Canlyniadau a Adroddir gan Gleifion yn cael eu casglu fel mater o drefn mewn amrywiaeth eang o feysydd gwasanaeth. Wrth edrych ymlaen, mae yna uchelgais dichonadwy o hyd i fynd ati fel mater o drefn i ehangu cyrhaeddiad Gofal Iechyd Seiliedig ar Werth i feysydd Gofal Sylfaenol, Cymunedol a Chymdeithasol.<br><br>I gydnabod y gofynion technegol heriol a orfodir gan yr ymagwedd uchelgeisiol at Ofal Iechyd Seiliedig ar Werth yn Hywel Dda, ac yn unol â fframweithiau caffael cenedlaethol, mae gwaith yn mynd rhagddo i adolygu datrysiad technegol a galluogwyr digidol i gynyddu effaith Gofal Iechyd Seiliedig ar Werth ledled BIPHDd yn ei gyfanrwydd.<br><br>Mae ein gwaith hyd yma wedi arwain at adolygiadau manwl o feysydd gwasanaeth a datblygu cynlluniau gwaith i newid y ffordd yr ydym |

| Amcan cynllunio a statws | Diweddariad |
|---|---|
| | yn darparu gwasanaethau, a hynny trwy lens gwerth. Mae'r Adolygiadau hyn o'r Gwasanaethau wedi nodi ystod o themâu cyffredin, yn fwyaf nodedig:<br>• Llythrennedd iechyd ac ymgysylltiad ag Iechyd y Cyhoedd/â Gofal Sylfaenol.<br>• Ysgogiad cleifion a mewnwelediad ymddygiadol.<br>• Ffactorau ffordd o fyw y gellir eu haddasu, yn cynnwys clinigau ffordd o fyw a rhagsefydlu. |
| ☐ Wedi'i gwblhau<br><br>**6G: Y cynllun datgarboneiddio a mentrau gwyrdd**<br>Datblygu trywydd strategol i ymateb i uchelgais Llywodraeth Cymru o ran bod GIG Cymru yn cyfrannu at darged sero net ledled y sector cyhoeddus erbyn 2030, a cheisio cymeradwyaeth y Bwrdd ar gyfer y trywydd hwnnw. Bydd y bwrdd iechyd yn paratoi rhaglen waith ac yn gweithredu'r cynllun hwn i gyflawni'r targedau a sefydlwyd yng Nghynllun Cyflenwi Strategol Datgarboneiddio GIG Cymru. Lle bo hynny'n ymarferol o ganlyniad i gyfleoedd a gyflwynir trwy daith trawsnewid y bwrdd iechyd, bydd yn ceisio rhagori ar dargedau a sefydlu modelau a chynlluniau peilot arfer gorau yn enghreifftiau i'r GIG a'r sector cyhoeddus ehangach. Y nod cyffredinol fydd lleihau ôl troed carbon y bwrdd iechyd o leiaf 34% erbyn 2030 er mwyn cefnogi uchelgais ehangach y sector cyhoeddus i fynd i'r afael â'r argyfwng hinsawdd. | Dyfarnwyd lefel Platinwm y Safon Iechyd Corfforaethol i'r bwrdd iechyd; mae'r mentrau a amlygwyd ac sy'n cael eu cyflawni/galluogi trwy'r Rhaglen Datgarboneiddio fel a ganlyn:<br>• Adeiladau newydd a diweddaru adeiladau sy'n bodoli.<br>• Cerbydau hybrid a thrydan ledled y fflyd gyfan erbyn 2025.<br>• Datblygu cadwyni cyflenwi lleol a chydweithio â chyrff sector cyhoeddus eraill tuag at drefniadau caffael cynaliadwy a lleihau gwastraff.<br>• Cynllun Cyflenwi Datgarboneiddio y bwrdd iechyd. |
| ☐ Ar y trywydd iawn<br><br>**6H: Dadansoddi'r gadwyn gyflenwi**<br>Datblygu fframwaith mesuriadau cyson i asesu effaith gwariant y bwrdd iechyd yn y pedwar parth canlynol:<br>1. Gwerth cymdeithasol<br>2. Gwerth economaidd<br>3. Effaith amgylcheddol<br>4. Budd diwylliannol | • Rydym wedi parhau i weithio ar bennu man cychwyn o ran sefyllfa Hywel Dda, a hynny mewn meysydd megis y gwariant o ran caffael gan gyflenwr lleol, ynghyd â dadansoddiadau eraill o'r gadwyn gyflenwi, strategaethau cyfredol ar gyfer rheoli $CO_2$ o gymharu â'r gostyngiadau a ddymunir, a chreu cyfoeth lleol. |

| Amcan cynllunio a statws | Diweddariad |
|---|---|
| | • Mae porth Gwerth Cymdeithasol yn cael ei ddefnyddio ar hyn o bryd i gofnodi gwelliannau targed a gwelliannau gwirioneddol o ran gwerth cymdeithasol mewn perthynas â gweithgarwch contractau newydd.<br>• Mae prosiectau pellach yn cael eu nodi (e.e. gweithgarwch recriwtio) i gipio gweithgarwch Gwerth Cymdeithasol pellach, a'i feintioli at ddibenion adrodd.<br>• Y camau nesaf fydd ailgrwpio pan fydd y broses o bennu man cychwyn wedi'i chwblhau, a nodi prosiectau pellach i weithio ar gipio mesurau Gwerth Cymdeithasol ar eu cyfer, yn ogystal â lledaenu'r cysyniadau'n ehangach ledled BIPHDd.<br>• Y bwriad yw cysylltu ag awdurdodau lleol a sefydliadau cyflogwyr mawr i ffurfio cymuned ymarfer ledled yr ardal leol. |
| ☐ Wedi'i gwblhau<br><br>**6I: Cyllideb Interim 2022-23**<br>Erbyn mis Mawrth 2022, sefydlu cyllideb interim ar gyfer 2022-23 sy'n cefnogi'r amcanion cynllunio a nodir yng nghynllun interim y bwrdd iechyd ar gyfer 2022-23. Bydd y gyllideb hon yn cynnwys nodi'r arbedion gofynnol a'r cyfleoedd i gyflawni cynllun ariannol cytunedig y bwrdd iechyd, yn ogystal â'r broses o'u cymhwyso i'r cyllidebau perthnasol ar gyfer pob cyfarwyddwr. | • Cafodd hyn ei gwblhau yn rhan o'r cylch cynllunio ar gyfer 2022-23.<br>• Ni chafodd y gyllideb sy'n gysylltiedig â'r cynllun a ailgyflwynwyd (£62.0 miliwn) ei drafod yn y cyfriflyfr ariannol am na chafodd y cynllun ei dderbyn gan LIC.<br>• Mae cyfleoedd wedi cael eu cyflwyno i'r sefydliad ac i arweinwyr y priod Dimau Gweithredol, ac yn parhau i gael eu cyflwyno.<br>• Bydd cylch cynllunio 2023-24 yn cynnal asesiad pellach, a oruchwylir gan LIC trwy'r ddeialog Ymyrraeth Dargededig, i adolygu opsiynau a phennu pa un a ellir cytuno ar gyllideb ddiwygiedig a'i gweithredu ai peidio. |
| ☐ Ar y trywydd iawn<br><br>**6K: Tybiaethau cynllunio**<br>Erbyn mis Medi 2021, llunio cynllun a fydd o leiaf yn cyflawni'r tybiaethau cynllunio a nodir yn 'Canolbarth a Gorllewin Cymru Iachach' ac sy'n berthnasol i'r ysbyty newydd a adeiladir yn lle safleoedd ysbytai acíwt presennol y bwrdd iechyd. Y nod fydd cyflawni'r mesurau hyn yn llawn erbyn mis | Mae'r gwaith hwn yn mynd rhagddo ac fe'i disgrifir trwy nifer o'r Amcanion Cynllunio yn yr adroddiad hwn. |

| Amcan cynllunio a statws | Diweddariad |
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| Mawrth 2023, a dylai'r cynllun nodi trywyddau disgwyliedig tuag at hyn gydol 2021-22 a 2022-23. Mae'r tybiaethau cynllunio fel a ganlyn:<br>• Gostyngiad o 40% yn y derbyniadau brys ar gyfer cyflyrau cysylltiedig â Syndrom Coronaidd Acíwt.<br>• Lleihad ym meithder arosiadau hyd at ganolrif ein grŵp cymheiriaid.<br>• Gostyngiad o 25% yn nifer yr apwyntiadau cleifion allanol dilynol.<br>• Gostyngiad o 4.3% yn y niferoedd sy'n mynd i'r Adrannau Damweiniau ac Achosion Brys a'r Unedau Mân Anafiadau.<br>• Symud 30% o'r ymweliadau â'r Adrannau Damweiniau ac Achosion Brys i'r Unedau Mân Anafiadau.<br>• 50% o'r cleifion sydd mewn gwelyau acíwt i gamu i lawr i welyau cymunedol/cartref cyn pen 72 awr.<br>• 90% o'r apwyntiadau cleifion allanol newydd a dilynol i ddigwydd mewn lleoliad cymunedol (sy'n cynnwys dulliau rhithwir)<br>• 50% o'r achosion dydd mewn arbenigeddau meddygol i gael eu cynnal mewn lleoliadau cymunedol. | |
| ☐ Ar y trywydd iawn<br><br>**6L: Y Gweithlu, y Gwasanaeth Clinigol a Chynaliadwyedd Ariannol**<br>Cydlynu ymagwedd gytbwys barhaus at y modd y caiff adnoddau eu defnyddio, ac at y modd y'u buddsoddir ac y'u dadfuddsoddir, er mwyn cyflawni cynaliadwyedd o ran y gweithlu a'r gwasanaeth clinigol a chynaliadwyedd ariannol.<br>• Cadeirio'r grŵp arweinyddiaeth o ran y Defnydd o Adnoddau i hwyluso proses gytbwys o wneud penderfyniadau. | • Cynhaliwyd cyfarfodydd Defnydd o Adnoddau yn fisol ar lefel y Gyfarwyddiaeth yn 2022. Disodlwyd y rhain gan y strwythur Gwella Gyda'n Gilydd cyfunol o fis Ionawr 2023 ymlaen, a hynny er mwyn cyfateb cydbwysedd yr adnoddau yn well i berfformiad ac ansawdd a diogelwch.<br>• Mae gan bob sesiwn Gwella Gyda'n Gilydd becyn gwybodaeth ategol sy'n nodi myrdd o wybodaeth berthnasol am sefyllfa'r flwyddyn hyd yn hyn a'r alldro a ragwelir. Mae'r pecynnau hefyd yn cynnwys gwybodaeth berthnasol am yr hyn sy'n ysgogi costau, risgiau, mesurau lliniaru, a sganio'r gorwel. |

| Amcan cynllunio a statws | Diweddariad |
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| • Darparu partneriaethau gweithredol effeithiol o'r swyddogaeth gyllid yn barhaus.<br>• Datblygu a gweithredu dull buddsoddi un refeniw ledled y bwrdd iechyd.<br>• Gweithredu system gwybodaeth reoli fisol i ysgogi disgyblaeth ariannol sefydliadol ar gyfer yr holl oblygiadau refeniw. | • Trwy eu sgyrsiau busnes, mae Partneriaid Busnes yn gweithio'n rhagweithiol i nodi cyfleoedd gydag arweinwyr gweithredol, a hynny er mwyn sicrhau bod pob maes cyfle yn cael ei ystyried a'i wireddu lle bynnag y bo modd.<br>• Gan gydnabod bod y flwyddyn ariannol hon yn heriol iawn, cynhaliwyd cyfarfodydd pellach ym misoedd Ionawr a Chwefror 2023 i wneud dadansoddiad dwfn o'r Cynllun Blynyddol a chanolbwyntio ar yr heriau a'r cyfleoedd ariannol ar gyfer 2023-24. Pwrpas y dull hwn yw sganio'r gorwel a gweithredu unrhyw newidiadau sy'n cefnogi'r broses o ddarparu a chyflunio'r gwasanaeth, gan hyrwyddo cynaliadwyedd ariannol ar yr un pryd.<br>• Yn rhan o'u cyfarfodydd busnes, mae'r Partneriaid Busnes yn gweithio'n rhagweithiol gyda'u cyd-weithwyr gweithredol i ystyried yr adnoddau sydd ar gael a'r modd y cânt eu defnyddio. Y cam nesaf fydd ystyried a oes cyfle'n bodoli i ddatgomisiynu a/neu ailfuddsoddi yn ôl y gofyn. |
| ☐ Wedi'i gwblhau<br><br>**6M: Y Fframwaith Seiberddiogelwch**<br>Datblygu Fframwaith Seiberddiogelwch ar ei newydd wedd erbyn mis Mawrth 2022, a chefnogi llinellau amser a chamau gweithredu i ddiogelu gwybodaeth BIPHDd. Bydd elfennau allweddol y fframwaith hwn fel a ganlyn:<br>• Adnewyddu cofrestr yr asedau gwybodaeth a sicrhau bod asedau hanfodol y busnes yn cael eu cadw'n ddiogel bob amser.<br>• Nodi'r bygythiadau a'r risgiau (Profion Hacio Seiberddiogelwch Arferol).<br>• Nodi'r trefniadau diogelu y dylid eu rhoi ar waith i ddelio â'r bygythiadau a'r risgiau hyn.<br>• Monitro'r trefniadau diogelwch a'r asedau er mwyn rheoli achosion o | Erbyn hyn mae gennym raglen Seiberddiogelwch ar waith i weithio tuag at gydymffurfio â Rheoliadau Rhwydweithiau a Systemau Gwybodaeth (NIS_R). Yn cefnogi hyn y mae Grŵp Sicrwydd Seiberddiogelwch, sy'n cyfarfod yn fisol ac yn adrodd i'r Is-bwyllgor Llywodraethu Gwybodaeth. |

| Amcan cynllunio a statws | Diweddariad |
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| danseilio diogelwch (Fframwaith Seiberddiogelwch).<br>• Ymateb i faterion seiberddiogelwch wrth iddynt godi.<br>Diweddaru ac addasu trefniadau diogelwch mewn ymateb i newidiadau o ran asedau, bygythiadau a risgiau. | |
| ☐ Ar ei hôl hi<br><br>**6N: Awtomatiaeth Ddeallus**<br>• Datblygu cynllun awtomatiaeth ddeallus cychwynnol sy'n cyfuno technoleg awtomeiddio prosesau robotig (RPA), deallusrwydd artiffisial, a dulliau prosesu iaith naturiol, i symleiddio'r broses o gasglu ac integreiddio data.<br>Tra bo'r cynllun hwn yn cael ei ddatblygu, llunio a gweithredu proses i awtomeiddio prosesau newydd-ddyfodiaid ac ymadawyr y bwrdd iechyd, a chynllunio a gweithredu robot deallus i nodi eiddilwch. | Ein targed yw rhyddhau 50,000 o oriau yn ôl i'r sefydliad erbyn 2025.<br>• Awtomeiddio'r gweithlu. Mae Hywel Dda yn gweithio gydag Ymddiriedolaeth Ysbyty Northampton (Canolfan Ragoriaeth RPA) i ddogfennu dwy broses Gweithlu ac awtomeiddio un o'r rhain. Y broses gyntaf i'w hystyried yw awtomeiddio'r cofnodion hyfforddi yn y Cofnod Staff Electronig. Cofnodi cyrsiau hyfforddi a phresenoldeb ar y cyrsiau i sicrhau bod cofnod cywir yn cael ei gadw fel bod presenoldeb staff mewn sesiynau hyfforddiant yn cael ei gofnodi mewn modd amserol. Mae hyn yn bwysig pan fo cyrsiau penodol yn rhagofyniad i aelod o staff allu gweithio mewn maes penodol o'r busnes.<br>• Awtomeiddio cyllid. Mae'r Ganran Gyflawni hon deillio o awtomeiddio dwy broses yn y tîm cyllid. Yn gyntaf, cais i greu bil. Mae'r broses yn bodoli am ei bod yn ofynnol creu anfonebau ar gyfer cwsmeriaid. Mae ffurflenni Excel 'Gwneud Cais i Greu Bil' (RRB) (fel arfer) yn cael eu hanfon ar ffurf atodiad mewn neges e-bost i fewnflwch a rennir.<br><br>Yn ystod nifer o weithdai, nodwyd 17 yn rhagor o brosesau, ac mae'r tîm digidol sy'n gweithio gyda'r cyflenwyr yn datblygu posibiliadau i brosesu mapiau i asesu'r elw ar fuddsoddiad. |

I gael rhagor o wybodaeth am ein holl amcanion cynllunio, yn cynnwys ein Cyfarwyddwyr Gweithredol arweiniol a'r trefniadau llywodraethu, gweler Atodiad A: Ein Hamcanion Cynllunio ar gyfer 2022-23.

## Yr Amgylchedd, Cynaliadwyedd a Lleihau Carbon

Yn ystod y flwyddyn ddiwethaf, mae BIPHDd wedi parhau i gyfrannu at leihau carbon ac ymgorffori arferion cynaliadwy yn ei weithgareddau o ddydd i ddydd trwy gyflawni nifer o brosiectau effeithlonrwydd ynni/datgarboneiddio, cynnal Safon Amgylcheddol ISO14001, cynyddu arferion gweithio ystwyth, annog ailddefnyddio a darparu cynlluniau ailgylchu lle gwahenir yn y tarddle, a newid i fflyd ULEV.

O ran rheoli gwastraff yn gynaliadwy, rydym yn parhau i nodi ffyrdd o leihau'r gwastraff yr ydym yn ei anfon i safleoedd tirlenwi, yn ailgylchu lle bynnag y bo modd, ac yn ailddefnyddio adnoddau i osgoi pryniadau diangen. Er enghraifft, rydym yn hyrwyddo'r defnydd o 'Warp It', sef llwyfan ar-lein ar gyfer ailddefnyddio dodrefn a chyfarpar.

Hyd yma, ers i'r cynllun ddechrau ym mis Mawrth 2019:

- Mae 1,412 o staff wedi ymrwymo i ailddefnyddio eitemau nad oes eu hangen mwyach.
- Mae hyn wedi osgoi gwaredu bron 103 tunnell fetrig o wastraff.
- Ataliwyd 337 tunnell fetrig o allyriadau $CO_2$.
- Arbedwyd tua £444 mil.

At hynny, mae BIPHDd hefyd wedi cyflwyno gwahanu yn y tarddle (gwahanu mathau gwahanol o wastraff solet yn y man lle y'u cynhyrchir) ar bob un o safleoedd y bwrdd iechyd ac eithrio Glangwili, lle mae'r gwastraff yn gymysg o hyd. Rydym hefyd wedi treialu cynllun i ailgylchu cynhyrchion hylendid amsugnol (AHP) sy'n mynd i safleoedd tirlenwi ar hyn o bryd. Er ei fod yn y camau cynnar, mae'r treial wedi bod yn llwyddiannus a bwriedir ei gyflwyno ledled y bwrdd iechyd.

Rhagwelir y bydd y mesurau hyn yn hybu ein cyfradd ailgylchu, yn lleihau swm y gwastraff sy'n mynd i safleoedd tirlenwi, yn lleihau carbon, yn gwella ansawdd deunyddiau ailgylchu, ac yn hyrwyddo egwyddorion economi gylchol.

Mae gwariant ar gyfleustodau wedi cynyddu, a hynny'n bennaf oherwydd effaith marchnadoedd ynni cyfnewidiol a pherfformiad gwael o ran Biomas a gwres a phŵer cyfunedig (CHP). Mae Contract Perfformiad Ynni BIPHDd gyda Centrica, sydd yn ei nawfed flwyddyn ac a fydd yn dod i ben ar 31 Mawrth 2025, yn parhau i sicrhau arbedion blynyddol gwarantedig a lleihau allyriadau carbon. Ers dechrau'r contract ym mis Mawrth 2015, cyflawnwyd gostyngiad o tua 26,146 tunnell fetrig o allyriadau carbon adeg ysgrifennu'r adroddiad hwn. Ar hyn o bryd, mae'r tîm Ystadau yn archwilio'r cyfle i gyflwyno Contract Perfformiad Ynni arall trwy lwybr Fframwaith Re:Fit Cymru. Sefydlwyd gweithgor newydd i ddatblygu Contract Perfformiad Ynni newydd a'i symud ymlaen, gan ddechrau gydag ymarfer 'tendr meddal' yn chwarter pedwar 2022-23 i sefydlu diddordeb gan ddarparwyr y fframwaith i weithio gyda ni i ddatblygu a gweithredu camau gwaith.

Yn dilyn cyhoeddi 'Strategaeth Datgarboneiddio GIG Cymru Gyfan' ym mis Mawrth 2021, mae BIPHDd wedi ymgorffori'r gofyniad hwn yn Amcan Cynllunio 6G ac wedi comisiynu'r Ymddiriedolaeth Garbon i ddatblygu Cynllun Cyflenwi Datgarboneiddio y bwrdd iechyd. Cafodd hwn ei gyflwyno i'r Pwyllgor Adnoddau Cynaliadwy ym mis Medi 2022 a'i gymeradwyo ganddo.

Mae Cynllun Cyflenwi y bwrdd iechyd yn nodi rhaglen waith i gyflawni'r targedau a sefydlwyd yng Nghynllun Cyflenwi Strategol Datgarboneiddio GIG Cymru ym meysydd rheoli carbon, adeiladau,

trafnidiaeth, caffael, cynllunio ystadau a'r defnydd o dir, a'i ddull gofal iechyd, gan gynnwys hyrwyddo cynaliadwyedd clinigol. Trwy'r grŵp Gorchwyl a Gorffen Datgarboneiddio, mae pob un o'r cyfleoedd a nodwyd yn y cynllun gweithredu yn cael eu hystyried.

Yn ystod y flwyddyn ddiwethaf, rydym wedi parhau â'n rhaglen i osod technolegau effeithlonrwydd ynni i leihau ein hôl troed carbon, gan gyfrannu at uchelgais Llywodraeth Cymru o fod yn garbon niwtral erbyn 2030. Dyma enghreifftiau:

- Gosod fferm solar 0.45 MW, ynghyd â gwell mannau gwyrdd a bioamrywiaeth ar ein safle yn Hafan Derwen.
- Prosiectau grant Gwres Carbon Isel (cynllun yn unig) ar dri safle, sef Bryn-mair, Wellfield a Chlinig Elizabeth Williams.
- Gosod paneli ffotofoltäig solar ar y to yng nghlinig Bryn-mair.
- Canopïau solar yn Ysbyty De Sir Benfro.
- Systemau Rheoli Ynni Adeiladau (BEMS) ar ein safleoedd cymunedol ac yn Ysbyty Bronglais.

Rydym yn bwriadu archwilio'r canlynol yn 2023-24:

- Prosiect Gwresogi Ardal Carbon Isel ar gyfer y sector cyhoeddus yn Aberystwyth, a hynny mewn cydweithrediad â'r Brifysgol a Chyngor Sir Ceredigion.
- Prosiectau Ffermydd Solar yn Ysbyty'r Tywysog Philip (gwifren breifat), ac archwilio cyfleoedd mewn dau safle acíwt arall (Glangwili, Llwynhelyg) ac un safle cymunedol (Canolfan Gofal Integredig Aberteifi).
- Cyfleoedd i drin gwastraff clinigol ar y safle, a datblygu cynllun peilot i ailgyfeirio gwastraff cewynnau o safleoedd tirlenwi i'w hailgylchu.
- Caffael seilwaith gwefru Cerbydau Trydan ac yna'i osod ledled yr asedau sy'n eiddo i'r bwrdd iechyd.
- Datblygu ac ymgorffori gwerth cymdeithasol, yn ogystal â datgarboneiddio a chynaliadwyedd, ym mhob caffaeliad.

Mae'r Grŵp Gorchwyl a Gorffen Datgarboneiddio yn parhau i ddatblygu amrywiaeth o fentrau'n ymwneud ag ymwybyddiaeth o garbon, gan gynnwys y canlynol:

- Datblygu fideo ar ymwybyddiaeth o gynaliadwyedd.
- Lansio Cystadleuaeth Timau Gwyrdd 'Hwb Cynaliadwyedd' y fewnrwyd.
- Lansio modiwl e-ddysgu ar ymwybyddiaeth o'r hinsawdd.
- Mae mentrau megis 'Caffis Hinsawdd' chwarterol, ymarfer cwmpasu Iechyd Gwyrdd, a'r broses o gydgysylltu adnoddau eraill, i gyd ar y gweill.

Mae'r Tîm Amgylcheddol wedi parhau i gynnal y System Rheoli Amgylcheddol yn unol â safon Amgylcheddol ISO 14001, gan gynnwys llunio amcanion a thargedau blynyddol a chyflwyno adolygiad rheoli o'r perfformiad trwy bwyllgor ffurfiol.

Mae'n ofynnol i'r bwrdd iechyd gyhoeddi Adroddiad Cynaliadwyedd blynyddol sy'n cwmpasu data ar fetrigau allweddol, gan gynnwys gwybodaeth am gyfleustodau, gwastraff, cynaliadwyedd a rheoli amgylcheddol. Bydd yr adroddiad cynaliadwyedd ar gyfer y cyfnod 2022-23 ar gael ym mis Mehefin 2023 a bydd yn ymhelaethu ar gynnwys y testun hwn.

Mae'r bwrdd iechyd wedi cynnal asesiadau risg ac wedi ymgymryd â chynlluniau cyflenwi i leihau carbon er mwyn dangos ei fod yn cydymffurfio â gofynion elfennau parodrwydd am argyfwng ac argyfyngau sifil rhagolygon tywydd Rhaglen Effeithiau Hinsawdd y DU (UKCIP) 2009, a hynny i sicrhau bod rhwymedigaeth y sefydliad o dan y Ddeddf Newid yn yr Hinsawdd ac o ran yr Adroddiadau Ymaddasu Gofal ac Iechyd yn cael eu bodloni.

### Fferm Solar yn Hafan Derwen

Ym mis Ebrill 2023, cafodd fferm solar gyntaf BIPHDd ei throi ymlaen yn safle Hafan Derwen ym Mharc Dewi Sant, Caerfyrddin.

Mae gosod 1,098 o baneli 455 W nid yn unig yn darparu trydan cynaliadwy i bweru gwasanaethau cleifion a gweinyddol a leolir ar safle'r bwrdd iechyd yn Hafan Derwen, ond mae hefyd yn cyfrannu at leihau allyriadau carbon a hybu bioamrywiaeth yn yr ardal.

Mae batri 150 kW hefyd wedi cael ei osod ar y safle, gan sicrhau arbedion ychwanegol i'r bwrdd iechyd.

Amcangyfrifir y bydd y datblygiad yn darparu arbedion carbon blynyddol o 110 tunnell fetrig o Gywerth Carbon Deuocsid ($tCO_2e$), ac yn cynhyrchu tua 474,000 kWawr o drydan yn flynyddol, gan amlygu manteision buddsoddi mewn ynni adnewyddadwy.

Bydd tua 52% o'r trydan a gynhyrchir yn cael ei ddefnyddio ar y safle, a bydd y gweddill yn cael ei allforio.

Mae'r bwrdd iechyd hefyd wedi ymrwymo i wella ansawdd yr amgylchedd naturiol a chynyddu mynediad pobl i fannau naturiol o amgylch ein safleoedd cymunedol a'n hysbytai.

Yn rhan o'r datblygiad, sy'n gorchuddio ychydig dros erw o dir, mae bioamrywiaeth y safle wedi cael ei chyfoethogi i ddarparu mynediad i staff a chleifion at fannau gwyrdd naturiol. Mae'r ardal hon yn cynnwys gwell cynlluniau plannu, mannau i eistedd, a byrddau gwybodaeth sy'n esbonio manteision pob un o'r planhigion i'r amgylchedd lleol.

Plannwyd coed ffrwythau a thros 350 o fylbiau blodau gwyllt, a byddant yn darparu cynefin ychwanegol ar gyfer bywyd gwyllt, gan gynnwys peillwyr a phryfed eraill a fydd, gobeithio, yn arwain at gynyddu nifer y rhywogaethau adar ac ystlumod ar y safle. Gwyliwch y fideo o'r awyr yma

### Theatrau Llawdriniaethau Dydd, Ysbyty'r Tywysog Philip

Oherwydd effaith barhaus COVID-19, mae BIPHDd yn ceisio bodloni gofynion gwasanaethau Gofal wedi'i Drefnu dros y sawl blwyddyn nesaf. Mae'r pandemig wedi creu pwysau sylweddol ledled BIPHDd. Ym mis Ebrill 2021, cytunodd y Bwrdd i fynd ar drywydd Ateb Modiwlaidd i hwyluso a chefnogi'r broses o ailgyflwyno gwasanaethau Dewisol yn y bwrdd iechyd.

Yn bwysig, er mwyn gweithredu hyn yn 2022, mae'r garreg filltir hon wedi'i chynnwys yng nghynllun adfer ôl-COVID y bwrdd iechyd, a gyflwynwyd i Lywodraeth Cymru ym mis Mehefin 2021.

Yr allbwn a gafwyd gan dîm prosiect dynodedig a sefydlwyd oedd dwy Theatr Llawdriniaethau Dydd (ac iddynt alluogrwydd Llif Laminaidd) ac Ystafelloedd Endosgopi Deuol, a'r rheiny wedi'u cynllunio'n glinigol ac yn weithredol. Y gwerth adeiladu ag arian cyfalaf oedd £20 miliwn ar gyfer cynllunio, tendro, adeiladu a bod yn gwbl weithredol cyn pen 18 mis.

O fis Ebrill 2022 ymlaen, gwariodd tîm cynllunio BIPHDd tua £24 miliwn ar brosiectau yn y meysydd a restrir isod:

- Prosiectau Cyfalaf Cymru Gyfan.
- Prosiectau Cyfalaf Dewisol.
- Prosiectau Seilwaith/Statudol.
- Prosiectau Delweddu (Llywodraeth Cymru).

Mae'r prosiectau canlynol yn y cam Achos Cyfiawnhad Busnes:

- Prosiect Aseptig yn Ysbyty Llwynhelyg.
- Canolfan Llesiant yn Noc y Gogledd, Llanelli.
- Canolfan Adnoddau Ymosodiadau Rhywiol, Aberystwyth.

Mae'r cynlluniau datblygu canlynol yn barod i fynd i dendr:

- Man Diogel Pobl Ifanc Bro Myrddin, Caerfyrddin
- Prosiectau seilwaith a statudol, Ysbyty Cyffredinol Glangwili.
- Gwaith seilwaith ac adnewyddu, Ysbyty Bwthyn Llanymddyfri.
- Datblygu gwasanaeth Coginio a Rhewi ledled holl safleoedd y bwrdd iechyd.

Mae'r cynlluniau delweddu a gyflawnwyd yn 2022-23 yn cynnwys:

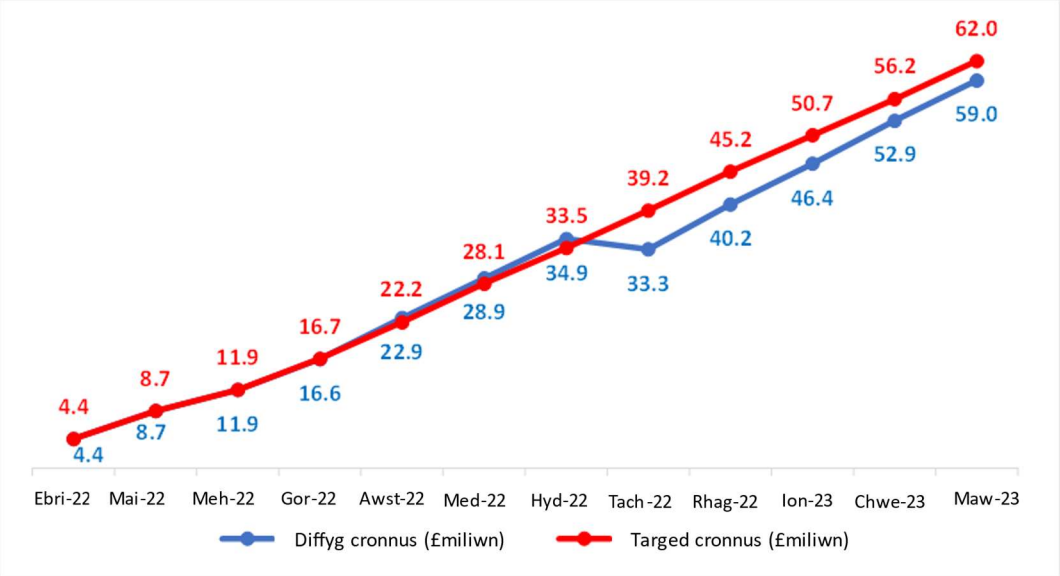
- Ysbyty Glangwili: Unedau Uwchsain, Dwysäwyr Delweddau Theatr, Ystafell Pelydr-X Digidol.
- Ysbyty'r Tywysog Philip: Unedau Uwchsain, Ystafell Pelydr-X Digidol, Sganiwr CT (Tomograffeg Gyfrifiadurol), Uned Famograffeg.
- Ysbyty Llwynhelyg: Unedau Uwchsain, Dwysäwr Delweddau Theatr, Ystafell Pelydr-X Digidol.
- Ysbyty Bronglais: Unedau Uwchsain, Dwysäwr Delweddau Theatr, Sganiwr CT, Ystafell Pelydr-X Digidol, Ystafell Fflworo Digidol.

Mae prosiectau cynlluniedig ac arfaethedig eraill ar gyfer 2023-24, a arweinir gan ddylunio, yn cynnwys:

- Gwaith Pwyntiau Rhwymo yn Ysbyty'r Tywysog Philip ac Ysbyty Bronglais.
- Prosiect LPG, Ysbyty Glangwili.
- Gwaith adnewyddu ac uwchraddio seilwaith, Ysbyty Bwthyn Llanymddyfri.
- Cydymffurfedd tân a gwaith gwella ledled holl safleoedd y bwrdd iechyd.

# Diffyg ariannol

## Diffyg ariannol cronnol (£miliwn) 2022-23




Ein cynllun yn 2022-23 oedd bodloni diffyg o £62 miliwn erbyn diwedd y flwyddyn ariannol. Roedd ein halldro ar ddiwedd mis Mawrth 2023 yn ddiffyg o £59 miliwn. Ysgogwyr allweddol y gorwariant hwn oedd rheoli meddyginiaethau, pobl feddygol ffit mewn gwelyau yn aros i gael eu rhyddhau, y defnydd o feddygon a nyrsys asiantaeth, a gofal iechyd parhaus ar gyfer iechyd meddwl.

### Y camau gweithredu allweddol a gymerwyd i wella perfformiad a lliniaru risgiau:

- Gweithredu rhaglenni gwella allweddol, gyda thair o'r prif raglenni yn cynnwys:
    - Trawsnewid Gofal Brys a Gofal Mewn Argyfwng.
    - Cynllunio lleol integredig.
    - Adferiad dewisol.
- Cwblhau dadansoddiad manwl o'r diffyg sylfaenol, a nododd gyfleoedd i wella. Caiff diweddariadau wythnosol i'r sefyllfa ariannol gryno eu coladu ar draws cyfarwyddiaethau, a thynnir sylw at gynnydd, gan gynnwys rhagolwg o'r cyfraddau rhedeg, yr arbedion a gyflawnir, a'r cyfleoedd a drosir.
    - Sicrhau cydweithrediad rhwng partneriaid busnes ariannol ac arweinwyr gwasanaethau i fynegi a meithrin ymwybyddiaeth o ganlyniadau ariannol ysgogwyr a phenderfyniadau allweddol gweithredol.
    - Herio timau i nodi camau rheoli i leihau llwybr gwariant y sefydliad yn ystod y flwyddyn ac yn rheolaidd.

I gael rhagor o fanylion, gweler yr adran ar y Cyfrifon Blynyddol yn yr adroddiad hwn.

## Twyll, Gwrthlygredigaeth a Gwrthlwgrwobrwyo

Rhan allweddol o ganfod twyll yw meithrin ymwybyddiaeth. Mae Bwrdd Iechyd Prifysgol Hywel Dda yn cyflogi dau Arbenigwr Atal Twyll Lleol Achrededig llawn-amser, ac mae ganddo Bolisi Atal Twyll a Chynllun Ymateb ar waith. Mae'r cynllun hwn, ynghyd â rhaglen helaeth o hyfforddiant staff a gweithgarwch hyrwyddo, yn cynnwys nodau strategol cyffredinol gwaith atal twyll ac ymateb gweithredol sy'n cyd-fynd â strategaeth atal twyll, llwgrwobrwyo a llygredigaeth Awdurdod Atal Twyll y GIG (NHSCFA). Mae Polisi Safonau Ymddygiad y bwrdd iechyd yn ymgorffori ymddygiad proffesiynol mewn perthynas â thwyll, llygredigaeth, a Deddf Llwgrwobrwyo 2010. Darperir cymeradwyaeth ar lefel weithredol gan y Broses Adolygu Polisi.

Yn ystod y flwyddyn adrodd, aed ati i hyrwyddo'r polisi ymhlith y staff, a oedd yn cynnwys hyfforddiant ar-lein gorfodol a dulliau eraill o sicrhau ymwybyddiaeth a chymorth staff, er enghraifft y defnydd o e-gylchlythyrau, negeseuon ar y cyfryngau cymdeithasol a hyfforddiant pellach. Rhannwyd gwybodaeth am fygythiadau sy'n dod i'r amlwg â staff a grwpiau allweddol.

Sicrheir goruchwyliaeth trwy gynllun gwaith Atal Twyll, Llwgrwobrwyo a Llygredigaeth effeithiol, sy'n gyson â Pholisi Gwrth-dwyll, Gwrthlwgrwobrwyo a Gwrthlygredigaeth BIPHDd. Darperir diweddariadau deufisol i'r Pwyllgor Archwilio a Sicrhau Risg ar y gwaith a wneir yn unol â'r cynllun.

Mae'r bwrdd iechyd yn parhau i ddangos ei fod yn cydymffurfio â chyfarwyddiadau'r Llywodraeth ar fesurau gwrth-dwyll, y cytundeb gwasanaeth o dan adran 83 o Ddeddf Llywodraeth Cymru 2006, a chyfarwyddiadau Llywodraeth Cymru a Safon Swyddogaethol 013 y Llywodraeth – Atal Twyll (GovS 013), a ddaeth i rym ar 1 Ebrill 2021. Am ein bod yn un o gyrff y GIG, mae gennym gynllun blynyddol ar waith sy'n cyd-fynd â'r safonau hyn. Cymeradwywyd y cynllun blynyddol gan y Cyfarwyddwr Cyllid a Chadeirydd y Pwyllgor Archwilio a Sicrhau Risg. I sicrhau darpariaeth effeithiol a chydymffurfedd â'r cynllun, mae'r Tîm Atal Twyll yn darparu diweddariadau deufisol ar y gwaith a wneir i'r Pwyllgor Archwilio a Sicrhau Risg. At hynny, mae Gwasanaethau Atal Twyll Cymru yn goruchwylio pob achos ac yn cymeradwyo pryd i ddod ag Ymchwiliadau Atal Twyll i ben.

Mae ein dogfen 'Ymholiadau archwilio i'r rheiny sy'n gyfrifol am lywodraethu a rheoli' yn darparu manylion pellach, a gellir ei darllen yma: https://hduhb.nhs.wales/about-us/governance-arrangements/board-committees/audit-and-risk-assurance-committee-arac/arac-meeting-may-11/4-6-audit-enquiries-to-those-charged-with-governance-and-management/

# Adroddiad Cynaliadwyedd

## Cyflwyniad

Mae Datblygu Cynaliadwy yn un o 'egwyddorion trefniadol canolog' Llywodraeth Cymru. Er nad yw'n uniongyrchol berthnasol i lywodraethau datganoledig, mae Llywodraeth Cymru yn gofyn i gyrff cyhoeddus yng Nghymru sy'n adrodd o dan y Llawlyfr Adroddiadau Ariannol (FReM) Iunio Adroddiad Cynaliadwyedd. Yn unol â hynny, mae'r adran hon o'n hadroddiad blynyddol yn ymdrin â pherfformiad amgylcheddol y sefydliad, ac wedi'i hysgrifennu'n unol â gofynion y sector cyhoeddus a nodir yn yr FReM ac yng Nghanllawiau atodol Trysorlys ei Mawrhydi, *Sustainability Reporting in the Public Sector*.

## Disgrifiad o'r sefydliad

Mae gan BIPHDd ystad sy'n ymestyn dros 50 hectar ac sy'n cynnwys 32 o adeiladau rhydd-ddaliad, gan roi cyfanswm o tua 189,977 $m^2$. Mae hyn yn cynnwys pedwar ysbyty acíwt, saith ysbyty cymunedol, ynghyd â chyfleusterau gweinyddu, canolfannau iechyd a chlinigau, a chyfleusterau iechyd meddwl a lletya.

## Llywodraethu'r Broses Rheoli Amgylcheddol

Darperir sicrwydd y Bwrdd o ran perfformiad amgylcheddol a chynaliadwyedd trwy'r Pwyllgor Cynllunio Busnes a Sicrhau Perfformiad, gyda'r gwaith yn cael ei gydlynu gan yr is-bwyllgor Ystadau, Cyfalaf. Gweithredir yn unol â'r safon rheoli amgylcheddol 'ISO 14001'. Mae system fonitro ar waith i gasglu'r data sy'n ofynnol ar gyfer adrodd ar gynaliadwyedd. Archwilir y system hon gan Wasanaethau Archwilio a Sicrwydd Partneriaeth Gwasanaethau a Rennir GIG Cymru, ac yn achlysurol yn rhan o archwiliadau ISO 14001.

## Crynodeb o Berfformiad

Cyflawnwyd gwelliannau sylweddol yn ystod y ddwy flynedd ddiwethaf, a hynny er gwaethaf y pwysau cynyddol yn dilyn COVID-19. Mae'r bwrdd iechyd wedi parhau i gyflawni nifer o brosiectau datgarboneiddio/effeithlonrwydd ynni a system ailgylchu gwastraff wedi'i wahanu yn y tarddle, ynghyd â pharhau i ymgorffori'r defnydd o fflyd o geir cronfa ynni effeithlon/trydan yn y sefydliad. At hynny, mae gofynion Strategaeth Datgarboneiddio GIG Cymru Gyfan wedi'u hymgorffori yn amcanion cynllunio'r sefydliad, ac mae'r camau gweithredu y mae angen eu cymryd i gyflawni nodau'r Strategaeth wedi'u llunio yng Nghynllun Gweithredu a Chynllun Cyflenwi Datgarboneiddio y sefydliad.

Mae 'Cyfanswm y Gwastraff' a gynhyrchir wedi gostwng ychydig eleni, ac mae'r gyfradd ailgylchu gyffredinol wedi cynyddu o 47% i 49% wrth i BIPHDd barhau i wella cyfleusterau ailgylchu a meithrin ymwybyddiaeth o weithdrefnau ailgylchu cywir. Mae effeithlonrwydd adnoddau wrth gaffael nwyddau a gwasanaethau, ac annog y defnydd o 'Warp It', wedi parhau i fod yn amcan allweddol.

Mae'r gwariant ar gyfleustodau wedi cynyddu'n sylweddol o ganlyniad i ddylanwadau cyfnewidiol ar y farchnad ynni sydd y tu allan i reolaeth y bwrdd iechyd. Mae'r defnydd o drydan wedi cynyddu oherwydd y cynnydd yn yr ôl troed o ganlyniad i'r theatr newydd yn Ysbyty'r Tywysog Philip, a wresogir gan drydan, a thanberfformiad yr unedau Gwres a Phŵer Cyfunedig (CHP) yn Ysbyty'r Tywysog Philip ac Ysbyty Llwynhelyg. Mae tanberfformiad yr unedau CHP hefyd wedi arwain at ostyngiad yn y defnydd o nwy. Mae'r defnydd o olew wedi gostwng ychydig oherwydd y gaeaf

mwyn ac, yn ôl y disgwyl, cafwyd gwell perfformiad gan y boeler biomas yng Nglangwili ar ôl ailosod rhannau.

Yn gyffredinol, mae cyfanswm yr allyriadau wedi gostwng ychydig, a hynny'n bennaf oherwydd y gostyngiad yn y defnydd o nwy a'r gostyngiad yn y ffactor allyriadau a ddefnyddir i gyfrifo allyriadau trydan o'r grid. Mae milltiredd busnes a chostau cysylltiedig wedi cynyddu oddi ar y llynedd, a hynny o ganlyniad i arferion gweithio yn dychwelyd i 'normalrwydd' yn dilyn COVID, a'r cynllun ceir cronfa yn cynyddu oddi ar y flwyddyn flaenorol. Bellach, dim ond cerbydau hybrid y mae'r bwrdd iechyd yn eu caffael at ddefnydd y fflyd, a phan fydd y seilwaith cerbydau trydan ar waith, bydd y bwrdd iechyd yn trosglwyddo i fflyd o ddim ond Cerbydau Trydan.

Mae'n werth nodi y defnyddiwyd y ffactor allyriadau 'cyfartalog anhysbys' o ganllawiau DEFRA, 'Allyriadau Nwyon Tŷ Gwydr ar gyfer Adroddiadau Cwmnïau', i gyfrifo'r allyriadau carbon wrth goladu allyriadau milltiredd busnes.

Mae swm y trydan adnewyddadwy a gynhyrchwyd eleni wedi cynyddu wrth i ragor o gynlluniau solar gael eu cwblhau a dechrau cynhyrchu.

Mae costau dŵr wedi cynyddu eleni yn unol â chwyddiant; mae'r defnydd wedi cynyddu hefyd, a'r prif reswm yw'r cynnydd yn yr ôl troed o ganlyniad i'r theatr newydd yn Ysbyty'r Tywysog Philip.

Mae BIPHDd yn defnyddio cwmni i reoli a monitro'r dŵr a ddefnyddir yn y bwrdd iechyd. Erbyn diwedd mis Mawrth 2023, roedd y Bwrdd Iechyd wedi arbed tua £72 mil (osgoi costau), 37,260 $m^3$, a 5.6t$CO_2$e.

Mae'r Tîm Amgylcheddol wedi parhau i gynnal y System Rheoli Amgylcheddol yn unol â safon Amgylcheddol ISO 14001, a hynny heb unrhyw fân achosion nac achosion mawr o beidio â chydymffurfio.

Mae'r Bwrdd Iechyd yn bwrw ymlaen â nifer o fentrau cynaliadwyedd eraill yn 2023-24, gan gynnwys amrywiol gynlluniau cyfalaf, canolbwyntio ar y defnydd o fannau gwyrdd, gwella ymwybyddiaeth o garbon, a chyflawni gofynion y Cynllun Cyflenwi Datgarboneiddio, lle bo'r cyllid ar gael.

Daw'r data a ddefnyddir i ddarparu'r wybodaeth yn yr adroddiad hwn o ddata wedi'u dilysu a'u cynnwys mewn anfonebau, ac sy'n cael eu cofnodi a'u monitro trwy systemau rheoli mewnol.

### Allyriadau Nwyon Tŷ Gwydr

Mae'r defnydd o nwy wedi gostwng o ganlyniad i danberfformiad yr unedau Gwres a Phŵer Cyfunedig, sydd, ochr yn ochr â'r theatr newydd yn Ysbyty'r Tywysog Philip yn dod yn weithredol, wedi cynyddu'r defnydd o drydan o'r grid. Mae'r defnydd o olew wedi gostwng ychydig, a hynny oherwydd gaeaf mwyn a gwell perfformiad gan y boeler biomas yng Nglangwili.

Mae swm y nwy petrolewm hylifol (LPG) a ddefnyddiwyd eleni yn debyg i flynyddoedd blaenorol gan na ychwanegwyd unrhyw ffynonellau tanwydd LPG eraill at y portffolio asedau. Cynyddodd swm y trydan adnewyddadwy a gynhyrchwyd eleni wrth i ragor o gynlluniau solar gael eu gosod a dechrau cynhyrchu trydan. Disgwylir i swm y trydan adnewyddadwy a gynhyrchir gynyddu ymhellach y flwyddyn nesaf yn dilyn pweru fferm solar gyntaf y bwrdd iechyd yn Hafan Derwen yn ddiweddar a gosod pyrth ceir solar yn Ysbyty De Sir Benfro, a hefyd o ganlyniad i gynlluniau

cynhyrchu ynni eraill a osodwyd ar doeon ac sydd wedi dechrau cynhyrchu trydan yn ddiweddar. Yn 2023-24, ac yn dibynnu ar y cyllid, mae BIPHDd yn bwriadu gosod cynllun cynhyrchu ynni arall, a hynny ar y to yn 79 Bro Myrddin.

Mae'r milltiredd busnes wedi cynyddu eleni o tua 4.7 miliwn milltir y flwyddyn yn 2021-22 i oddeutu 6 miliwn milltir y flwyddyn yn 2022-23. Mae cynnydd yn nifer y cerbydau fflyd sy'n defnyddio tanwydd yn effeithlon wedi golygu bod llai o deithiau'n cael eu gwneud mewn cerbydau sy'n eiddo i'r staff, ond mae'r cynnydd yn bennaf yn ganlyniad i ddychwelyd i 'fusnes fel arfer' yn dilyn COVID.

Mae pwyntiau gwefru trydan ar gyfer staff a'r cyhoedd, fel ei gilydd, yn dal i fod ar agenda'r Uned Drafnidiaeth Ganolog, ond cyfyngedig fu'r cynnydd a wnaed y llynedd gan mai Adran Gaffael Partneriaeth Cydwasanaethau GIG Cymru sy'n gyfrifol am y tendr ar gyfer y seilwaith gwefru cerbydau trydan. Bydd yr Uned yn parhau i ymgysylltu â'r Bartneriaeth mewn perthynas â phroses dendro seilwaith gwefru cerbydau trydan Cymru gyfan, gan anelu at gael 40 o unedau gwefru EV wedi'u gosod erbyn diwedd 2023-24, yn dibynnu ar y cyllid. Mae'r Uned Drafnidiaeth yn anelu at sicrhau bod o leiaf 20% o gerbydau fflyd y bwrdd iechyd yn gerbydau trydan erbyn diwedd 2023-24, a bydd yn parhau i hyrwyddo'r defnydd o gynllun ceir ar brydles y bwrdd iechyd ymhlith grwpiau staff ac yn annog y newid i gerbydau trydan. Ym mis Ebrill 2023, roedd y cynllun yn cynnwys cyfanswm o 184 o gerbydau trydan, gyda tharged i gynyddu'r nifer hwn i 250 erbyn mis Mawrth 2024.

Mae allyriadau cwmpas 1 (Nwy ac Olew) wedi gostwng eleni, a hynny'n bennaf oherwydd y gostyngiad yn swm y nwy a ddefnyddiwyd o ganlyniad i danberfformiad yr unedau Gwres a Phŵer Cyfunedig. Mae allyriadau cwmpas 2 (Trydan) wedi cynyddu fymryn o ganlyniad i gynnydd yn y defnydd o drydan o'r grid, ond nid yw hyn yn arwyddocaol oherwydd y gostyngiad o flwyddyn o flwyddyn o ran y ffactor allyriadau a ddefnyddir ar gyfer trydan o'r grid wrth i'r grid ddatgarboneiddio. Mae allyriadau cwmpas 3 (Milltiredd busnes) hefyd wedi cynyddu eleni o ganlyniad i gynnydd yn y milltiredd busnes wrth i'r bwrdd iechyd ddychwelyd i 'fusnes fel arfer' yn dilyn pandemig COVID. Fodd bynnag, mae'r allyriadau $CO_2$ cyffredinol wedi gostwng 4% oddi ar y llynedd.

Mae costau cyffredinol y cyfleustodau wedi cynyddu tua 44% oddi ar y flwyddyn flaenorol, a hynny o ganlyniad i ddylanwadau cyfnewidiol ar y farchnad ynni sydd y tu allan i reolaeth y bwrdd iechyd.

Defnyddiwyd y ffactor allyriadau cyfartalog anhysbys o ganllawiau DEFRA, 'Allyriadau Nwyon Tŷ Gwydr ar gyfer Adroddiadau Cwmnïau', i gyfrifo'r allyriadau carbon o ganlyniad i filltiroedd busnes.

| Allyriadau Nwyon Tŷ Gwydr | | 2020-21 | 2021-22 | 2022-23 |
|---|---|---|---|---|
| Dangosyddion Anariannol (1000 $tCO_2e$) † | Cyfanswm yr Allyriadau Gros | 20.51 | 18.68 | 17.92 |
| | Allyriadau Gros Cwmpas 1 o Nwy ac Olew | 14.98 | 13.36 | 11.91 |
| | Allyriadau Gros Cwmpas 2 a 3 o drydan a milltiredd busnes | 5.53 | 5.32 | 6.01** |

| | | | | |
|---|---|---|---|---|
| Y Defnydd o Ynni Perthynol (miliwn kW awr) | Trydan: Anadnewyddadwy | 18.00 | 18.68 | 22.23* |
| | Trydan: Adnewyddadwy | 0.09 | 0.30 | 0.42* |
| | Nwy | 58.80 | 55.57 | 49.54* |
| | LPG | 0.419 | 0.426 | 0.410* |
| | Olew | 15.88 | 16.75 | 16.01* |
| | Biomas | 3.44 | 3.88 | 3.86* |
| Dangosyddion Ariannol | Gwariant ar Ynni | £6,136,925 | £8,003,438 | £14,315,499* |
| | Gwariant ar deithiau busnes swyddogol | £2,074,854 | £2,071,862 | £2,806,784 |

*Ile nad oes data gwirioneddol ar gael, defnyddiwyd data amcangyfrifedig yn seiliedig ar ddarlleniadau mesuryddion ar ddiwedd y flwyddyn

** Oherwydd problemau technegol gyda'r feddalwedd sy'n coladu allyriadau milltiredd busnes, defnyddiwyd y ffactor allyriadau cyfartalog anhysbys o ganllawiau DEFRA, 'Allyriadau Nwyon Tŷ Gwydr ar gyfer Adroddiadau Cwmnïau', i gyfrifo'r allyriadau carbon ar gyfer 2022.

### Rheoli Gwastraff

Yn 2021-22, datblygodd y bwrdd iechyd strategaeth gwastraff i leihau cyfanswm y gwastraff, cynyddu'r swm a ailgylchir, ac ailgyfeirio gwastraff o safleoedd tirlenwi, yn unol â thargedau'r Llywodraeth erbyn 2030. Defnyddiwyd y flwyddyn sylfaen 2018-19 i adlewyrchu blwyddyn 'arferol' cyn COVID-19. Oddi ar y flwyddyn sylfaen, rydym wedi cynyddu swm yr ailgylchu o 45.1% i 49.3% (pro rata yn 2022-23). Mae hyn ar y trywydd iawn o ran targed ein strategaeth gwastraff i ailgylchu 49% o'r gwastraff erbyn 2022-23 ac yn gynnydd o 1.9% yn y gyfradd ailgylchu gyffredinol o gymharu â'r flwyddyn flaenorol.

Yn 2022-23, cyflwynodd y bwrdd iechyd system ailgylchu wedi'i wahanu yn y tarddle ar safleoedd Canolfannau Cymunedol ac Iechyd. Yn ystod y ddwy flynedd nesaf, byddwn yn parhau i gyflwyno'r system hon ar y safle yng Nglangwili, sy'n dal i weithredu system ailgylchu cymysg ar hyn o bryd; yn ogystal â dargyfeirio Cynhyrchion Hylendid Amsugnol o'r ffrwd gwastraff bagiau teigr, sydd ar hyn o bryd yn mynd i safleoedd tirlenwi, i'r ffrwd gwastraff ailgylchu. Disgwyliwn i'r mesurau hyn gynyddu'r cyfraddau ailgylchu.

Mae cyfanswm y gwastraff a ailgylchir bellach oddeutu 788 tunnell fetrig. Bu i ni lwyddo i ailgyfeirio mwy o wastraff o safleoedd tirlenwi nag yn 2020-21, gyda thua 8% o'r gwastraff yn mynd i safleoedd tirlenwi yn 2022-23 a 43% yn cael ei anfon i'w adfer. Mae hyn wedi rhagori ar darged ein strategaeth gwastraff i adfer 25% o'r gwastraff sy'n cael ei anfon i safleoedd tirlenwi erbyn 2022-23. Mae'r gwelliannau hyn wedi lleihau'r allyriadau a gynhyrchir gan wastraff tua 77% oddi ar y flwyddyn sylfaen, a hynny am fod y ffactor allyriadau a ddefnyddir ar gyfer gwastraff a anfonir i greu ynni yn llawer llai na'r ffactor allyriadau a ddefnyddir ar gyfer gwastraff a anfonir i safleoedd tirlenwi. Bu yna ostyngiad bach yn y gwastraff cyffredinol a gynhyrchwyd o gymharu â'r flwyddyn flaenorol. Nid yw hyn wedi bodloni'r Dangosyddion Perfformiad Allweddol yn Strategaeth Gwastraff y bwrdd iechyd i leihau cyfanswm y gwastraff 1.5% fesul 10,000 o gleifion y flwyddyn. Y

targed ar gyfer y Dangosydd Perfformiad Allweddol hwn yn 2022-23 oedd 25.9. Cyflawnodd y bwrdd iechyd 32.4 yn 2022-23. Mae hyn yn debygol o fod yn ganlyniad i gynnydd yn ôl troed y bwrdd iechyd wrth i safleoedd newydd ddod yn weithredol.

Mae costau gwastraff wedi cynyddu eleni o gymharu â'r flwyddyn flaenorol, a hynny'n bennaf oherwydd y cynnydd yn yr ardrethi a'r costau tirlenwi mewn perthynas â gwastraff.

| | Gwastraff | 2020-21 | 2021-22 | 2022-23 |
|---|---|---|---|---|
| **Dangosyddion Anariannol (tunelli metrig)** | Cyfanswm y Gwastraff | 2463 | 2695 | 2674 |
| | Tirlenwi (Bagiau Du) | 718 | 313 | 123 |
| | Adfer Ynni (Bagiau Du) | 62 | 549 | 687 |
| | Wedi'i ailddefnyddio/ailgylchu | 407 | 482 | 476 |
| | Wedi'i gompostio* | 306 | 295 | 311 |
| | Tirlenwi (Bagiau Hylendid) | 217 | 333 | 338 |
| | Triniaeth Amgen (Clinigol) | 638 | 593 | 597 |
| | Wedi'i losgi gan adfer ynni** | 114 | 130 | 141 |
| | Wedi'i losgi heb adfer ynni | 0 | 0 | 0 |
| **Dangosyddion Ariannol** | Cyfanswm y Gost Gwaredu | £678,874 | £756,192 | £871,126 |
| | Tirlenwi/Adfer Ynni (Bagiau Du) | £165,511 | £189,807 | £191,393 |
| | Wedi'i ailddefnyddio/ailgylchu | £80,635 | £110,969 | £39,856 |
| | Wedi'i gompostio* | £36,498 | £36,166 | £35,120 |
| | Tirlenwi (Bagiau Hylendid) | £83,911 | £111,878 | £121,679 |
| | Triniaeth Amgen (Clinigol) | £241,806 | £226,960 | £277,223 |
| | Wedi'i losgi gan adfer ynni** | £70,513 | £80,412 | £100,854 |
| | Wedi'i losgi heb adfer ynni | £0 | £0 | £0 |

*yn cynnwys Treulio Anaerobig

**yn darparu stêm i gyfleuster cyfagos

## Y defnydd o adnoddau

Rydym wedi gweld cynnydd yng nghyfaint y dŵr a ddefnyddir, a hynny o gyfanswm o 303,702 $m^3$ yn costio £763,293 yn 2021-22 i tua 306,755 $m^3$ yn costio £808,031 yn 2022-23. Gellir priodoli'r cynnydd hwn yn y defnydd i'r theatr dydd yn Ysbyty'r Tywysog Philip yn dod yn weithredol. Mae BIPHDd yn partneru â chwmni i reoli a monitro'r defnydd o ddŵr yn y bwrdd iechyd. Amcangyfrifir

bod 37,260 $m^3$ o ddŵr wedi'i arbed yn 2022-23, a bod arbedion ariannol o £72 mil (osgoi costau) wedi'u gwneud. Mae'r arbediad yn y defnydd o ddŵr wedi arbed 5.6 $tCO_2e$.

| Y Defnydd o Adnoddau y mae Pen Draw iddynt | | | 2020-21 | 2021-22 | 2022-23 |
|---|---|---|---|---|---|
| **Dangosyddion Anariannol ($m^3$)** | Defnydd o Ddŵr (Swyddfa)* | Wedi'i gyflenwi | 269,931 | 277,217 | 280,737* |
| | | Wedi'i dynnu | 0 | 0 | 0 |
| | | Fesul FTE** | 28.59 | 28.68 | 27.76*** |
| | Defnydd o Ddŵr (Heblaw swyddfa)*** | Wedi'i gyflenwi | 26,592 | 26,485 | 26.018** |
| | | Wedi'i dynnu | 0 | 0 | 0 |
| **Dangosyddion Ariannol** | Costau Cyflenwi Dŵr (Swyddfa)* | | £326,841 | £332,610 | £352,452* |
| | *Costau Carthffosiaeth (Swyddfa)** | | *£351,333* | *£376,809* | *£401,255** |
| | Costau Cyflenwi Dŵr (Heblaw swyddfa)*** | | £24,255 | £24,157 | £23,731** |
| | Carthffosiaeth (Heblaw swyddfa)*** | | £30,306 | £29,718 | £30,594** |

*Yr ystad gyfan ac eithrio'r golchdy yng Nglangwili; lle nad oedd data gwirioneddol ar gael, defnyddiwyd data amcangyfrifedig yn seiliedig ar ddarlleniadau mesuryddion ar ddiwedd y flwyddyn.
** Y prif olchdy yng Nglangwili
*** Staff FTE ar 31 Mawrth 2023.

Ym mis Gorffennaf 2018 ymrwymodd y Bwrdd Iechyd i ddefnyddio Warp It, sef llwyfan ar-lein ar gyfer ailddefnyddio dodrefn a chyfarpar. Hyd yma, oddi ar i'r cynllun ddechrau ym mis Mawrth 2019, mae 1,412 o staff wedi ymrwymo i ailddefnyddio eitemau nad oes eu hangen mwyach, gan osgoi gwaredu bron 42 tunnell fetrig o wastraff, atal 165 tunnell o allyriadau $CO_2$, ac arbed tua £444 mil.

### Systemau Rheoli Amgylcheddol – Gweithredu

Mae'r Tîm Amgylcheddol wedi parhau i gynnal y System Rheoli Amgylcheddol yn unol â safon ISO 14001, gan gynnwys llunio Amcanion a Thargedau blynyddol a chyflwyno Adolygiad Rheoli o'r perfformiad trwy bwyllgor ffurfiol. Cafodd y bwrdd iechyd ei ymweliad arolygu ym mis Rhagfyr 2022, a llwyddodd i gynnal yr achrediad heb i unrhyw achosion bach na mawr o anghydffurfedd gael eu nodi.

# Mentrau Cynaliadwyedd Eraill

## Mentrau Datgarboneiddio/Effeithlonrwydd Ynni

Cafodd Cynllun Cyflenwi Datgarboneiddio y bwrdd iechyd e gyflwyno i'r Pwyllgor Adnoddau Cynaliadwy ym mis Medi 2022 a'i gymeradwyo ganddo. Mae'r holl gyfleoedd a nodwyd yn y Cynllun Gweithredu yn cael eu hystyried gan y Grŵp Gorchwyl a Gorffen.

Ar hyn o bryd, mae'r tîm Ystadau'n ymchwilio i'r canlynol:

- Y cyfle i gyflwyno Contract Perfformiad Ynni arall trwy lwybr Fframwaith Re:Fit Cymru. Bydd y Contract Perfformiad Ynni cyfredol gyda Centrica yn dod i ben ar 31 Mawrth 2024. Sefydlwyd gweithgor newydd i ddatblygu a symud ymlaen â Chontract Perfformiad Ynni newydd, gan ddechrau gydag ymarfer 'tendr meddal' yn chwarter pedwar 2022-23 i sefydlu diddordeb gan ddarparwyr y fframwaith i weithio gyda'r bwrdd iechyd i ddatblygu a gweithredu camau gwaith.
- Prosiect Gwresogi Ardal Carbon Isel ar gyfer y sector cyhoeddus yn Aberystwyth, a hynny mewn cydweithrediad â Phrifysgol Aberystwyth a Chyngor Sir Ceredigion.
- Prosiectau Ffermydd Solar i wasanaethu Ysbyty'r Tywysog Philip (trwy wifren breifat), gan archwilio cyfleoedd mewn dau safle acíwt arall (Glangwili, Llwynhelyg) ac un safle cymunedol (Canolfan Gofal Integredig Aberteifi).
- Cyfleoedd i drin gwastraff clinigol ar y safle, a datblygu cynllun peilot i ailgyfeirio gwastraff cewynnau o safleoedd tirlenwi i'w hailgylchu.
- Newid y prif foeler yn Ysbyty Glangwili o Olew i LPG.
- Gosod paneli solar ar y to yn 79 Bro Myrddin.

Yn ystod y flwyddyn, mae'r adran Ystadau wedi gwneud y canlynol:

- Datblygu fferm solar 0.45 MW ar ein safle yn Hafan Derwen, a gwblhawyd ym mis Mawrth 2023. Yn ddiweddar, enillodd y bwrdd iechyd wobr Cynhadledd y Sefydliad Peirianneg Gofal Iechyd a Rheoli Ystadau (IHEEM) a Chynhadledd Partneriaeth Cydwasanaethau Cymru yn y categori cyflawniad Cynaliadwyedd ar gyfer y prosiect hwn;
- Prosiectau grant Gwres Carbon Isel (cynllun yn unig) ar dri safle, sef Bryn-mair, Wellfield a Chlinig Elizabeth Williams;
- Cyflwyno paneli ffotofoltäig solar, gan gyflawni dau gynllun pellach yng Nghlinig Bryn-mair ac Ysbyty De Sir Benfro erbyn mis Gorffennaf 2023;
- Uwchraddio systemau Rheoli Ynni Adeiladau yn Ysbyty Bronglais ac mewn safleoedd cymunedol trwy gyllid Llywodraeth Cymru;
- Buddion allweddol yr holl gynlluniau hyn yw gostyngiad yn yr allyriadau carbon, gwell cydnerthedd ar y safleoedd, ac arbedion refeniw.

## Ymwybyddiaeth o Garbon

Mae'r Grŵp Gorchwyl a Gorffen Datgarboneiddio yn parhau i ddatblygu amrywiaeth o fentrau'n ymwneud ag ymwybyddiaeth o garbon, gan gynnwys y canlynol:

- Cynhyrchu fideo 'Ymwybyddiaeth o Gynaliadwyedd'; bydd hwn yn rhan o'r pecyn cynefino staff ac yn cael ei hyrwyddo yn y sefydliad;

- Lansiwyd yr ‘Hwb Cynaliadwyedd’, sydd bellach yn fyw ac yn parhau i gael ei ddatblygu. Mae yna gynllun Cyfathrebu ar waith i gynyddu nifer defnyddwyr y safle a chyfeirio at adnoddau;
- Cystadleuaeth y Timau Gwyrdd – cafodd chwe phrosiect eu cyflwyno ac maent wrthi'n cael eu cyflawni; yn deillio o hyn, bydd Cynhadledd a Gwobrau Cynaliadwyedd Cenedlaethol Cymru yn cael eu sefydlu, a fydd yn cynnwys partneriaid megis LIC a rhwydwaith Iechyd Gwyrdd Cymru. Bydd y ffocws ar ‘ganiatâd i weithredu’ a grymuso staff i wneud gwaith gwella ansawdd cynaliadwy, a fydd wedi’i fapio'n unol â'r Saith Nod Llesiant a'r Pum Ffordd o Weithio;
- Mae modiwl e-ddysgu ar ‘ymwybyddiaeth o'r hinsawdd’ sy'n canolbwyntio ar GIG Cymru bellach ar gael trwy'r ESR. Pan fydd y fideo ‘Ymwybyddiaeth o Gynaliadwyedd’ yn barod, bydd yn cael ei gynnwys yn y modiwl, a fydd ar gael yn benodol i staff BIPHDd. Mae Dangosyddion Perfformiad Allweddol cenedlaethol yn cael eu datblygu i nodi ymgysylltiad a mesur canlyniadau;
- Mae mentrau megis ‘Caffis Hinsawdd’ chwarterol, ymarfer pennu hyd a lled Iechyd Gwyrdd, a phroses o gydgysylltu adnoddau eraill i gyd ar y gweill.

### Mannau Gwyrdd

Mae grwpiau Iechyd Gwyrdd y bwrdd iechyd yn parhau i gydweithio i ddatblygu a gwella mannau gwyrdd ar safleoedd y bwrdd iechyd. Ymhlith yr enghreifftiau y mae nodi ardal o ordyfiant yn agos at y Llyfrgell yn Ysbyty Bronglais i osod Campfa Werdd ac ardal i eistedd, cyfleoedd i ysgolion lleol ger Ysbyty'r Tywysog Philip fynd i'r safle i helpu gyda'r gwaith ar yr ardaloedd gwyrdd o amgylch y safle, a gwaith gydag elusennau lleol i wella'r Ardal Gron o flaen Ysbyty Llwynhelyg a datblygu Gardd Bywyd Gwyllt y tu ôl i'r safle hofrenyddion, a hynny at ddefnydd staff, cleifion ac ymwelwyr ag Ysbyty Llwynhelyg.

Mewn cydweithrediad â Chyngor Sir Benfro, mae man gwyrdd yn cael ei ddatblygu yn Ysbyty De Sir Benfro at ddefnydd cleifion, ymwelwyr a staff, ac mae’r man gwyrdd a ddatblygwyd yn rhan o gynllun fferm solar Hafan Derwen bellach yn agored i staff a chleifion ei fwynhau, ac yn cynnwys ardal i eistedd, coed a bylbiau wedi'u plannu, a mesurau i annog bioamrywiaeth, gan gynnwys adar, ystlumod a phryfed.

# Casgliad ac edrych i'r dyfodol

# Casgliad ac edrych i’r dyfodol

Ar ôl tair blynedd o ymateb i'r pandemig mwyaf arwyddocaol mewn canrif, mae'r GIG yn parhau i amlygu cydnerthedd a hyblygrwydd go arbennig. Mae ein staff wedi bod ar flaen y gad yn hyn o beth, gan ymddwyn mewn modd proffesiynol a thosturiol yn wyneb sefyllfaoedd emosiynol drallodus a risgiau gwirioneddol iddynt hwy eu hunain.

Rydym wedi wynebu pob sefyllfa gyda'n gilydd wrth i bob cam o'r pandemig ddod â heriau newydd a digwyddiadau digynsail yn ei sgil. Nid yw’r pandemig drosodd, ond mae llwyddiant ein rhaglen frechu yn cynnig gobaith, ac mae’r profiad wedi dangos i ni yr hyn y gallwn ei gyflawni gyda’n gilydd.

Mae'r cynllun hwn yn cydnabod bod cryfder y bwrdd iechyd yn ei bobl, y rheiny sy'n gweithio yn y system iechyd a gofal, a'r cymunedau a wasanaethwn, fel ei gilydd. Mae'n cydnabod yr effaith y mae'r pandemig wedi'i chael ar unigolion, timau, teuluoedd, a chymdeithas. O ganlyniad, mae ein blaenoriaethau a'n gweithredoedd yn rhoi pobl wrth wraidd popeth, gan gydnabod y bydd y llwybr allan o'r pandemig a thuag at ein gweledigaeth strategol yn dod oddi wrth ein pobl, fel y gwnaeth trwy gyfnod COVID-19.

Mae ein strategaeth yn uchelgeisiol ac yn bellgyrhaeddol, ac mae'n ceisio sicrhau bod gan Ganolbarth a Gorllewin Cymru system iechyd a gofal a fydd yn gwasanaethu'r boblogaeth am ddegawdau i ddod. Mae'n cynnig cyfle unwaith mewn oes i ailosod y system a sefydlu model cynaliadwy, ansawdd uchel ar gyfer cenedlaethau'r dyfodol.

Yn hyn o beth, rydym yn gweld ein cyfraniad posibl i Ganolbarth a Gorllewin Cymru yn yr ystyr ehangaf; nid yn unig o ran darparu gofal iechyd uniongyrchol, mor bwysig ag yw hynny, ond hefyd o ran yr effaith y gallwn ei chael o fod y cyflogwr mwyaf ac yn gyfrannwr sylweddol i'r economi. Er enghraifft, gallwn chwarae rôl allweddol o ran cefnogi ein poblogaeth i ddatblygu gyrfaoedd gwerth chweil, o ran rhoi cymorth i'n busnesau lleol a'r broses o adfywio trefi, ac o ran darparu arweinyddiaeth i ailosod ein cymdeithas wrth i ni geisio mynd i'r afael â heriau cymdeithasol megis datgarboneiddio.

O ganlyniad, mae'r cynllun hwn yn adlewyrchu hyd a lled yr uchelgais hwnnw. Yn ystod y flwyddyn nesaf, yn ogystal â'r blynyddoedd dilynol, bwriadwn gymryd camau arwyddocaol tuag at y weledigaeth hon, gan barhau hefyd i ymateb i'n hadferiad yn dilyn COVID.

Er mwyn cyflawni ein gweledigaeth (Canolbarth a Gorllewin Cymru lachach), bydd yn ofynnol i'r sefydliad feddu ar ffocws clir (ein nodau strategol), trywydd tuag at y weledigaeth strategol (yr amcanion cynllunio), ffordd i fesur cynnydd (y mesurau blaenoriaeth ar gyfer 2023-24 a mesurau'r canlyniadau strategol), a dulliau cadarn o oruchwylio a rheoli risgiau (Fframwaith Sicrwydd y Bwrdd a strwythur ein pwyllgorau). Felly, mae'r elfennau allweddol 'nawr ar waith, ac mae ein ffocws yn symud at gyflawni'r modelau newydd.

Rydym o'r farn nad ydym, ar hyn o bryd, mewn sefyllfa i gyflwyno Cynllun Tymor Canolig Integredig ffurfiol i Lywodraeth Cymru, a hynny'n bennaf am fod rhagor o gynnydd yn ofynnol mewn perthynas â'n diffyg ariannol cyn y gellir ei gymeradwyo. Mae ein diffyg ariannol ar gyfer y flwyddyn ariannol i ddod yn cynrychioli’r heriau sylweddol a wynebir gan y bwrdd iechyd: fe'i

hysgogwyd yn rhannol gan ein trefniadaeth a'r heriau o ran darparu gwasanaethau ledled ein hardal; gan yr heriau o ran sicrhau llif ledled y system iechyd a gofal, gyda'r galw dilynol i ddefnyddio staff asiantaeth cost uchel; a chan yr amgylchedd chwyddiannol eithriadol yr ydym yn gweithredu ynddo ar hyn o bryd.

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

**Yn ystod 2023-24 byddwn yn:**

- Parhau i fod yn barod ar gyfer COVID-19 ac unrhyw amrywiolion ac ymchwyddiadau dilynol o ran heintiau, fel y gallwn fod yn hyblyg i fodloni unrhyw newidiadau i'r galw yn ein system.
- Canolbwyntio ar adfer ein gweithgarwch gofal wedi'i gynllunio a chefnogi cleifion tra eu bod yn aros – bydd hyn yn cynnwys cynyddu capasiti, megis cynyddu nifer y sesiynau theatr yn yr Uned Llawdriniaethau Dydd newydd yn Ysbyty'r Tywysog Philip, ond bydd hefyd yn golygu cynyddu effeithlonrwydd ein system a'n gwaith ar lefel ranbarthol.
- Cefnogi ein gweithlu a datblygu rhagor ar ein trywydd tuag at gynaliadwyedd y gweithlu, gan gynnwys ein hymgyrch recriwtio dramor, ein prentisiaethau, a'r cynllun i sefydlogi'r gweithlu.
- Parhau i ailgynllunio ein system gofal brys a gofal mewn argyfwng yn unol â chwe nod y polisi cenedlaethol.
- Atgyfnerthu ein perthynas â'n byrddau iechyd cyfagos ymhellach trwy fentrau rhanbarthol megis Cydweithrediad Rhanbarthol ar gyfer Iechyd (ARCH) a Chyd-bwyllgor Canolbarth Cymru ar gyfer Iechyd a Gofal.
- Sicrhau arbedion sy'n deillio o'n fframwaith cyfleoedd, a gweithio gyda Llywodraeth Cymru ar ein trywydd tuag at sefydlogrwydd ariannol.
- Parhau i weithio ar ein strategaeth 'Canolbarth a Gorllewin Cymru Iachach', a hynny gyda phwyslais yn y flwyddyn i ddod ar ein Hachos Amlinellol Strategol ac yna ar Achosion Busnes Amlinellol.
- Adeiladu ar waith ein saith clwstwr meddygon teulu, a hynny gyda phwyslais penodol ar ein Cynllun Clwstwr Cyflym, a thrwy ein proses Cynllunio Lleol Integredig.
- Cyflymu ein gwaith yn y maes digidol; ym maes Gofal Iechyd Seiliedig ar Werth; ym maes ymchwil ac arloesi; ym maes yr economi sylfaenol; ac mewn meysydd rheoli ansawdd.
- Parhau i ddysgu o'n Hamcanion Cynllunio a datblygu ein dull o gynllunio.

Nid ydym yn tanbrisio'r heriau yr ydym ni, y sefydliad, yn eu hwynebu wrth i ni fynd i mewn i 2023-24, ond rydym yn barod amdanynt ac yn ystyried y cyfnod nesaf yn gyfle i ailosod y system i'n rhoi ar y trywydd iawn ar gyfer gwireddu ein gweledigaeth strategol – 'Canolbarth a Gorllewin Cymru Iachach'.

# Atodiad A: Ein Hamcanion Cynllunio ar gyfer 2022-23

| ID | Amcan Cynllunio ar gyfer 2022-23 | Arwyddair yr Amcan Cynllunio | Arweinydd Gweithredol | Pwyllgor Cyfatebol |
|---|---|---|---|---|
| 1A | Datblygu a gweithredu cynlluniau i gyflawni targedau Fframwaith Cyflenwi y GIG sy'n berthnasol i'r gweithlu yn ystod y tair blynedd nesaf (gyda 2021-22 yn flwyddyn 1). Gweler gofynion penodol 1.Ai | Targedau Fframwaith Cyflenwi y GIG | Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol | Y Pwyllgor Pobl, Datblygu Sefydliadol a Diwylliant (PODCC) |
| 1B | Gan adeiladu ar lwyddiant y ganolfan reoli, datblygu model cynaliadwy tymor hwy i gwmpasu'r canlynol:<br>• Un man cyswllt dros y ffôn a thrwy e-bost – Hwb Hywel Dda. Bydd hwn yn ymgorffori cyfleusterau switsfwrdd a swyddogaethau presennol ar gyfer ymdrin â galwadau'n ymwneud â gwasanaethau mewn un system ymdrin â galwadau, gan gysylltu apwyntiadau cleifion, trefniadau archebu ar-lein, a derbynwyr galwadau<br>• Galwadau pob tîm arbenigol (gofal sylfaenol, cymorth cleifion, cymorth staff) i gael eu hateb a'u cyfeirio trwy'r un man cyswllt hwn<br>• Sicrhau datblygiad pellach o ran gweithrediad y gell arolygu a sefydlwyd i gefnogi'r trefniadau Profi, Olrhain a Diogelu, a hynny am gyhyd ag sy'n ofynnol<br>• Sicrhau datblygiad pellach o ran trefniadau'r gell ymateb a rheoli digwyddiadau a sefydlwyd i gefnogi ein hymateb i COVID-19, a hynny am gyhyd ag sy'n ofynnol<br>• Datblygu'r swyddogaeth SharePoint ymhellach, neu ystyried systemau tebyg eraill y mae ein partneriaid yn yr Awdurdodau Lleol yn eu defnyddio, a hynny i hwyluso'r gwaith o olrhain, archwilio ac adrodd am ymholiadau, ymatebion a chamau gweithredu.<br>• Datblygu a gweithredu cynllun i gyflwyno mynediad i bob claf at ei gofnodion a'i apwyntiadau ei hun cyn pen tair blynedd (o 2022-23 ymlaen). | Hwb Iechyd Hywel Dda – Un Man Cyswllt | Y Cyfarwyddwr Nyrsio, Ansawdd a Phrofiad y Claf | PODCC |
| 1E | Yn ystod 2022-23, cyflwyno'r prosesau a ddatblygwyd yn 2021-22 i gynnal cyswllt personol â'r holl gleifion sy'n aros am ofal dewisol ar hyn o bryd, a hynny er mwyn:<br>• Rhoi gwybod iddynt yn rheolaidd am eu hamser aros disgwyliedig cyfredol | Gofal personol i gleifion sy'n aros | Y Cyfarwyddwr Nyrsio, Ansawdd a Phrofiad y Claf | Y Pwyllgor Ansawdd, Diogelwch a |

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| | • Cynnig un man cyswllt pe byddai angen iddynt gysylltu â ni<br>• Rhoi cyngor ar opsiynau hunanreoli i gleifion wrth iddynt aros<br>• Cynnig cyngor o ran beth i'w wneud os bydd eu symptomau'n dirywio<br>• Sefydlu dull systematig o fesur niwed – gan ddwyn ynghyd y niwed a asesir yn glinigol a'r niwed a hunanasesir gan y claf, a defnyddio'r wybodaeth hon i lywio'r broses o flaenoriaethu rhestrau aros.<br>• Cynnig opsiynau amgen am driniaeth os yw hynny'n briodol<br>• Ymgorffori'r gwaith o adolygu a gwirio cydsyniad cleifion | | | Phrofiad (QSEC) |
| 1F | Yn dilyn datblygu prosesau i fynd ati gyda'n staff i gydgynllunio pob cam ac elfen o'n harlwy Adnoddau Dynol sy'n ymgorffori ein gwerthoedd. Bydd hyn yn mynd i'r afael â'r canlynol:<br>• Y modd y mae'r bwrdd iechyd yn recriwtio staff newydd ac yn darparu cyfleoedd cynefino;<br>• Yr holl bolisïau adnoddau dynol presennol<br>• Y modd y mae materion cysylltiadau â chyflogeion yn cael eu rheoli<br>• Mynediad teg at hyfforddiant a gwasanaethau llesiant staff y bwrdd iechyd.<br>Bydd y newidiadau dilynol i bolisïau, prosesau a dulliau yn cael eu hargymell i'r Bwrdd ym mis Mawrth 2023 i'w mabwysiadu | Yr arlwy adnoddau dynol (cynefino, polisïau, cysylltiadau â chyflogeion, mynediad at hyfforddiant) | Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol | PODCC |
| 1G | Erbyn mis Hydref 2022, datblygu Cynlluniau Diwylliant y Bobl ar lefel y Gyfarwyddiaeth ledled y sefydliad cyfan, a'r rheiny'n cael eu cydlynu gan y Rheolwyr Cysylltiadau Datblygu Sefydliadol. Bydd y cynlluniau hyn yn arwain at ragor o ddiwrnodau da yn y gwaith ar gyfer ein staff, ac yn ymgorffori llwybrau datblygu personol. | Cyflwyno Rheolwyr Cysylltiadau Datblygu Sefydliadol | Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol | PODCC |
| 1H | Yn dilyn datblygu a chynllunio'r Rhaglen Gwasanaeth Cwsmeriaid “Gwneud Gwahaniaeth”, gweithredu cynllun i ganolbwyntio ar ddarparu a mesur canlyniadau (yn gysylltiedig â Fframwaith Sicrwydd y Bwrdd), gyda phob aelod o staff wedi cwblhau'r rhaglen erbyn mis Medi 2024. | Y Rhaglen Gwasanaeth Cwsmeriaid | Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol | PODCC |

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| | | “Gwneud Gwahaniaeth” | | |
| 1I | Sefydlu a chynnal gwasanaeth cyswllt â theuluoedd mewn lleoliadau cleifion mewnol a chlinigol priodol o fis Ebrill 2023 ymlaen. | Cyflwyno'r Gwasanaeth Cyswllt â Theuluoedd | Y Cyfarwyddwr Nyrsio, Ansawdd a Phrofiad y Claf | PODCC |
| 2A | Datblygu cynllun penodol i'r bwrdd iechyd erbyn mis Hydref 2023 sy'n cefnogi'r broses o ddarparu gwasanaethau a gomisiynir gan BIPHDd ar gyfer Gofalwyr di-dâl mewn modd cynaliadwy, ac sy'n ymateb i'r Strategaeth Gofalwyr Rhanbarthol a chanfyddiadau'r asesiad o'r boblogaeth a'r adroddiad ar sefydlogrwydd y farchnad, ac yn dylanwadu ar y broses o weithredu Strategaeth Iechyd a Gofal Canolbarth a Gorllewin Cymru trwy gefnogi unigolion yn eu cartrefi a'u cymunedau. | Ymateb i'r Strategaeth Gofal Rhanbarthol | Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol | PODCC |
| 2B | Erbyn mis Mawrth 2023, gweithredu cyfres o gamau i wella Hywel Dda o ran bod yn sefydliad sy'n ddiwylliannol gymwys. Gall hyn gefnogi a chydnabod anghenion unigol cyflogeion, cleifion a gofalwyr. | Sefydlu Cynllun ac Amcanion Cydraddoldeb Strategol | Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol | PODCC |
| 2D | Erbyn mis Medi 2022, datblygu cynllun addysg glinigol ac anghlinigol amlddisgyblaethol (i'w weithredu o fis Hydref 2022). Bydd y cynllun yn cynnwys ehangu cwmpas a maint y Academi Prentisiaethau, a'r modd y mae'n integreiddio â gofal cymdeithasol. | Cynllun addysg glinigol | Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol | PODCC |
| 2E | O fis Ebrill 2022 ymlaen, parhau i gyflawni amcanion cynllun tair blynedd (2020-2023) yr elusen i hyrwyddo ymwybyddiaeth o elusen swyddogol y bwrdd iechyd ymhellach, ynghyd â'r cyfleoedd sydd ar gael i godi arian a'i ddefnyddio i wneud gwahaniaeth cadarnhaol i iechyd, llesiant a phrofiad cleifion, defnyddwyr y gwasanaeth a staff ledled BIPHDd. Yn rhan o hyn, cyflawni cynllun marchnata a chyfathrebu yr elusen o 1 Ebrill 2022, a chynnal adolygiad o amcanion strategol, strwythur ac adnoddau’r elusen i sicrhau effeithiolrwydd er sicrwydd i'r Bwrdd, gyda’r nod o ddatblygu strategaeth hirdymor yr elusen erbyn mis Chwefror 2023. | Darparu tystiolaeth o effaith cronfeydd elusennol | Y Cyfarwyddwr Nyrsio, Ansawdd a Phrofiad y Claf | Y Pwyllgor Cronfeydd Elusennol (CFC) |

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| 2I | Erbyn mis Chwefror 2023, datblygu arlwy Iechyd Galwedigaethol a Llesiant Seicolegol Staff integredig, ac iddo un man cyswllt, sy'n cefnogi staff i barhau yn y gwaith, yn cynnig cymorth pan fyddant yn absennol, ac yn darparu cyfleoedd amgen pan fydd iechyd yn effeithio ar allu unigolyn i barhau yn ei swydd. | Arlwy Iechyd Galwedigaethol a Llesiant Seicolegol Staff integredig | Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol | PODCC |
| 2J | Erbyn mis Mawrth 2023, cynllunio ystod gynhwysfawr o lwybrau Datblygu Arweinyddiaeth i greu carfanau o arweinwyr sy'n ofynnol i fynd i'r afael â heriau'r dyfodol. Bydd hyn yn cynnwys cynllunio tîm arwain graddedigion ar gyfer iechyd a gofal cymdeithasol. | Rhaglenni Arweinyddiaeth “Future Shot” | Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol | PODCC |
| 2K | Erbyn mis Mawrth 2023, dangos cynnydd y camau gweithredu o'r adroddiad canfod staff cyntaf o ran y modd y gallwn roi gwell cefnogaeth i staff yn y gwaith ac yn eu bywydau ehangach er mwyn cynnal iechyd a llesiant. | Gwrando, dysgu a gwyleidd-dra diwylliannol sefydliadol | Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol | PODCC |
| 2L | Erbyn mis Mehefin 2022, datblygu cynllun i sicrhau ein bod yn cadw ein staff newydd a'n staff presennol trwy wella ein hymgysylltiad â staff a lleihau trosiant. Dylai'r cynllun hwn o leiaf gyflawni cyfraddau cadw cyfartalog Cymru ar draws yr holl grwpiau staff yn y cyfnod cychwynnol, ac o leiaf gyflawni'r gorau yng Nghymru dros y cyfnod cyfan. | Cynllun strategol i ymgysylltu â staff | Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol | PODCC |
| 2M | Cynnal a datblygu'r Rhaglen Celfyddyd mewn Iechyd erbyn mis Mawrth 2023 i hyrwyddo ac annog y defnydd o'r celfyddydau yn yr amgylchedd gofal iechyd i wneud cyfraniad cadarnhaol at lesiant ein cleifion, defnyddwyr ein gwasanaethau a'n staff. | Datblygu'r Rhaglen Celfyddyd mewn Iechyd | Y Cyfarwyddwr Nyrsio, Ansawdd a Phrofiad y Claf | PODCC |
| 3A | Yn ystod y tair blynedd nesaf (gan ddechrau yn 2022-23), gweithredu system rheoli ansawdd gan ddefnyddio Gwella Gyda'n Gilydd yn gyfrwng i'w chyflawni. Bydd hyn yn cefnogi ac yn ysgogi ansawdd a pherfformiad ledled y sefydliad yn unol â'n hamcanion strategol a chanlyniadau Fframwaith Sicrwydd y Bwrdd. Bydd y system yn sefydlu dull o wella, gan gynnwys ansawdd a pherfformiad, a bydd yn glir | Gwella Gyda'n Gilydd | Y Cyfarwyddwr Cyllid | Y Pwyllgor Datblygu Strategol a Chyflawni |

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| | ynghylch disgwyliadau a threfniadau atebolrwydd gan y Bwrdd i bob tîm. Bydd hefyd yn cynnwys datblygu diwylliant o welliant parhaus a'r systemau a'r offer sy'n ofynnol i gefnogi diwylliant o'r fath. Y nod fydd ysgogi a chefnogi cyd-weithwyr ar bob lefel i anelu at ragoriaeth. | | | Gweithredol (SDODC) |
| 3C | O fis Ebrill 2022, sefydlu grŵp gweithredu i nodi camau gofynnol i ymateb i'r gofynion sy'n deillio o'r Ddeddf Ansawdd ac Ymgysylltu. Bydd y camau gweithredu penodol a roddir ar waith i gefnogi parodrwydd sefydliadol yn cael eu llywio gan y gwaith a wnaed i adolygu'r Safonau Iechyd a Gofal yn ystod 2021-2022 a chan unrhyw ganllawiau ffurfiol a ddaw i law sy'n ymwneud â'r Ddeddf. | Gofynion o ran Ansawdd ac Ymgysylltu | Y Cyfarwyddwr Nyrsio, Ansawdd a Phrofiad y Claf | QSEC |
| 3E | Erbyn mis Mawrth 2023, datblygu llwyfan dadansoddol uwch sy'n hygyrch iawn i dimau gweithredol a chorfforaethol ac a fydd yn darparu data amser real, integredig i gefnogi ein clinigwyr a'n rheolwyr i ddarparu'r ddirnadaeth, y rhagwelediad a'r oruchwyliaeth i gynorthwyo gyda'r ddarpariaeth weithredol o ddydd i ddydd, yn ogystal â chyda'r cynllunio strategol ledled y sefydliad. Ochr yn ochr â hyn, sefydlu mecanweithiau i sicrhau arloesi parhaus o ran ein dull gweithredu, a hynny trwy ddefnyddio technolegau cyfredol, arferion gorau a chyfeiriad o'r ymchwil a'r cyhoeddiadau diweddaraf (megis dysgu peirianyddol, deallusrwydd artiffisial, dadansoddi cyfresi amser, a dadansoddi clwstwr). Yn gam cychwynnol, datblygu a gweithredu model pennu lefel risg gan ddefnyddio dadansoddeg ragfynegol/clwstwr i ddarparu tystiolaeth ar gyfer dulliau newydd o reoli cyflyrau cronig i symud cydbwysedd y gofal o'r sector acíwt i leoliadau gofal sylfaenol a chymunedol. Dylai hyn fod ar waith erbyn mis Medi 2022, gyda'r holl ddata iechyd a gofal cymdeithasol (o leiaf) wedi'u cynnwys yn llawn erbyn mis Mawrth 2025. | Gwybodaeth busnes a modelu busnes | Y Cyfarwyddwr Cyllid | SRC |
| 3G | Gweithredu'r Cynllun Strategol Ymchwil ac Arloesi (2021-24) i gynyddu'r gweithgarwch ymchwil, datblygu ac arloesi, ynghyd â nifer yr ymchwilwyr ymchwil, | Ymchwil ac Arloesi | Y Cyfarwyddwr Meddygol/ | PODCC |

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| | fel bod hyn yn ddigonol i gyflawni disgwyliadau a thargedau gwella y bwrdd iechyd, Llywodraeth Cymru, ac Ymchwil Iechyd a Gofal Cymru (gweler gofyniad penodol 3.G.i). Bydd y cynllun yn cael ei roi ar waith mewn partneriaeth â phrifysgolion, cwmnïau gwyddorau bywyd, a phartneriaid yn y gwasanaethau cyhoeddus, a hynny i hyrwyddo datblygiad ymchwil, technolegau a gwasanaethau newydd sy'n gwella gofal cleifion a chanlyniadau iechyd. Bydd y portffolio yn targedu'r broses o ehangu gweithgarwch i feysydd newydd o gryfder sefydliadol, clinigol ac academaidd, gan gynnwys offthalmoleg, orthopedeg, iechyd menywod a phlant, a gofal rhywiol a sylfaenol. Bydd swyddogaeth sy'n rhychwantu peirianneg glinigol, ymchwil ac arloesi (TriTech) hefyd yn targedu cynnydd triphlyg mewn treialon technoleg. | | Dirprwy Brif Weithredwr | |
| 3H | Erbyn mis Mawrth 2023, sefydlu proses i gasglu a lledaenu'r dysgu o gyflawni'r holl Amcanion Cynllunio yn rhan o systemau llywodraethu ffurfiol y sefydliad, gan roi'r un pwys ar hyn ag a roddir ar reoli risgiau a sicrwydd. Bydd y dysgu hwn yn dod o'r sefydliad ei hun wrth iddo weithredu amcanion, a hefyd o'n poblogaeth leol o ran eu profiad o'r gwasanaethau a ddarperir o ganlyniad i gyflawni'r amcan. | Dysgu o gyflawni'r amcanion cynllunio | Y Cyfarwyddwr Llywodraethu Corfforaethol (Ysgrifennydd y Bwrdd) | SDODC |
| 3I | Gweithredu diwygiadau i'r contract yn unol â chanllawiau ac amserlenni cenedlaethol. | Diwygio'r Contract Gofal Sylfaenol | Y Cyfarwyddwr Gofal Sylfaenol, y Gymuned a Gofal Hirdymor | SDODC |
| 3J | Erbyn mis Mehefin 2022, llunio cynllun cyfathrebu cychwynnol mewn perthynas â'n strategaeth, *Canolbarth a Gorllewin Cymru Iachach,* a'n cynllun tair blynedd i adennill, adfer a datblygu gwasanaethau lleol. Bydd y cynllun hwn yn rhagweithiol ac yn ceisio meithrin ymddiriedaeth ymhlith ein staff, ein partneriaid a'r boblogaeth leol, ynghyd ag ymdeimlad o obaith ac optimistiaeth wrth i Ganolbarth a Gorllewin Cymru ddod allan o'r pandemig. Dylid dechrau rhoi'r cynllun ar waith ym mis Gorffennaf 2022 fan bellaf. | Cynllun Cyfathrebu ar gyfer Canolbarth a Gorllewin Cymru Iachach | Y Cyfarwyddwr Cyfathrebu ac Ymgysylltu | SDODC |

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| 3L | Erbyn mis Mawrth 2023, cynnal adolygiad o'r trefniadau diogelwch presennol yn y bwrdd iechyd, gan gyfeirio'n benodol at gryfhau'r meysydd canlynol:<br>• Diogelwch Ffisegol<br>• Cloeon awtomataidd<br>• Teledu Cylch Cyfyng<br>• Systemau Rheoli Mynediad<br>• Larymau Tresmaswyr<br>• Systemau Cyfathrebu<br>• Ffactorau Dynol<br>• Eiddo Personol Cleifion a Staff<br>• Rheolaeth Leol a pherchnogaeth staff<br>Ar ôl cwblhau hyn, datblygu cynllun i fynd i'r afael â materion a nodwyd i'w cymeradwyo gan y Bwrdd a'u cyflawni yn ystod 2023-24 fan bellaf. | Adolygiad o'r trefniadau diogelwch presennol | Y Cyfarwyddwr Nyrsio, Ansawdd a Phrofiad y Claf | Y Pwyllgor Iechyd a Diogelwch (HSC) |
| 3M | Erbyn mis Mawrth 2023, datblygu cynllun cyfathrebu cynhwysfawr ar gyfer y tair blynedd nesaf i esblygu ein brand, dyfnhau ein cysylltiadau â'n staff, meithrin hyder sefydliadol, a chyfathrebu mewn modd gonest, tryloyw ac effeithiol â'n cleifion a'r boblogaeth leol. Dylai hyn gynnwys ehangu'r offer a'r sianeli sydd ar gael i ni. Dechrau gweithredu o fis Ebrill 2023 yn amodol ar gymeradwyaeth y Bwrdd ym mis Mawrth 2023. | Cynllun Cyfathrebu Bwrdd Iechyd y Brifysgol | Y Cyfarwyddwr Cyfathrebu ac Ymgysylltu | SDODC |
| 3N | Yn ystod 2022-23, cynnal proses Canfod y Gymraeg a Diwylliant Cymru sy'n ceisio barn staff, cleifion, partneriaid, sefydliadau enghreifftiol a'r boblogaeth leol ynghylch ffyrdd o wneud Hywel Dda yn sefydliad sector cyhoeddus enghreifftiol ar gyfer cofleidio a dathlu'r Gymraeg a Diwylliant Cymru (o ran y modd yr ydym yn cyfathrebu, yn cynnig ein gwasanaethau, ac yn cynllunio ein hystad a'n cyfleusterau, er enghraifft). Bydd yr Adroddiad Canfod dilynol yn cael ei gyflwyno i'w gymeradwyo gan y Bwrdd yn Ch4 2022-23 ac, yng ngoleuni hyn, bydd Cynllun y Gymraeg a Diwylliant Cymru cynhwysfawr ac uchelgeisiol yn cael ei gyflwyno i'w gymeradwyo gan y Bwrdd ym mis Mawrth 2023, a fydd yn cael ei roi ar waith ym mis Ebrill 2023 | Y Gymraeg | Y Cyfarwyddwr Cyfathrebu ac Ymgysylltu | PODCC |

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| | fan bellaf. Dylai unrhyw elfennau y gellir eu gweithredu yn ystod 2022-23 gael eu rhoi ar waith, yn amodol ar gymeradwyaeth briodol. | | | |
| 4A | Datblygu a gweithredu cynlluniau i gyflawni targedau Fframwaith Cyflenwi y GIG sy'n berthnasol i iechyd y cyhoedd cyn pen y tair blynedd nesaf (gyda 2022-23 yn flwyddyn 1), a hynny mewn modd cynaliadwy (gweler gofynion penodol 4.A.i). | Targedau Cyflawni Iechyd y Cyhoedd | Cyfarwyddwr Iechyd y Cyhoedd | SDODC |
| 4B | Erbyn mis Mawrth 2024, datblygu a gweithredu cynlluniau i gyflawni targedau perfformiad sy'n berthnasol i iechyd y cyhoedd ac a flaenoriaethwyd yn lleol, a hynny cyn pen y tair blynedd nesaf ac mewn modd cynaliadwy. | Targedau Perfformiad Lleol Iechyd y Cyhoedd | Cyfarwyddwr Iechyd y Cyhoedd | SDODC |
| 4C | Cynnal gwerthusiad o effaith a buddion y tair Cronfa Trawsnewid a gefnogir gan LIC a'r cynlluniau a gefnogir gan y Gronfa Gofal Integredig er mwyn datblygu cynigion, ar y cyd â phartneriaid yn yr ALl, i'w hystyried a'u cymeradwyo gan y Bwrdd Partneriaeth Rhanbarthol erbyn mis Mawrth 2023 a'u gweithredu o fis Ebrill 2024. | Cynlluniau'r gronfa trawsnewid | Y Cyfarwyddwr Gofal Sylfaenol, y Gymuned a Gofal Hirdymor | SDODC |
| 4D | Erbyn mis Mawrth 2023, llunio cynllun i leihau'r anghydraddoldebau iechyd lleol sy'n codi mewn perthynas â gwasanaethau sgrinio, gan roi'r camau gweithredu y cytunwyd arnynt ar waith ym mis Ebrill 2023 fan bellaf. Y nod yw cynyddu mynediad a chyfleoedd mewn perthynas â sgrinio yn ein cymunedau mwyaf difreintiedig hyd nes iddynt gyrraedd y lefelau yn ein hardaloedd lleiaf difreintiedig. | Sgrinio Iechyd y Cyhoedd | Cyfarwyddwr Iechyd y Cyhoedd | SDODC |
| 4G | Yn dilyn gweithredu'r cynllun lleol i gyflawni "Pwysau Iach: Cymru Iach", mesur ac adrodd ar yr effaith a datblygu cynllun tair blynedd erbyn mis Mawrth 2023 i hyrwyddo arweinyddiaeth systemau a gweithio ledled ardaloedd yn lleol i ddarparu gwasanaethau Lefel 2 a Lefel 1. | Pwysau Iach: Cymru Iach | Cyfarwyddwr Iechyd y Cyhoedd | QSEC |
| 4H | Adolygu a diweddaru strategaethau BIPHDd o ran cynllunio at argyfyngau ac argyfyngau sifil posibl/strategaethau diogelu'r cyhoedd, a'u cyflwyno i'r Bwrdd erbyn mis Rhagfyr 2022. Dylai hyn gynnwys dysgu o bandemig COVID-19. Byddir yn mynd i'r afael â'r gofyniad penodol a nodir yn 4.H.i yn rhan o hyn. | Cynllunio at argyfwng ac argyfyngau sifil posibl | Y Cyfarwyddwr Therapïau a Gwyddorau Iechyd | HSC |

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| 4I | Erbyn mis Mawrth 2023, sicrhau datblygiad pellach o ran cynllun y bwrdd iechyd i ysgogi gwell canlyniadau ar gyfer Cyn-filwyr ac aelodau o gymuned y Lluoedd Arfog, a hynny mewn perthynas â chanllawiau'r GIG ar flaenoriaethu triniaethau a'i strategaethau recriwtio, ac adrodd ar y cynnydd yn flynyddol. | Cyfamod y Lluoedd Arfog | Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol | PODCC |
| 4J | Gweithio mewn partneriaeth â'r Byrddau Gwasanaethau Cyhoeddus (BGCau) a'r Byrddau Partneriaeth Rhanbarthol i sicrhau bod yr Asesiadau o Lesiant a'r Boblogaeth statudol yn cael eu cyhoeddi erbyn mis Mehefin 2022, a bod Cynllun Ardal a Chynlluniau Llesiant y BGC yn cael eu cwblhau erbyn mis Mehefin 2023. | Cynlluniau Llesiant Rhanbarthol | Cyfarwyddwr Iechyd y Cyhoedd | SDODC |
| 4K | Erbyn mis Mawrth 2023, trefnu trafodaeth a hwylusir mewn cyfarfod o'r Bwrdd, trafodaeth sydd wedi'i hanelu at gytuno ar ein dull o leihau Anghydraddoldebau Iechyd. Rhaid i hyn gynnwys dadansoddiad o'r anghydraddoldebau iechyd presennol, y tueddiadau a'r achosion, ac opsiynau posibl i fynd i'r afael â'r anghydraddoldebau (e.e. dyrannu adnoddau anghymesur i'r rhai mwyaf difreintiedig neu drwy "Gyffredinoliaeth Gymesur"), a rhaid iddo nodi offer ac ymyriadau sy'n anelu at fynd i'r afael â'r achosion. Datblygu amcanion cynllunio penodol erbyn mis Medi 2023, yn barod i'w rhoi ar waith yn 2024-25. | Anghydraddoldebau Iechyd | Cyfarwyddwr Iechyd y Cyhoedd | SDODC |
| 4L | Cynllunio a gweithredu proses sy'n mynd ati'n barhaus i lunio cynigion newydd y gellir eu datblygu'n amcanion cynllunio ac iddynt y nod o'n symud yn gyson tuag at "fodel cymdeithasol ar gyfer iechyd a llesiant" cynhwysfawr a chymunedau cydlynol a chydnerth. Rhaid i'r broses gynnwys ein poblogaeth leol, yn ogystal â set amrywiol o arweinwyr systemau ac agweddau o bob rhan o gymdeithas. | Model Cymdeithasol ar gyfer Iechyd a Llesiant | Y Cyfarwyddwr Meddygol/ Dirprwy Brif Weithredwr | SDODC |
| 4M | Erbyn mis Mawrth 2023, creu gwasanaeth diogelu iechyd cynaliadwy a chadarn, sy'n cynnwys model o wasanaethau TB cynaliadwy ar gyfer BIP Hywel Dda. | Diogelu iechyd | Cyfarwyddwr Iechyd y Cyhoedd | QSEC |
| 4N | Mewn partneriaeth ag awdurdodau lleol, Byrddau Gwasanaethau Cyhoeddus, a rhanddeiliaid eraill, creu a gweithredu proses sy'n cynnwys ac yn ymgysylltu â chynrychiolwyr o bob agwedd ar y system fwyd, a rhoi'r broses honno ar waith. Bydd hyn yn cynnwys tyfwyr, cynhyrchwyr, dosbarthwyr, gwerthwyr, a'r rhai sy'n ymwneud | System fwyd | Y Cyfarwyddwr Meddygol/ Dirprwy Brif Weithredwr | SDODC |

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| | â pharatoi, ynghyd â darparu cyngor i unigolion, sefydliadau ac arweinwyr agweddau yn y maes hwn. Anelir at nodi cyfleoedd i wneud y gorau o'r system fwyd fel penderfynydd allweddol o ran llesiant. Yna, bydd angen datblygu'r cyfleoedd a nodir i lunio amcanion cynllunio arfaethedig ar gyfer y Bwrdd a phartneriaid lleol, i'w gweithredu o fis Ebrill 2023 fan bellaf. | | | |
| 4P | Erbyn mis Rhagfyr 2022, llunio cynllun Adfer ac Adsefydlu a fydd yn darparu fframwaith unigol, cynhwysfawr sy'n canolbwyntio ar yr unigolyn, fframwaith a fydd yn cefnogi anghenion y pedair poblogaeth a nodir yn "Adsefydlu: fframwaith ar gyfer parhad ac adferiad", yn cynnwys y rheiny sydd â COVID-19, a gofyn am gymeradwyaeth gan y Bwrdd. Yn amodol ar drafodaethau'n ymwneud â'r Cynllun Tymor Canolig Integredig yn Ch4 2022-23, dylai'r cynllun hwn fod yn barod i'w weithredu o fis Ebrill 2024. | Gwasanaeth Adfer ac Adsefydlu | Y Cyfarwyddwr Therapïau a Gwyddorau Iechyd | SDODC |
| 4Q | Erbyn mis Hydref 2022, trwy ehangu pob math o ofal cymunedol yn gyflym, rhoi'r cymorth gofynnol ar waith fel y gall digon o breswylwyr Hywel Dda aros yn eu cartrefi/ddychwelyd adref i sicrhau gostyngiad o 120 y diwrnod, ar gyfartaledd, yn nifer y cleifion nad ydynt yn gleifion dewisol mewn gwelyau ysbyty acíwt (yn cael ei gyfartaleddu ar hyd yr wythnos a'i gymharu â'r cyfartaledd wythnosol ar gyfer y cyfnod rhwng misoedd Ionawr a Mawrth 2022). | Cymorth Gofal Cymunedol i leihau nifer y gwelyau acíwt nad ydynt yn ddewisol | Y Cyfarwyddwr Gweithrediadau | SDODC |
| 4R | Erbyn mis Mawrth 2023, sefydlu grŵp goruchwylio rhanbarthol, mewn partneriaeth â Byrddau Gwasanaethau Cyhoeddus a'r Bwrdd Partneriaeth Rhanbarthol, i ddatblygu a hyrwyddo ystod eang o gamau gweithredu a fydd yn hybu'r datrysiadau cymdeithasol a gwyrdd ar gyfer iechyd a llesiant ac yn cyfrannu at y gwaith o fynd i'r afael â'r argyfwng newid hinsawdd trwy brosiectau iechyd gwyrdd a chynaliadwyedd. | Iechyd Gwyrdd a Chynaliadwyedd | Cyfarwyddwr Iechyd y Cyhoedd | SDODC |

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| 4S | Erbyn mis Mawrth 2024, datblygu a gweithredu'r strategaeth i wella iechyd y boblogaeth fel y gall pawb yn rhanbarth BIPHDd ddisgwyl byw mwy o'u bywyd mewn iechyd da, a hynny trwy wneud y canlynol:<br>1) meddu ar gynlluniau gweithredu clir i fynd i'r afael â'r ffactorau risg ataliadwy mwyaf ar gyfer afiechyd a marwolaeth cyn pryd, gan gynnwys tybaco, gordewdra, a defnydd niweidiol o gyffuriau ac alcohol, a<br>2) mynd i'r afael â gwahaniaethau o ran iechyd er mwyn torri'r cysylltiad rhwng cefndir a'r rhagolygon ar gyfer bywyd iach trwy weithio mewn partneriaeth gref. | Gwella Iechyd y Boblogaeth | Cyfarwyddwr Iechyd y Cyhoedd | SDODC |
| 4T | Erbyn mis Mawrth 2023, gweithredu ac ymgorffori ein dull o ymdrin ag ymgysylltiad parhaus trwy:<br>• Ddarparu hyfforddiant ar ymgysylltu parhaus a'n dyletswyddau i ymgysylltu/ymgynghori ynghylch newidiadau i wasanaethau yn unol â chyngor y Sefydliad Ymgynghori<br>• Gweithredu strwythurau a mecanweithiau i gefnogi ymgysylltiad parhaus sy'n cyfateb i'r fframwaith rhanbarthol ar gyfer ymgysylltiad parhaus<br>• Cyflwyno Pecyn Cymorth Ymgysylltiad Parhaus sy'n cynnwys canllawiau a thempledi i gefnogi timau ehangach ac i hyrwyddo arfer da. | Gweithredu proses ymgysylltu barhaus | Y Cyfarwyddwr Strategaeth a Chynllunio | SDODC |
| 4U | Erbyn mis Rhagfyr 2022, llunio cynnig ar gyfer camau gweithredu seiliedig ar leoedd mewn o leiaf un gymuned ym mhob sir, a hynny ar y cyd â phartneriaid lleol allweddol a'r WVCA, sydd i gynnwys nodi a datblygu arweinwyr cymunedol, mapio asedau, a nodi meysydd gweithgarwch â blaenoriaeth a fyddai'n cael yr effaith fwyaf tebygol a chyflym ar iechyd a llesiant y gymuned honno, ac a fyddai'n eiddo i'r gymuned leol. Yn rhan o'r gwaith hwn, nodi ffynonellau cyllid a mecanwaith ariannu sy'n hwyluso perchnogaeth gymunedol ac a fydd yn para am o leiaf dair blynedd. | Cynigion cymunedol ar gyfer camau gweithredu seiliedig ar leoedd | Y Cyfarwyddwr Meddygol/ Dirprwy Brif Weithredwr | SDODC |

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| 4V | 1. Erbyn mis Mawrth 2024, datblygu set o fesurau canlyniadau “Iechyd Cyfunol”, a cheisio cymeradwyaeth y Bwrdd i’w cynnwys yn Fframwaith Sicrwydd y Bwrdd yn rhan o Amcan Strategol 4<br>**2.** Erbyn mis Mawrth 2024, datblygu fframwaith a thempled clir i’w defnyddio ar draws Amcanion Cynllunio perthnasol ac a fydd yn ymgorffori egwyddorion “Iechyd Cyfunol” yn y broses o'u cyflawni (nodir rhestr o amcanion cynllunio perthnasol isod), a datblygu pecyn hyfforddi sy’n hygyrch i’r holl staff i feithrin ymwybyddiaeth o Egwyddorion “Iechyd Cyfunol” a'r modd y gellir eu gweithredu yng ngwaith y bwrdd iechyd o ddydd i ddydd. Yn rhan o hyn, cynllunio a chynnal seminar ar gyfer y Bwrdd i feithrin ymwybyddiaeth y Bwrdd o'r egwyddorion hyn. | Iechyd Cyfunol | Cyfarwyddwr Iechyd y Cyhoedd | SDODC |
| 4W | Rhoi cynllun gweithredu ar waith fel bod pob ysgol yn ardal Hywel Dda wedi gweithredu Fframwaith Llywodraeth Cymru ar gyfer Iechyd Meddwl a Llesiant Emosiynol erbyn mis Mawrth 2025, a sefydlu fframwaith gwerthuso ffurfiol i fonitro ac asesu effaith y fframwaith ar iechyd meddwl a llesiant emosiynol pob plentyn ysgol (yn arbennig y rhai sy'n profi anghydraddoldebau iechyd). Dylid cyflwyno'r cynllun gweithredu a’r fframwaith gwerthuso arfaethedig i’w cymeradwyo gan y Bwrdd erbyn mis Mai 2023. | Dull Ysgol Gyfan o fynd i'r afael ag Iechyd Meddwl a Llesiant Emosiynol | Cyfarwyddwr Iechyd y Cyhoedd | SDODC |
| 5A | Cyn pen y tair blynedd nesaf, datblygu a gweithredu cynlluniau i gyflawni targedau Fframwaith Cyflenwi y GIG sy'n berthnasol i Ansawdd a Diogelwch a'r gwasanaethau Gofal Sylfaenol, Gofal Eilaidd ac Iechyd Meddwl, a hynny mewn modd cynaliadwy (gweler gofynion penodol 5.a.i). Rhaid i'r cynlluniau hyn fod yn gyson â Strategaeth BIPHDd – 'Canolbarth a Gorllewin Cymru Iachach'. | Targedau Fframwaith Cyflenwi GIG Cymru | Y Cyfarwyddwr Nyrsio, Ansawdd a Phrofiad y Claf | SDODC |
| 5B | Cyn pen y tair blynedd nesaf, datblygu a gweithredu cynlluniau i gyflawni targedau perfformiad sydd â blaenoriaeth leol ac sy'n berthnasol i Ansawdd a Diogelwch a'r gwasanaethau Gofal Sylfaenol, Gofal Eilaidd ac Iechyd Meddwl, a hynny mewn modd cynaliadwy (gweler gofynion penodol 5.b.i). Rhaid i'r cynlluniau hyn fod yn gyson â Strategaeth BIPHDd – 'Canolbarth a Gorllewin Cymru Iachach' | Targedau Perfformiad Lleol | Y Cyfarwyddwr Nyrsio, Ansawdd a Phrofiad y Claf | SDODC |

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| 5C | Erbyn mis Mawrth 2026 yn unol â'r weledigaeth a'r tybiaethau cynllunio a nodir yn 'Canolbarth a Gorllewin Cymru Iachach', llunio achosion busnes terfynol, a chytuno arnynt, ar gyfer:<br>• addasu Ysbytai Glangwili a Llwynhelyg at ddibenion gwahanol neu eu hadeiladu o'r newydd<br>• gweithredu ysbyty gofal brys a gofal wedi'i gynllunio newydd ym mharth Arberth a Sanclêr (a fydd wedi'u gwahanu'n bensaernïol)<br><br>Gweithio gyda phartneriaid i ddatblygu a mynd i'r afael â mynediad, teithio, trafnidiaeth a'r seilwaith angenrheidiol i gefnogi cyfluniad y gwasanaeth, gan roi ystyriaeth i'r hyn a ddysgwyd o'r pandemig COVID (Gweler gofynion penodol 5ci, 5cii)<br><br>Datblygu cynlluniau ar gyfer yr holl ofynion seilwaith eraill i gefnogi'r strategaeth iechyd a gofal.<br><br>5c i – sicrhau bod yr ysbyty newydd yn defnyddio cyfleoedd digidol i gefnogi ei nodau i leihau'r angen i deithio, cynyddu ansawdd a diogelwch y gofal, a sicrhau'r arosiadau clinigol briodol byrraf.<br>5cii – Gweithredu gofynion 'Fy siarter' i gynnwys pobl ag anabledd dysgu wrth gynllunio a darparu ein gwasanaethau yn y dyfodol.<br>5ciii – Trwy ddysgu gan y gorau yn y byd, ymgorffori Egwyddorion Cynllunio Bioffilig i ddyluniad yr ysbyty newydd a'r gwaith o addasu Ysbytai Glangwili a Llwynhelyg at ddibenion gwahanol | Achosion Busnes ar gyfer Canolbarth a Gorllewin Cymru Iachach | Y Cyfarwyddwr Strategaeth a Chynllunio | SDODC |
| 5F | Gweithredu strategaeth Ysbyty Bronglais yn llawn yn ystod y tair blynedd nesaf, fel y cytunwyd gan y Bwrdd ym mis Tachwedd 2019, gan roi ystyriaeth i'r dysgu a ddeilliodd o bandemig COVID-19. | Strategaeth Bronglais | Y Cyfarwyddwr Gweithrediadau | SDODC |

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| 5G | Yn ystod y tair blynedd nesaf, gweithredu elfennau eraill y cynllun Trawsnewid Iechyd Meddwl, a datblygu a gweithredu strategaeth Trawsnewid Anableddau Dysgu yn unol â “Gwella Bywydau, Gwella Gofal”, ynghyd â datblygu a gweithredu cynllun ar gyfer trawsnewid y gwasanaethau iechyd meddwl arbenigol i blant a'r glasoed (CAMHS), anhwylderau'r sbectrwm awtistig, ac ADHD. | Gweithredu'r broses o drawsnewid y gwasanaethau Iechyd Meddwl ac Anableddau Dysgu | Y Cyfarwyddwr Gweithrediadau | SDODC |
| 5H | Erbyn mis Mawrth 2023, datblygu grwpiau Cynllunio Ardal Integredig a'u rhoi ar waith, gan ddwyn Clystyrau, gwasanaethau Iechyd a Chymdeithasol, a phartneriaid yn y Trydydd Sector ynghyd â thîm o Bartneriaid Busnes cyfatebol. Sefydlu cynllun ardal integredig sy’n nodi set glir a chytunedig o uchelgeisiau a chanlyniadau a rennir ar gyfer y boblogaeth, ac sy’n cyd-fynd â blaenoriaethau cenedlaethol a rhanbarthol ledled y system iechyd a gofal gyfan. Bydd y Grwpiau Cynllunio Lleol Integredig yn cytuno ar gyllideb a rennir ar y cyd i gefnogi'r broses o gyflawni'r Cynlluniau, gan gynnwys comisiynu gwasanaethau, a bydd yn cyflawni'r blaenoriaethau canlynol:<br>• Cymunedau caredig cysylltiedig, gan gynnwys gweithredu'r model presgripsiynu cymdeithasol<br>• Proses ragweithiol a chydlynol i bennu lefel risg, cynllunio gofal, a sicrhau darpariaeth y tîm cymunedol integredig<br>• Un man cyswllt i gydlynu anghenion gofal brys a chanolraddol ac ymateb yn gyflym iddynt er mwyn cynyddu'r amser a dreulir gartref<br>• Gwell defnydd o dechnoleg i gefnogi hunanofal a gofal rhagweithiol<br>• Cynyddu'r gwasanaethau gofal arbenigol a thriniaethau dydd trwy glinigau cymunedol<br><br>Noder – bydd y grwpiau Cynllunio Lleol Integredig yn gweithredu'n unol â fframwaith | Cynlluniau ardal integredig | Y Cyfarwyddwr Gofal Sylfaenol, y Gymuned a Gofal Hirdymor | SDODC |

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| | llywodraethu diwygiedig a ddatblygir ar y cyd â'r Rhaglen Clwstwr Carlam genedlaethol. | | | |
| 5I | Cynnal asesiad cynhwysfawr o'r holl Wasanaethau Plant a Phobl Ifanc i nodi meysydd i'w gwella. O hyn, datblygu cynllun gweithredu i fynd i'r afael â'r canfyddiadau erbyn mis Mawrth 2024, fan bellaf. Dylai'r broses asesu a'r cynllun gweithredu gynnwys lleisiau plant a phobl ifanc a meddu ar gysylltiadau clir â'r gwaith ehangach sy'n cael ei wneud gan y Bwrdd Partneriaeth Ranbarthol. | Gwella'r gwasanaethau plant a phobl ifanc | Y Cyfarwyddwr Gweithrediadau | SDODC |
| 5J | Cynnal adolygiad o'r newidiadau sylweddol a wnaed i'r model gwasanaeth gofal heb ei drefnu ar gyfer gofal cymunedol a sylfaenol 24/7 yn 2021-22, a datblygu cynllun wedi'i ddiweddaru i ymgorffori'r newidiadau hynny a chwblhau'r dasg o sefydlu model cynhwysfawr a chynaliadwy yn y maes hwn erbyn mis Medi 2022 fel y gellir ei weithredu erbyn mis Rhagfyr 2022. | Model gofal brys 24/7 ar gyfer Gofal Cymunedol a Sylfaenol | Y Cyfarwyddwr Gofal Sylfaenol, y Gymuned a Gofal Hirdymor | SDODC |
| 5K | Erbyn diwedd 2022-23, sefydlu proses i sicrhau bod arfer clinigol effeithiol yn rhan annatod o arfer unigol a meysydd gwasanaethau clinigol. Mae'r broses yn rhan o System Rheoli Ansawdd y bwrdd iechyd, ochr yn ochr ag Archwilio Clinigol a Gwella Ansawdd, ac mae'n eistedd yn y strwythur Ansawdd a Llywodraethu. Bydd hyn yn cael ei gyflawni trwy wneud y canlynol:<br>• Cefnogi'r broses o asesu ymarfer yn unol â safonau effeithiolrwydd clinigol lleol a chenedlaethol, a sicrhau bod y canfyddiadau'n cael eu defnyddio i wella'r gwasanaethau a ddarperir i'n cleifion;<br>• Cefnogi gwasanaethau i nodi, deall a gweithredu ar ganfyddiadau o adolygiadau allanol sy'n berthnasol i ymarfer clinigol effeithiol, e.e. GIRFT, Adolygiadau gan Gymheiriaid y Coleg Brenhinol. | Proses hunanasesu effeithiolrwydd clinigol | Y Cyfarwyddwr Meddygol/ Dirprwy Brif Weithredwr | QSEC |
| 5M | Erbyn mis Mawrth 2025, gweithredu'r gofynion cenedlaethol presennol mewn perthynas â systemau clinigol a'r holl systemau TG Cymru gyfan eraill yn unol ag amserlenni cenedlaethol disgwyliedig. Datblygu cynllun i symud ymlaen i Lefel 5 o saith lefel matrics aeddfedrwydd y Gymdeithas Gwybodaeth Gofal Iechyd a Systemau Rheoli (HIMSS) (mae BIPHDd ar Lefel 3 ar hyn o bryd). | Gweithredu system glinigol a system TG Cymru gyfan | Y Cyfarwyddwr Cyllid | SRC |

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| 5N | Gweithredu'r holl gynlluniau sy'n disgwyl sylw mewn perthynas â Rhwydweithiau Cenedlaethol a Chyd-bwyllgorau, ond heb fod yn gyfyngedig iddynt. Bydd hyn yn cynnwys ymrwymiadau y cytunwyd arnynt â BIP Bae Abertawe/y Cydweithrediad Rhanbarthol ar gyfer Iechyd (ARCH), Cyd-bwyllgor Canolbarth Cymru, y Ganolfan Atgyfeirio Camdriniaeth Rywiol, y Gydweithredaeth Genedlaethol, Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru. | Gweithredu Cynlluniau'r Rhwydweithiau Cenedlaethol a'r Cyd-bwyllgorau | Dim un perchennog Gweithredol | SDODC |
| 5O | Datblygu a gweithredu cynllun i fynd i'r afael â gwasanaethau bregus sy'n cynnal ac yn datblygu gwasanaethau diogel hyd nes y bydd system yr ysbyty newydd yn cael ei sefydlu. | Gwasanaethau Bregus | Dim un perchennog Gweithredol | QSEC |
| 5P | Rhoi fersiynau terfynol o'r Datganiad o Sefydlogrwydd y Farchnad a'r Asesiad o Anghenion y Boblogaeth gerbron y bwrdd iechyd erbyn mis Mehefin 2022, a llunio set gychwynnol o Amcanion Cynllunio i fynd i'r afael â'r cyfleoedd a'r materion a godwyd erbyn mis Medi 2022 i'w gweithredu o Ch3 2022-23 ymlaen. | Datganiad o Sefydlogrwydd y Farchnad | Y Cyfarwyddwr Gofal Sylfaenol, y Gymuned a Gofal Hirdymor | SDODC |
| 5Q | Datblygu a gweithredu cynllun i gyflwyno gwasanaethau asthma rhyngwynebol ledled y bwrdd iechyd o fis Ebrill 2021 ymlaen, gan weithio ledled gofal sylfaenol ac eilaidd. Nod hyn yw gwella gwerth llwybrau trwy leihau afiachedd a marwolaethau cysylltiedig ag asthma, gan wella mynediad at farn arbenigol a lleihau'r galw am ofal eilaidd. | Y Llwybr Asthma | Y Cyfarwyddwr Gofal Sylfaenol, y Gymuned a Gofal Hirdymor | SDODC |
| 5R | Mewn ymateb i'r Siarter Cynhwysiant Digidol a lofnodwyd yn ddiweddar, datblygu rhaglen cynhwysiant digidol ar gyfer y boblogaeth leol a fydd yn darparu dull cydlynol o fynd i'r afael â chynhwysiant digidol ledled y bwrdd iechyd a'i bartneriaid ehangach, a hynny erbyn mis Mawrth 2023. Bydd y rhaglen yn cydnabod y rôl y mae technoleg ddigidol yn ei chwarae ym mywydau unigolion a chymdeithas yn gyffredinol, rôl sy'n newid yn gyson. | Cynhwysiant Digidol | Y Cyfarwyddwr Cyllid | SRC |
| 5S | Erbyn mis Gorffennaf 2022, bydd Triwriaeth Gofal Lliniarol wedi'i sefydlu ledled y bwrdd iechyd, a bydd ganddi gyllideb gyfun i arwain y gwaith o weithredu'r Strategaeth Gofal Lliniarol a Gofal Diwedd Oes gymeradwy. Bydd hyn yn cyflawni pum canlyniad allweddol: fframwaith comisiynu rhanbarthol ar gyfer gwasanaethau a | Y Strategaeth Gofal Lliniarol a Gofal Diwedd Oes | Y Cyfarwyddwr Gofal Sylfaenol, y Gymuned a Gofal Hirdymor | SDODC |

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| | gyflenwir gan y trydydd sector; model gweithlu seiliedig ar dystiolaeth a chynllun gallu a galw ac iddo gyfleoedd hyfforddi teg; model gwasanaeth seiliedig ar arfer gorau o'r model Swan/Cygnet; dangosfwrdd canlyniadau a chyflawni sy'n cyd-fynd â'r gofynion cenedlaethol newydd; a gweithredu adolygiad meincnodi yr adran ystadau. Erbyn mis Mawrth 2023, bydd y Driwriaeth, mewn partneriaeth a chydweithrediad â'r gwasanaeth, yn nodi'n glir y bylchau o ran blaenoriaeth ar gyfer cam nesaf gweithredu'r strategaeth. | | | |
| 5T | Erbyn mis Medi 2022, cynnig amcanion cynllunio newydd ar gyfer y flwyddyn ganlynol i dreialu a phrofi dulliau arloesol o gynnig mwy o reolaeth i bobl ag anghenion gofal iechyd cymhleth a/neu gynyddol ar y dewis o ofal a chymorth y mae arnynt eu hangen (mae hyn yn cyfrif am 15-30% o'n poblogaeth). Rhaid i nod y dulliau hyn wella'r gwerth (canlyniadau o gymharu â chost) o'r gwasanaethau a ddarparwn, a manteisio ar y Fframwaith Gofal Iechyd Parhaus cenedlaethol newydd a'r Ymddiriedolaethau Defnyddwyr Annibynnol sy'n debygol o gael eu cyflwyno. | Anghenion iechyd a gofal cymhleth | Y Cyfarwyddwr Gofal Sylfaenol, y Gymuned a Gofal Hirdymor | SDODC |
| 5U | Erbyn mis Medi 2022, datblygu cynllun cychwynnol ar gyfer ystad gymunedol ac anghlinigol y bwrdd iechyd, a hynny gyda ffocws ar fynd i'r afael â menter "Canol Trefi yn Gyntaf" Llywodraeth Cymru, lleihau gorbenion llety y bwrdd iechyd, a gwella bywydau gwaith ein staff. Dylai hefyd nodi proses barhaus i adnewyddu ac adfywio'r cynllun hwn yn ystod y blynyddoedd i ddod er mwyn sicrhau ein bod yn cyd-fynd â phatrymau gweithio newydd, anghenion y bwrdd iechyd, a chyfleoedd ar gyfer cyd-leoli â phartneriaid o'r sectorau cyhoeddus a gwirfoddol. Dylai'r gwaith presennol o symud swyddfeydd barhau wrth i'r cynllun a'r broses barhaus hon gael eu datblygu. | Strategaeth yr ystadau cymunedol ac anghlinigol | Y Cyfarwyddwr Strategaeth a Chynllunio | SDODC |
| 5V | Erbyn mis Ebrill 2022, yn rhan o'r Cynllun Tymor Canolig Integredig, datblygu cylch cynllunio blynyddol sy'n cefnogi'r Tîm Gweithredol i lunio cynlluniau blynyddol a chynlluniau tair blynedd yn y dyfodol mewn modd amserol. Dylai hyn ymgorffori'r defnydd o sesiynau preswyl chwarterol ar gyfer y Tîm Gweithredol, ynghyd â model i roi galluogrwydd cynllunio gweithredol ar waith yn y sefydliad. | Y Cynllun Tymor Canolig Integredig a chynllunio gweithredol | Y Cyfarwyddwr Strategaeth a Chynllunio | SDODC |

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| 5W | Datblygu a chyflenwi rhaglen weithredu a fydd yn sicrhau bod y ddeddfwriaeth o ran y Diogeliadau Amddiffyn Rhyddid yn cael ei rhoi ar waith mewn modd effeithiol ledled y bwrdd iechyd erbyn 1 Hydref 2023. | Trefniadau Diogelu Rhyddid | Y Cyfarwyddwr Gweithrediadau | QSEC |
| 5X | Datblygu cynllun i gyflwyno system rheoli ansawdd gynhwysfawr i gefnogi a llywio ansawdd ledled y sefydliad. Y broses weithredu i ddechrau erbyn mis Ebrill 2022 ac i'w chwblhau cyn pen tair blynedd. Bydd y system yn cael cefnogaeth "Fframwaith Gwella Gyda'n Gilydd" a Rhaglen EQIiP y bwrdd iechyd yn gyfryngau cyflawni. | System Rheoli Ansawdd | Y Cyfarwyddwr Nyrsio, Ansawdd a Phrofiad y Claf | QSEC |
| 6B | Erbyn mis Mehefin 2022, datblygu a chyflwyno cyfres gychwynnol o gynlluniau cynaliadwyedd ariannol ar gyfer y sefydliad cyfan sy'n seiliedig ar y modelau gweithredu targed y mae'r bwrdd iechyd yn ceisio eu rhoi ar waith trwy ei amcanion cynllunio ar gyfer y tair blynedd nesaf. Dylai'r cynlluniau hyn ddarparu'r manylion sy'n sail i drywydd y bwrdd iechyd tuag at adferiad ariannol, a dylid eu cyflwyno mewn modd sy'n caniatáu i ddeiliaid cyllidebau ganolbwyntio ar y newid cadarnhaol a geisir.<br><br>Ochr yn ochr â'r uchod, datblygu rhaglen prisio cyflyrau a llwybrau seiliedig ar weithgareddau ar gyfer pob prif gyflwr iechyd, gan felly ddarparu dadansoddiad hydredol o wariant y bwrdd iechyd i gefnogi'r broses barhaus o gyflwyno dulliau Mesurau Canlyniadau a Adroddir gan Gleifion (PROMs) a Gofal Iechyd Seiliedig ar Werth (VBHC) ar gyfer gwneud penderfyniadau cyllidebol a dyrannu adnoddau. | Gwella gwerth a chyfleoedd ar gyfer incwm | Y Cyfarwyddwr Cyllid | SRC |
| 6D | Gweithredu'r tri amcan a'r camau gweithredu cysylltiedig a nodir yn y cynllun Gofal Iechyd Seiliedig ar Werth (2021-24), gan gynnwys casglu Canlyniadau a Adroddir gan Gleifion fel mater o drefn yn y rhan fwyaf o'n meysydd gwasanaeth, a chyflenwi rhaglen addysg a rhaglen bwrpasol o ymchwil ac arloesi. | Gofal Iechyd Seiliedig ar Werth a'r Rhaglen Canlyniadau a Adroddir gan Gleifion | Y Cyfarwyddwr Meddygol/ Dirprwy Brif Weithredwr | SRC |

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| 6G | Erbyn chwarter cyntaf 2022-23, datblygu trywydd strategol i ymateb i uchelgais Llywodraeth Cymru o ran bod GIG Cymru yn cyfrannu at darged sero net ledled y sector cyhoeddus erbyn 2030, a cheisio cymeradwyaeth y Bwrdd ar gyfer y trywydd hwnnw. Bydd y bwrdd iechyd yn sefydlu a gweithredu rhaglen waith a chynllun i gyflawni'r targedau a sefydlwyd yng Nghynllun Cyflenwi Strategol Datgarboneiddio GIG Cymru ym meysydd rheoli carbon, adeiladau, trafnidiaeth, caffael, cynllunio ystadau a'r defnydd o dir, a'i ddull gofal iechyd, gan gynnwys hyrwyddo cynaliadwyedd clinigol. Lle bo hynny'n ymarferol o ganlyniad i gyfleoedd a gyflwynir trwy daith trawsnewid y bwrdd iechyd, bydd yn ceisio rhagori ar dargedau a sefydlu modelau a chynlluniau peilot arfer gorau yn enghreifftiau i'r GIG a'r sector cyhoeddus ehangach. Y nod cyffredinol fydd lleihau ôl troed carbon BIPHDd o leiaf 34% erbyn 2030 i gefnogi uchelgais y sector cyhoeddus ehangach i fynd i'r afael â'r argyfwng hinsawdd. | Y cynllun datgarboneiddio a mentrau gwyrdd | Y Cyfarwyddwr Strategaeth a Chynllunio | SRC |
| 6H | Erbyn mis Mawrth 2023, datblygu fframwaith mesur cyson i asesu effaith gwariant y bwrdd iechyd yn y pedwar parth canlynol:<br>1. Gwerth cymdeithasol<br>2. Gwerth economaidd<br>3. Effaith amgylcheddol<br>4. Budd diwylliannol<br><br>Bydd y fframwaith hwn yn darparu mesurau newydd ar gyfer Fframwaith Sicrwydd y Bwrdd mewn perthynas ag Amcan Strategol 6, a bydd yn nodi cyfleoedd ar gyfer Amcanion Cynllunio newydd i'w cyflawni o fis Ebrill 2024. | Dadansoddi'r gadwyn gyflenwi | Y Cyfarwyddwr Cyllid | SRC |
| 6I | Erbyn mis Mawrth 2022, sefydlu cyllideb interim ar gyfer 2022-23 sy'n cefnogi'r amcanion cynllunio a nodir yng nghynllun interim y bwrdd iechyd ar gyfer 2022-23. Bydd y gyllideb hon yn cynnwys nodi'r arbedion gofynnol a'r cyfleoedd i gyflawni | Cyllideb Interim 2022-23 | Y Cyfarwyddwr Cyllid | SRC |

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| | cynllun ariannol cytunedig y bwrdd iechyd, yn ogystal â'r broses o'u cymhwyso i'r cyllidebau perthnasol ar gyfer pob cyfarwyddwr. | | | |
| 6K | Erbyn mis Medi 2021, llunio cynllun a fydd o leiaf yn cyflawni'r tybiaethau cynllunio a nodir yn 'Canolbarth a Gorllewin Cymru Iachach' ac sy'n berthnasol i'r ysbyty newydd a adeiladir ar safleoedd ysbytai acíwt presennol y bwrdd iechyd erbyn mis Mawrth 2023. Dylai'r cynllun nodi llwybrau disgwyliedig tuag at hyn yn ystod 2021-22 a 2022-23. Mae'r tybiaethau cynllunio mewn perthynas â'r amcan hwn fel a ganlyn:<br>• Gostyngiad o 40% yn y derbyniadau brys ar gyfer cyflyrau cysylltiedig â Syndrom Coronaidd Acíwt<br>• Lleihau hyd arosiadau hyd at ganolrif ein grŵp cymheiriaid<br>• Gostyngiad o 25% yn nifer yr apwyntiadau cleifion allanol dilynol<br>• Gostyngiad o 4.3% yn y niferoedd sy'n mynd i'r Adrannau Damweiniau ac Achosion Brys a'r Unedau Mân Anafiadau<br>• Symud 30% o'r ymweliadau â'r Adrannau Damweiniau ac Achosion Brys i'r Unedau Mân Anafiadau<br>• 50% o'r cleifion sydd mewn gwelyau acíwt i gamu i lawr i welyau cymunedol/fynd adref cyn pen 72 awr<br>• 90% o'r apwyntiadau cleifion allanol i ddigwydd mewn lleoliad cymunedol (sy'n cynnwys dulliau rhithwir)<br>• 50% o'r achosion dydd mewn arbenigeddau meddygol i gael eu cynnal mewn lleoliadau cymunedol<br>Y gwaelodlin ar gyfer yr uchod yw 2019-20. Bydd y cynllun yn nodi'r goblygiadau net o ran cyllid a'r gweithlu, yn ogystal â'r cyfeiriadau disgwyliedig, fel y gall lywio trywydd y bwrdd iechyd tuag at adferiad ariannol. | Tybiaethau Cynllunio | Y Cyfarwyddwr Gweithrediadau | SDODC |
| 6L | Cydlynu ymagwedd gytbwys at y modd y caiff adnoddau eu defnyddio, ac at y modd y'u buddsoddir ac y'u dadfuddsoddir, er mwyn cyflawni cynaliadwyedd o ran y | Y gweithlu, y gwasanaeth | Y Cyfarwyddwr Cyllid | SRC |

| ID | Amcan Cynllunio ar gyfer 2022-23 | Arwyddair yr Amcan Cynllunio | Arweinydd Gweithredol | Pwyllgor Cyfatebol |
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| | gweithlu a'r gwasanaeth clinigol a chynaliadwyedd ariannol.<br>• Cadeirio grŵp arweinyddiaeth y Defnydd o Adnoddau i hwyluso proses gytbwys o wneud penderfyniadau, gan ddarparu diweddariad cryno i'r pwyllgor Defnydd Cynaliadwy o Adnoddau fel y bo'n briodol.<br>• Darparu gwaith partneriaeth gweithredol effeithiol o'r swyddogaeth gyllid yn barhaus i sicrhau eglurder o ran gwerthusiadau ynghylch defnyddio, buddsoddi a dadfuddsoddi adnoddau, gan gynnwys symud adnoddau ar draws gwasanaethau i gyflawni ein hamcanion strategol.<br>• Datblygu a gweithredu dull buddsoddi un refeniw ledled y bwrdd iechyd, a'i sefydlu mewn fforymau a gweithdrefnau llywodraethu sy'n bodoli, gan sicrhau bod datganiadau ariannol cryno yn cael eu disgrifio mewn modd cyson a chlir, ac yn cynnwys cymeradwyaeth gan y bartneriaeth busnes cyllid briodol.<br>• Gweithredu system gwybodaeth reoli fisol i ysgogi disgyblaeth ariannol sefydliadol ar gyfer yr holl oblygiadau refeniw, sef gwireddu Arbedion a Chyfleoedd, amserlenni buddsoddi a dadfuddsoddi, a ffrydiau cyllido. | clinigol a chynaliadwyedd ariannol | | |
| 6M | Datblygu Fframwaith Seiberddiogelwch ar ei newydd wedd erbyn mis Mawrth 2022, a chefnogi llinellau amser a chamau gweithredu i ddiogelu gwybodaeth y bwrdd iechyd, gan sicrhau cyfrinachedd, cyfanrwydd asedau, data ac argaeledd. Elfennau allweddol y fframwaith hwn fydd<br>• adnewyddu cofrestr yr asedau gwybodaeth a sicrhau bod asedau hanfodol y busnes yn cael eu cadw'n ddiogel bob amser;<br>• nodi'r bygythiadau a'r risgiau (Profion Hacio Seiberddiogelwch Arferol);<br>• nodi'r trefniadau diogelu y dylid eu rhoi ar waith i ddelio â'r bygythiadau a'r risgiau hyn;<br>• monitro'r trefniadau diogelwch a'r asedau er mwyn rheoli achosion o danseilio diogelwch (y Fframwaith Seiberddiogelwch);<br>• ymateb i faterion seiberddiogelwch wrth iddynt godi, a; | Y Fframwaith Seiberddiogelwch | Y Cyfarwyddwr Cyllid | SRC |

| ID | Amcan Cynllunio ar gyfer 2022-23 | Arwyddair yr Amcan Cynllunio | Arweinydd Gweithredol | Pwyllgor Cyfatebol |
|---|---|---|---|---|
| | • diweddaru ac addasu trefniadau diogelwch mewn ymateb i newidiadau o ran asedau, bygythiadau a risgiau. | | | |
| 6N | Erbyn mis Mawrth 2023, datblygu cynllun awtomatiaeth ddeallus cychwynnol sy'n cyfuno technoleg awtomeiddio prosesau robotig, deallusrwydd artiffisial, a dulliau prosesu iaith naturiol, i symleiddio'r broses o gasglu ac integreiddio data.<br><br>Tra bo'r cynllun hwn yn cael ei ddatblygu, llunio a gweithredu proses i awtomeiddio prosesau newydd-ddyfodiaid ac ymadawyr y bwrdd iechyd, a chynllunio a gweithredu robot deallus i nodi eiddilwch. Rhoddir y ddwy raglen gychwynnol hyn ar waith yn ystod 2023-24. | Awtomatiaeth Ddeallus | Y Cyfarwyddwr Cyllid | SRC |

Hywel Dda University Health Board

# Annual Report and Accounts 2022-2023

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

# What this Annual Report will tell you

Our Annual Report is a suite of documents that will tell you about your health board, the care we provide and what we do to plan, deliver, and improve healthcare for you. This document sets out what we have achieved across a broad range of areas, as we seek to continue our response to COVID-19, manage our recovery, address backlogs and unmet health need, make strides towards our strategy and continue to put people at the heart of what we do. The report is made up of three parts:

## Performance report

This report will tell you about the challenges we have faced and how we have addressed them, as well as achievements and progress made. It includes information about the direct response provided to COVID-19, along with the impacts on other areas of health and care. It details how we have performed against Welsh Government targets and our actions to improve. It also describes how we have maintained a focus on safety and quality during our continued recovery from the pandemic and considers what we have learned and how this will inform future work.

## Accountability report

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

## Financial accounts

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

## How to contact us

Publications in print or alternative formats/languages are available on request by contacting us:


| | |
|---|---|
| Address: | Hywel Dda University Health Board, Ystwyth Building, Hafan Derwen, St David's Park, Jobswell Road, Carmarthen, SA31 3BB |
| Telephone: | 01267 239554 |
| Website: | https://hduhb.nhs.wales/ |
| Social media: | Facebook: HywelDdaHealthBoard<br>Instagram: HywelDdaUHB<br>LinkedIn: hywel-dda-university-health-board<br>Twitter: @HywelDdaHB<br>YouTube: hywelddahealthboard1 |


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

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## Welcome from our Chair and Chief Executive

Our Annual Report reflects on yet another extraordinary year for our health board. The COVID-19 pandemic has had an undeniable and lasting impact on our communities and the past year has been one of the most challenging for the health sector in recent memory with increasing demand upon the services we provide.

The success of the COVID-19 vaccination programme allowed society to transition back to something approaching a near-normal state. At the same time, as a health board, we have seen the unwinding during the past financial year of many of the additional measures put in place for COVID-19 and return to something approaching a 'business-as-usual' service.

However, we recognise the profound impact that the pandemic has had upon our workforce and the health board over the past three years. Many COVID-19 measures addressed recognised and specific issues at the time, although returning the organisation to a pre-COVID-19 state would be both unrealistic and undesirable.

The resolve of our staff continues to astound us, with colleagues committed to delivering the best possible patient care in difficult circumstances. Thank you to everyone working in and with Hywel Dda University Health Board, whatever your role. Thank you to all our volunteers, and our partners, for your extraordinary service caring for patients and our communities during these challenging times.

The impact of the pandemic will be acutely felt for many years to come. It is an unfortunate legacy of the disease that members of the public are less willing to access health services, which has in turn left high levels of unmet health need.

We recognise too that access to a wide range of services has been constrained over the past three years, resulting in delays in treatment and care within our health board. We are deeply sorry if you have experienced delays in access to your care and treatment. While we have made significant progress in reducing the number of patients who are waiting for treatment, we are aware that it remains difficult for people who are still waiting, or have their treatment further delayed. We are committed to further reducing our waiting lists to pre-pandemic levels and meeting the Welsh Government target.

The highly focused response to the pandemic has left a financial legacy too. We could not identify and deliver savings and efficiencies in the way we would normally, and as a result we faced significant financial challenges as funding for the COVID-19 response tailed off, leaving us needing to make up for two years of lost time.

A number of innovations were introduced with the aim of supporting patients and reducing the waiting lists – from our £20m Day Surgery Unit at Prince Philip Hospital that allows us to provide surgery to thousands of patients more quickly – to working with technology partners to introduce AI (Artificial Intelligence) that help us to predict the length of a patient's stay in hospital. The support provided through our waiting list support service that seeks to support people while waiting, providing access to clinical staff who advise on how best to keep healthy and ensure that patients are fit and well enough for surgery or treatment.

As a geographically diverse rural health board, partnership working is vital for us – we can't improve the health and well-being of our communities alone. During the past year we have continued to work with a broad range of partners to support the wellbeing of our individuals and communities. With a significant number of our patients in hospital being medically fit and ready to leave, working together to find ways of enabling them to be discharged, alongside our local authority partners, has been crucial. In Carmarthenshire, our work with Carmarthenshire Council, Delta Wellbeing and our Advanced Paramedic Practitioners has been able to support people in their homes – and in some cases preventing the need for hospital admission. In Pembrokeshire, the local authority launched Operation Nightingale to identify and support social care for members of our communities and enable patients to return home, or to social care provision.

During the spring and summer, we worked closely with Ceredigion Council and the Urdd to welcome refugees fleeing the war in Ukraine – providing a safe haven for families in Llangrannog. Alongside our partners, our teams provided health screening support and helped our new community members to settle in the area and register with our health services.

In seeking different solutions for our patients, following a successful pilot program in Carmarthenshire, we saw the funding for LUMEN, a project that supports the early diagnosis of lung cancer, extended to the entire Hywel Dda region. The service enables members of our communities who experience particular symptoms to contact the service directly, relieving the pressure on our GP services.

Increasing our staffing levels, we welcomed over 100 international nurses to Hywel Dda, and increased our overall numbers of nursing and midwifery staff to 2,955 whole time equivalents in post, which exceeded our ambition for the year. Our Apprenticeship Academy continues to grow, and we have continued to innovate our recruitment practices, including centralisation of the recruitment pathway for Registered Nurses and Health Care Support Workers. This resulted in a record number of applications being submitted to the health board this year.

Recognising that digital and technology plays an important part in how we can meet the needs of our patients, last year we were pleased to be the first health board to achieve the Digital Inclusion Charter aiming to not only deploy technology but support individuals in accessing and understanding how to use it. Closely following the Charter, we launched a health and care apps library that signposts individuals to digital apps available to them – putting health and well-being in the hands of our communities.

While it has been a very challenging period, we recognise and value the achievements and successes of our staff. Many of our staff have won awards or been recognised in different ways for their incredible work and we could not be prouder of them and what they achieve every single day.

At the time of writing this report, we have received the news that we have 11 incredible finalists covering seven of the categories in this year's National BAME (Black, Asian, and Minority Ethnic) Health and Care Awards with an awards ceremony on 9 June. This is a fantastic achievement and is testament to the dedication and hard work of everyone involved.

Employee recognition and appreciation has long been a cornerstone of effective organisations. The way an organisation demonstrates that they value their employees has become more important than ever. In simple terms, recognition is about what people do; appreciation is about who they are. Hywel Dda developed a recognition and appreciation programme for 2022/23 that included several initiatives to revive how we show how we value our workforce. All these awards were part of an ongoing programme of showing appreciation and valuing our workforce.

The Chair's Commendation Awards recognise staff for their compassion, innovation, and collaboration in line with the organisational values and purpose. Our long service awards scheme was introduced to recognise staff for their service to the health board at five and 10 years of service, and to mark the milestones of 25 and 40 years of service. Both schemes have spread much joy to those who have been recognised in this manner.

In December 2022, we also launched our Hywel's Applause staff awards. Staff were nominated by colleagues for awards across a range of diverse categories such as Living Our Values, Diversity and Inclusion, Unsung Hero, Rising Star and Patients' Voice. Winners were chosen by panels including colleagues across a wide variety of services.

In 2022/23 the health board also became a member of the Refugee Employment Network and achieved the Stonewall Diversity Silver award. We were also successful at the National BAME Health and Care awards, winning the Community Initiative of the Year Award and Mental Health Initiative Award.

In 2021 our Hywel Dda Health Charity launched its Bronglais Chemotherapy Appeal. We're delighted to report that this year the Charity has exceeded its target of raising the remaining £500,000 needed to provide a purpose-built chemotherapy day unit at the hospital thanks to the kind donations of our communities.

Work has also progressed at pace on our research and development activities. We're currently exploring intelligent automation, with a target of releasing 50,000 hours of time back into the organisation by 2050.

We've made good progress this year towards achieving that target working on two projects. The first is a workforce automation project in partnership with Northampton Hospital Trust, which is a Robotic Process Automation (RPA) Centre of Excellence. Together we are seeking to document two workforce processes and automate one of them, with our focus currently on exploring the automation of training records in the Electronic Staff Record (ESR) system. The second project is

seeking to automate two finance processes, with work underway on automating the request to raise a bill.

Earlier in the reporting year Mr Peter Cnudde, a high-volume joint replacement surgeon at Prince Philip Hospital, Llanelli, received funding from Health and Care Research Wales as part of the NHS Research Time Awards. Mr Cnudde's area of research interest is development of a technology-enabled patient pathway for arthroplasty, surgery where the damaged joint is replaced by an artificial one.

We're proud that the health board has also been awarded over £435,000 funding from UK Research and Innovation (UKRI) for two projects aimed at developing and improving systems to support healthcare and planning on a local and national level in Wales.

This includes the UKRI's Horizon Europe Guarantee competition, which is providing the health board with funding of £168,268 as part of the Horizon Europe project DYNAMO. This €5million project will focus on modelling and dynamic assessment of integrated health and care pathways enhancing response capacity of health systems. DYNAMO will result in a lean and powerful solution enabling quick, data-driven, and platform-independent planning of care pathways for situations where health system functions are threatened.

The second project has been awarded £266,860 funding from UKRI's Horizon Europe Guarantee competition as part of the Horizon Europe project Invest4Health. This project seeks to mobilise novel finance models for health promotion and disease prevention.

As a health board we are committed to our values and the principles of transparency, kindness and working with our communities, staff and partners in all that we do. This dedication shines through in our annual report, which we hope will leave you informed, intrigued, and inspired by what we in team Hywel Dda do. We pledge that each and every day we work to protect your health and build a system that is fit for the future needs of our fantastic staff and the wonderful people of Carmarthenshire, Pembrokeshire, and Ceredigion that we have the privilege to serve.

Maria Battle, Chair

Signed: **Maria Battle**_____
27 July 2023

Steve Moore, Chief Executive

Signed: **Steve Moore**_____
27 July 2023

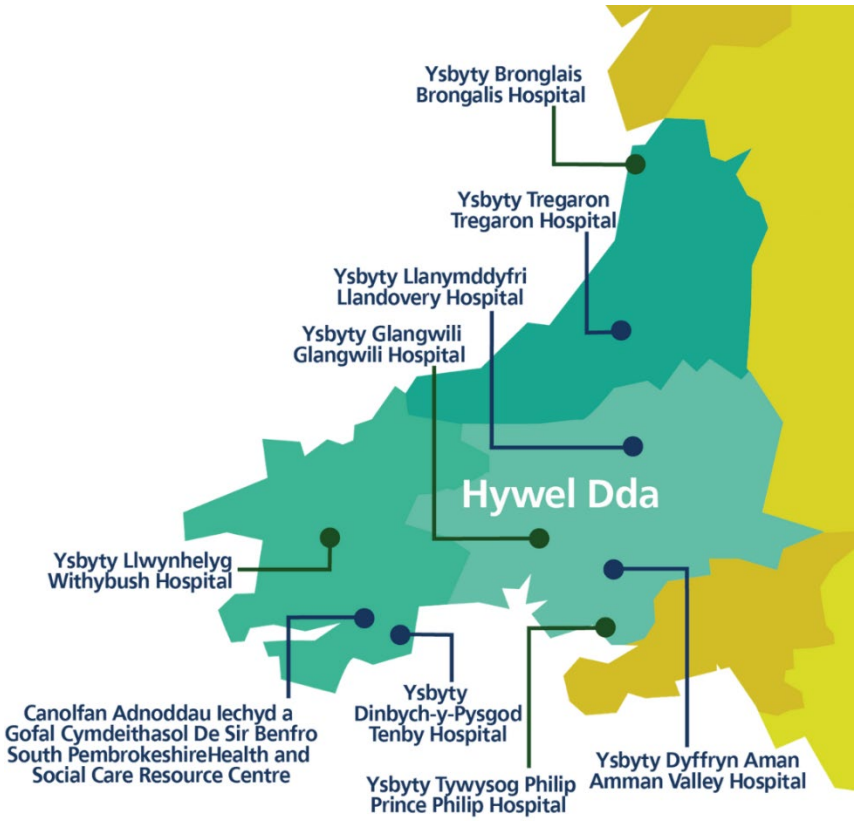
# Chapter 1

# Performance Report 2022/23

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

# Our Purpose and Activities




Hywel Dda University Health Board (HDdUHB) plans and provides NHS healthcare services for people living in Carmarthenshire, Ceredigion, Pembrokeshire, and bordering counties. Our 13,143 members of staff provide primary, community, in-hospital, mental health and learning disabilities authorities and public, private and third sector colleagues, including our volunteers, through: services for a quarter of the landmass of Wales. We do this in partnership with three local authorities and public, private and third sector colleagues, including our volunteers, through:

- Four main hospitals: Bronglais Hospital in Aberystwyth; Glangwili Hospital in Carmarthen; Prince Philip Hospital in Llanelli; and Withybush Hospital in Haverfordwest.
- Five community hospitals: Amman Valley and Llandovery hospitals in Carmarthenshire; Tregaron Hospital in Ceredigion; and Tenby and South Pembrokeshire hospitals in Pembrokeshire.
- Two integrated care centres: Aberaeron and Cardigan in Ceredigion, and a number of other community settings e.g., Bro Preseli, Crymych.
- 48 general practices (six of which are health board managed practices); 40 dental practices (including four orthodontic); 97 community pharmacies; 44 general ophthalmic practices (44 providing Eye Health Examination Wales services and 29 providing low vision services; domiciliary only providers and health centres.
- Numerous locations providing mental health and learning disabilities services.
- Highly specialised services commissioned by Welsh Health Specialised Services Committee.
- Sure Start joint services with Carmarthenshire, Ceredigion, and Pembrokeshire local authorities.

## Organisational Structure

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

The Board members are from a range of backgrounds, disciplines and areas of expertise providing leadership and direction to the organisation. The Board is responsible for the health board's overall system of governance and control, which includes robust risk management, and therefore must seek and be provided with assurance on the effectiveness of the systems and processes in place for meeting our strategic and planning objectives.

The Board has a key role in ensuring that HDdUHB has good governance arrangements in place and is open and transparent in the way that it works. The Board meets on a bi-monthly basis at a minimum, in public session. It is supported in the decision-making process by a structure of Committee and Advisory Groups. Dates and venues for the public meetings, and associated agendas, papers and minutes are all published to our website https://hduhb.nhs.wales

The health board is organisation into directorates that sit under each of the Executive Directors that attend Board meetings. The full list of Board members, including Executive Directors, is published to our website: https://hduhb,nhs.wales/your-health-board/board-members.

## The population we serve

### Population projection

By 2025 our total resident population is estimated to be at about 390,000 people. In addition, we also provide care for large numbers of tourists and students.

### Welsh language

The proportion of residents who can speak Welsh is 47 per cent.

### Ageing population

The average age of people in the three counties is increasing steadily, we have a higher proportion of older people than average across Wales. Those aged 65 and over currently comprise a quarter of the health board's population. Projections suggest that by 2043 there will be almost 125,000 people living in Hywel Dda aged over 65, of which almost 22,000 will be aged over 85. The increase in the number of older people is likely to lead to a rise in the prevalence of chronic conditions, such as circulatory and respiratory diseases and cancers. We anticipate that frailty will become increasingly important in Hywel Dda over the next 10 years and is projected to increase by 4 per cent per annum

### Health inequalities

Variation in healthy behaviours leads to variation in health outcomes, this is also influenced by levels of deprivation. Twenty-two per cent of our population are children and young people, with nearly a third living in poverty. A wider overview of our Health Needs has been developed as part of our collaboration with the West Wales Care Partnership, and the co-produced area Health Needs Assessment: Population-Needs-Assessment. Additionally, we are a statutory member of Public Services Boards (PSBs) in Carmarthenshire, Ceredigion, and Pembrokeshire. Well-being Assessments were undertaken by each PSB in 2022, leading to development of Well-being Plans.

### Changing patterns of disease

We anticipate that frailty will become increasingly important in Hywel Dda over the next 10 years and is projected to increase by four per cent per annum. Dementia, diabetes, obesity, and chronic conditions also represent a large and increasing proportion of our primary care and urgent care activity. COVID-19 has had a significant impact on our population by for example, increasing isolation, especially for older people and those who are carers, worsening mental health conditions, restricting access to wider support networks and services, and increasing cases of Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV).

### Tobacco

18.7 per cent of adults in our area smoke. Prevalence of smoking is highest in Pembrokeshire (20.3 per cent), followed by Carmarthenshire (18.8 per cent) and Ceredigion (16.6per cent). Smoking is a significant risk factor for many diseases and early death.

### Food

Four per cent of people in our area do not eat enough fruit and vegetables, and 59 per cent are overweight or obese. If current trends continue, it is projected that by 2030 64 per cent of adults in Wales will be overweight or obese. The adult weight management multi-disciplinary service is fully recruited. The service continues to roll out and embed a range of one to one, and group interventions, designed to support an individual person centred, needs led approach.

### Physical activity

Over 24 per cent of adults in our area do not take enough regular physical activity to benefit their health.

### Social isolation and loneliness

14.6 per cent of our population report feeling lonely. We continue to make progress across the entire Transforming Mental Health agenda. We were the first health board to introduce 111 Option 2, offering 24/7 mental health support to those in need.

# Performance Overview

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

The overview includes headline information about the direct response provided to COVID-19, along with the impacts on other areas of health and care, and how we have performed against Welsh Government targets and our actions to improve. The full Performance Report goes into detail, but the summary will also assess how we have maintained a focus on safety and quality during our continued recovery from the pandemic and considers what we have learned and how this will inform future work.

## Statement from the Chief Executive

The COVID-19 pandemic has created unprecedented pressures for the NHS and each phase has brought new and unique challenges. However, the success of the vaccination programme means, despite high levels of COVID-19 within our communities, that society has been transitioning back to near-normal. Similarly, the health service through 2022/23 saw the unwinding of many of the additional measures put in place for COVID-19 and return, as much as possible, to 'business-as-normal' operating.

The impact on the workforce of the NHS has been profound and many aspects of the COVID-19 measures were addressing recognised deficiencies; therefore, returning entirely to pre-COVID-19 arrangements would be both unrealistic and undesirable.

Beyond the direct response to COVID-19 we know that the impact of the three-year pandemic on health care provision and the willingness of the public to access services has left an enormous legacy of unmet health need. Waiting times are at their highest since records began and yet we estimate that these figures represent potentially only a third of the backlog, as referrals have also reduced substantially.

The challenges facing our health and care system are at historic levels as we and society contends with multiple, simultaneous events impacting on our way of life. For our health board, the drivers of these pressures typically fall into the categories of workforce availability (including social care); affordability and cost of living; and population health and need for health care (including the continued requirement to respond to COVID-19 and the latent health consequences as a result of the pandemic). The wider impacts of the pandemic on the economy, education and the mental health of the population are anticipated to leave a lasting impact on the health of our communities and the determinants of health.

These issues manifest as backlogs and delays to care for patients, excessive strain on staff, reduced system efficiency and unprecedented financial pressures. In addition, we are now at the foothills of a long-anticipated demographic trend with the 'baby boomer' generation, with a rise in those aged over 65 from approximately 100,000 in 2023 to approximately 124,587 by 2043. We also recognise that at Hywel Dda we have an ageing estate and an unsustainable service model. It is therefore clear that the scale of these challenges will require concerted and long-term action to address.

Despite these challenges, we are optimistic for the future. The health board has a clear strategic direction, and a passionate team of staff who regularly go above and beyond for our patients. Our strategy, built on the principles of care closer to home and a shift to primary and preventative care, includes a set of design assumptions which articulate how services will improve to realise this vision. The pandemic has not only sharpened our focus on these but in some areas has accelerated our delivery (new outpatient models for example).

During the past year, we have been able to narrow down the number of possible sites for our new Urgent and Planned Care Hospital to three possible sites and in August 2022. The Board endorsed plans to consult with our population on which of these three sites, located in a zone between Narberth and St Clears in the south of the Hywel Dda area, would be best. The 12-week public consultation launched on 23 February 2023 and the feedback, together with the output of further analysis of the sites, will be presented to Board during late summer 2023.

We recognise the seismic shift that COVID-19 has had on planning, deployment and implementation of systems, structures, and services. The impact has been both significant and dynamic and cannot be underestimated. It has changed and advanced the way we approach our planning, meaning that many changes previously identified for the longer-term have been implemented sooner than envisaged, with digital enablement being a prime example of this. This means that planning and assumptions were re-thought, along with their timelines, as the health board moved into a transformational period. Despite the challenges and fundamental changes encountered during 2022/23, there have been unexpected opportunities presented to reset, accelerate, and expedite, where appropriate, to transform services.

Our underlying deficit has worsened over the last three financial years as operational pressures and the constraints in the availability of workforce have contributed to increased costs. Inflationary pressures and constraints in our supply chain added further financial pressures on the health board over the last financial year. These issues persist, but our annual plan for 2023/24 does aim to address these challenges.

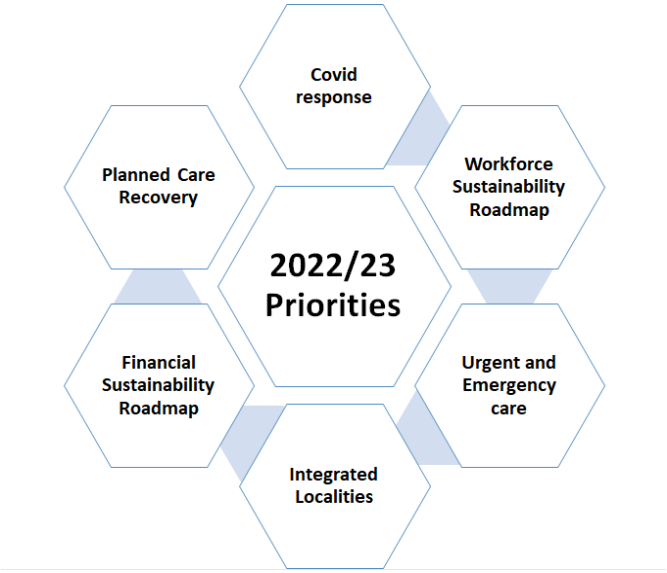
While an initial Integrated Medium-Term Plan (IMTP), which aimed to balance over a three-year period, was developed for the health board in 2022, due to the financial challenges faced, the board was unable to fully approve the plan for submission to Welsh Government and a three-year plan was produced in its place.

In September 2022, the health board was advised by Welsh Government that it was being raised to ‘targeted intervention’ for planning and finance and retained at ‘enhanced monitoring’ for quality issues related to performance. Targeted intervention is a heightened level of escalation within NHS Wales and occurs when Welsh Government and the external review bodies have considered it necessary to take co-ordinated action in liaison with the NHS body to strengthen its capability and capacity to drive improvement. Welsh Government confirmed that de-escalation would be considered when the health board:

- had an approvable and credible plan, and improvement in its financial position
- assessment at Level 3 of the maturity matrix

- agreement of and sustainable progress made towards a finance improvement trajectory
- builds on relationships and fully engages on the transformation and reshaping of services

The focus of the three-year plan produced was built around the six key priorities for 2022/23, which incorporated both COVID-19 response and recovery and the delivery of a roadmap to service, workforce, and financial sustainability in line with our strategic direction:




We are committed to addressing these challenges and are in the process of constructing a clear core plan, focusing on recovery. For 2023/24 this will be coupled with ensuring that the exceptional economic challenges we face next year are well described and assessed.

Value based health care approaches are being taken across the whole organisation, and it is our aspiration that a target operating model can be constructed to focus our delivery of services in the most optimum way for our patients, with this forming a critical part of our approach to the medium-term outlook and aligning with the design assumptions set out in our strategy – A Healthier Mid and West Wales – and recent Programme Business Case (PBC). The PBC is a high-level document which sets out to secure Welsh Government support for a programme of investment.

**Steve Moore, Chief Executive**

## Strategic and planning objectives

We are clear on our long-term destination – articulated in our strategy – A Healthier Mid and West Wales – and reinforced in our PBC that was presented to Welsh Government in February 2022. Our PBC outlines the case for the buildings and infrastructure we need to deliver our long-term strategy. It seeks the greatest investment into health and well-being that west Wales will have ever seen, in the region of £1.3 billion. Reaching that destination requires progress across a number of domains, which we have termed 'strategic objectives'.

These strategic objectives relate to our people (staff, service users and communities) and our services. Our plan sets out the specific actions, termed 'planning objectives', we are taking to make progress in each of these domains. In this way we remain focused on our strategic direction and ensure our day-to-day activities are explicitly aligned, and contributing to, our strategic direction. We have used this approach throughout the year, and it is now well embedded into our business practices.

This approach has been used by the health board for the past two years and is now well embedded into our business practices. Each planning objective is led by an executive director and aligned to a committee of the board, with regular update reports provided at every other committee meeting. Our board assurance framework tracks progress and the impact of these actions on our strategic outcome measures.

Our approach to planning revolves around these strategic and planning objectives, with a systematic review of the planning objectives a critical aspect of the organisation's planning cycle. In the development of this plan, we have undertaken this review, with many planning objectives completed and updated and others revised. Our board formally signs-off all planning objectives and they are not altered or removed without board approval, demonstrating our openness and accountability to the population we serve.

The development of planning objectives takes account of a range of factors, including: our risks and performance, the Minister's priorities, Welsh Government policies and legislation, and work in support of our strategy.

## Alignment of the Ministerial Priorities to Our Strategic Objectives

The table below provides an overview in relation to how our strategic objectives align to the ministerial priorities:

| Ministerial Priorities | Our strategic objectives | | | | | |
|---|---|---|---|---|---|---|
| | 1.Putting people at the heart of everything we do. | 2.Working together to be the best we can be | 3.Striving to deliver and develop excellent services | 4.The best health and wellbeing for our communities | 5. Safe, sustainable accessible, and kind care | 6. Sustainable use of resources |
| COVID-19 Response and Challenges | | | ✓ | ✓ | | |
| NHS Recovery - Access to timely planned care Six Goals of Urgent and Emergency Care | ✓ | | ✓ | ✓ | ✓ | |
| Working alongside social care – Care closer to home | | ✓ | | ✓ | ✓ | |
| A Healthier Wales | | ✓ | | ✓ | ✓ | |
| NHS finance and managing within resources - Economy and Environment | | | | | | ✓ |
| Mental Health and emotional wellbeing | | | | ✓ | ✓ | |
| Supporting the health and care workforce | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Population Health | | | | ✓ | ✓ | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Infection prevention and control | | | | ✓ | ✓ | |
| Digital and Technology | ✓ | | ✓ | | ✓ | |

## Our Strategic Journey – A Healthier Mid and West Wales

Following extensive staff and public engagement and consultation we published in 2018 our long-term Health and Care strategy: A Healthier Mid and West Wales. The strategy describes a whole system approach to health and wellbeing and places significant emphasis on placing people and communities at the heart of the model and therefore the vital role community networks will play in achieving the required transformation.

The design aims to create a sustainable healthcare system for the future, built on a 'social model of health and wellbeing', requiring a shift from a focus on hospital-based care to one on wellness and prevention where care is provided closer to home through enhanced community models.

The future model of care will have a network of integrated health and well-being centres, developed in conjunction with our public sector and third sector partners, supporting well-being and the health and social care needs for physical and mental health for our communities.

Each of the seven integrated community networks will be supported by one or more health and well-being centre which will bring people and services together in one place and provide virtual links between the population and the community network. Multidisciplinary teams and the wider networks will wrap around individuals and families.

The future service model includes a new Urgent and Planned Care Hospital in the south of the region which will operate as the main hospital site for Hywel Dda. It will offer a centralised model for all specialist children and adult services and be supported by a network of hospitals and integrated health and wellbeing centres which will provide more locality-based care:

- Urgent and Planned Care Hospital (located between Narberth and St Clears in the South of the region)
- Bronglais Hospital in Aberystwyth
- Prince Philip Hospital in Llanelli
- Glangwili Hospital in Carmarthen
- Withybush Hospital in Haverfordwest
- A number of locally based integrated health and wellbeing centres.

During 2022/23 we submitted our Programme Business Case (PBC) to Welsh Government for consideration. This PBC is the crystallisation of a very long period of discussion and a further stage in our long-term journey. Our objective is to reach submission of Full Business Case stage across all elements of our programme by March 2026, which we hope this PBC brings closer. This timeline will enable us to deliver improvements for our population as soon as possible, and progress at pace to align with the decarbonisation target.

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

### Our transformation work programme is centred around four domains:

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

### Our Strategic Direction

There is an obvious and strong connection between our Health and Care Strategy and this three-year plan. As noted previously our Planning Objectives, detailed in this document, set out the actions we are taking today to both improve services and to build towards our strategy and deliver our Strategic Objectives. Our design assumptions, the Board Assurance Framework, our Strategic Outcome Measures all contribute to connecting our daily activities with making our strategic vision a reality, which in turn will deliver our Strategic Objectives, which ultimately will deliver our mission to 'build kind and healthy places to live and work in Mid and West Wales'.

## Performance summary

The table below summarises our progress in areas prioritised for improvements in 2022/23.

| Topic | Area for Improvement | Status as at 31st March 2023 |
|---|---|---|
| Planned care recovery | Increase planned care activity back to 2019/20 levels | □ Usual variation, starting to improve or near trajectory |
| | Reduce the number of patients waiting over one year for a first outpatient appointment | □ Improving variation, improvement in performance or met trajectory |
| | Reduce the number of patients waiting over two years for treatment | □ Improving variation, improvement in performance or met trajectory |
| Urgent and emergency care | Reduce the number of ambulance handovers to our emergency departments taking over four hours | □ Usual variation, starting to improve or near trajectory |
| Cancer | Increase the percentage of patients on the suspected cancer pathway that start treatment within 62 days of the point of suspicion | □ Concerning variation, decline in performance or considerably off trajectory |
| | Reduce the backlog of cancer patients waiting more than 104 days | □ Improving variation, improvement in performance or met trajectory |
| Mental health and neurodevelopment | Increase the percentage of adults receiving a psychological therapy within six months of their referral | □ Usual variation, starting to improve or near trajectory |
| | Increase the percentage of children and young people receiving a neurodevelopmental assessment within six months of their referral | □ Concerning variation, decline in performance or considerably off trajectory |
| Infections | Reduce the number of C.difficile cases | □ Concerning variation, decline in performance or considerably off trajectory |
| | Reduce the number of E.coli cases | □ Usual variation, starting to improve or near trajectory |
| Workforce | Increase number of nurses and midwives in post | □ Improving variation, improvement in performance or met trajectory |

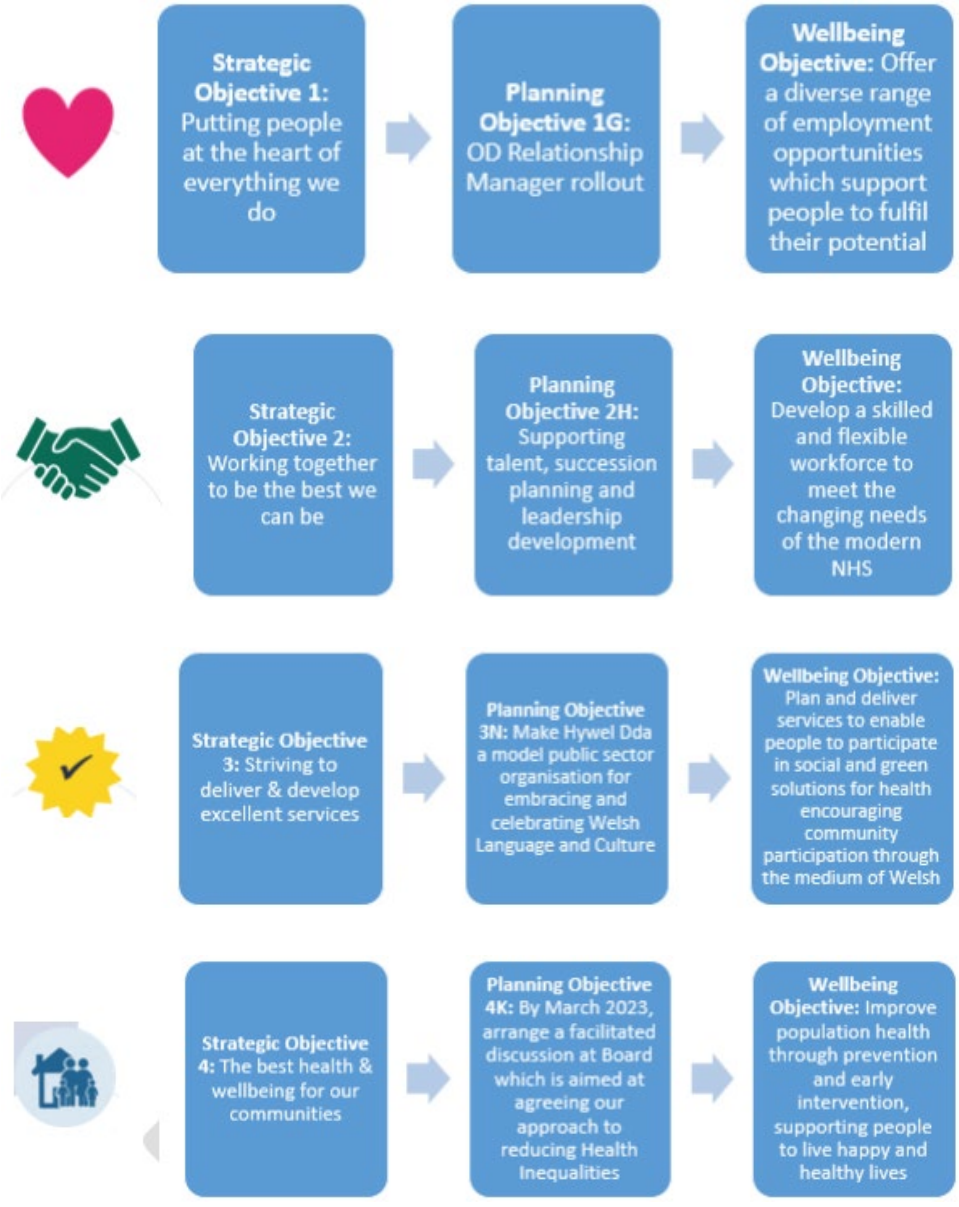
For further details on the measures above and the issues and risks that impacted our performance in 2022/23, see the 'Our Key Performance Measures' section.

## Our Well-being Statement and Objectives

Our Well-being Objectives are not confined to a single national outcome and align to more than one of the national goals. We recognise the need to show clear alignment between our strategic objectives and operational planning objectives as shown in the diagram below.

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

Our Well-being Objectives were established as our long-term aims and ambitions to embed the implementation of the act, and these remain relevant for the year ahead. We've shown below examples of how they link to our health board strategic objectives and our operational planning objectives:



## Delivering our Well-being Objectives during 2022/2023

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

Through our membership, we work with a variety of local and regional partners and aim, through our collaboration and partnership working, to improve the social, economic, environmental, and cultural well-being for our population and future generations.

Our Well-being Objectives Annual Report will be published in September 2023 and will provide details on how we have performed against our eight Well-being Objectives against our six Strategic Objectives.

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

The Performance Report describes our strategic and planning objectives and associated activities which are designed to support, sustain, and improve the well-being of our population, our patients and the staff and volunteers who together are Hywel Dda University Health Board.

# Our Key Performance Measures

# Our Key Performance Measures

The COVID-19 pandemic has resulted in considerable pressures across NHS services. In conjunction with Welsh Government, we identified the following areas to prioritise for improvements in 2022/23:

### Planned (non-emergency) care

- Increase planned care activity back to 2019/20 levels, especially in surgical specialties
- Reduce the number of patients waiting over one year for a first outpatient appointment
- Reduce the number of patients waiting over two years for treatment

### Urgent and emergency care

- Reduce the number of ambulance handovers to our emergency departments taking over four hours

### Cancer

- Increase the percentage of patients on the suspected cancer pathway that start treatment within 62 days of the point of suspicion
- Reduce the backlog of cancer patients waiting more than 104 days

### Mental health

- Increase the percentage of adults receiving a psychological therapy within six months of their referral

### Neurodevelopmental services

- Increase the percentage of children and young people receiving a neurodevelopmental assessment within six months of their referral

### Infection control

- Reduce the number of cases of C.difficile infections
- Reduce the number of cases of E.coli infections

### Workforce

- Increase the number of nurses and midwives we have in post

The issues and risks impacting our performance, the actions taken, and progress made for each of the above areas are discussed in more detail below.

Details of all areas we have been working on to improve performance can be found in our Integrated Performance Assurance Report which is updated monthly and published: Monitoring our performance - Hywel Dda University Health Board (nhs.wales).

# Key Issues and Risks Impacting Our Performance in 2022/23

## Business continuity incidents

During 2022/23, due to extreme pressures our acute sites reached the highest level of risk escalation on seven occasions and required Business Continuity management. Senior leaders were required to reprioritise their scheduled activities to provide oversight and challenge to clinicians and management colleagues to secure an increased number of hospital discharges to facilitate flow and reduce risk.

## Staff shortages

Vacancy gaps, staff retention, staff sickness, industrial action and carry over of annual leave from the pandemic all impacted on our capacity to see and treat patients.

## Patient acuity

Due to delays in patients coming forward for care during lockdown and the resulting increased waiting times, many patients were of greater acuity and complexity than pre-pandemic and therefore needed higher levels of care.

## Patient flow

Delays in ambulances posed a risk to patients waiting in the community for an ambulance or access to treatment / transport.

The increase in patient acuity mentioned above led to an increase in the number of patients with complex discharge requirements which in turn resulted in patient discharge delays while arrangements were put in place to meet the patients' needs. Most delays were attributable to timely access to various pathway assessments, domiciliary care provision, availability of reablement packages, social worker capacity and care home placements. As of 22 March 2023, 294 of our inpatients were clinically fit and ready to leave hospital.

The discharge delays impacted on our emergency departments and assessment units, with a number of patients waiting days for an inpatient bed. On the morning of 31 March 2023, we had 59 patients in our emergency departments awaiting admission but only had spaces for 49 major/resuscitation patients. The remaining patients were waiting in minor bays, on ambulances, on chairs, in corridors and in the waiting room.

## Demand and capacity

The patient flow issues described above led to insufficient accommodation space to treat new patients arriving in our emergency departments. As of 31 March 2023, our acute hospitals had been at 95 per cent occupancy for more than 12 months.

Demand for treatment was higher than our capacity to see patients in many areas (e.g., mental health services, single cancer pathway and endoscopy) which led to increased waiting lists. Patients not attending appointments impacted our capacity. This was most noticeable within our mental health services.

# Understanding Statistical Process Control (SPC) Charts

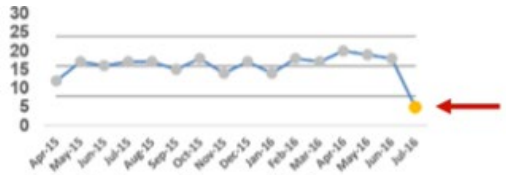
Within this section, the data is presented using SPC charts. Essentially an SPC chart is a trend chart that highlights any variation that is unlikely to have happened by chance.

## Why use SPC charts?

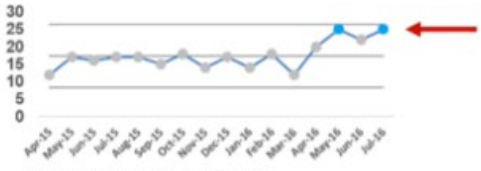
- There is a strong evidence base to support the use of SPC charts to inform NHS improvement.
- Plotting data over time can inform better decision-making
- Month-on-month variation is to be expected due to the large number of impacting factors
- RAG (Red, Amber, and Green) data in a table can hide what is happening
- SPC charts enable us to flag where changes are unlikely to have happened by chance
- SPC charts also help us easily compare our performance against target.

## Rules for special variation within SPC charts

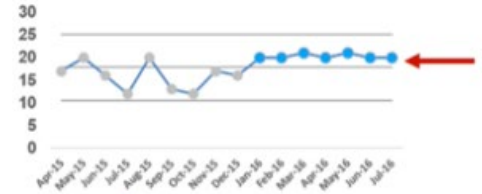
Special variation is change that is unlikely to have happened by chance. We use four rules:



A single data point outside the process limits



Two out of three points close to the process limit



Shift of 7* or more points above or below the mean line

Run of 7* or more points in ascending/descending order

* A pattern of 7 has a 1 in 128 (0.8%) probability of occurring by chance.

## SPC icons

Each SPC chart produces two icons i.e., one for variation and another for assurance:

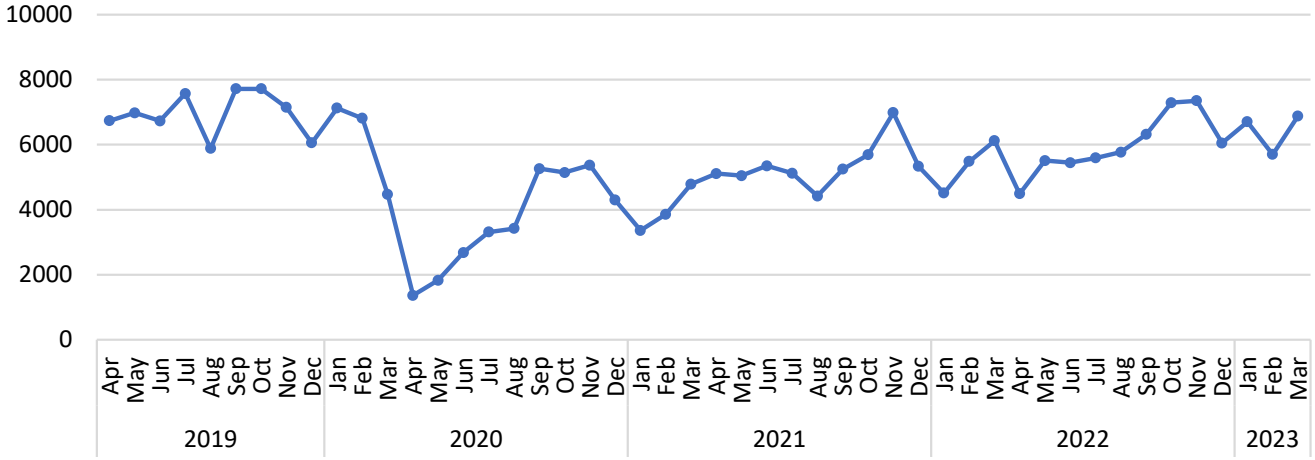
| | | |
|---|---|---|
| **Variation** How we are doing over time | ■ | Concerning trend = a decline that is unlikely to have happened by chance |
| | ■ | Usual trend = common cause variation / a change that is within our usual limits |
| | ■ | Improving trend = an improvement that is unlikely to have happened by chance |
| **Assurance** Performance against target | ▣ | Missing target = will consistently fail target without a service review |
| | ▣ | Hit and miss target = target is not being consistently achieved and is particularly sensitive to external factors |
| | ▣ | Hitting target = will consistently meet target |

## Planned Care

Our key planned care ambitions for 2022/23 were to:

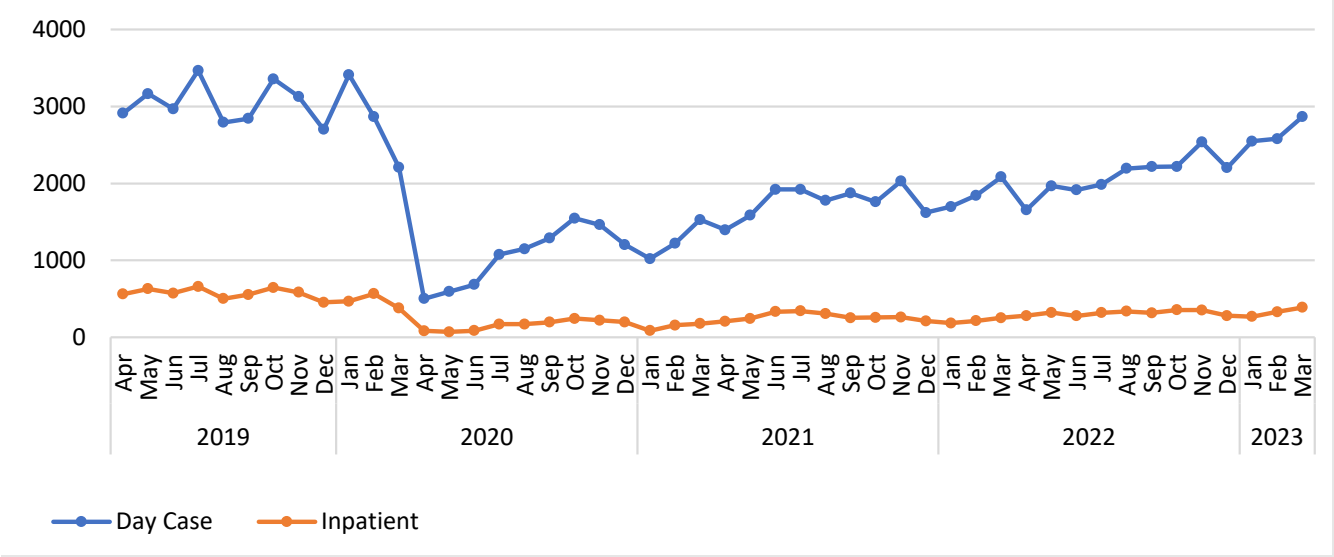
- Increase planned care activity back to 2019/20 levels, especially in surgical specialties
- Reduce the number of patients waiting more than one year for a first outpatient appointment
- Reduce the number of patients waiting more than two years for treatment

### Planned care activity – number of new outpatients seen




Capacity and throughput in outpatients has been consistently increasing and is now similar to pre-COVID-19 levels for new patients, with some specialties exceeding throughput using alterative pathways. In March 2023 we carried out 6,884 new outpatient appointments, a two per cent increase over the 2019/20 monthly average. Within surgical specialties we carried out 4,400 new outpatient appointments, an increase of 18 per cent over the 2019/20 monthly average. Breast, colorectal, ENT, gynaecology, and urology all exceeded the 2019/20 monthly average. Activity for general surgery, ophthalmology and trauma and orthopaedics did not hit 2019/20 levels but was sufficient to resolve the number of outpatients waiting over 52 weeks.

### Planned Care activity – number of day cases and inpatients treated



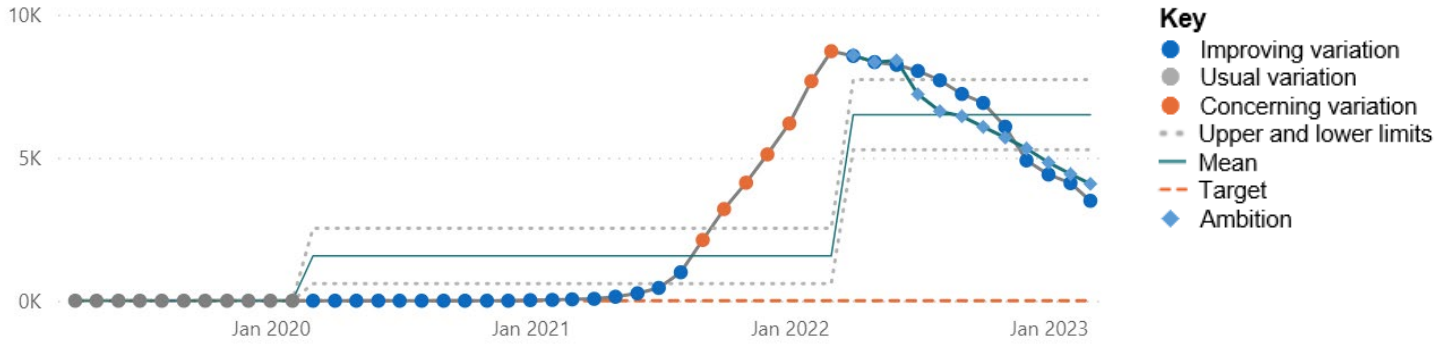
Both inpatient and day case activity have seen improvements in more recent months, albeit remaining below 2019/20 monthly average activity, in part impacted by lost capacity due to industrial action. Inpatient activity steadily increased through 2022/23. Bigger gains have been seen in day case activity, which is benefitting from the two new day theatres at Prince Phillip Hospital, Llanelli and the repurpose of the day surgical unit at Amman Valley Hospital, delivering cataract surgery, both opening at the end of 2022. In March 2023, we carried out 2,866 day-case procedures, which was 96 per cent of our 2019/20 monthly average, with colorectal, gynaecology, trauma and orthopaedics and urology all exceeding the 2019/20 monthly average. Further work is needed in general surgery and ophthalmology who carried out around two-thirds of the day cases in March 2023 compared to the 2019/20 monthly average.

### Number of patients waiting more than one year for a first outpatient appointment

During 2022/23, health boards in Wales were set a target to have no patients waiting more than a year for a first outpatient appointment by 31 December 2022. While this was a significant challenge for all health boards, we managed to achieve significant improvement through the year, reaching our final position of 5,452 breaches at the end of December 2022. HDdUHB ranked first among other Welsh health boards, achieved the greatest percentage improvement over the course of 2022 and had significantly fewer specialties with breaches remaining.

Following on from the end of December 2022 position, we set ourselves an ambition to further reduce the number of patients waiting more than 52 weeks for a first outpatient appointment to below 4,000 by the end of March 2023. We achieved this and our final position at the end of March was 3,715 breaches. We aim to improve this position further in 2023/24.

### Number of patients waiting more than two years for treatment



Alongside the outpatient target, during 2022/23, health boards in Wales were set a target to have no patients waiting more than two years for treatment by 31 March 2023. This again was a significant challenge for all health boards and HDdUHB made continuous steady improvement through the year, despite significant capacity and staffing challenges. We achieved a position of 3,495 breaches at the end of March 2023, which exceeded our original ambition of 4,000 breaches.

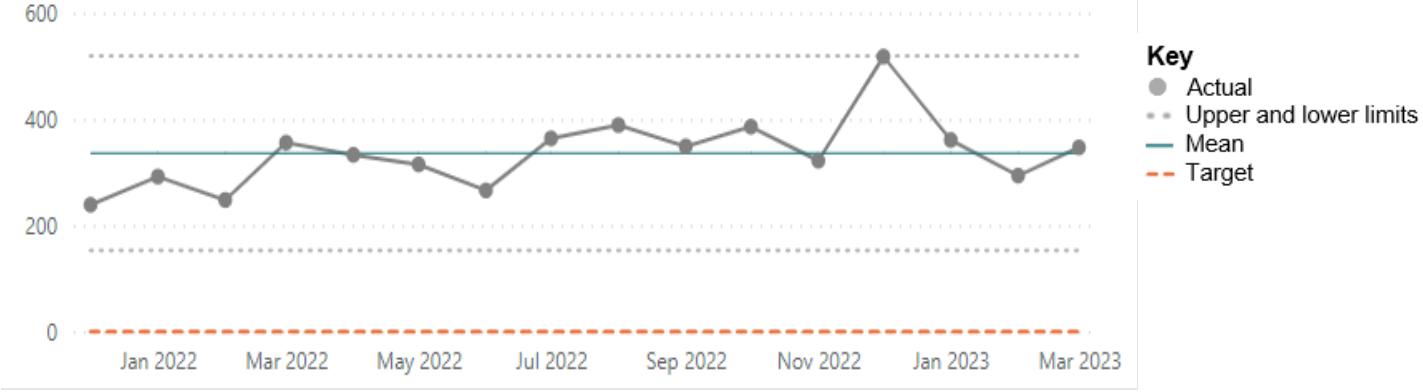
Key actions taken to improve performance and mitigate risks:

- A focus on risk stratification and clinical prioritisation of waiting lists to ensure clinically urgent patients are seen in a timely manner while balancing this with treating our long waiting cohort of patients.
- Regular reviews of outpatient, day case and inpatient space alongside workforce and recruitment plans to enable incremental improvements in activity throughout 2022/23.
- Clinical leadership and adoption of best practice guidance enables improved productivity and efficiency, benefitting outpatient and surgical treatment activity.
- Re-established dedicated wards areas for elective inpatients.
- Two new day surgical theatres established at Prince Philip Hospital from December 2022.
- A new dedicated day surgical facility established at Amman Valley Hospital for ophthalmology cataract surgery.
- Continued progress with our outpatient transformation priorities including utilisation of digital delivery platforms and increasing application of See on Symptoms (SoS) / Patient Initiated Follow Up (PIFU) approaches to follow-up care.
- A combination of face-to-face and virtual activity provided to maximise capacity
- Focused and targeted validation of waiting lists, using local resources and external support
- Active support to long waiting patients awaiting access to care via our locally developed Waiting List Support Service (WLSS)
- Close scrutiny and monitoring of delivery plans by specialty to support our ambitions
- Refined and improved demand and capacity planning tools.

## Urgent and Emergency Care

Our key urgent and emergency care ambition for 2022/23 was to reduce the number of ambulance handovers to our emergency departments taking more than four hours.

### Number of ambulance handovers to our emergency departments taking more than 4 hours



During 22/23, on average there were 354 ambulances waiting more than four hours to handover per month, reaching a peak of 518 in December 2022. The key driver of these delays is system flow constraints, with the emergency departments regularly overcrowded while patients await an inpatient bed. In March 2023, 294 of our patients were ready to leave our acute/community hospitals but were unable to be discharged primarily due to a lack of social care and domiciliary support. We have also experienced significant challenges due to the peaks of COVID-19 and the rise in healthcare associated infections which have added further pressures to patient flow and capacity. Despite the challenges outlined, we have seen a steady improvement since January 2023 in several urgent and emergency care performance framework measures.

Key actions taken to improve performance and mitigate risks

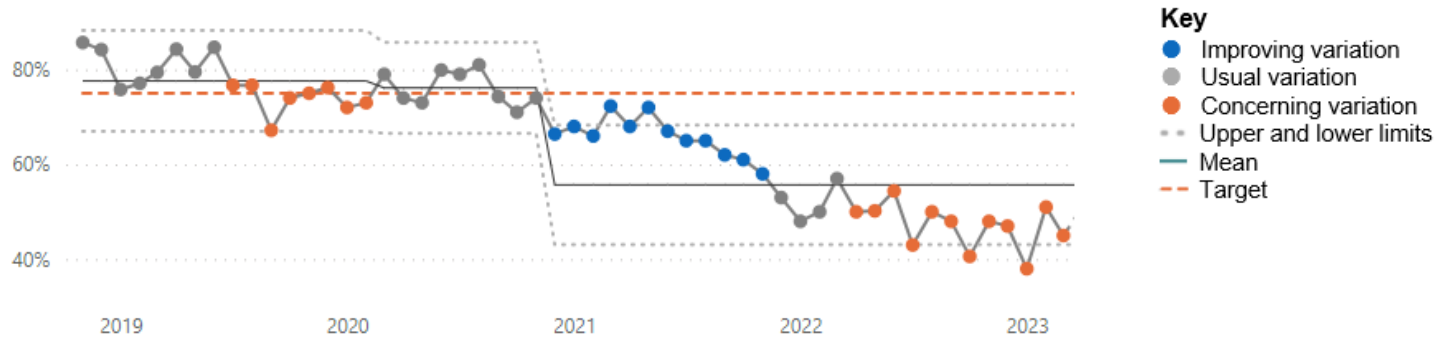
- A Joint Operational Delivery Group was established with the Welsh Ambulance Services NHS Trust (WAST) to oversee delivery of joint actions to improve handover performance.
- Same Day Emergency Care (SDEC) was introduced in Glangwili, Prince Philip and Withybush hospitals. A Same Day Urgent Care (SDUC) service began operating from Cardigan Integrated Care Centre. These helped reduce admissions with wrap around care from the community available to support admission avoidance where safe and appropriate to do so.
- Patients waiting for an ambulance during peak hours for emergency departments (10am – 2pm) were triaged by urgent and intermediate care GPs, and where deemed appropriate, patients were recommended alternative care options to avoid conveyance to hospital and admission.
- We introduced an Advanced Paramedic Practitioner role to work alongside our GP triage model to help reduce levels of ambulance conveyances to hospital.
- Establishment of Contact First 111 – a helpline hosted by WAST to provide health advice and information for people living in Wales.
- Virtual Urgent Primary Care Centre (UPCC) – We have been working to develop a virtual UPCC. The majority of our GP practices have signed up to delivery and confirmed they are ready and able to take referrals from Contact First 111 when the virtual UPCC is live.
- Application of Telehealth as a pilot for early identification of deteriorating patients in the community and in care homes, and intervention to avoid hospital attendance and admission.
- Created additional community-based step-down/surge capacity in each county.
- Commissioned an extra 13 care home beds during the winter period to assist with patient flow.
- All acute sites have introduced the Real Time Demand and Capacity (RTDC) programme to help support and identify discharges to improve flow within the emergency departments.
- We adopted and continue to embed our six goals programme for organising and planning our Urgent and Emergency Care (UEC) transformation and operational improvement.

# Cancer

Our key cancer ambitions for 2022/23 were to:

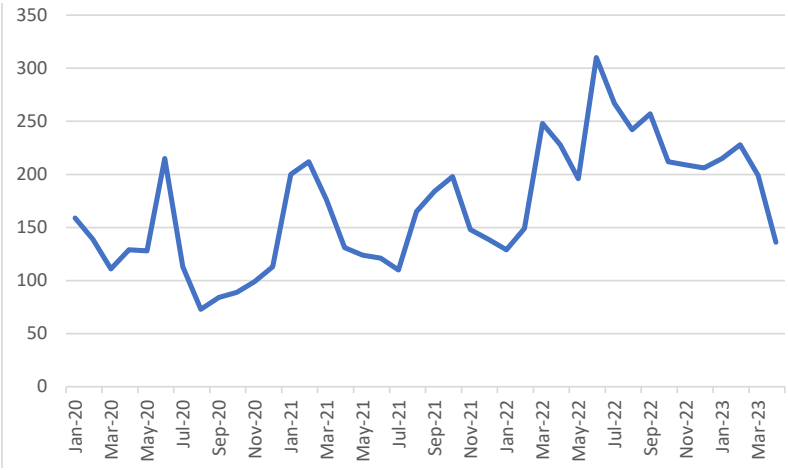
- Increase the percentage of patients on the suspected cancer pathway that start treatment within 62 days of the point of suspicion
- Reduce the backlog of cancer patients waiting over 104 days

## % of patients starting first definitive cancer treatment within 62 days from point of suspicion




Performance has shown variation during 2022/23. The changes from urgent suspected cancer and non-urgent suspected cancer (USC/NUSC) in February 2020 saw an increase in the number of patients being tracked on the single cancer pathway (SCP). In February 2023 there were 38 per cent more patients entering the pathway than in February 2020. Demand for surgical treatments and systemic anti-cancer therapy treatment (SACT) exceed the pre-COVID-19 period. Between April 2022 and March 2023, the overall backlog has reduced by 28 per cent (596 in April 2022 to 429 in March 2023). As the backlog further reduces, we expect our SCP performance to improve over the course of 2023/24 with a forecast performance trajectory of 70 per cent by March 2024.

## Reduce the backlog of cancer patients waiting more than 104 days




The largest volume of patients awaiting in excess of 104 days is within the urology pathway. However, there was a 40 per cent reduction within urology (142 in April 2022 to 85 in April 2023), Lower GI saw a reduction of 32 per cent (41 in April 2022 to 28 April 2023), Skin saw a reduction of 50 per cent (12 in April 2022 to six in April 2023) and gynaecology saw a reduction of 29 per cent (24 in April 2022 to 17 in April 2023). Unfortunately, within some tumour sites, which are reliant on a tertiary pathway or have a level of complexity have either seen no improvement or small growth in volume (lung and UGI). The remaining tumour sites have retained small residual 104+ day waits due to complexity.

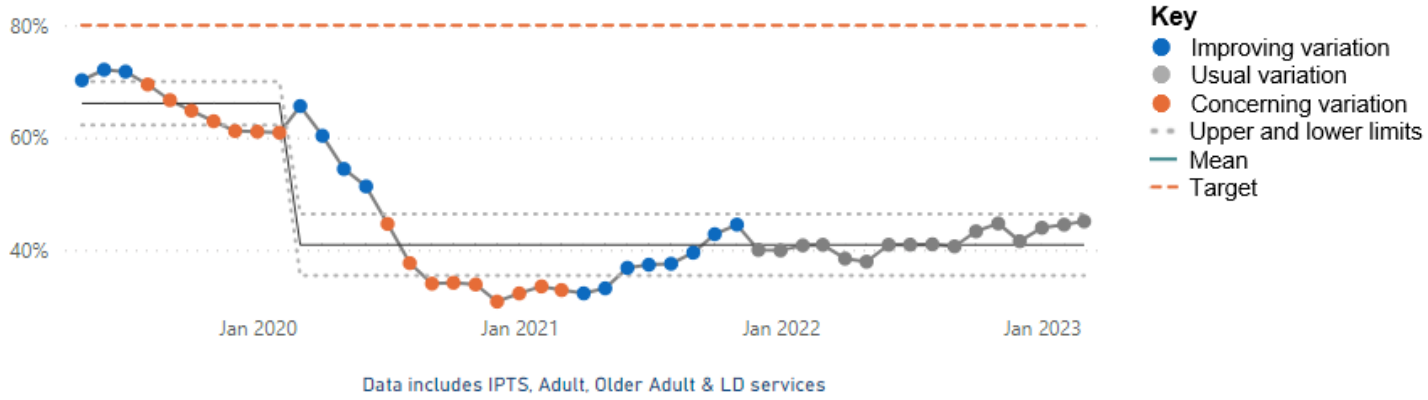
Key actions taken to improve performance and mitigate risks

- A rapid diagnosis clinic was introduced for patients with vague symptoms, who do not meet the criteria for the site-specific tumour pathways.
- Faecal Immunochemical Test (FIT) is a screening test for colon cancer. FIT testing in Primary Care was piloted in January 2023, full roll-out scheduled for April 2023.
- Weekly validation meetings with tumour site specific clinical teams.
- SCP diagnostics group meetings were held monthly to identify, investigate, and resolve bottlenecks in the system.
- As a result of the pandemic the number of referrals to radiology services exceeded our capacity to meet the demand and a backlog of patients waiting accumulated. Demand and capacity planning for radiology service in collaboration with the NHS Wales Delivery Unit.
- We audited our outpatient appointment referrals to identify potential issues and developed improvement plans to address.
- Monthly performance meetings with Welsh Government.
- Trajectory performance plans were developed for each tumour site by the relevant services, with regards to improving performance. This also includes Backlog Trajectory plans on how these improvements will be achieved. Monitored via weekly Multidisciplinary Operational Cancer watchtower group. OBJ

# Mental Health

Our key mental health ambition for 2022/23 was to increase the percentage of adults receiving a psychological therapy within 26 weeks of their referral.

### Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health




Data includes IPTS, Adult, Older Adult & LD services

This measure is made up of four different service areas - Integrated Psychological Therapies Services, Adult Psychology, Learning Disabilities Psychology and Older Adult Mental Health. Performance has steadily been improving towards the latter part of 2022/23 although we remain considerably below target (80 per cent). Our performance in 2022/23 ranges from 37.9% in May 2022 (lowest) to 45.1% in March 2023 (highest). The number of referrals received surpassed our capacity to treat clients.

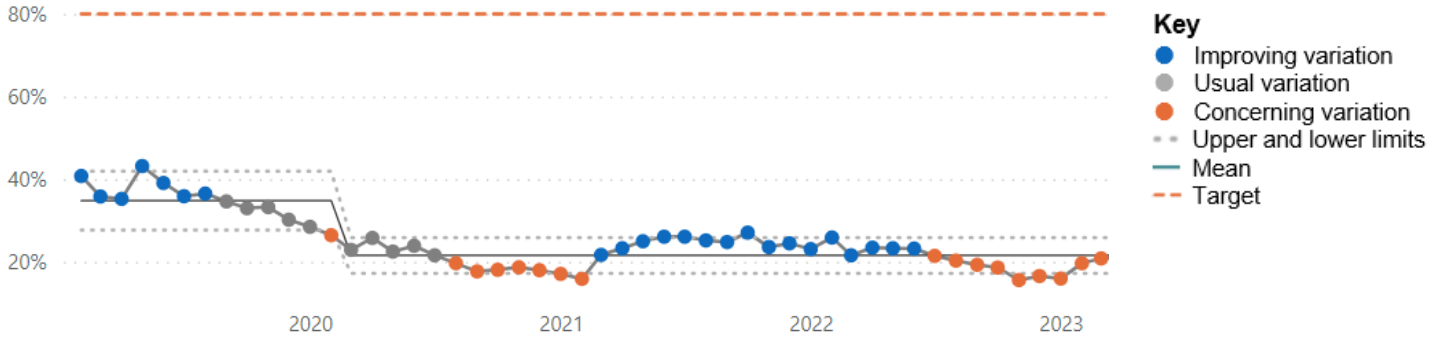
Key actions taken to improve performance and mitigate risks

- We have created a programme of group therapy sessions in Integrated Psychological Therapies to enable clients to receive treatment earlier than if they were waiting for a one-to-one session.
- Undertaken waiting list validation to ensure it is accurate and up to date, understand the level of clinical risk on our waiting lists, prioritise treatments for the most urgent and inform discussions with patients over their next steps.
- Trialling a single wait list model in adult psychology to offer clients options earlier, however this does mean that they may need to attend appointments out of their home county or through virtual platforms.
- Undertaken caseload reviews within the learning disabilities psychology service to maximise capacity and prioritise in order of clinical need to minimise risk to client and others.
- Introduction of a pilot SMS (Short Message Service) text service to reduce the number of patients not attending scheduled appointments.
- Recruitment drives to provide a sustainable workforce.
- Procurement of a third sector company to provide additional psychological therapy capacity to see more patients.

## Neurodevelopmental Services

Our key neurodevelopmental related ambition for 2022/23 was to increase the percentage of children and young people receiving an ADHD (Attention Deficit Hyperactivity Disorder) or ASD (Autism Spectrum Disorder) neurodevelopmental assessment within 26 weeks of their referral.

### Percentage of children and young people waiting less than 26 weeks to start a neurodevelopment assessment




Performance has been showing a concern since July 2022. Our performance in 2022/23 ranged from 15.6% in November 2022 (lowest) to 23.4% in April 2022 (highest) which is well below the target (80 per cent). The number of referrals received surpassed our capacity to treat children and young people.

Key actions taken to improve performance and mitigate risks:

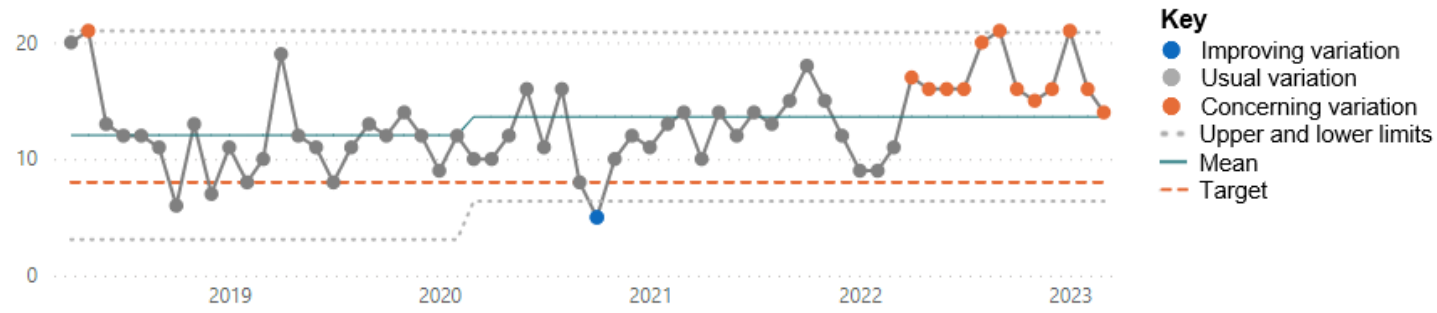
- Increased scrutiny and support available via the Improving Together sessions set up by the health board and will contribute to the demand and capacity planning.
- Meetings with the Delivery Unit (DU) continue to identify areas for improvement. Independent review of Neurodevelopmental services across health boards in Wales being undertaken.
- Received Welsh Government approval to outsource assessments to address our waiting list.
- Collaborative working with the Waiting List Support Service so that all children and young people on the waiting list receive a form of communication from the health board confirming they are on the waiting list and offering generic support while they wait.
- Review of processes being undertaken to include the introduction of a centralised booking system/process to reduce did not attend (DNA) rates.
- Autism Spectrum Disorder (ASD):
  - Completed process mapping of current systems and pathways to improve efficiency and reduce time to assessment.
  - Meetings continue with a variety of digital platform providers to identify alternative ways of addressing waiting lists.
  - Alternative accommodation is being sourced to increase capacity, number of assessment opportunities and address IT issues.
- Attention Deficit Hyperactivity Disorder (ADHD):
  - Service review of Community Paediatrics, commissioned by the Executive Team
  - Task and Finish group created to address increased waiting times.
  - Recruitment of Specialty and associated Specialist (SAS) doctors and an ADHD nurse specialist has seen an increase in capacity.
  - Creation of a working group to ensure that all IT processes are followed which will allow improved reporting.

## Infection control

Our key Healthcare Associated Infection ambitions for 2022/23 were to:

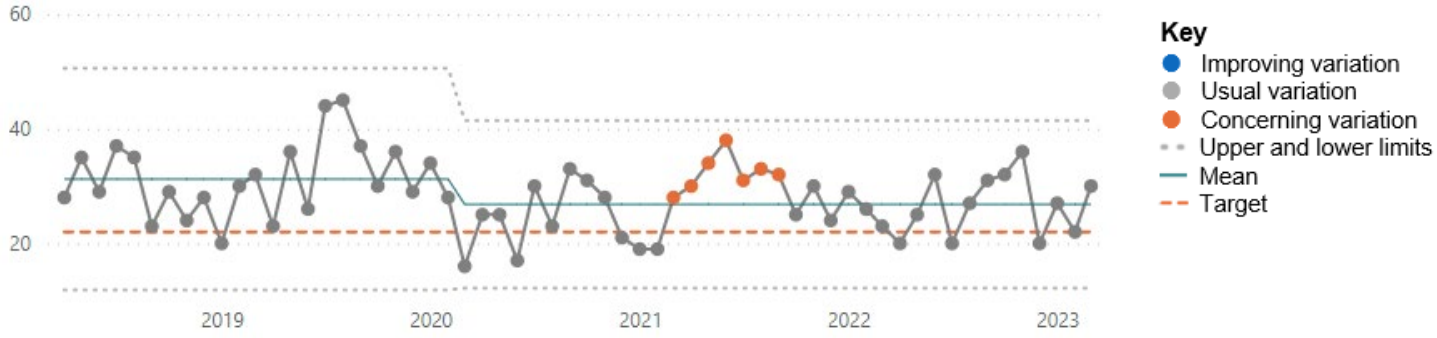
- Reduce the number of cases of C.difficile infections
- Reduce the number of cases of E.coli infections

### Number of laboratory-confirmed C.difficile cases per month




During 2022/23, we saw an increase in the number of confirmed C.difficile cases with an average of 17 per month, reaching a peak of 21 in September 2022 and January 2023. HDdUHB displayed the highest population rate of cases across all health boards in Wales.

### Number of laboratory-confirmed E.coli bacteraemia cases per month




During 2022/23, the number of confirmed E.coli cases was comparative with previous years, although in total we had 24 less cases than 2021/22. Hywel Dda was ranked fifth out of the six health boards in Wales.

Key actions taken to improve performance and mitigate risks:

- The Healthcare Associated Infections (HCAI) improvement plan was developed to focus on key aspects of infection prevention and control, aimed at reducing rates and maintaining standards. The improvement plan is monitored monthly, and performance is scrutinised. The plan is aligned to the five core commitments outlined in the Commitment to Purpose – Eliminating Preventable Healthcare Associated Infections:
    - Changing the culture.
    - Leadership.
    - Improving quality and safety.
    - Measuring success.
    - Public health.

Each of these five core commitments have a series of aligned improvement actions:

- Education and training programmes must include capacity to respond to new and emerging threats.
- Increasing focus on education and training for care home and primary care staff training.
- Developing opportunities for Domiciliary Care training.
- Provide bespoke/targeted education on C.difficile through development of education folders for staff and competency assessment.
- Make antimicrobial stewardship training and audits mandatory for all prescribers to improve engagement and drive improvement.
- Raise awareness of the Micro guide Application to move to digital ways of working and increase engagement and access to evidence base.
- Work with Communication Team to reinvigorate signage to raise profile of Infection Prevention and Control across health board premises: digital screens, posters, hand hygiene signage.
- Reintroduce face to face Infection Prevention and Control (IPC)/Antimicrobial Refresher Training to GPs and medical consultants.
- Review IPC (Infection Prevention and Control) policies and procedures - ensure that they are clear, unambiguous, and easily accessible policies.
- Review capacity for adequate isolation facilities and improve compliance with isolation requests.
- Conduct a deep dive into cleaning services across the organisation and review audit processes for environmental cleanliness.
- Reinstate quarterly audit program for hand hygiene, IPS and commodes.
- Review processes through surveillance of infections with a focus on data collection, data analysis and feedback to clinicians and others involved in decision making.

# Workforce

Our key workforce related ambition for 2022/23 was to increase the number of nurses and midwives we have in post.

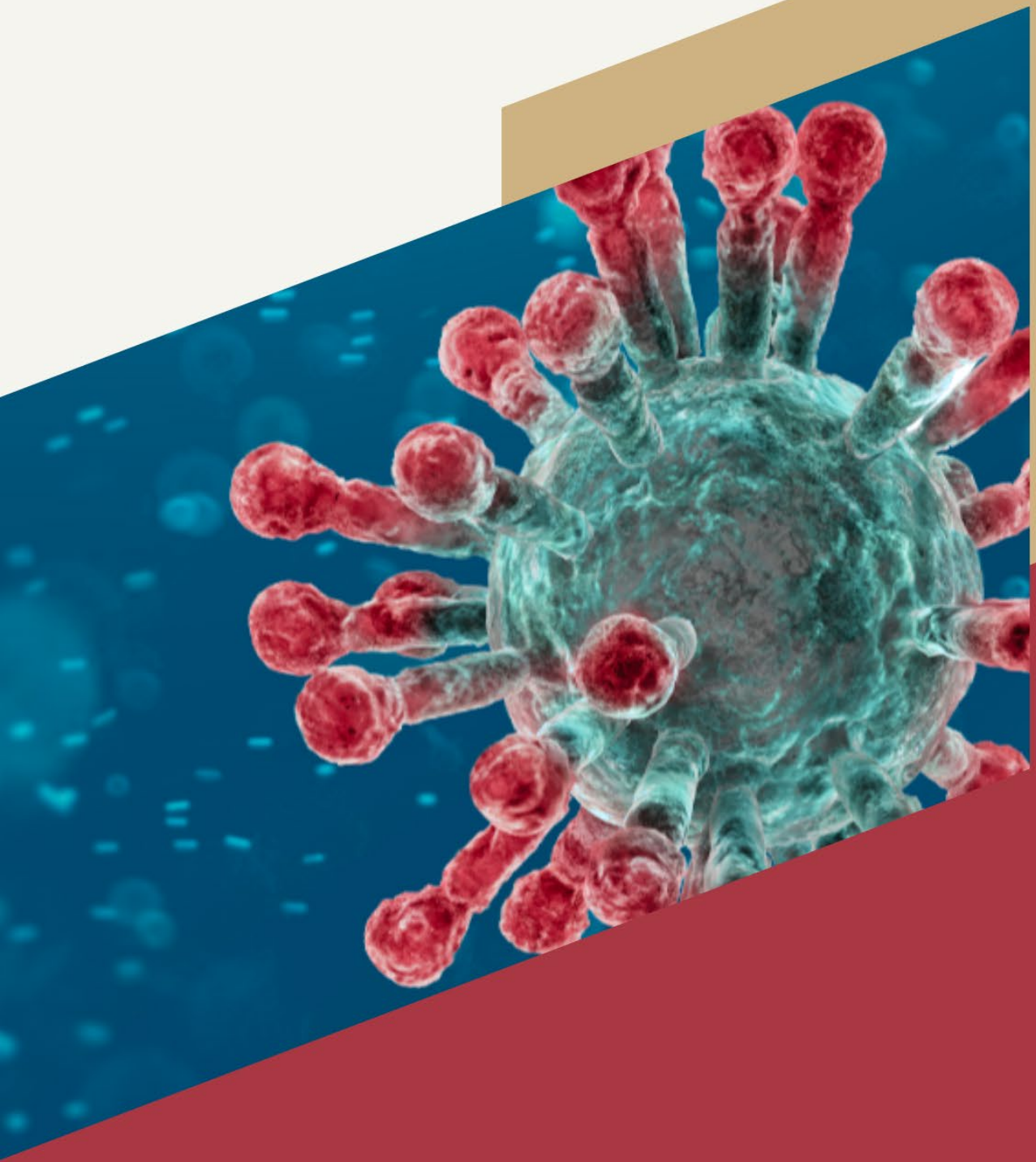
## Number of nursing and midwifery staff in post

We exceeded our 2022/23 ambition to increase the whole-time equivalent (WTE) total of nursing and midwifery staff in post to 2,870, achieving 2,955 nursing and midwifery staff in post in March 2023. This is in line with the five-year projection we are working to have 3,318 nursing and midwifery staff in post by 2027/28.

Key actions taken to improve performance and mitigate risks:
Our progress in increasing the total WTE nursing and midwifery staff in post is attributable to our commitment to our Nursing Workforce Action Plan which crucially includes:

- Streamlining of newly qualified registered nurses.
- An active workplan in progress with the Nursing Retention Task and Finish Group.
- The International Registered Nursing Recruitment project.
- A targeted campaign for return to practice nurses.

# Ongoing response to Covid-19



# Ongoing response to COVID-19

## Testing and immunisation for COVID-19

### COVID-19 testing

The health board first commenced community testing for COVID-19 in March 2020. Since that time, the demand for testing, national strategy and testing infrastructure have changed frequently and quite dramatically. We developed a robust testing infrastructure, which has been responsive to the changing expectations from Welsh Government, as the national testing strategy has developed. Throughout 2022-23 COVID-19 testing was systematically stepped down, as the prevalence and impact of COVID-19 reduced through the year in line with seasonality of respiratory illness, success of COVID-19 vaccination and changing government guidance. During autumn and winter testing moved to a multiplex model testing for wider respiratory illnesses.

### Symptomatic testing

General public community testing using RT-PCR stopped on 1 April 2022, with the national withdrawal of all regional and mobile testing units. Symptomatic members of the public were able to access free Lateral Flow Devices (LFDs) until the end of June 2022, since this time, tests have only been available to purchase.

We continued to support the testing of symptomatic health and social care staff throughout the year to safeguard vulnerable patients and care home residents. Testing requirements for staff changed throughout the year, dependant on surveillance data and impact of infectivity.

In line with Welsh Government guidance, all testing of symptomatic staff ceased on 1 April 2023.

### Care Home testing

We continued to offer both symptomatic and asymptomatic testing in outbreak/incident management scenarios across the care home sector. As we moved into the summer, with the seasonal decrease in circulating respiratory illness, we moved away from automatic whole home testing. Testing in closed settings is now managed via a normal incident management plan and delivered only as and when necessary.

### Inpatient testing

We continued to test patients on admission to hospital throughout the year, reducing to only those with respiratory symptoms when prevalence reduced and flexing up to include all admissions at times of higher prevalence and during outbreaks.

Following admission, patients were tested if they developed symptoms.

From 1 April 2023, only admissions and in patients with respiratory symptoms, who would benefit from treatment, or in order to support infection prevention and control streaming or for passive surveillance are tested.

### Asymptomatic testing

Prior to July 2022, all pre-operative patients received a RT-PCR test to check COVID-19 infection

status prior to surgery. Since July 2022, in line with Welsh Government guidance, pre-operative patients have been risk assessed with only those requiring major surgery or likely to require higher levels of post-operative care being tested. All pre-operative COVID-19 testing was paused on 31 March 2023.

RT-PCR testing for chemotherapy patients ceased in June 2022 and was replaced by LFD (Lateral Flow Devices) testing.

Routine availability of LFD kits for asymptomatic testing ceased on 31 March 2022, however, we continued to provide LFDs to health and social care staff throughout the year. Guidance for staff testing changed throughout the year to support return to work following a positive COVID-19 result and staff who were contacts of positive cases. All health and social care staff testing ceased on 1 April 2023.

### Contact tracing

Routine contact tracing was stepped down during the year, in line with the reduction in testing for COVID-19. Focus moved to tracing to support vulnerable closed settings such as care homes, inpatients and health and social care staff.

Routine tracing is no longer in place and is only used to support outbreaks in closed settings. Local authority contact tracing teams have transitioned into working across the wider health protection system in partnership with the health board teams and Public Health Wales to provide a regional, more sustainable approach to health protection.

### COVID-19 vaccination programme

Delivery of our COVID-19 vaccination programme for the three counties in 2022/23 was considered as a transition year, moving towards a more fully integrated approach to immunisation and wider public population health, and is fully aligned to the Welsh Government National Immunisation Framework (COVID-19 Vaccination Strategy for 2022 published | GOV.WALES). The aim of our COVID-19 vaccination programme remains to protect those who are at most risk from serious illness or death from the virus and deliver the vaccine to them and those who are at risk of transmitting infection to multiple vulnerable persons or other staff in a health or care environment.

Based on the advice from the Joint Committee on Vaccination and Immunisation (JCVI), we continue to strive to offer everyone eligible their primary or booster vaccinations.

To offer protection and vaccinate people as quickly as we can, we are using a blended approach to deliver the COVID-19 Vaccination Programme at the pace required, and accommodate the logistical issues caused by the vaccine characteristics, vaccine supplies, our demographics and rurality and changing national policy and advice. In this way, we use all our strengths to offer vaccination to our community.

This means some people have or will receive their vaccinations through their GP surgery or community pharmacy, while others will be invited to their nearest mass vaccination centre, where vaccine is delivered by health board staff.

We also vaccinate target groups in other ways where necessary, for example, we have undertaken vaccination in the hospital to care for long term patients or service – unpaid carers and those people who are homeless. This aims to minimise any impact of health inequalities and ensure no one is left behind in our communities.

Flexibility of delivery is crucial to meeting the guidance of eligibility as set out by the JCVI and on occasions priority groups will be invited in for vaccination at the same time so that we can make maximum use of the vaccine supplies provided to us. The programme continues to reach our younger population, we aim to support our younger children through clinics in our mass vaccination centre or alternative clinic settings that are suitable for this younger group. We aim to ensure the environment is adapted for the needs of this younger group to prevent any distress and support a positive experience.

The spring booster programme during April to July 2022 saw the delivery of 48,876 COVID-19 vaccinations to our residents. Uptake levels remained high across our groups when we exceeded our 75 per cent uptake target.

The autumn booster programme during September 2022 to March 2023 saw the delivery of 137,193 COVID-19 vaccinations to our residents and health and social care workers. Uptake levels were challenging with a number of our eligible population deciding not to come forward for their vaccination. Through discussions it was evident the majority of people who did not want to have a vaccine this autumn was due to the rationale they had recently contracted the virus and therefore felt they had a boost in their immunity. This autumn we did not reach the target of 75 per cent uptake with our overall uptake at 67 per cent.

We are especially proud of our vaccination teams made up of immunisers from across acute, primary and community settings and supported by administrative teams and volunteers when they were able to respond to vaccine availability, enabling us to transition this year to offering the coadministration of COVID-19 and flu vaccines. Their ongoing response across all our delivery settings to the delivery of both a spring booster and autumn booster for our population while continuing to reach out to our communities to complete their primary courses has been outstanding.

### Seasonal flu

There was concern that a challenging flu season, in addition to the COVID-19 pandemic and associated vaccination programme, could have resulted in significant additional pressure and overwhelmed the NHS and care system. Therefore, a revised strategy was developed to deliver the flu vaccine in a safe and timely manner to protect eligible groups in the community, allowing for co-administration with the COVID-19 vaccine wherever possible.

Partners in primary care maintained their plans to accommodate an appointment only system to vaccinate as many people as possible and maximising the opportunity to co-administer both vaccines. Due to the timescale of the availability of both vaccines the opportunities were delayed at the start of the flu season, however, it did align from October 2022 onwards and every effort was taken to maximise this approach. Co-administration was successful in many of Primary Care

and health board vaccination clinics, and we will continue to strive to improve on this approach for future respiratory vaccination programmes.

Uptake of Live Attenuated Influenza Vaccine (LAIV) in two and three-year-olds for 2022/23 flu season is 39.5 per cent. There was a 70 per cent increase in hospitalisations of children under five years of age from flu in 2022/23 flu season, compared to 2021/22. We will build on this targeted approach for our two and three-year-olds with discussions, and advice to, primary care colleagues around the importance of delivering LAIV early during flu season 2023/24 in protecting infants, and the protection this also provides for the rest of the population with children being considered 'super-spreaders' of winter respiratory viruses.

The School Nursing Service continued to deliver a flu programme for both primary school children and secondary school children. Despite challenges due to the circulating COVID-19 infection and other viruses affecting children's attendance at school, they successfully delivered the enhanced school programmes with very good uptake across all ages.

Our health board immunisation team also reached out to our children who are home-schooled to ensure they were vaccinated. The team took the opportunity to reach out to the parents / guardians of these children and offer any additional vaccines outstanding on their childhood immunisation plan. There was a good response to the contact made with these families and an approach we will explore further alongside our School Nursing Team.

This was complemented by an external communications and public relations exercise that aligned with Welsh Government's vaccination strategy. Part of this campaign included a significant investment to reach the non-digital audience, such as newspaper adverts across the three counties to replicate the success received the previous year, along with radio adverts. Meanwhile, all schools were provided with flu promotion materials to issue directly to parents.

Our Occupational Health team, supported by peer vaccinators, led on the roll out of the flu vaccine to staff. The logistical issues of delivering a vaccination programme within the constraints of COVID-19 guidance and was managed through exceptional partnership working and the need to be as flexible and responsive as possible. Co-administration of flu alongside their COVID-19 vaccine appointment was supported through our mass vaccination centres where possible.

The programme was supported by a communications and staff engagement campaign, which highlighted available clinics and how to access vaccines.

# Strategic Objective 1 – Putting people at the heart of everything we do

# Strategic Objective 1 - Putting people at the heart of everything we do

This strategic objective maps to the following ministerial priorities and measures:

- NHS Recovery – access to timely planned care Six Goals of Urgent and Emergency Care
- Supporting the health and care of the workforce
- Digital and technology

Our strategic objectives are broad and cross-cutting. The planning objectives and narrative on progress against each strategic objective are framed against the following themes and outcomes:

| **Theme:** | **Outcome:** |
|---|---|
| Patient | Our patients report a positive experience following their treatment and care |
| Population | We are actively engaging our population and seek their feedback about current experience and future needs |
| Staff | Our staff feel valued and involved in decisions |

The table below gives a high-level summary of our progress for this strategic objective in 2022/23:

| Our planning objectives | Status |
|---|---|
| 1A - NHS Delivery Framework targets | □ Complete |
| 1B - Hywel Dda Health Hub – Single Point of Contact | □ On-track |
| 1E - Personalised care for patients waiting | □ Complete |
| 1F - HR offer (induction, policies, employee relations, training) | □ On-track |
| 1G - OD Relationship Manager rollout | □ Complete |
| 1H - “Making a Difference” Customer Service programme | □ On-track |
| 1I - Family Liaison Service rollout | □ De-prioritised |
| **Our principal risks** | **Control RAG** |
| 1184 - Measuring how we improve patient and workforce experience | □ Medium |
| 1185 - Consistent and meaningful engagement through our workforce | □ Medium |
| 1186 - Attract, retain and develop staff with the right skills | □ Medium |
| **Our outcome measures** | **Status** |
| Overall patient experience score | □ On target |
| % adults able to influence decisions affecting the local area | □ No data |
| Overall score for staff engagement | □ Missed target |

For further details on the principal risks and outcomes see our Board Assurance Framework: Board Agenda and Papers 30 March 2023 (item 3.1).

## Our planning objectives

We identified seven planning objectives aligned to this strategic objective. The table below summarises these planning objectives and the progress we had made by March 2023.

| Planning objective and status | Update |
|---|---|
| □ Complete<br><br>**1A: NHS Delivery Framework Targets**<br>Develop and implement plans to deliver NHS Delivery Framework targets related to workforce by 31 March 2024 | A dashboard was presented to our People, Organisational Development and Culture Committee (PODCC) in February 2022. The dashboard included a full range of measures with a number of positive comments received from members of the Committee, including: "really appreciate the simplicity of the messaging with a clear focus on current performance, performance against trend and future actions to address any performance improvement required." |
| □ On-track<br><br>**1B: Hywel Dda Health Hub: Single Point of Contact**<br>• Develop a single telephone and email point of contact to link patient appointments, online booking, and call handers. All specialist teams to have their calls routed through here.<br>• Developments to support our COVID-19 response<br>• Further develop a system to facilitate tracking, auditing, and reporting of enquiries, responses, and actions<br>• Develop and implement a plan to roll out access for all patients to own records and appointments | • A Single Point of Contact (SPoC) has been established within the communications hub. Evaluation demonstrated service efficiencies, redistribution of staff within the service, and that patients have instant human interaction and one SPoC providing a quality service, rather than leaving an answer phone message that may take several days to respond to.<br>• Work has also been undertaken with the finance value-based healthcare team to demonstrate the value of investment in terms of outcomes from the communication hub.<br>• As a result of this, a wide range of services are now available through the SPoC. |

| Planning objective and status | Update |
| --- | --- |
| □ Complete<br><br>**1E: Personalised care for patients waiting**<br>Roll out the process developed in 2021/22 to:<br>• Maintain personalised contact with all patients waiting for elective care.<br>• Establish a systematic approach to measuring harm, bringing together clinically assessed harm and harm self-assessed by the patient and use this to prioritise waiting lists.<br>• Incorporate review and checking of patient consent | This Planning Objective was merged with Planning Objective 1B, as their aims aligned. |
| □ On-track<br><br>**1F: HR offer (induction, policies, employee relations, access to training)**<br>This will address the way the health board recruits new staff and provides induction, all existing HR policies, the way in which employee relation matters are managed and equitable access to training and the health board's staff wellbeing services. | • Induction is now a complete onboarding package, linked with the automated nudges, regular communication and linked to staff experience.<br>• We are developing a prioritised implementation plan for recruitment which will be co-designed with our staff.<br>• Launched our new internet recruitment platform: https://hduhb.nhs.wales/working-for-us/<br>• The recruitment pathway for registered nurses has been streamlined and centralised.<br>• Recruitment training was updated to give a 'menu' of bilingual recruitment training.<br>• 36 policies were identified for review in 2022/23 of which 30 were completed and the other six are close to fruition.<br>• Employee relations action plan developed to improve all aspects of our offering from how we manage the process through to completion the timescales involved. |

| Planning objective and status | Update |
|---|---|
| □ Complete<br><br>**1G: Organisational Development (OD) Relationship Manager rollout**<br>Organisational Development Relationship Managers (ODRM) to coordinate the development of Directorate level People Culture Plans across the organisation. | The role of the ODRM has become well established with the links helping to address particularly challenging cultural issues in certain service areas. The team continues to work closely with trade union colleagues to resolve particular cultural challenges as and when they arise, and to promote healthy working relationships wherever possible. The work being progressed by the team is helping to build Hywel Dda's reputation as an employer of choice. |
| □ On-track<br><br>**1H: "Making a Difference" Customer Service programme**<br>Implement a plan to focus on delivery and measuring outcomes (linked with the Board Assurance Framework), with all members of staff to have completed the programme by September 2024. | The roll-out of the Making a Difference Customer Service Programme has continued from 2021/22. This is supported by a number of key actions to ensure as many members of staff from across the health board engage with the programme as possible. This includes:<br>• Evaluating the programme<br>• The development of a behaviour tool<br>• Targeting under-represented staff groups<br>• Beginning to work with Patient Experience Team to enable targeted interventions now to be able to demonstrate impact of programme from a quantitative and not just qualitative perspective. Evaluation will be submitted to the April 2023 PODCC to close down the action plan. |
| De-prioritised<br>**1I: Family Liaison Service rollout**<br>To embed and sustain a family liaison service in appropriate inpatient and clinical settings from April 2023 | The role of the Family Liaison Service is an extension of the service delivered during COVID-19. Work is continuing, based on evaluation, what the future service model could look like depending on the funding available for it. |

For further details on all our planning objectives, including our lead Executive Directors and governance arrangements, see Annex A: Our Planning Objectives for 2022/23.

## Culture and Workforce experience

Continuing with our ambition to make every workday at HDdUHB a good day, we have introduced a number of initiatives to better support our staff both in work and in their lives outside work to maintain their health and wellbeing.

### Customer service programme 'Making a Difference'

In April 2022, we launched our bilingual ‘Making a Difference’ programme. Designed through evidence-based research, focusing on individual needs, this programme provides information and signposting to well-being services, staff benefits, community groups and provides an opportunity for staff voices to be heard. To date more than 500 staff have attended the sessions, of which 100 per cent would recommend to colleagues. The programme was shortlisted as a finalist for the CIPD Wales Best Learning and Development Initiative.

### Recognition and Appreciation Programme

Employee recognition and appreciation has long been a cornerstone of effective organisations. The way an organisation demonstrates that they value their employees has become more important than ever. In simple terms, recognition is about what people do; appreciation is about who they are.

Hywel Dda developed a recognition and appreciation programme for 2022/23 which outlined several initiatives to revive how we show value in our workforce. All these awards were part of an ongoing programme of showing appreciation and valuing our workforce.

### Chair’s Commendation Awards

The Chair’s Commendation Awards recognise staff for their compassion, innovation, and collaboration in line with the organisational values and purpose. Quarterly events have been held for nominees and winners to connect and celebrate achievements. These events have been extremely positive with many winners gained from a wide array of services.

## Long Service Awards

Our long service awards scheme was introduced to recognise staff for their service to the health board. Staff celebrating five and 10 years of service received an e-card congratulating and thanking them for their commitment to the service. Colleagues who reached the milestones of 25- or 40-years' service received a card with personal message and a specially designed pin badge. These awards have been universally recognised across Hywel Dda and have spread much joy for colleagues being recognised in this manner.

## Hywel's Applause

In December 2022, we launched our Hywel's Applause staff awards. Staff were nominated by colleagues for awards across a range of diverse categories such as Living Our Values, Diversity and Inclusion, Unsung Hero, Rising Star and Patients' Voice. Winners were chosen by panels including colleagues across a wide variety of services.

- *"Although my nomination wasn't shortlisted, she was informed, and it really boosted her confidence."*
- *"The team member I nominated got shortlisted. This not only made me smile, but boosted her morale, she felt appreciated, plus provided positivity to the team as we shared the great news."*
- *"It was empowering and enabled me to have more of a say outside of my usual working remit."*

- *“Oh, my goodness I didn't know she had done this, that was completely beautiful and has brought me to tears. I’m a winner already working with such a lovely team.”*

- *“It was a lovely evening and so emotional being nominated by the people who really count.”*

Staff benefits continue to be promoted via the Hapi app, which also offers financial wellbeing support to staff. ‘Wagestream’ was introduced at the end of 2022, which enables staff to access their salary in a more flexible and timely way. To date, 14 per cent of staff have signed up to Wagestream.

### Staff Networks

The health board has expanded its staff networks and recently launched a RespectAbility network to support neurodiverse staff as well as those who experience chronic ill health or other physical disabilities. This complements existing staff networks such as Enfys, BAME, Staff Carers, Armed Forces, and the Menopause Café. Specialist and targeted diversity and inclusion training continues to be offered to our staff.

In 2022/23 the health board also became a member of the Refugee Employment Network and achieved the Stonewall Diversity Silver award. The health board were also successful at the National BAME Health and Care awards winning the Community Initiative of the Year Award and Mental Health Initiative Award.

### Staff psychological well-being

The mental health and emotional wellbeing of our staff has remained a priority in the last year and the Staff Psychological Wellbeing team has worked to extend the offer to staff and gain valuable feedback on what works well. This has included improving and expanding the information we have available to support staff wellbeing:

- Launching our "How do I feel and what might help me?" Care Pathways to make it easier for staff to access the most relevant resources at the right time.
- Offering our innovative Recovery in Nature: Ecotherapy Retreats for staff and Recovery in Nature Days.
    - *"This was truly an enjoyable and beneficial experience and one that I would whole heartedly recommend to others."*
- Our Wellbeing at Work webinar series including Preventing Burnout, Team Resilience, how to use a Stress Risk Assessment and Wellbeing Resources.
    - *"I love all these webinars, it’s a chance to really check in with the sometimes obvious but picking up new techniques/strategies too."*

- Launching the first of our Staff Wellbeing Needs Surveys to help us understand what is working for staff, what barriers might prevent staff from caring for their own wellbeing and how we can improve.

We have also continued to provide access to one-to-one psychological support with 555 self-referrals over the year, a 6.5 per cent increase from the previous year. Almost 2,000 one-hour therapeutic appointments were booked with staff, covering a range of issues including work relationships, stress and burnout, home relationships, anxiety, and depression.

- *"The service is excellent, and I would fully recommend to anyone. The waiting time was minimal, the staff are helpful, sympathetic, and knowledgeable and being able to do the appointment virtually was great in my circumstances"*

## Recruitment

### International recruitment

In 2022/23, NHS Wales participated in an ambitious and ethical International Nurse Recruitment Project to recruit 430 Internationally Educated Nurses into Wales. One hundred of these nurses were recruited into Hywel Dda, relocating from a variety of countries, settling in well to local communities.

The nurses have been placed across our four hospital sites and work in a variety of specialty areas. The project has moved at pace to ensure the swift relocation, training and embedding of the nurses and to date, not one nurse has left Hywel Dda.

The international recruitment project has supported the stabilisation of Glangwili Hospital. As at March 2023, 100 overseas nurses have been placed with a further 31 to be placed over the coming months. This has reduced the nursing vacancies in Glangwili Hospital by more than 50 whole time equivalent nurses since August 2022 and has reduced the number of unfilled shifts.

Supporting this work has been an escalation process for use of agency nursing, improving governance in our agency booking process and allowing decisions on agency use to be based on patient demand or staffing gaps. Support has also been provided through central recruitment streams to continue to reduce the vacancy factor for registered nurses and health care support workers.

### Recruitment campaigns

During 2022/2023, the health board's 'Working for Us Pages' were re-styled and re-branded. This, in conjunction with the further development and interlinking of Swyddi Hywel Dda Jobs social media platforms, has resulted in a record number of applications being submitted to the health board.

To ensure attraction strategies are inclusive, we have widened our advertising platforms to include local and national posters in train stations, tourist hot spots, trains, M4 and M5 corridor service stations, radio, Spotify, press, letter box leaflet drops, petrol pumps, buses, London underground and Manchester and Birmingham New Street stations digital advertising. In addition, we also link with local authorities, businesses, and educational establishments to share advertising via online platforms.

### Recruitment centralisation

In a bid to ensure recruitment efficiency and inclusion and to enhance the recruitment experience for candidates, a centralised recruitment pathway has been developed for registered nurses and health care support workers.

### Inclusive recruitment

To ensure we are accessible to all, and to support our local and wider communities, a variety of pragmatic recruitment solutions have been developed. This includes advertising some vacancies where an application and shortlisting process is not required. This has enabled services to fill their high vacancy gaps in a very short period of time with local people who may not have applied online.

### Workforce planning

In 2022/23, the health board has developed a Workforce Regeneration Framework, a tool that will help us to quantify our workforce gaps and develop options to meet these gaps over the long term. The framework focuses on working collaboratively with our partners to stabilise and evolve our workforce through the recruitment, development, and retainment of staff, optimising digital technology and being innovative with new models of working. This framework is now being tested locally and has informed work at a regional and all-Wales level.

# Strategic Objective 2 – Working together to be the best we can be

# Strategic Objective 2 – Working together to be the best we can be

This strategic objective maps to the following ministerial priorities and measures:

- Working alongside social care – care closer to home
- A healthier Wales
- Supporting the health and care of the workforce

Our strategic objectives are broad and cross-cutting. The planning objectives and narrative on progress against each strategic objective are framed against the following themes and outcomes:

| **Theme:** | **Outcome:** |
|---|---|
| Patient | We are listening to the voices of our patients to ensure that our services deliver the outcomes that are important to them |
| Staff | Our staff feel that they are part of an effective team |
| Population | As a health board, our strategic vision is clear, and our objectives are aligned |

| Our planning objectives | Status |
|---|---|
| 2A – Regional Carers Strategy response | □ Complete |
| 2B – Strategic Equality plan and Objectives establishment | □ Complete |
| 2D – Clinical education plan | □ Complete |
| 2E – Evidencing impact of charitable funds | □ Complete |
| 2I – Integrated Occupational Health & Staff psychological wellbeing offer | □ Behind |
| 2J – “Future Shot” Leadership Programmes | □ Complete |
| 2K – Organisational listening, learning and cultural humility | □ Complete |
| 2L – Staff engagement strategic plan | □ Complete |
| 2M – Arts in Health Programme development | □ Complete |
| **Our principal risks** | **Control RAG** |
| 1185 – Consistent and meaningful engagement through our workforce | □ Medium |
| 1186 – Attract, retain and develop staff with the right skills | □ Medium |
| 1187 – Strong reputation to attract people and partners | □ Medium |
| 1188 – Effective leveraging within partnerships | □ High |
| **Our outcome measures** | **Status** |
| Team members trust each other’s contribution | □ No change |
| I am proud to tell people I work for Hywel dda | □ Missed target |
| Staff: PADR (Personal Appraisal and Development Review) in the last 12 months that has supported my development and provided me with clear objectives in line with the organisation’s goals | □ Improved but missed target |

## Our planning objectives

We identified nine planning objectives aligned to this strategic objective. The table below summarises these planning objectives and the progress we had made by March 2023.

| Planning objective and status | Update |
|---|---|
| □ Complete<br><br>**2A: Regional Carers Strategy response**<br>Develop a health board specific plan that supports the sustainable delivery of our commissioned services for unpaid carers and responds to the Regional Carers Strategy. | • The visibility of the important role of unpaid Carers has been maintained throughout the year, including presentation to Board on Carers Rights Day in November 2022. Despite the continuing financial challenges of short-term and non-recurrent funding, services commissioned by the health board have been reviewed and adapted to respond to the changing needs of unpaid Carers.<br>• Health board action plan has been developed through the work of the Carers Strategy Group and aligned to the regional Carers Strategy and national priorities.<br>• A health board staff network continues to offer peer support to staff with unpaid caring responsibilities and a range of awareness raising activities took place throughout the year.<br>• An annual update report was presented to PODCC at its meeting in February 2023. |
| □ Complete<br><br>**2B: Strategic Equality plan and Objectives establishment**<br>Implement a series of actions to enhance Hywel Dda as a culturally competent organisation. This is able to support and recognise individual needs of employees, patients and carers. | The health board has expanded its staff networks and launched a RespectAbility network to support neuro-diverse staff as well as those who experience chronic ill health or other physical disabilities. This complements existing staff networks: Enfys, BAME, Staff Carers, Armed Forces, Menopause Café. |

| Planning objective and status | Update |
|---|---|
| □ Complete<br><br>**2D: Clinical education plan**<br>Develop a multi-disciplinary clinical and non-clinical education plan and begin implementation from October 2022. This plan will incorporate the expansion of the Apprenticeship Academy in terms of its scope, scale, and integration with social care. | • An Interprofessional Education Plan has been developed and introduced which sets out the changes required for the delivery of interprofessional education and training over the next three years and sets out how it aims to provide an innovative and equitable learning experience to staff.<br>• Simulation Based Education (SBE) is a key vehicle for the delivery of the Interprofessional Education Plan, and we have made significant progress in developing our approach. |
| □ Complete<br><br>**2E: Evidencing impact of charitable funds**<br>Continue to deliver the objectives of the charity's three-year plan (2020-2023) to further promote awareness of our official charity and the opportunities available to raise and use funds to make a positive difference to the health, wellbeing and experience of patients, service users and staff across the health board. | We exceeded the target for the Bronglais Chemotherapy Appeal, funded a commemorative bench for Armed Forces Week and developed a new charity website: https://hywelddahealthcharities.nhs.wales/. |
| □ Behind<br><br>**2I: Integrated Occupational Health and Staff psychological wellbeing offer**<br>Develop an integrated Occupational Health and Staff psychological wellbeing offer with a single point of contact which supports staff to remain in work, offers support when absent and provides alternative opportunities when health impacts on an individual's ability to be in role. | • This objective was delayed due to ongoing All Wales discussions regarding a once for Wales approach.<br>• This has been carried forward as a planning objective for 2023/24, with a due date by September 23. The first step will be to engage the key stakeholders. Initial meetings have been arranged for April 2023. |

| Planning objective and status | Update |
| --- | --- |
| □ Complete<br><br>**2J: "Future Shot" Leadership Programmes**<br>Design a comprehensive range of leadership development pathways to create cohorts of leaders needed to address the challenges ahead. This will include the design of a graduate leadership team for health and social care. | • Delivered a number of leadership development programmes across all staff groups, including Behavioural Insights in Practice; Leadership Engagement with Awesome People (LEAP).<br>• Design and development of a new talent management and succession planning framework (to be launched summer 2023).<br>• The coaching capacity across the organisation is continuing to grow with five cohorts either are completed or underway. The number of qualified coaches is increasing as a consequence and supports the development of a coaching culture across Hywel Dda.<br>• A decision was taken early in 2022 to defer the development of a graduate leadership programme across health and social care in favour of the development of the LEAP programme as a more efficient way of growing our leadership capacity at pace. |
| □ Complete<br><br>**2K: Organisational listening, learning and cultural humility**<br>Demonstrate progression of actions from the first staff discovery report focused on how we can better support staff in work and their wider lives to support health and wellbeing. | Action plan delivered to progress outcomes from the Staff Discovery report as well as the NHS Staff Survey, Medical Engagement Scale and the Nurse and Midwifery Wellbeing at Work Survey. Actions included a wider range of channels to listen and learn from our staff; more intelligent surveillance to triangulate our cultural understanding and a much broader range of ways in which we show our appreciation and recognition of our staff. When this has combined with our approach to people culture planning on the ground, we are seeing some very positive staff experience improvement. |

| Planning objective and status | Update |
|---|---|
| □ Complete<br><br>**2L: Staff engagement strategic plan**<br>Develop a plan to ensure the retention of our new and existing staff through the improvement of our engagement with staff and a reduction in turnover. | • Surveillance work to understand why people are thinking of leaving as well as exit surveys and interviews are helping us to better understand the issues that are important to our staff. Issues which our nurses say are important to them include work/life balance, greater flexibility, and career opportunities.<br>• Our ODRMs (Organisational Development Relationship Managers) have been working with teams to help understand particular service challenges.<br>• A group has also been established to work on the retention rates of medical staff.<br>• We have the best overall staff turnover rate of all health boards in Wales. |
| □ Complete<br><br>**2M: Arts in Health Programme development**<br>To sustain and develop the Arts in Health Programme to promote and encourage the use of the arts in the healthcare environment to make a positive contribution to the well-being of our patients, service users and staff. | Arts in Health developments are on track with public and staff engagement on the development of a new vision for Arts in Health. Creative activities for staff wellbeing are ongoing with Hywel Dda singing bursaries; the Creative Collective and Cultural Cwtsh wellbeing resource for health and social care workers. For patients, initiatives have included 'Arts Boost' Arts and Mental Health provision for children and young people in partnership with SCAMHS (Specialist Child and Adolescence Mental Health Service) and Live Music across Hywel Dda's ITU service. For communities, Dance on Prescription and Creative Prescribing Discovery Programmes are underway. |

For further details on all of our planning objectives, including our lead Executive Directors and governance arrangements, see Annex A: Our Planning Objectives for 2022/23.

## Key reflections on Strategic Objective 2: 'Working together to be the best we can be'

In relation to our progress against Strategic Objective 2 'Working together to be the best we can be', one of the health board's key outcomes has been the development of a clear strategic vision to which our objectives are aligned.

Our work to promote the value of an employee led performance appraisal and development conversational approach continues to be on an improvement trajectory. Our compliance rate with the PADR Tier 1 target reached 73% in February 2023.

### Our Future Generations Living Well

We have a shared vision with our communities for us to live healthy, joyful lives. We want people and the communities they live in to be:

- Connected – able to live and work together
- Supportive – able to help each other
- Adaptive – able to change as they need to
- Resilient – able to bounce back when they face challenges
- Resourceful – able to find ways to overcome issues

Our ambition is to shift from a service that just treats illness to one that keeps people well, prevents ill-health or worsening of ill health, and provides any help you need early on. We are working in our communities to provide more joined-up support and care as close to home as possible.

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

Our vision for health and care was developed by listening to our following conversations with our communities. Our ambition is outlined within our strategy, A Healthier Mid and West Wales: Our future generations living well.

We submitted ambitious plans to the Welsh Government early in 2022, which if successful, could result in the region of £1.3billion investment into health and care in west Wales. The foundation of the plan is to bring as much care as possible closer to people's homes, with plans for multiple integrated health and wellbeing centres, designed with local communities, across Carmarthenshire, Ceredigion, and Pembrokeshire.

A new urgent and planned care hospital is part of our strategy to be able to re-provide more care in community settings, by having a sustainable hospital model fit for future generations. This would improve and increase the specialist care services that can be provided and tackle some long-standing challenges, including old hospitals, problems in maintaining medical rotas over several hospitals, and staff recruitment.

In a meeting held on 4 August 2022, the Board heard that the process to date in appraising potential new hospital sites, within the zone agreed following public consultation in 2018, had received best practice recognition from the independent body the Consultation Institute.

There was unanimous agreement that further public consultation was needed, especially to hear the voices of the seldom heard and staff, including those in the community and primary care services.

Based on the evidence and detail provided through the comprehensive land appraisal process to date, the Board decided to take three of five previously considered sites, through to public consultation.

### Submission of the Programme Business Case

The Programme Business Case (PBC) which we submitted to the Welsh Government in February 2022 is the first, high-level document, to try and secure Welsh Government endorsement for the programme and support the funding of more detailed work.

We hope this process will eventually lead to £1.3billion Welsh Government investment in the buildings and infrastructure we need to deliver our long-term strategy. If approved, this would be an unprecedented, and much needed, level of investment in health care in west Wales.

Welsh Government is currently considering our PBC, and if successful, the next step will be to develop a Strategic Outline Case (SOC) for each of the key developments before developing Full Business Cases. Over the course of the reporting year work has continued to develop the SOC including: the Introduction and Strategic Case; Economic Case; Management Case; Financial Case and Commercial Case.

Subject to the completion of the Clinical Strategy Review, which is a co-dependency of the SOC, we are on target to complete the draft version of the SOC by the end of June 2023. The health board is currently anticipating that Welsh Government funding for the development costs associated with the case will be available in 2023/24.

Our objective is to reach submission of Full Business Case stage across all elements of our Programme by March 2026. This timeline is ambitious but will enable us to deliver improvements to our populations as soon as possible, and progress at pace to deliver the NHS Wales 2030 decarbonisation target.

However, this will be a lengthy process. For example, we expect the new Urgent and Planned Care Hospital will take until at least the end of 2029 to open.

### New hospital site land consultation

The health board launched its formal 12-week consultation on 23 February 2023, inviting members of the public, staff and partner organisations, to share views about three potential sites for a new planned and urgent care hospital as part of HDdUHB's wider strategy to improve health and care in the region. Full details on this and other community engagement activities are included at the end of the chapter on 'Strategic Objective 3 – Striving to deliver and develop excellent services'.

## Partnership approach to health and care

Throughout 2022, the three Hywel Dda area Public Service Boards have worked in partnership to establish a joint methodology framework and joint engagement plan to support county-based work to refresh our joint Well-being Assessments.

Producing a robust and accurate assessment of well-being, which placed the views and needs of the residents of Hywel Dda at the forefront, was critical. The assessments also provided valuable insights to the health board to support its own strategic planning, operational delivery, and transformation agenda.

The assessments sought to capture a broad spectrum of economic, social, environmental, and cultural factors that impact on people's daily lives. This included identifying the strengths, assets, challenges, and opportunities that citizens in each local authority area face.

Well-being assessments formed the basis on which to build the 2023-2028 Well-being Plans, which have recently been out to public consultation and are currently in the process of being scrutinised and approved.

The West Wales Regional Partnership Board (RPB) continues to build on 'Further, Faster' - Our mission to build an Integrated Community Care Service for Wales. Welsh Government attended the RPB meeting held in January 2023 to provide an overview of their policy paper 'Further, Faster'. The RPB is working to build on recent progress to build a stronger web of support for to give people a better quality of life and is jointly developing and agreeing a community care service and workforce model.

At its January meeting the RPB also agreed the West Wales Advocacy Strategy and it is being implemented through our joint Commissioning Programme Board. In February 2023, the RPB held a workshop, facilitated by the Institute of Public Care Oxford Brookes University, to support the development of the 10 Year Integrated Capital Strategy.

## Supporting social care and ensuring safe discharge

Our Healthier Mid and West Wales strategy describes a whole system approach to health and wellbeing. It places significant emphasis on placing people and communities at the heart of the model with community networks playing a vital role in achieving the required transformation.

The future model aims to create a sustainable healthcare system built on a "social model of health and wellbeing", requiring a shift from a focus on hospital-based care to one of wellness and prevention where care is provided closer to home through enhanced community models.
The future model of care will have a network of integrated health and wellbeing centres, developed in conjunction with our public sector and third sector partners, supporting well-being and the health and social care needs for physical and mental health for our communities. Services offered in health and well-being centres will also be provided from current community facilities, which have a variety of names, and in Glangwili and Withybush hospitals in their roles as community hospitals.

### Working with our partners on research opportunities

HDdUHB has, for a number of years, played an active role in supporting research to improve patient care and services. This includes the health board collaborating with partners, including the University of Wales Trinity Saint David (UWTSD) to support the delivery of a healthier mid and west Wales, as well as with Aberystwyth University to help transform healthcare with the opening of a clinical research facility.

Earlier in the reporting year Dr Peter Cnudde, a high-volume joint replacement surgeon at Prince Philip Hospital, Llanelli, received funding from Health and Care Research Wales as part of the NHS Research Time Awards. Dr Cnudde's area of research interest is development of a technology-enabled patient pathway for arthroplasty, surgery where the damaged joint is replaced by an artificial one.

The health board has also been awarded more than £435,000 of funding from UK Research and Innovation (UKRI) for two projects aimed at developing and improving systems to support healthcare and planning on a local and national level in Wales.

The UKRI's Horizon Europe Guarantee competition is providing the health board with funding of £168,268 as part of the Horizon Europe project DYNAMO. The €5million project will focus on modelling and dynamic assessment of integrated health and care pathways enhancing response capacity of health systems. DYNAMO will result in a lean and powerful solution enabling quick, data-driven, and platform-independent planning of care pathways for situations where health system functions are threatened.

The second project has been awarded £266,860 funding from UKRI's Horizon Europe Guarantee competition as part of the Horizon Europe project Invest4Health. This project seeks to mobilise novel finance models for health promotion and disease prevention.

## Highlighting Key Developments

### ORCHA Health and Care applications library

The health board worked with ORCHA (the Organisation for the Review of Care and Health Apps) and became the first in Wales to launch a Health and Care Application Library that contains hundreds of independently reviewed apps.

With more than 375,000 health apps available across the various app stores – covering everything from healthy eating recipes to jogging apps, and ones that monitor heart rhythms or provide mental health support – it can be difficult to know which ones are trustworthy and effective.

We partnered with ORCHA to develop a library of health and care applications that have undergone independent review. The ORCHA team, which includes actively practicing clinicians, accredit health apps against several stringent criteria in areas such as clinical/professional assurance, data and privacy, usability, and accessibility; giving each app an easy-to-understand percentage score that will help local people decide whether to download it or not.

### The LUMEN project

The LUMEN project provides people living in Carmarthenshire and who are experiencing respiratory problems either as smokers or non-smokers with direct access to a specialist nurse who can discuss symptoms, and if appropriate, refer them directly for further investigation. If successful, it is hoped that the pilot will be extended to both Pembrokeshire and Ceredigion in the next year.

### Operation Nightingale 23

Developed by Pembrokeshire County Council in response to the sustained period of winter pressures, Operation Nightingale 23 delivered a variety of measures to help increase the flow of patients out of hospital including:

- the short-term redeployment of council staff into community support roles
- additional social work capacity
- the redeployment of existing social care capacity into the hospital teams to prioritise patient care assessment and care package allocation
- the engagement of community groups and volunteers to allow people to safely leave hospital and return home.

### Falls and Frailty Response Scheme

St John Ambulance Cymru's Falls Response Scheme in Pembrokeshire started on 1 January 2023 and lifted significant pressure from the NHS in the area, as well as delivering urgent care to those who need it most in the local community.

The scheme, based in Haverfordwest, ran until the end of March 2023, and was delivered in partnership between the health board, the Welsh Ambulance Services NHS Trust, and St John Ambulance Cymru, working together to help the communities across the region.

When 999 is dialled, the incident can be triaged to the St John Ambulance Cymru Falls Response team if a fall has occurred. The St John Ambulance team assesses the patient, works with the Ambulance service's Clinical Support Desk to identify an appropriate treatment pathway which may include transporting the patient to hospital by Ambulance or remaining at home. Further support can also be arranged if required.

### Home First scheme

Advanced Paramedics from the Welsh Ambulance Services Trust (WAST) worked through the Home First scheme, in Llanelli, to assess 999 calls to see if there are any ways to use their advanced skills to treat people safely at home. Attending more than 70 per cent of all calls in the locality, Advanced Paramedics diverted many patients from Accident and Emergency to be treated through other routes.

### Digital Nursing: Welsh Nursing Care Record (WNCR)

Since starting its journey in April 2021 as the first health board in Wales to introduce the new digital Welsh Nursing Care Record (WNCR), Hywel Dda has continued to lead the way in this ground-breaking clinically led national project.

Following the official launch of WNCR in Hywel Dda, the rollout of the technology has continued at pace, and was reported as complete at the May 2022 Board meeting. Our journey towards smarter, patient-centred ways of working uses the latest tablet-based digital technology, rather than paper forms. WNCR has transformed nursing documentation within the health board.

### The Role of the Stakeholder Reference Group

The Stakeholder Reference Group (SRG) provides a forum for engagement and input among stakeholders from across the communities we serve. Its aim is to consider and reach a balanced stakeholder perspective to inform our decision making.

The group has membership from a wide range of stakeholders who have an interest in, and whose own role and activities may be impacted by heath board decisions. Members include community partners, provide organisations, and special interest groups.

Four meetings of Hywel Dda SRG took place during 2022/23, which provided SRG members with opportunities to discuss, comment, and make recommendations to the health board on the following listed areas of work. This has ensured active involvement and direction from stakeholders in these key areas of health board business including:

- Transformation Programme Update
- Continuous Engagement
- Arts in Health
- Charter for Young People/Early Adopter
- Role and remit of Ethics Committee
- Waiting Well/Waiting Lists
- A Healthier Mid and West Wales
- IMTP (Three Year Plan)
- Recovery Plan update
- Building a Healthier Future after COVID -19: Engagement Update
- Cluster Plans
- New Urgent and Planned Care Hospital Project

### Dyfed Powys Local Resilience Forum

Dyfed Powys Local Resilience Forum (LRF) is a multi-agency partnership made up of representatives from local public services, including the emergency services, local authorities, the NHS, Natural Resources Wales, and others. Mandated in legislation, these agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act 2004. The LRF is also supported by other organisations, known as Category 2 responders, such as the Health and Safety Executive, transport and utilities companies Highways Agency and public utility companies. They have a responsibility to co-operate with Category 1 organisations and to share relevant information with the LRF. The geographical area the forum covers is based on the Dyfed Powys Police area.

The LRF also works with other partners in the military and voluntary sectors who provide a valuable contribution to LRF work in emergency preparedness. The LRF aims to plan and prepare for both localised incidents and catastrophic emergencies. It works to identify and assess potential risks and produce emergency plans to either prevent or mitigate the impact of such any incident

on their local communities. Training and exercising for such events are of vital importance and the LRF facilitates multi-agency opportunities to develop our collective resilience.

Over the last year the health board has participated in the Dyfed Powys LRF's multi-agency response to a number of incidents (fire, extreme weather, and water supply disruption). Participation in training events such as 'media/talking heads; Gold level strategic training for Executive Directors and debrief training has supported our continued programme of preparedness and resilience. The health board has also participated in both a regional exercise relating to power outages (Exercise Lemur) and also in the National Tier 1 Exercise Mighty Oak which focused on the strategic level response. Both these exercises have assisted in further developing our own resilience to such a scenario.

## Equality, diversity, and inclusion

The health board is committed to putting people at the centre of everything it does. The vision is to create an accessible and inclusive organisational culture and environment for everyone. This includes staff, those who receive care (including their families and carers), as well as partners who work with the organisation - whether this is statutory organisations, third sector partners or communities. This means thinking about people as individuals and taking a person-centred approach, so that everyone is treated fairly, with integrity, dignity, and respect, whatever their background and beliefs.

Control measures are in place to ensure that the organisation's obligations under equality and human rights legislation are complied with. The Board approved a revised Strategic Equality Plan and objectives for the period 2020-24.

COVID-19 exacerbated inequalities for those with protected characteristics and communities that are socio-economically deprived so, in response we reviewed our plans outlining how we were going to meet those objectives and one key action was the establishment of a Black, Asian and Minority Ethnic Advisory Board along with:

- The requirements of the Socio-economic Duty which became law in 2021 were embedded into the health board's strategic decision-making process.
- The Equality Impact Assessment (EqIA) process was reviewed, to incorporate the socio-economic duty, and an EqIA training programme is available for all staff.
- Equality and Human Rights training is mandatory for all staff as part of the corporate induction.
- A Strategic Equality Plan Annual Report is published annually, alongside a Workforce Equality Report and Pay Gap Reports focusing on gender, ethnicity, and disability.

### Equality objectives

The work to progress the equality agenda is inter-linked with our work around the Well-being of Future Generations (Wales) Act 2015 (WFGA) and the Social Services and Well-being (Wales) Act 2014. For more information on the Strategic Equality Plan and objectives and progress outlined in the annual reports, visit https://hduhb.nhs.wales/about-us/governance-arrangements/equality-diversity-and-inclusion/equality-diversity-and-inclusion-documents/.

### Examples of key highlights for 2022/23 include:

- A well-established Menopause Café for staff which has seen additional sessions provided by specialists on menopause yoga, diet and the menopause and a Q&A session with our Specialist Menopause Consultant. The Menopause Team also provided an information session targeted at our male staff to educate them about the menopause and how they can offer support to those around them
- New staff network for staff with a disability recognising staff with physical and neurodiversity needs.
- Our ENFYS LGBTQ+ Staff Network has been revived following the pandemic and network members have represented the health board at several Pride events across south and west Wales. Network members have been joined by staff from Sexual health, Smoking Cessation, Immunisations and Vaccinations and Workforce and Organisational

Development at these events to engage with the public, offer advice on our healthcare services and promote recruitment opportunities.

- The Black, Asian and Minority Ethnic Staff Network continues to grow in popularity and is meeting regularly to discuss issues in the workplace. The network reports activity to the health board's Black, Asian and Minority Ethnic Advisory Group and network members are working with the Workforce Experience and Culture Team to develop an action plan as part of a Bullying and Harassment Task and Finish Group. Social events have also been arranged for the network members, aimed particularly at new overseas staff who are looking to settle into the area after joining the health board. A successful Diwali event was held in October 2022 and network members took part in a multi-faith Christmas Service in December.
- Eighty-five Equality, Diversity, and Inclusion (EDI) training sessions have been offered to staff throughout 2022-2023 on a range of topics. These have taken the form of formal training delivered by external training providers, webinars, and in-house training by health board staff. The Diversity and Inclusion team have been working with the Learning and Development team to develop EDI training modules for managers which will be rolled out in 2023 as part of the new LEAP programme. The aim of these modules will be to equip staff in leadership roles with the skills and knowledge to implement best practice and demonstrate respectful and non-discriminative values.
- Plans are underway to review the health board's Strategic Equality Plan and Objectives for 2024-2028. This work is being undertaken in partnership with the local authorities, Dyfed Powys Police, Mid and West Wales Fire and Rescue, local universities, and National Parks, to develop a new set of objectives to promote inclusivity and eliminate discrimination in all areas of its work.

# Strategic Objective 3 – Striving to deliver & develop excellent services

# Strategic Objective 3 - Striving to deliver and develop excellent services

This strategic objective maps to the following ministerial priorities and measures:

- COVID-19 Response and Challenges
- NHS Recovery – access to timely planned care 6 Goals of Urgent and Emergency Care
- Supporting the health and care of the workforce
- Digital and technology

Our strategic objectives are broad and cross-cutting. The planning objectives and narrative on progress against each strategic objective are framed against the following themes and outcomes:

| **Theme:** | **Outcome:** |
|---|---|
| Discover | We are actively involved in research development and innovation |
| Design | Our staff actively bring improvement and innovation into our thinking |
| Deliver | Our staff are empowered and supported to enact change and continuously learn and improve |

The table below gives a high-level summary of our progress for this strategic objective in 2022/23:

| Our planning objectives | Status |
|---|---|
| 3A – Improving Together | □ Complete |
| 3C – Quality and Engagement Requirements | □ Complete |
| 3E – Business Intelligence and Modelling | □ Behind |
| 3G – Research and Innovation | □ Ahead |
| 3H – Planning Objective Delivery Learning | □ De-prioritised |
| 3I – Primary Care Contract Reform | □ On-track |
| 3J – A Healthier Mid and West Wales Communications Plan | □ Complete |
| 3L – Review of existing security arrangements | □ Complete |
| 3M – UHB Communications Plan | □ Behind |
| 3N – Welsh language | □ Behind |
| **Our principal risks** | **Control RAG** |
| 1186 – Attract, retain and develop staff with the right skills | □ Medium |
| 1189 – Timely and sufficient learning, innovation, and improvement | □ Medium |
| 1191 – Underestimation of Excellence | □ Medium |

| Our planning objectives | Status |
|---|---|
| Number of new hosted R&D studies commenced in year | ☐ Missed target |
| I am able to make improvements in my area at work | ☐ Missed target |
| We are empowered and supported to enact change and continuously learn and improve | ☐ Missed target |

## Our planning objectives

We identified 10 planning objectives aligned to this strategic objective. The table below summarises these planning objectives and the progress we had made by March 2023.

| Planning objective and status | Update |
|---|---|
| □ Complete<br><br>**3A: Improving Together**<br>Implement a quality management system which uses Improving Together as a delivery vehicle. This will support and drive quality and performance improvements across the organisation aligned to our strategic objectives and Board Assurance Framework outcomes. The aim will be to motivate and support colleagues at all levels to strive for excellence. | • The Improving Together Framework sets out our approach to embed performance improvement through our governance and is enabled by data at every level to support decision making and to drive service change.<br>• At the most strategic level, the Board Assurance Framework and Integrated Performance Assurance Report provide Board, Committees and Executive Team with data and evidence to help understand whether we are achieving and working towards national and local ambitions.<br>• At the directorate level, we have established Directorate Improving Together Sessions to provide dedicated time for teams to meet with their Executive Director and Corporate Executive Directors to discuss priorities / goals, current challenges, support required and flag highlights or relating to quality, workforce, performance, finance, risk, audits, and inspections. The sessions are supported by the newly developed Our Performance and Our Safety dashboards. |

| Planning objective and status | Update |
| --- | --- |
| □ Complete<br><br>**3C: Quality and Engagement Requirements**<br>Establish an implementation group to identify the actions required to respond to the emerging requirements of the Quality and Engagement Act. | An implementation group has been established, to ensure that the health board is compliant with its duties under the Health and Social Care Quality and Engagement (Wales) Act 2020. There are two main duties under the Act which the health board must consider:<br><br>The Duty of Candour<br>• A culture of openness, transparency and candour is widely associated with good quality care. To help achieve this, the Act places a duty of candour on providers of NHS services (NHS bodies and primary care) - supporting existing professional duties.<br>• The duty requires NHS providers to follow a process – to be set out in Regulations – when a service user suffers an adverse outcome which has or could result in unexpected or unintended harm that is more than minimal, and the provision of health care was or may have been a factor. There is no element of fault, enabling a focus on learning and improvement, not blame.<br>• The duty seeks to promote a culture of openness and improves the quality of care within the health service by encouraging organisational learning, avoiding future incidents.<br><br>The Duty of Quality<br>• Quality is more than just meeting service standards; it is a system-wide way of working to provide safe, effective, person-centred, timely, efficient, and equitable health care in the context of a learning culture. To help achieve this, the Act:<br>  ○ places an overarching duty of quality on the Welsh Ministers; and<br>  ○ reframes and broadens the existing duty on NHS bodies.<br>• This ensures the concept of “quality” is used in its broader definition, not limited to the quality of services provided to an individual nor to service standards. |

| Planning objective and status | Update |
| --- | --- |
| ☐ Behind<br><br>**3E: Business Intelligence and Modelling**<br>Develop an advanced analytical platform that is highly accessible and provides real-time, integrated data to support our clinicians and managers to assist with day-to-day operational delivery, as well as organisation wide strategic planning. In parallel, establish mechanisms to ensure continuous innovation of our approach by utilising current technologies, best practices and direction from latest research and publications. | An advanced analytical platform has been developed and is now accessible and includes applications that perform Time Series Analysis, Forecasting, Statistical Process Control (SPC) Charts and Flow Visualisation; whilst a GIS (Geographic Information System) mapping application has been incorporated into the Data Science Platform. |
| ☐ Ahead<br><br>**3G: Research and Innovation**<br>Implement the Research and Innovation Strategic Plan (2021-24) to increase research, development, and innovation activity, and the number of research investigators sufficient to deliver the health board, Welsh Government and HCRW (Health and Care Research Wales) expectations and improvement targets. | 2022/2023 was the third year of implementing the Research and Innovation Strategy published in March 2021. Significant progress has been made against each of the goals contained within the strategy:<br>1) Improving the quality and impact of our activities. Performance in 2022/23 has been strong. On key performance indicators, including recruitment to time and target, the health board has been a top performer in Wales. The research set up and quality assurance arrangements have been further strengthened, with improved performance reflected in the key performance indicators.<br>2) Invest in our staff and facilities. In 2022/23, a leadership programme for all B7s took place and there was continued investment in our research facilities, with the new research facility in GGH becoming operational and plans finalised for a new facility at BGH. The TriTech and Innovation function reached full establishment, increasing the expertise available to the health board to support innovation and evaluation.<br>3) Grow research and innovation activity in areas of strength and opportunity. New clinical research time awards have been secured in orthopaedics and women's health. This dedicated time has translated into tangible |

| Planning objective and status | Update |
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| | research starting in both areas. A substantial research grant was also secured in ophthalmology. A systematic review of our biobank ultimately concluded that we should no longer develop this service, and an exit strategy has been implemented.<br>4) Develop strong and effective partnerships with academic, healthcare, industry, and research organisations. The TriTech and Innovation function has matured and resulted in several prestigious grant awards. These include grants to support the health board's involvement in European Union projects and several new commercial partnerships with industry. Our University Partnerships have also matured, with several achievements including applications for research grant funding, continuation of joint posts, and an increasing number of honorary awards.<br>The next 12 months will conclude this strategic planning period and work will commence around our next strategy. |

| Planning objective and status | Update |
| --- | --- |
| ☐ Deprioritised<br><br>**3H: Planning Objective Delivery Learning**<br>Establish a process to gather and disseminate learning from the delivery of all Planning Objectives. This learning will come from both within the organisation and from our local population. | A number of discussions took place throughout the year, and it was agreed that a Planning Objective (PO) Dashboard would be developed to enable PO leads to monitor outcome measures and assess whether they are having a positive impact on quality, workforce, and financial performance. However, as work was about to begin, a new project management system (PACE) was being introduced in the health board which has the functionality to be developed and utilised for capturing the learning from POs. This work has been deprioritised for 2023/24 and not included within the annual plan. However further work is underway to identify specific outcome measures for each of the POs identified for 2023/24 with planned trajectories to assist with PO leads and the Executive Team. PO reporting mechanisms are also being reviewed to ensure that the Board and Committees receive the assurance that HDdUHB is understanding the impact of the POs and applying the learning to their decision-making. This PO is therefore closed. |
| ☐ On-track<br><br>**3I: Primary Care Contract Reform**<br>To implement contract reform in line with national guidance and timescales. | • Implementation of the General Medical Services contract changes for 2022-23 have all been undertaken and the necessary monitoring and reporting mechanisms are in place.<br>• All contract changes for the Community Pharmacy contract negotiated for 2022-23 have been implemented to meet national timescales.<br>• Contract Reform has continued to be supported as part of the commissioning of General Dental Services in line with national guidance. Work is ongoing to shape the NHS mandate for future contract negotiations.<br>• Work is ongoing to develop the clinical pathways and contractual requirements to support implementation of the negotiations that concluded in 2022 and to share the NHS mandate for future contract negotiations. |

| Planning objective and status | Update |
|---|---|
| □ Complete<br><br>**3J: A Healthier Mid and West Wales Communications Plan**<br>Develop an initial communications plan in relation to our strategy - *A Healthier Mid and West Wales* - and our three-year plan to restore, recover and develop local services. This plan will be pro-active and seek to build trust with our staff, partners and local population and a sense of hope and optimism as mid and west Wales emerges from the pandemic. | A Communications Plan has been drafted. The focus towards the latter part of the year has been on a detailed communications plan for ensuring awareness and continued engagement in the New Hospital Site Consultation. |
| □ On-track<br><br>**3L: Review of existing security arrangements**<br>Undertake a review of the existing security arrangements within the health board with particular reference to strengthening the following areas: physical security, automated locks, CCTV, access control systems, intruder alarms, communication systems, human factor, patient/staff personal property, local management, and staff ownership. | To meet the requirements of this Planning Objective a Security Management Framework Task and Finish Group was established to oversee the work.<br><br>Significant progress has been made around CCTV (investment has been received to improve CCTV provision within A&E departments across the health board) and Access Control management in particular, while a Security Management Policy has been drafted. |
| □ Behind<br><br>**3M: UHB Communications Plan**<br>Developing a comprehensive three-year communication plan to evolve our branding, deepen our links to our staff, build organisational confidence, and communicate honestly, transparently, and effectively with our patients and local population. | We have continued to develop and shape our communications strategy for the health board. This has included reviewing our current communication activities and communications channels; and launching our new intranet pages. The new communications plan will be developed by July 2023. |

| Planning objective and status | Update |
|---|---|
| ☐ Behind<br><br>**3N: Welsh Language**<br>Undertake a Welsh language and culture discovery process that seeks the views of staff, patients, partners, exemplar organisations and the local population regarding ways to make Hywel Dda a model public sector organisation for embracing and celebrating Welsh language and culture. | The Welsh Language and Culture Discovery process was launched at the health board's stall at the National Eisteddfod in Tregaron in August 2022.<br><br>The Discovery report will be presented to PODCC in June 2023. |

For further details on all of our planning objectives, including our lead Executive Directors and governance arrangements, see Annex A: Our Planning Objectives for 2022/23.

## Welsh Language

HDdUHB wants to be the first health board in Wales where both English and Welsh are treated with equal status (Health and Care Standards: Dignified Care). In this way, we will not only comply with the Welsh Language Standards but embrace the spirit.

The Welsh Language Standards, effective from 30 May 2019, are a set of statutory requirements which clearly identify our responsibilities to provide excellent bilingual services. These can be accessed via the Welsh Language Services section on our website here: https://hduhb.nhs.wales/healthcare/services-and-teams/welsh-language-services/

Even though our organisation is passionate and ambitious to achieve and go beyond our statutory duties, we recognise that delivery is not always consistent across our sites and teams. Culture needs to evolve for us to deliver a seamless bilingual service to people who use the NHS and care services, and this is a long-term endeavour.

The Welsh language is one of the treasures of Wales. It is part of what defines us as both people and as a nation.

The health board aims to deliver a bilingual healthcare service to the public and facilitate staff to use the Welsh language naturally within the workplace. We aim to be an exemplar in this area, leading by example by promoting and facilitating increased use of Welsh by our own workforce. Whether a fluent speaker, a speaker lacking in confidence who wishes to improve their skills, or a new speaker, the workplace provides opportunities to use, practise and learn Welsh.

A huge milestone towards this goal was achieved this year when we appointed a tutor to specifically work with staff who have Level 3 and above Welsh language skills but lack the confidence to use their skills. This appointment was made possible through funding from the National Centre for Learning Welsh. The tutor started at the end of February; therefore, outcomes will not be measured until 2023/24.

We will report progress on this, and other key actions to achieve our ambitions and statutory obligations for the Welsh language in our Annual Welsh Language Report, which will be published on our website (https://hduhb.nhs.wales).

### Language skills of staff

The language skills of staff, in accordance with Standard 116 and 117, are captured and recorded on the electronic staff management system (ESR). As of March 31, 2023, 97.42 per cent of staff have recorded their Welsh language skills as follows:

### Welsh skill level Number of Employees and percentage

| Welsh skill level | Number of employees | percentage |
|---|---|---|
| 0 - No Skills / Dim Sgiliau | 4,439 | 38.27% |
| 1 - Entry/ Mynediad | 2,711 | 23.37% |
| 2 - Foundation / Sylfaen | 1,056 | 9.10% |
| 3 - Intermediate / Canolradd | 869 | 7.49% |
| 4 - Higher / Uwch | 909 | 7.84% |
| 5 - Proficiency / Hyfedredd | 1,317 | 11.35% |
| Not yet recorded on ESR | 299 | 2.58% |
| Grand Total | 11,600 | 100% |

The number of new and vacant posts that were advertised during the year, recorded as per those where Welsh language skills were essential or desirable and the number where Welsh needs to be learnt or where Welsh was not necessary are reported below:

- Number of Welsh Essential Posts – 41
- Number of Welsh Desirable Posts – 4,467
- Number where Welsh needs to be learnt – 0
- Number where Welsh not necessary – 0
- Total Number of Posts – 4,508

### Welsh language related complaints

Four Welsh language service complaints were received during 2022/23. Two complaints have resulted in an investigation by the Welsh Language Commissioner within the year under section 71 of the Welsh Language Measure. Full details can be found in the Annual Welsh Language Report, which will be published on our website (https://hduhb.nhs.wales).

## Engagement and Consultation with our communities

### New hospital site land consultation

The health board recognised that engagement with the public was a fundamental requirement of the land identification process and has ensured that they have been involved at every major step. We established a series of workshops to review progress, to agree outputs and confirm the next step to be taken. The Board endorsed this process following the submission of reports at each major stage.

During April to June 2022, we reviewed and agreed the technical evaluation criteria, weighted the technical evaluation criteria, and scored the short-listed sites using the weighted criteria.

On 9 June 2022, the Board endorsed the weighted criteria which were established through a workstream which included 52 per cent public representation and 48 per cent health board staff and other stakeholders. This reflected an earlier Board commitment that there is a reasonable expectation that the public voice should be the majority voice in the technical appraisal process.

The final workshop on 28 June 2022 scored the short-list of sites against the weighted technical appraisal criteria. In addition to members of the public and health board staff and stakeholders. Not all stakeholders participated in the scoring, with Hywel Dda Community Health Council (CHC) representatives ensuring they were there to witness the process. Consideration for staff representation was sought from a range of grades in Clinical, Corporate and Facilities departments from across the Hywel Dda area.

The Equality and Health Impact (EHIA) was produced for submission with the Programme Business Case and is a live document being updated as part of the ongoing programme. The EHIA has been reviewed and updated as appropriate to reflect feedback from:

1. An online focus group independently facilitated by the Consultation Institute on 14 June 2022, which included participants from Pembrokeshire (6) Carmarthenshire (4) and Ceredigion (1).
2. A questionnaire which was conducted between 1 – 14 June 2022 and sent to groups that represent people with protected characteristics and members of the health board's involvement and engagement scheme, Siarad Iechyd / Talking Health. 775 responses were received. The questionnaire was also shared by the 'Save Withybush Campaign' group, which resulted in more feedback from Pembrokeshire residents overall, representing 89 per cent of respondents.

The formal 12-week consultation was launched on 23 February 2023, inviting members of the public, staff and partner organisations, to share views about three potential sites for a new planned and urgent care hospital as part of the health board's wider strategy to improve health and care in the region.

A new Urgent and Planned Care Hospital is part of the health board's strategy to be able to re-provide more care in community settings, by having a sustainable hospital model fit for future generations. This will improve and increase the specialist care services that can be provided in Hywel Dda and tackle some long-standing challenges, including old hospitals, problems in maintaining clinical rotas over several hospitals, and staff recruitment.

The consultation sets out three potential sites for a new Urgent and Planned Care Hospital in the south of the HDdUHB area – two near Whitland and one near St Clears.

The health board does not have a preferred site and has not bought any site or land for this development. Purchasing a site and delivering the new Urgent and Planned Care Hospital is subject to the Welsh Government funding, which is not yet confirmed, and if successful, would take several years to achieve.

To help members of our communities to learn more about the plans for our new urgent and planned care hospital, the health board arranged a number of public events – both in-person and online – for people to share their views.

### Review of Paediatric Services

Until October 2014 a 24-hour paediatric inpatient unit was available at both Withybush Hospital and Glangwili Hospital. After this date, the inpatient unit at Withybush Hospital was changed to a 12-hour Paediatric Ambulatory Care Unit (PACU) service. The 12-hour service was supported by a Dedicated Ambulance Vehicle (DAV), introduced to enable the emergency transfer of patients supported by specialist trained staff between hospital sites. Glangwili Hospital remained a 24-hour inpatient unit.

A series of temporary changes have been made to the service since then and these have been documented and reviewed. In the interim of a new hospital being built, the health board is reviewing the temporary changes it has made since 2016 to the way urgent and emergency hospital services for children and young people are provided in the south of our area.

The public were invited to share their views in a questionnaire if there were any issues that they would like the health board to consider or be aware of as we undertook the interim paediatric review, and they were asked if they would like to be kept informed and have further opportunities to have their say about this work.

During the reporting year the health board began preparing for a public consultation on how we will provide urgent and emergency children and young people's (paediatric) services for children who live in, or visit, areas that are serviced by Withybush and Glangwili Hospitals, in the future.

The health board has worked to develop and appraise a list of viable options, working with children and young people, their parents and guardians and the multidisciplinary team of staff who work with children and young people in the Hywel Dda area. During the options development phase we engaged with: children and young people on our wards; a survey on Have Your Say/Dweud eich Dweud; a young person survey was sent to secondary schools and youth clubs; staff drop-in sessions; informal drop-in events at Folly Farm, Pembrokeshire; Xcel Bowl, Carmarthenshire; and Cardigan Castle, Ceredigion; visits to Portfield School, Haverfordwest and Ysgol y Preseli, Crymych to listen to children; engagement with the Gypsy and Traveller community in Pembrokeshire.

We also sought expressions of interest from the public and representatives of community and third sector groups to take part in: a deliberative session using the issues paper as a basis for discussion with an appraisal group; to appraise the long list of options using hurdle criteria; and to appraise the options still being considered (short list).

### Have Your Say / Dweud eich Dweud – *online engagement*

The health board online engagement portal Have Your Say / Dweud eich Dweud has hosted the following projects to engage and consult with the communities during 2022/23 on the following issues:

- **Application to close Tycroes branch surgery in Ammanford**
  - Margaret Street Practice, HDdUHB and the Community Health Council worked together to engage patients of both surgeries to gain an understanding of how a proposed closure of Tycroes branch surgery would affect patients. This ran from 9 May until 24 June. In October 2022, the Board announced a unanimous agreement that the Practice must be supported to continue offering services from its branch surgery and to decline the application to close Tycroes Surgery.
- **Fishguard Integrated Health and Wellbeing Centre**
  - The health board is moving forward with plans to develop the Fishguard Integrated Health and Well-being Centre to support the population across north Pembrokeshire from Solva and St Davids in the west, to Fishguard and Newport.
  - The engagement ran throughout the summer of 2022 and asked the public what they would like to see in the Centre and included a public drop-in on 29 June. The process of listening to communities will be an important part of developing our business case, which will be submitted to Welsh Government for the funding.
- **Neyland and Johnston Surgery – the future of services for registered patients**
  - Neyland and Johnston GP Surgery made the difficult decision to resign the General Medical Services contract to operate the practice from 31 October 2022, following the recent retirement of one of the GP partners and unsuccessful attempts to recruit more GPs.
  - Working closely with the practice and Community Health Council, the health board sought the views of the local community and patients via a questionnaire which closed on 2 September 2022.
  - The health board announced that it would take over Neyland and Johnston Surgery as a managed practice later that month
- **Solva Surgery - the future of services for registered patients**
  - Dr Dhaduvai at Solva Surgery made the difficult decision to resign the General Medical Services contract to operate her practice with effect from 31 March 2023. This follows her decision to retire in the spring, and unsuccessful attempts over recent years to recruit another GP partner to continue the service.
  - Working closely with the practice and Community Health Council, the health board sought the views of the local community and patients via a questionnaire which closed on 4 February 2023
  - There was also a public drop-in event for registered patients on Tuesday 24 January 2023
  - Later in February 2023 the health board announced that it would take over Solva Surgery as a managed practice.
- **Health and wellbeing centre Llanelli**
  - As part of its Health Improvement and Wellbeing the health board submitted a planning application in December 2022 for the delivery of a Health Improvement and Wellbeing Centre in Llanelli, which will increase the range and accessibility of essential services for the local population. The health board and partners have

explored other potential locations but has established Anchor Point as the most suitable property for development.
    - The facility is intended to improve the health and well-being of the community and future generations by providing discreet and confidential services to the local community for children, young people and adults who wish to seek support with lifestyle behaviour change.
    - A public drop-in session was arranged for 21 February 2023 with the public invited to send questions in advance of the event on Have Your Say
- **Have your say about arts in health at Hywel Dda**
    - Our strategy - A Healthier Mid and West Wales: Our future generations living well - shares our vision for improving health and well-being for our communities. Part of this work will build on the knowledge and growing evidence base that tells us that the arts have a powerful role to play in supporting health and wellbeing.
    - The public were asked to provide their views in a questionnaire, on a message board or by sharing a story, and to tell us how the arts and music and helped individuals, but also how they might also help improve people's health and wellbeing in our area; and improve the quality of the hospital or care experience.

### Siarad Iechyd / Talking Health Involvement and Engagement Scheme

Siarad Iechyd / Talking Health involvement and engagement scheme has more than 1,000 members who have expressed interest in a variety of different health services. Members receive information regularly from the health board and many are willing to take part in additional activities including questionnaires, events, and local and national consultations.

### Readers' Panel

The Siarad Iechyd / Talking Health membership includes a number who are part of a readers' panel who comment and offer constructive feedback on draft leaflets and documents.
Members have reviewed leaflets including:

- Capsaicin Cream Patient Information Leaflet
- Unlicensed medicines information for patients – Leaflet A and B
- Patient information Leaflet Malignancy Unknown Origin Clinic
- Malignancy of Unknown Origin Service Information for GPs
- Asthma Inhaler and Climate Change Leaflet
- Cancer Treatment Helpline Patient Information Leaflet - leaflets A and B
- Tramadol - information for patients and carers

### Stakeholder database

The Engagement Team has a large database of more than 4,000 key stakeholder contact details from the area including statutory organisations, third sector, special interest groups to sports organisations, nurseries etc.

### Bronglais chemotherapy day unit CDU staff and patient surveys

The Bronglais chemotherapy day unit (CDU) surveys were conducted to engage with staff and patients of the unit with regards to the ongoing redesign and upgrade of the chemotherapy day unit.

The surveys were conducted between 23 September and 31 October 2022, both online and using paper copies of the questionnaire which were made available at the unit for both staff and patients to complete.

The purpose of the surveys was to seek the views and experiences of patients about the current CDU unit, and also the views of staff on their experiences of working in the unit, with a view to gain a more inclusive overview of what the proposed CDU unit might look like and what improvement are needed, to feed into the technical and concept stages of the project.

The feedback received from the surveys have been incorporated into the next stage of the project. The equality data collected as part of the surveys will help inform the equality impact assessment element of the project.

The main aim of the project, which was approved by the Board on 29 July 2021, is to enable the delivery of a safe, local, and fit-for-the-future solution for systemic anti-cancer treatment (SACT) for people living in Ceredigion and parts of the neighbouring counties of North Powys and South Gwynedd.

### Voices of Children and Young People Steering Group

The Voices of Children and Young People Steering Group was established as a group to ensure the voices of children and young people are listened to and inform the work of health board.

The group has a wide remit. It helps to support the development of appropriate guidance, policies, and procedures to ensure the importance of learning from children and young people is recognised and considered by HDdUHB. It provides support to ensure children and young people influence the strategic direction of the organisation, and that the voices of children and young people influence services and staff across the organisation.

### Celebrating the Voices of Children and Young People: 15 – 20 May 2022

The Voices of Children and Young People Steering Group ran a week of a range of activities to celebrate the voices of children and young people within Hywel Dda.

The week was used to raise awareness of the Children's Charter, which was developed in partnership with Dyfed-Powys Police, Dyfed-Powys Police and Crime Commissioner, HDdUHB, Mid and West Wales Fire and Rescue Service, and involved more than 200 children and young people.

Highlights of the Children's week include:

- A Children's Charter badge competition (available in English, Welsh and Ukrainian and Russian)
- The launch of a new BSL (British Sign Language) version of the Children's Charter

- Awareness raising at the Nursing and Midwifery Conference, Llanelli
- Pledges by staff to sign up to the Children's Charter

The paediatric departments across the health board also be provided a range of activities and displays during the week focusing on the theme of kindness. These activities included:

- Kindness – Charter and UNCRC Rights - Article 24: Right to good healthcare
- Technology – Bullying - Article 19: Right to be protected from hurt
- Diversity and Inclusion - Article 2: All children should be treated equally
- Kindness to the planet / environment - Article 24: right to a clean environment

### Children's Charter Badge Competition

The Children's Charter Badge competition posters were sent to primary schools within the health board area and to the Welcome Centre in Llangrannog, which provided an opportunity for Ukrainian children to be involved. The children were asked to design a badge to promote the Charter.

Two drawing were successful. Drawing 1 will be used as a badge and a background image for Microsoft teams. Drawing 2 will be used as an email banner. Both the successful drawings will help to raise awareness of the Children's Charter throughout the health board.

### Cross Hands Health and Wellbeing Centre

Briefings were held to provide stakeholders with information around the development of the Cross Hands Health and Wellbeing Centre, which included an opportunity to provide their views and feedback. The Carmarthenshire Disability Forum, Community Health Council and Local Councillors took part.

### Engagement and Experience Group

An Engagement and Experience Group has been established during 2022/23 to consider feedback from all sources of engagement with public, patients and staff, to ensure that the work of HDdUHB is informed and influenced by the views and perspectives of all our stakeholders.

### National Eisteddfod, Tregaron

The National Eisteddfod in Tregaron provided the health board with an unrivalled opportunity to engage with local and visiting populations. A week of events and an interactive stall saw the health board hosting the first signing and singing of Yma o Hyd with Dafydd Iwan; the launch of speech and language communication boards to support individuals who experience communication difficulties; launch of the health board's Welsh language and culture discovery process by BBC broadcaster Beti George; and participation in a discussion on life and death, art and medicine by the Arts and Wellbeing team. Throughout the week, teams from across the health board were on hand to share more about a broad range of topics – from how to develop your career at Hywel Dda to keeping your blood pressure in check, storytelling sessions for younger audiences to support from the dementia wellbeing team – there was something for everyone.

# Strategic Objective 4 – The best health & wellbeing for our communities

# Strategic Objective 4 – The best health and wellbeing for our communities

This strategic objective maps to the following ministerial priorities and measures:

- COVID-19 Response and Challenges
- NHS Recovery – access to timely planned care 6 Goals of Urgent and Emergency Care
- Working alongside social care – care closer to home
- Mental and emotional wellbeing
- Supporting the health and care of the workforce
- Population health
- Infection prevention and control
- Digital and technology

Our strategic objectives are broad and cross-cutting. The planning objectives and narrative on progress against each strategic objective are framed against the following themes and outcomes:

| **Theme:** | **Outcome:** |
|---|---|
| Population | Our communities feel happy, safe and are able to live life to the full |
| Health and Wellbeing | Our communities have opportunity from birth to old age to be healthy, happy, and well informed |
| Equity | Our communities have a voice and are able to fulfil their potential no matter what their background or circumstance |

The table below gives a high-level summary of our progress for this strategic objective in 2022/23:

| Our planning objectives | Status |
|---|---|
| 4A – Public Health Delivery Targets | ☐ On-track |
| 4B – Public Health Local Performance Targets | ☐ On-track |
| 4C – Transformation fund schemes | ☐ Complete |
| 4D – Public Health Screening | ☐ Complete |
| 4G – Healthy Weight: Healthy Wales | ☐ Complete |
| 4H – Emergency planning and civil contingencies | ☐ Complete |
| 4I – Armed Forces Covenant | ☐ Complete |
| 4J – Regional Well-being Plans | ☐ Complete |
| 4K – Health Inequalities | ☐ Complete |
| 4L – Social Model for Health and Wellbeing | ☐ Complete |
| 4M – Health protection | ☐ Complete |

| Our planning objectives | Status |
|---|---|
| 4N – Food system | ☐ On-track |
| 4P – Recovery and Rehabilitation Service | ☐ Complete |
| 4Q – Community Care Support to reduce non-elective acute bed capacity | ☐ Behind |
| 4R – Green Health and Sustainability | ☐ Deprioritised |
| 4S – Improvement in Population Health | ☐ Ahead |
| 4T – Continuous engagement implementation | ☐ Behind |
| 4U – Community proposals for place-based action | ☐ Complete |
| 4V – One Health | ☐ On-track |
| 4W – Whole School Approach to Mental and Emotional Wellbeing | ☐ On-track |
| **Our principal risks** | **Control RAG** |
| 1192 – Wrong value set for best health and well-being | ☐ High |
| 1193 – Broadening or failure to address health inequalities | ☐ Medium |
| 1194 – Increasing uptake and access to public health interventions | ☐ Medium |
| **Our outcome measures** | **Status** |
| Mean mental wellbeing score for adults (16+) | ☐ No data |
| % adults (16+) with two or more healthy behaviours | ☐ No data |
| % children with two or more healthy behaviours | ☐ No data |
| Gap in life expectancy (most and least deprived) – males and females | ☐ No data |
| Health life expectancy – males and females | ☐ No data |

For further details on the principal risks and outcomes see our Board Assurance Framework: Board Agenda and Papers 30 March 2023 (item 3.1).

## Our planning objectives

We identified 20 planning objectives aligned to this strategic objective. The table below summarises these planning objectives and the progress we had made by March 2023.

| Planning objective and status | Update |
|---|---|
| ☐ On-track<br><br>**4A: Public health Delivery Targets**<br>Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to public health within the next three years. | There have been a number of key developments through 2022/23 including but not limited to:<br>• Respiratory virus vaccination plan presented to Board in September 2022. A joint influenza and covid programme for 2022/23 underway.<br>• Deep dive into childhood vaccine uptake ongoing presented to our Strategic Development and Operational Delivery Committee (SDODC). The findings from the deep dive will form the basis of an improvement plan.<br>• Health Improvement and wellbeing strategy presented to Board in November 2022. |
| ☐ On-track<br><br>**4B: Public Health Local Performance Targets**<br>Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to public health within the next three years. | Planning Objectives 4A and 4B are closely linked and the key developments for 4A reflect the achievements for 4B. |
| ☐ Complete<br><br>**4C: Transformation fund schemes**<br>Undertake an evaluation of the impact and benefits of the three Welsh Government supported Transformation Funds and Integrated Care Fund supported schemes to develop proposals, with local authority partners for consideration and approval at the Regional Partnership Board by March 2023 for implementation from April 2024. | • The Transformation Funds and Integrated Care Fund (ICF) programmes no longer exist.<br>• All programmes were reviewed and for some programmes funding has been agreed through Regional Integration Funding (RIF) against the new criteria established under RIF and will continue to report through that structure and into our Integrated Executive Group. |

| Planning objective and status | Update |
| --- | --- |
| ☐ Complete<br><br>**4D: Public Health Screening**<br>By March 2023 develop a plan to reduce the local health inequalities arising in relation to screening services with implementation of agreed actions to begin no later than April 2023. The aim is to increase the access and opportunity for screening in our most deprived communities to the levels of our least deprived areas | There are three significant pieces of work that we are progressing:<br>• Moondance Cancer (Bowel Cancer) Learning Programme for Schools - partnership programme between Moondance Cancer Initiative, Hywel Dda Public Health Team, and Pembrokeshire Healthy Schools Scheme. The programme, originally developed and piloted in Cwm Taf, is an investment to influence long-term behaviour change within younger generations by educating them about cancer, cancer treatment, and the connection to healthy behaviours. It also explores intergenerational learning, by raising awareness of bowel screening, signs, and symptoms amongst the pupils' wider family network.<br>• Cervical Screening and Refugees - a multidisciplinary team of key health professionals, led by a GP Cancer Lead, looking at cervical screening uptake within the refugee population in Hywel Dda.<br>• Barriers to Screening Uptake in Carers - currently in the early stages of scoping out this piece of work will look at carers' uptake of screening programmes, what are the barriers and enablers for themselves and also the experiences of those they care for. This work will link in with local carers support networks and national work that is already going on. |

| Planning objective and status | Update |
| --- | --- |
| ☐ Complete<br><br>**4G: Healthy Weight: Healthy Wales**<br>Over the period 2022/23 - 2024/25 implement the health board's "Healthy Weight: Healthy Wales" plan, undertake an evaluation of the impact and in light of this learning, by September 2024 develop a refreshed plan for the following three-year planning cycle. | The main focus in 2022/23 has centred on:<br>• Completion of recruitment to the Level 3 weight management service and communication to the public and professionals about single point of entry (Level 2/3) and self-referral routes to the service.<br>• Establishment of three task and finish groups, led by the Clinical Pathway Lead to do the work needed across disciplines and organisations to model capacity and demand and plan and cost the model of provision for Level 2 adults, for maternity and for children, young people, and families.<br>• This work is being aligned closely with the work on the All-Wales Diabetes Prevention Programme and more recently the Strategic Programme for Primary Care in order to maximise reach and population outcomes by utilising different funding streams. |
| ☐ Complete<br><br>**4H: Emergency planning and civil contingencies**<br>Review and refresh the HDdUHB's emergency planning and civil contingencies / public protection strategies and present to Board by December 2022. This should include learning from the COVID-19 pandemic. | The refreshed Major Incident plan was approved at the health board meeting in July 2022. The aim of the Major Incident Plan is to save life and mitigate injury in circumstances where routine services may prove inadequate and to provide co-ordination to ensure that limited resources are deployed most effectively. This plan is based on the use of Withybush, Glangwili and Bronglais hospitals as the Designated Receiving Hospitals for the area with Prince Phillip Hospital designated as a supporting hospital. All the facilities of the health service would be available in the event of a major incident. If the number of casualties exceeds the available capacity at the time, it may be necessary, in order to release beds, to call other hospitals to assist by accepting casualties from the incident and/or patients transferred from these hospitals. It should be noted that in the event of a Major Incident in a neighbouring area, Bronglais, Glangwili, Withybush and Prince Phillip hospitals may be called upon to act as supporting hospitals. |

| Planning objective and status | Update |
|---|---|
| ☐ Complete<br><br>**4I: Armed Forces Covenant**<br>Further develop the health board plan to drive forward improved outcomes for Veterans and members of the Armed Forces community, in relation to NHS priority treatment guidance and recruitment strategies, and report on progress annually. | The Armed Forces Covenant Duty was enacted in November 2022 and strengthens the legal requirements of the health board to pay due regard to the needs of the Armed Forces Community when making decisions. The Armed Forces Covenant Duty has been incorporated into the Equality Impact Assessment process to ensure that the legal requirements are met. Work will be continuing in 2023/24 to progress existing areas of work and identify new actions. This includes making an application for the Veteran Aware award, which is part of the Veterans Healthcare Alliance, and builds on our existing Gold Award as part of the Defence Employers Recognition Scheme.<br><br>• An Armed Forces Covenant Plan has been developed in conjunction with the Armed Forces Steering Group.<br>• Identification of a Primary Care Armed Forces Champion, Dr Anthony Dew through our work with the Cluster Leads is helping to shape future actions.<br>• There has been positive engagement with the veteran and Armed Forces Community during the year, as summarised in the “Supporting the Armed Forces Community 2022/23” newsletter. This highlighted a range of actions to promote employment opportunities, access to priority treatment and staff well-being initiatives.<br>• Members of the Armed Forces Network have actively supported events.<br>• Commemorative benches were installed across all main hospital sites and have been welcomed by staff as recognition of the contribution veterans and service members make. |
| ☐ Complete<br><br>**4J: Regional Well-being Plans**<br>Work in partnership with the Public Service Boards (PSB) and Regional Partnership Boards to ensure the publication of the statutory Well-being and Population Assessments by June 2022, and the | The wellbeing assessments have been completed, and plans put out to public consultation. |

| Planning objective and status | Update |
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| completion of PSB Well-being Plans and an Area Plan by June 2023. | |
| ☐ Complete<br><br>**4K: Health Inequalities**<br>Arrange a facilitated discussion at Board which is aimed at agreeing our approach to reducing health inequalities. This must include an analysis of current health inequalities, trends and causes, potential options to address the inequalities and identify tools and interventions aimed at addressing the causes. Develop specific planning objectives by September 2023 in preparation for implementation in 2024/5. | This planning objective is complete, with the options appraisal coming to board seminar in April 2023. However, there is more to be done around tackling inequalities and the initial planning objective was just the first step, so while the objective is complete this agenda will now be built into planning objectives for 2023/24 and the options chosen through the appraisal and recommendations from board actioned. |

| Planning objective and status | Update |
| --- | --- |
| ☐ Complete<br><br>**4L: Social Model for Health and Wellbeing**<br>Design and implement a process that continuously generates new proposals that can be developed into planning objectives aimed at constantly moving us towards a comprehensive "social model for health and wellbeing" and cohesive and resilient communities. | A systematic review of the literature with regards to a social model for health and wellbeing has been undertaken on our behalf by Aberystwyth University.<br><br>We have also been engaging with a process called 'Conversations with a Purpose' to help with a thematic review. |
| ☐ Complete<br><br>**4M: Health protection**<br>Create a sustainable and robust health protection service, including a sustainable tuberculosis services model. | This planning objective is around development of a robust sustainable health protection system. An update went to SDODC in April 2023. Assurance was taken regarding the planning objective being on track, however we do not have assurance in funding going forward as 2022/23 funding for health protection from Welsh Government is transition funding. The total funding available for 2023/24 is £1.9m. The Regional Strategic Oversight Group agreed on 23 February 2023 the funding would be assigned as follows:<br>• £732k for the health board community testing based on a much reduced five-day service in Spring/Summer and seven-day service in Autumn/Winter<br>• £100k for the cost of Point of Care Testing (POCT) for equipment, maintenance, warranties etc<br>• £1.068m for the local authority teams, split as follows:<br>  ○ £534k for Carmarthenshire<br>  ○ £36k from the Ceredigion and Pembrokeshire element for the HB to employ a part-time IPC nurse to work within the Ceredigion and Pembrokeshire LA (Local Authorities) teams<br>  ○ £296k for Pembrokeshire<br>  ○ £202k for Ceredigion<br>The TB Operational Group has been re-established. The group was originally set up to respond to the Llwynhendy Outbreak and response and then to the Ukrainian Refugee settlement programme but will not turn attention to the long- |

| Planning objective and status | Update |
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| | term plan for TB services in Hywel Dda UHB. Terms of Reference are being developed and pathways and services being reviewed. The group is also updating the corporate risk register in line with the Llwynhendy Outbreak External Review. |
| ☐ On-track<br><br>**4N: Food system**<br>Create and implement a process in partnership with local authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. The aim is to identify opportunities to optimise the food system as a key determinant of wellbeing. | • A Food Systems Action Group (FSAG) standing agenda has been agreed to enable the wider food systems work to be incorporated.<br>• FSAG has reviewed the North Star Transition recommendations in accordance with other work streams with the intention of collating, streamlining, and communicating a proposed work plan to the Social Model for Health and Well-being (SMfHW) steering group. |

| Planning objective and status | Update |
|---|---|
| ☐ Complete<br><br>**4P: Recovery and Rehabilitation Service**<br>By December 2022 develop and seek Board approval for a Recovery and Rehabilitation plan that will provide a comprehensive individualised person-centred framework to support the needs of the four identified populations included in "Rehabilitation: a framework for continuity and recovery", including those with COVID-19. Subject to IMTP discussions in Q4 2022/23, this plan should be ready for implementation from April 2024 | The aim and vision is to establish effective prehabilitation and rehabilitation services across the length and breadth of the system to support delivery of the best possible health and wellbeing outcomes for our communities and progress recovery of our population following the COVID-19 pandemic. To enable this plan, our Therapy Services identified four workstreams that underpin delivery:<br>• Performance reporting/demand and capacity Planning.<br>• Digital delivery<br>• Workforce plan<br>• Accommodation and equipment.<br><br>Each workstream contains actions to review and develop services across the length and breadth of the patient journey and support the development of service delivery models and appropriate level of care. Actions within each workstream run concurrently requiring continuous and agile programme oversight and governance to ensure projects are not in conflict.<br><br>This PO will be taken forward as part of the TUEC workstream. |
| ☐ Behind<br><br>**4Q: Community Care Support to reduce non-elective acute bed capacity**<br>Through a rapid expansion of all types of community care, put in place the necessary support so that sufficient Hywel Dda residents are able to remain / return home to reduce the number of non-elective patients in acute hospital beds by an average of 120 per day. | Our objective is to grow the total homebased care workforce in the community on a sustainable basis. To develop a consistent and regional set of principles which can be owned and implemented as most appropriate in each county system. The focus of the teams will be to support independence, reablement or enablement and the Home First principles. We seek to do this in partnership recognising the impacts on the experience and outcomes for individuals and the wider population. We seek to share the responsibility and risk in the design, implementation and resourcing and will ensure senior consistent representation in a |

| Planning objective and status | Update |
|---|---|
| | regional steering group and local Operational Delivery Groups.<br><br>Whilst capacity was increased through the course of last winter, we did not achieve the level of ambition we hoped for. That additional capacity is now part of our core response to patient flow through the system and will be built upon in the next year as we look to develop the homebased care model. |
| ☐ Deprioritised<br><br>**4R: Green Health and Sustainability**<br>Establish a regional oversight group, in partnership with PSBs and the RPB, to develop and promote a broad range of actions that will promote the social and green solutions for health and well-being and contribute to addressing the climate change emergency through green health and sustainability projects. | • A Preventions Board has been established.<br>• Additionally, a One Health Practitioner is now in post and key to linking public health into the decarbonisation and climate agenda. |
| ☐ Ahead<br><br>**4S: Improvement in Population Health**<br>Develop and implement the strategy to improve population health so that everyone within our region can expect to live more of life in good health by:<br>1. Having clear action plans for addressing the biggest preventable risk factors for ill health and premature death.<br>2. by addressing health disparities to break the link between background and prospects for a healthy life through strong partnership working. | The strategy we have been developing will have separate elements to reflect:<br>• Our local Tobacco Control Strategy aims - smoke free environments, reducing prevalence, smoking cessation service provision, clinical strategies and priority groups and prevention.<br>• Alcohol Harm Reduction and Drug Misuse Strategy aims - prevention and early intervention, harm reduction, treatment and recovery, crime reduction, complex needs, mental health and homelessness, children, families, and communities.<br>• Wider Health Improvement and Wellbeing aims - housing and health, suicide, blood borne viruses, and objectives related to enabling factors, outcomes, and performance. |

| Planning objective and status | Update |
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| ☐ Behind<br><br>**4T: Continuous engagement implementation**<br>Implement and embed our approach to continuous engagement through:<br>• Providing training on continuous engagement and our duties to engage/consult around service changes in keeping with The Consultation Institute's advice<br>• Implementing structures and mechanisms to support continuous engagement, aligned to the regional framework for continuous engagement<br>• Introducing a Continuous Engagement Toolkit, including guidance and templates to support wider teams and to promote good practice. | • A range of continuous engagement training sessions for staff and the CHC have been delivered by the Consultation Institute.<br>• Review undertaken of current mechanisms. New Continuous Engagement Plan was approved by Board in May 2022.<br>• Regular attendance by the Engagement Team at the Regional Continuous Engagement Steering Group, which aims to identify engagement taking place across west Wales by the health board and other key organisations.<br>• We have established a new Experience and Engagement group.<br>• Terms of reference for the Stakeholder Reference Group have been amended to ensure seldom heard groups and individuals with protected characteristics are represented. |

| Planning objective and status | Update |
| --- | --- |
| ☐ Complete<br><br>**4U: Community proposals for place-based action**<br>Develop a proposal for place-based action in at least one community in each county with key local partners and support from the WCVA which includes the identification and development of community leaders, asset mapping and the identification of priority areas of activity that would have the most likely and rapid effect on health and well-being of that community and would be owned by the local community. | Considerable progress has been made in delivering PO 4U. For example:<br>• A multi-agency Design Group established.<br>• Scoping work, about how "community" can be defined.<br>• Discussions have taken place with representatives from other programmes, such as the Rural Futures Programme, about how they identified communities for action.<br>• Related work taking place across the health board include wellbeing walks in Llanelli, continuous engagement, asset mapping in Carmarthenshire and the "10,000 conversations" initiative.<br>• Discussions with a range of partners, including County Voluntary Councils (CVCs), Local Authorities (LAs) and Public Services Boards (PSBs) about which communities and broad areas of activity to focus on.<br>• Data and statistics obtained, to support the community identification decision-making process, e.g., child poverty data and Welsh Index of Multiple Deprivation (WIMD) data.<br>• Scoping work, including a search of the literature, has been carried out about how "community leaders" can be identified and supported, e.g., Create Gloucestershire Catalyst Training Programme or Action Learning Sets.<br>• Scoping work has taken place with regard to how community-led, place-based activity can be measured, e.g., Social Value, adherence to NICE Guidelines NG44, Lincus software or national indicators and national milestones for Wales as required by sections 10(8) and 10(3) of the Well-being of Future Generations (Wales) Act 2015.<br>• Multi-agency county-level sub-groups have been established to provide oversight of the work at a county level. |

| Planning objective and status | Update |
|---|---|
| ☐ On-track<br><br>**4V: One Health**<br>Develop a set of "One Health" outcome measures and seek approval from Board to include them in the Board Assurance Framework as part of Strategic Objective 4. Develop a clear framework and template to be used across relevant Planning Objectives that will embed "One Health" principles within their delivery and develop a training package accessible for all staff to raise awareness of "One Health" principles and how they can be implemented in the day-to-day work of the health board. | This is a relatively new planning objective adopted during 2022/23, and so progress is at the initial stages. However, a number of key achievements have already been met:<br>• Two multi sector workshops facilitated by Aberystwyth University have been undertaken with a view to embedding One Health (OH) principles into partnership working<br>• In discussion with Coleg Sir Gar and Bangor University regarding developing a OH training package (in conjunction with Director of Research, innovation, and University Partnerships)<br>• OH is part of Public Health Wales and Welsh Government draft workplans, with potential for developing national framework/toolkit/outcome measures. |
| ☐ On-track<br><br>**4W: Whole School Approach to Mental and Emotional Wellbeing**<br>Put in place an implementation plan so that, every school in the Hywel Dda area has implemented the Welsh Government Framework for Mental Health and Emotional Wellbeing and establish a formal evaluation framework to monitor and assess the impact of the framework on the mental health and emotional wellbeing of all school children. | • To date 100 per cent of all schools across Hywel Dda are aware of Welsh Government's Framework and have access to Public Health Wales' (PHW) Self Evaluation Tool (SET) and Implementation plan and guidance.<br>• Nationally, a more streamlined route has been decided to collect data from the SET's and this is now being demonstrated through PHW's Power BI dashboard.<br>• Awaiting on Welsh Government's (WG) ambitions for 2023/24. |

For further details on all of our planning objectives, including our lead Executive Directors and governance arrangements, see Annex A: Our Planning Objectives for 2022/23.

## The well-being of our future generations

The Well-being of Future Generations (Wales) Act 2015 requires individual organisation actions, as well as collaborative working with Public Services Boards (PSBs) and wider partners. The Act also sets out where change needs to happen within seven corporate functions of an organisation: corporate planning; workforce planning; performance management; financial planning; risk; assets, and procurement. These are the parts of the organisation services.

We refreshed our well-being objectives in November 2019 and have not made any changes to them as they continue to have strategic relevance to our vision and mission to become a population health focused organisation. Our well-being objectives align to more than one of the national well-being goals but broadly fall into four themes: environment and climate change; workforce planning and development; early intervention and prevention; collaboration, involvement, and engagement. Our well-being objectives are to:

1. Plan and deliver services to increase our contribution to low carbon.
2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS.
3. Promote the natural environment and capacity to adapt to climate change.
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 fulfil their potential.
6. Contribute to global well-being through developing international networks and sharing of expertise.
7. Plan and deliver services to enable people to participate in social and green solutions for health. Encouraging community participation through the medium of Welsh.
8. Transform our communities through collaboration with people, communities, and partners.

During 2022/23 we have been working closely with PSB partners to develop wellbeing plans across the three Local Authority Areas within the Hywel Dda UHB regional footprint.

### Integration

We continue to work with our partner organisations to find ways of accelerating partnership arrangements. This has been particularly important as we have worked together on wellbeing assessments and plans. Wellbeing plans have now been approved by all statutory partners of our Public Service Boards. Within the health board we have also acknowledged the importance of integration between directorates around key wellbeing topics, including our response to the cost-of-living crisis and our response to the arrival of people seeking sanctuary from the war in Ukraine. Hywel Dda UHB hosted the first welcome centre for Ukrainian people seeking sanctuary in Wales, working closely with the Urdd and Local Authority partners.

### Involvement

During the year we have sought to engage with the public in a range of conversations, including how the public would like to engage with the health board going forward. Streams of engagement work have been integrated and brought together to try to ensure people are not being asked the same questions from multiple sources. The Community Development Outreach Team have been key to providing access to surveys and questionnaires to ethnic minority communities, including in particular understanding the experience Ukrainian people seeking sanctuary with us have had

around health screening. There is ongoing engagement around the site of our new hospital, with many face-to-face stakeholder events held across the region alongside the option to participate in the discussion through online surveys. Our wellbeing plans have focussed on what our communities told us mattered to them as part of engagement work undertaken by our partners when developing wellbeing assessments.

### Long term

Public bodies are facing the challenge of an ageing population and the impact that this has on our available workforce. The Apprenticeship Academy scheme is a key example of work we are doing to take a longer-term approach to contribute to A Prosperous Wales. It supports us to invest in local wealth building and contributes to our own well-being objective to offer a diverse range of employment opportunities which support people to reach their full potential.

Hywel Dda UHB continues to support employees seeking higher education qualifications, with funded places available through an annual application process.

### Collaboration

Our partnership arrangements with PSBs created a variety of opportunities for collaboration. One example is the collaborative work focussing on mitigating the impact of the cost-of-living crisis for people living in west Wales. Members from all PSBs came together with the health board, third sector organisations and charities for a workshop to discuss, debate and share ideas and plans for supporting communities and the workforce through this extremely difficult time. Over the past year the health equity group, a multi-agency group aimed at ensuring we hear the voices of our communities and groups living in the region, has also been established. The group includes a focus on homelessness and housing, our travelling communities and ethnic minority health, among other topics.

# Strategic Objective 5 – Safe, Sustainable, equitable and kind care

# Strategic Objective 5 – Safe, Sustainable, Equitable and Kind Care

This strategic objective maps to the following ministerial priorities and measures:

- NHS Recovery – access to timely planned care Six Goals of Urgent and Emergency Care
- Working alongside social care – care closer to home
- A Healthier Wales
- Mental health and emotional wellbeing
- Supporting the health and care of the workforce
- Population health
- Infection prevention and control
- Digital and technology

Our strategic objectives are broad and cross-cutting. The planning objectives and narrative on progress against each strategic objective are framed against the following themes and outcomes:

| **Theme:** | **Outcome:** |
|---|---|
| Safe | We minimise harm for the patients in our care |
| Sustainable | We have a stable and sustainable workforce |
| Accessible | Our patients can access services in a clinically appropriate timescale |
| Kind | We maximise the number of days that people spend well and healthy in their own home |

The table below gives a high-level summary of our progress for this strategic objective in 2022/23:

| Our planning objectives | Status |
|---|---|
| 5A – NHS Wales Delivery Framework Targets | □ Complete |
| 5B - Local Performance Targets | □ Complete |
| 5C – Business Cases for A Healthier Mid and West Wales | □ Behind |
| 5F – Bronglais Strategy | □ Behind |
| 5G – Transforming MH and LD implementation | □ On-track |
| 5H – Integrated locality plans | □ Behind |
| 5I – Children and young people services improvement | □ On-track |
| 5J – 24/7 emergency care model for Community and Primary Care | □ Behind |
| 5K – Clinical effectiveness self-assessment process | □ On-track |
| 5M – Implementation of clinical and all Wales IT systems | □ On-track |
| 5N – Implementation National Network and Joint Committee Plans | □ On-track |

| Our planning objectives | Status |
|---|---|
| 5O – Fragile Services | □ Behind |
| 5P – Market Stability Statement | □ Complete |
| 5Q – Asthma pathway | □ Complete |
| 5R – Digital Inclusion | □ Behind |
| 5S – Palliative Care and End of Life Care Strategy | □ Behind |
| 5T – Complex health and care needs | □ Complete |
| 5U – Community and non-clinical estates strategy | □ Behind |
| 5V – IMTP and operational planning | □ Complete |
| 5W – Liberty Protection Safeguards | □ Complete |
| 5X – Quality management System | □ Complete |
| **Our principal risks** | **Control RAG** |
| 1195 Comprehensive early indicators of shortfalls in safety | □ Medium |
| 1196 Insufficient investment in facilities/equipment/digital infrastructure | □ Medium |
| 1197 Implementing models of care that do not deliver our strategy | □ Medium |
| **Our outcome measures** | **Status** |
| Patient safety incidents identified as moderate, severe, or catastrophic harm after investigation | □ Missed target |
| Number of nursing and midwifery staff in post | □ Exceeded target |
| Number of patients waiting 26 weeks or more from referral to treatment | □ Missed target |
| Patients: I am treated with dignity, respect, and kindness | □ Met target |

For further details on the principal risks and outcomes see our Board Assurance Framework: Board Agenda and Papers 30 March 2023 (item 3.1).

## Our planning objectives

We identified 21 planning objectives aligned to this strategic objective. The table below summarises these planning objectives and the progress we had made by March 2023.

| Planning objective and status | Update |
|---|---|
| ☐ Complete<br><br>**5A: NHS Wales Delivery Framework Targets**<br>Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to Quality and Safety, Primary care, Secondary care, and MH services within the next three years. | Key elements of the work plan achieved through 2022/23 include:<br>• Review our performance measures in line with the WG 2022/23 Performance Framework<br>• Work with our teams to develop trajectories for our WG and key improvement measures<br>• Provide support and training for directorates, so they can easily access their performance measures so that they can identify and action any improvements required<br>• Ensure that all directorates have a process in place to consider their performance and ensure that they are aware of how to access training and support where required<br>• We also take into consideration our accountability conditions with respect to performance and where current targets are falling behind.<br>• Our performance update is available through our Integrated Performance Assurance Report. |
| ☐ Complete<br><br>**5B: Local Performance Targets**<br>Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to Quality and Safety, Primary care, Secondary care, and MH services within the next three years. | See the update for Planning Objective 5A |

| Planning objective and status | Update |
|---|---|
| ☐ Behind<br><br>**5C: Business Cases for A Healthier Mid and West Wales**<br>Agree final business cases in line with the vision and design assumptions set out in 'A Healthier Mid and West Wales' for:<br>• The repurposing or new build of Glangwili and Withybush Hospitals<br>• Implementation of a new urgent and planned care hospital within the zone of Narberth and St Clears.<br>Work with partners to develop and address access, travel, transport, and the necessary infrastructure to support the service configuration taking into account the learning from the COVID pandemic.<br><br>Develop plans for all other infrastructure requirements in support of the health and care strategy. | • A Programme Business Case was submitted to WG in February 2022.<br>• Scrutiny comment from WG received and responded to by end April 2022.<br>• Presentation to Infrastructure Investment Board 27 May 2022.<br>• Land selection process being undertaken by four appraisal workstreams<br>  ○ Technical<br>  ○ Clinical<br>  ○ Workforce<br>  ○ Financial and Economic<br>  Report to Board 4 August 2022<br>• Transport analysis supports the appraisal workstreams and will help form the basis for the development of the transport strategy.<br>• Board agreed a shortlist of three sites at the meeting on 4 August 2022 and that the health board would go out to public consultation on these three sites. A consultation plan was presented to the Board on 29 September 2022. And a report detailing the next steps associated with the identification of land for the new Urgent and Planned Care Hospital and associated resources was presented to In-Committee Board on 29 September 2022.<br>• Progress on Community Infrastructure business cases with Cross Hands Outline Business Case approved by Board in May 2022 and submitted to WG 31 May 2022. Scrutiny comments have been received from WG and the UHB's responses returned on 16 September 2022. |
| ☐ Behind<br><br>**5F: Bronglais Strategy**<br>Fully implement the Bronglais Hospital strategy over the coming three years as agreed at Board in November 2019 taking into account the learning from the COVID-19 pandemic. | • The COVID-19 pandemic has adversely affected progress on the delivery of the Bronglais Hospital Strategy, with operational teams focussed on delivery of services since 2020.<br>• A post COVID-19 review of the strategy has commenced<br>• A revised implementation plan is in the draft stage of completion |

| Planning objective and status | Update |
| --- | --- |
| ☐ On-track<br><br>**5G: Transforming MH and LD implementation**<br>Implement the remaining elements of the Transforming MH plan and develop and implement a Transforming LD strategy in line with “Improving Lives, Improving Care” over the next three years and also develop and implement a plan for Transforming specialist child and adolescent health services (CAMHS) and autistic spectrum disorder and ADHD. | • We were the first health board in Wales to introduce 111 Option 2<br>• We continue to work towards meeting our targeted trajectories in respect of Part 1A and 1B and work with partners through the Regional Partnership Board to further strengthen care and support arrangements for children with emotional and mental health needs by becoming early adopters of the national Early Help and Support Framework, which is being implemented as part of the *Together for Children and Young People* programme.<br>• Undertaken a procurement exercise to outsource assessment and treatment to address our waiting lists in both adult and children and young people Autism Spectrum Disorder services. Following evaluation and stand still period, contracts have been awarded to two providers up until 31 March 2025.<br>• Work is progressing on the Learning Disability Service Improvement programme for the community and inpatient settings change programme. An update was presented to Board in January 2023, outlining the future direction of travel and next steps based on recent service assessments. The report included a comprehensive Engagement Plan scheduled for February/March 2023.<br>• Work continues on developing our Memory Assessment Service. Good progress has been made on waiting time initiatives with Occupational Therapy, including agreed action planning and patient contact. A Service Specification setting out the new service model is currently being engaged/consulted on. The procurement process for the MH and LD Third Sector Framework for a range of early intervention and prevention services commenced in November 2022. All aspects of the tendering process have been coproduced with service user and carers involvement. |

| Planning objective and status | Update |
| --- | --- |
| ☐ Behind<br><br>**5H: Integrated locality plans**<br>Develop and implement Integrated Locality Planning groups. Establish an integrated locality plan which is aligned with national and regional priorities across the whole health and care system. The Integrated Locality Planning Groups will agree a collective shared budget to support delivery of the plans, and demonstrate delivery of:<br>• Connected kind communities including implementation of the social prescribing model<br>• Proactive and co-ordinated risk stratification, care planning and integrated community team delivery<br>• Single point of contact to co-ordinate and rapidly respond to urgent and intermediate care needs to increase time spent at home<br>• Enhanced use of technology to support self and proactive care<br>• Increased specialist and ambulatory care through community clinics. | • Work has been undertaken to streamline the development of a meeting and governance structure to support the implementation of Accelerated Cluster Development through Pan Cluster Planning Group meetings etc.<br>• Accelerated Cluster Development checklist updated and submitted in line with national timescales.<br>• Implementation of the social prescribing model across the health board.<br>• Single point of contact to co-ordinate and rapidly respond to urgent and intermediate care needs to increase time spent at home.<br>• Enhanced use of technology to support self and proactive care.<br>• Reporting mechanisms established for the Ministerial Priorities aligned to Primary Care contractors and Community Services.<br>• A review of the current work programme has been proposed for early May 2023 to align priorities and refresh the workstreams. |
| ☐ On-track<br><br>**5I: Children and young people services improvement**<br>Undertake a comprehensive assessment of all health board Children and Young People Services to identify areas for improvement. From this, develop an implementation plan to address the findings by March 2024 at the latest. The assessment process and implementation plan should include the voices of children and young people and have clear links to the wider work being progressed by the RPB. | • Community paediatrics have commenced a Task and Finish (T&F) exercise the focus of which is to reduce the number of CYP waiting for a new or follow up appointment with a community paediatrician. The T&F group will assess the requirement for skill-mix and changes in practice across the Service.<br>• A sub-group to explore the identified gaps in Positive Behaviour Support has been formed. A paper has been written and is out for consultation. |

| Planning objective and status | Update |
| --- | --- |
| ☐ Behind<br><br>**5J: 24/7 emergency care model for Community and Primary Care**<br>Undertake a review of the significant changes made to the 24/7 community and primary care unscheduled care service model in 2021/22 and develop a refreshed plan to embed those changes and complete the task of establishing a comprehensive and sustainable model. | • A model for 24/7 urgent primary care (includes community in this context) has been developed and approved through formal committees. Welsh Government sponsored Urgent and Emergency Care (UEC) funding is supporting core aspects of this model:<br>  ○ The development and implementation of a Same Day Urgent Care service in Cardigan Integrated Care Centre. Evaluation has indicated that the service prevented 1,995 A&E attendances across Hywel Dda and 185 '999' calls in the 2022-23 financial year. Ongoing challenges remain associated with some diagnostic provision and access to hot clinics.<br>  ○ The commissioning of an additional 3,222 hours per annum, from 37 GP practices across Hywel Dda, to help support and manage Urgent Primary Care needs in the community.<br>• Priorities for the ongoing development of our UPC model for 2023/24 include the following:<br>  ○ appointment of eight additional Wellbeing Responders to provide a 24/7 urgent primary care response to urgent need in the community.<br>  ○ The roll out of dedicated Care Home support services which are expected to reduce avoidable conveyance and admission to hospital for care home residents.<br>  ○ Reviewing and developing our 'Homefirst' approach across Hywel Dda. Homefirst refers to a person-centred approach providing an organisational structure through which to coordinate the day-to-day proactive monitoring and management of a risk stratified population. It will also provide timely response to a medical, functional, or social crisis. This response addresses "what matters most" to the individual/ family unit utilising informed shared decision making. |

| Planning objective and status | Update |
| --- | --- |
| ☐ On-track<br><br>**5K: Clinical effectiveness self-assessment process**<br>Establish a process to ensure effective clinical practice is embedded within individual practice and clinical service areas. This will be achieved by:<br>• Supporting the assessment of practice against local and national clinical effectiveness standards and ensuing that findings are used improve the services provided to our patients;<br>• Supporting services to identify, understand and act upon findings from external reviews that are relevant to effective clinical practice e.g., GIRFT (Getting It Right First Time), Royal College Peer Reviews | • An Effective Clinical Practice Strategic Framework has been developed which identifies what effective clinical practice is and how clinical service areas and individual clinical professionals will be supported to ensure that their practice is clinically effective. A toolkit has been developed and published on the intranet to support the delivery of the Strategic Framework, consisting of step-by-step bitesize animated videos. This will be disseminated across the health board during 2023/24, including at a site roadshow which is being planned to commence from June 2023.<br>• A Delivery Plan has also been developed which details how the Effective Clinical Practice Strategic Plan will be delivered, and the practical targets that will be worked towards to support the delivery of the strategic plan. One of the key achievements delivered through this plan during 2022/23 was the introduction of the Audit Management and Tracking (AMaT) System which facilitates compliance reviews against NICE and other national guidance; acts as a central repository for local and national clinical audit and enables tracking of inspection recommendations and corresponding actions.<br>• A new Clinical Standards and Guidelines Group has also established, whose purpose is to identify priority areas for the clinical effectiveness team to direct resources; support clinicians and service areas to assess themselves against the clinical effectiveness standards and guidelines, using this information to learn and improve; and oversee the adoption, implementation of and adherence to nationally recognised clinical standards and guidance.<br>• We have engaged proactively with Health Technology Wales on their adoption audit work, which supports the adoption of their non-medicines guidance within Wales, where recommended. |

| Planning objective and status | Update |
| --- | --- |
| ☐ On-track<br><br>**5M: Implementation of clinical and all Wales IT systems**<br>Implement the existing national requirements in relation to clinical and other all-Wales IT systems within expected national timescales. Develop a plan to progress to Level 5 of the seven levels of the Healthcare Information and Management Systems Society (HIMSS) maturity matrix (currently HDdUHB is at Level 3). | Significant developments have been seen in a number of key areas including but not limited to:<br>• Electronic Health record<br>• Electronic Prescribing and Medicines Administration (ePMA)<br>• Eye Care Digitisation<br>• Radiology electronic test requesting<br>• Results Notification<br>• Welsh Intensive Care Information System (WICIS)<br>• Welsh Community Care Information System (WCCIS) - until expected CareDirector functionality has been delivered and clear benefits can be demonstrated HDdUHB will not be increasing the number of WCCIS/ CareDirector users. The health board will continue to work with the National WCCIS programme and community-based staff to identify how best to implement systems for community-based services |
| ☐ On-track<br><br>**5N: Implementation National Network and Joint Committee Plans**<br>Implement all outstanding plans in relation to but not limited to National Networks and Joint Committees. This will include commitments agreed with Swansea Bay UHB/A Regional Collaboration for Health (ARCH), Mid Wales Joint Committee, Sexual Assault Referral Centre (SARC), National Collaborative, Welsh Health Specialised Services Committee. | HDdUHB is a partner in a number of local, regional, and national programmes. For example, through ARCH (A Regional Collaboration for Health) the health board is developing a wide range of regional service initiatives such as:<br>• Cardiology<br>• Neurosciences<br>• Pathology<br>• Diagnostics<br>• Cancer<br>• Dermatology<br>• Eye care |
| ☐ Behind<br><br>**5O: Fragile Services**<br>Develop and implement a plan to address health board specific fragile services, which maintains and develops safe services until the new hospital system is established. | This planning objective has focused, in alignment with planning objective 5N, on stroke services. Key developments have included:<br>• Minimum Clinical Standards for Stroke Services across the region have been drafted. |

| Planning objective and status | Update |
| --- | --- |
| | • Drafted a Comprehensive Regional Stroke Centre (CRSC), formerly known as Hyper Acute Stroke Unit) Business Case has been prepared.<br>• Next steps include CRSC business case agreement by the health board and the development of a business case for the rest of the stroke pathway |

| Planning objective and status | Update |
| --- | --- |
| ☐ Complete<br><br>**5P: Market Stability Statement**<br>Bring the finalised Market Stability Statement and Population Needs Assessment programme to the health board by June 2022 and develop an initial set of new Planning Objectives to address the opportunities and issues raised by September 2022 for implementation from Q3 2022/23. | Following the completion of the West Wales Partnerships' Market Stability Report the following were identified<br>• Consider the business case to develop in-house nursing provision (including taking due regard to registration requirements) to rebalance the market and address market failures.<br>• Develop in-reach and out-reach models with residential homes at the centre of their communities (also referenced as Hub and Spoke models). This will be mutually beneficial for homes and the wider array of community services and support. Work is ongoing with the health board's three local authorities.<br>• There is a need for more specialist and nursing provision especially for people with dementia, and it is noted that modern purpose-built facilities tend to have the highest occupancy. The pandemic has accelerated this trend, particularly in the self-funder market.<br>• Monitor occupancy closely as hardship funding tapers to identify providers who may be struggling and try to ensure that any unavoidable exits are planned and supported.<br>• Seek to incentivise investment in new/expanded dementia and nursing care in the region, for example through contracts which share occupancy risks, providing sites, facilitating planning consents and supporting workforce initiatives.<br>• Consider whether to acquire homes which are at risk of closure either to sustain provision, repurpose for other uses which support people to remain independent, such as supported living, or release the capital to reinvest in new provision. |

| Planning objective and status | Update |
|---|---|
| ☐ Complete<br><br>**5Q: Asthma pathway**<br>Develop and implement a plan to roll out an interface asthma services across the health Board from April 2021, working across primary and secondary care. The aim of this is to enhance pathway value by reduce asthma related morbidity and mortality whilst improving access to expert opinion and reducing secondary care demand. | • A weekly MDT is undertaken providing respiratory advice and stopping secondary care Consultant appointments.<br>• Virtual Meeting every three months with a Paediatric Consultant to discuss children and young people.<br>• Difficult Asthma clinics are being run<br>• Over 20 GP Practices have support, education and training in place and now regular access to the asthma team when needed. |
| ☐ Behind<br><br>**5R: Digital Inclusion**<br>In response to the recently signed Digital Inclusion Charter, by March 2023 develop a digital inclusion programme which will provide a coordinated approach to digital inclusion across the health board and its wider partners for the local population. The programme will recognise the continuously changing role digital technology plays in the lives of individuals and society as a whole. | HDdUHB has signed the Digital Inclusion Charter for Wales and were accredited in September 2022 having successfully demonstrated its commitment to implementing the Digital Inclusion Charter principles. The health board will continue to work with communities co-produce digital services with patients, ensuring that all patient, service users, and carer voices help shape the work to ensure it delivers the maximum possible value to the community. |
| ☐ Behind<br><br>**5S: Palliative Care and End of Life Care Strategy**<br>Establish a health board-wide Palliative Care Triumvirate with a pooled budget to lead on the implementation of the approved Palliative Care and End of Life Care Strategy. This will deliver on five key outcomes; a regional commissioning framework for third sector delivered services, an evidenced workforce model based on capacity and demand plan with equitable training opportunities, a service model based on best practice from the Swan/Cygnet model, an outcomes and delivery dashboard in line with new national requirements, and implementation of the estates benchmarking review. | • Service model and manual developed with service leads.<br>• Local development of multi-disciplinary team (MDT) approach completed, and new ways of working being rolled out.<br>• Shared strategy with national leads for Palliative Care and End of Life Care (PEOLC).<br>• Business case based on service workforce model being developed.<br>• Following the formal sign off of the Palliative and End of Life Care Strategy (PEOLC) by the health board a Senior Reporting Officer has been appointed to embed and facilitate the findings of the strategy across the Hywel Dda area. Key phases of this work include:<br>• Developing a governance and reporting structure to support implementation of the strategy |

| Planning objective and status | Update |
|---|---|
| | • Development of a leadership team / triumvirate<br>• Develop structures and pooled budget arrangements<br>• Implementation of the strategy incorporating the end-to-end, whole-age, clinical pathway<br>• Development of a workforce model<br>• Develop and implement a regional commissioning framework for third sector delivered services |
| ☐ Complete<br><br>**5T: Complex health and care needs**<br>Propose new planning objectives for the following year to pilot and test innovate approaches to offering people with complex and/or rising health and care needs (accounting for 15-30% of our population) greater control over the choice of care and support they need. The aim of these approaches must be to improve the value (outcome vs cost) from the services we provide and take advantage of the new national Continuing Healthcare Framework and likely introduction of Independent User Trusts. | This planning objective has been completed and the work is now being progressed as business as usual.<br><br>Recommendations we have tested over the last year has included:<br>• Expansion of community micro enterprises.<br>• Develop the **circle** of support.<br>• Digital Test the Connected Healthcare Administrative Interface (CHAI) community application.<br>• Evaluate and evidence the above models work.<br><br>This planning objective also needs to be linked into planning objective 5H (Integrated Locality Planning) and form a central tenant of it. |
| ☐ Behind<br><br>**5U: Community and non-clinical estates strategy**<br>Develop an initial plan for the health board's community and non-clinical estate with a focus on addressing Welsh Government's 'Town First' initiative, reducing our accommodation overheads, and improving the working lives of our staff. It should also set out an on-going process to refresh and renew this plan over the coming years in order to keep pace with new working patterns, HB needs and opportunities for co-location with public and voluntary sector partners. | Our A Healthier Mid and West Wales programme provides the overarching strategic plan for the community and non-clinical estate. This is supported by a developed 'Property Asset Strategy'. The Strategy summarises the baseline estate and identifies the links to planned and approved short, medium estate plans, both estate development and rationalisation plans.<br><br>'The Strategy' will be a 'live document' updated annually to reflect planned and proposed changes to the retained estate but will be continued to be aligned to the health board's strategic and operational plans, with a focus on estate assets. |

| Planning objective and status | Update |
|---|---|
| ☐ Complete<br><br>**5V: IMTP and operational planning**<br>Develop an IMTP annual planning cycle which supports the Exec Team in the timely development future annual and three-year plans. This should incorporate the utilisation of quarterly Exec Team residential sessions and a model to deploy operational planning capability out into the organisation. | Given the current financial position of the health board, alongside the fact that the organisation is currently in Targeted Intervention for finance and planning, we will not be in a position to submit a financially balanced plan over the three years of the current Integrated Medium Term Plan (IMTP) cycle, and as such an annual plan within a three-year context will be submitted instead. |
| ☐ Complete<br><br>**5W: Liberty Protection Safeguards**<br>Develop and deliver an implementation programme that will ensure effective operational implementation of the Liberty Protection Safeguards legislation across the health board by 1st October 2023. | • Hywel Dda are still waiting on the UK Governments response to the consultation on the code of practise and no new date for implementation of Liberty Protection Safeguards has been announced.<br>• Wider Mental Capacity Act (MCA) training continues as part of the preparations, and we are on track with the implementation plan. |
| ☐ Complete<br><br>**5X: Quality management System**<br>Develop a plan to introduce a comprehensive quality management system to support and drive quality across the organisation. Implementation to begin by April 2022 and completed within three years. The system will be supported by the HBs "Improving Together Framework" and EQIiP Programme as delivery vehicles. | Health and Social Care (Quality and Engagement) (Wales) Act 2020 comes into force in Spring 2023**:**<br>• Requires health services to demonstrate quality is at heart of all they do.<br>• System-wide approach to achieving quality of care in a way that secures continuous improvement.<br>• Duty applies to all health services functions (not just clinical).<br>• Applies to Welsh ministers in relation to their health functions.<br>• Ministers and NHS bodies will have to actively consider whether their decisions will improve service quality and secure improvement in outcomes.<br>• This approach supports the five ways of working in The Well-being of Future Generations (Wales) Act 2015 to achieve a healthier Wales. |

For further details on all of our planning objectives, including our lead Executive Directors and governance arrangements, see Annex A: Our Planning Objectives for 2022/23.

## Urgent and Emergency Care

Our vision for urgent and emergency care (UEC) provision across the health board aligns to the ambition set out by Welsh Government. Specifically, this outlines the expectation that health and care organisations work together to develop an urgent and emergency care service that supports people to access the right care, in the right place at the right time and as close to home as possible.

Our UEC system has, for a number of years, been challenged by a level of demand that exceeds capacity and the pressure on the system has further deteriorated since the COVID-19 pandemic. Our data demonstrated that patients continued to present to emergency departments when their needs could have been met by a range of information, advice, and assistance available in the community. It also demonstrated that patients admitted to hospital may have benefited from care and treatment at home as a safe alternative. Hospital admissions can be detrimental to vulnerable patients such as our frail and elderly. For this population care and treatment at home therefore should be considered preferable where it is considered by doctors and their multi-disciplinary colleagues as safe and appropriate to do so.

Utilising Welsh Government's Six Goals for Urgent and Emergency Care framework and associated guidance, the health board has developed and commenced implementation of a programme of change to improve access to urgent and emergency care. Our Transforming Urgent and Emergency Care (TUEC) programme centres around the provision of the following which collectively we refer to as our 'Home First' approach:

- Proactive management and early identification of patients in the community who are at high risk of needing urgent care.
- Enhanced community-based care and treatment to meet urgent care needs efficiently and effectively to reduce the need for emergency department attendance and/or hospital admission. When admission is required, the enhanced community care capacity will also support facilitation of discharge from hospital as early as possible. We have secured an

additional 3,222 hours annually from GP practices across the Hywel Dda area to help support and manage Urgent Primary Care (UPC) needs in the community.

- Same Day Emergency Care (SDEC) provision across Carmarthenshire, Ceredigion and Pembrokeshire which provides rapid access to GPs and paramedics to diagnostics and specialist assessment allowing the provision of treatment at home and avoiding a hospital admission. Local and national evaluation of our SDEC provision has been undertaken and further opportunities to extend this service identified.
- Development and phased implementation of a 'Clinical Streaming Hub' for doctors and other professional colleagues to use to strengthen signposting and scheduling to safe alternatives to hospital-based care. Multi-disciplinary clinicians (Specialist Urgent Primary and Intermediate Care doctors, therapists and nurses based in the Hub in Carmarthenshire have benefited from Advanced Paramedic Practitioners (APP) from the Welsh Ambulance Services NHS Trust (WAST)). The APP liaises with paramedic crews at scene and along with the Hub clinicians consider safe alternative to conveyance to hospital. This approach has been externally evaluated and which demonstrated positive outcomes for patients. The approach will now be extended across the health board footprint.
- Strengthening skills and knowledge base of acute hospital staff in effective discharge planning and coordination through training and process improvement.
- Joint working with local authority and voluntary sector colleagues to strengthen assessment for and availability of care to ensure patients return home as soon as they no longer require acute hospital treatment.
- Use of technology enabled care (telehealth and telecare) solutions that enable individuals to maintain independence and self-management of their conditions while allowing the early identification of condition deterioration and alerting professionals that help is required.

Our priorities for the TUEC programme 2023/24 are:

- Further development of the Hywel Dda Clinical Streaming Hub will include integration of the Out of Hours GP service with our multidisciplinary Urgent Primary Care / Home First community provision providing a 'skill mix' resource to meet a range of presenting needs.
- The Hub will also explore 24/7 Telemedicine Care Home Support and evaluate impact to inform definitive provision
- Furthering integration of community care provision with local authority colleagues to develop an integrated care service for the population of west Wales centred around our Home First approach.
- The enhancing of our SDEC/SDUC models to include the recommendations from recent local and Welsh Government evaluations of the service
- Development and implementation of 72-hour assessment units in our acute hospital sites
- Continued focus on implementing effective and efficient discharge practice and processes to reduce avoidable long lengths of stay in hospital particularly for our frail adult population.

## Putting Things Right

Our process for managing concerns is in accordance with The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. Detailed information about 'Putting Things Right: Raising your concerns about the NHS' is available here: http://www.wales.nhs.uk/sitesplus/862/page/40398

The aim of 'Putting Things Right' is to have a single and supportive process for people to raise concerns, and to provide an effective and timely response based on the principles of openness and honesty. Learning from concerns is an essential part of this process. Further information on what we have done in response to the feedback we have received and the outcomes of investigations into concerns is explained below.

### Concerns (complaints)

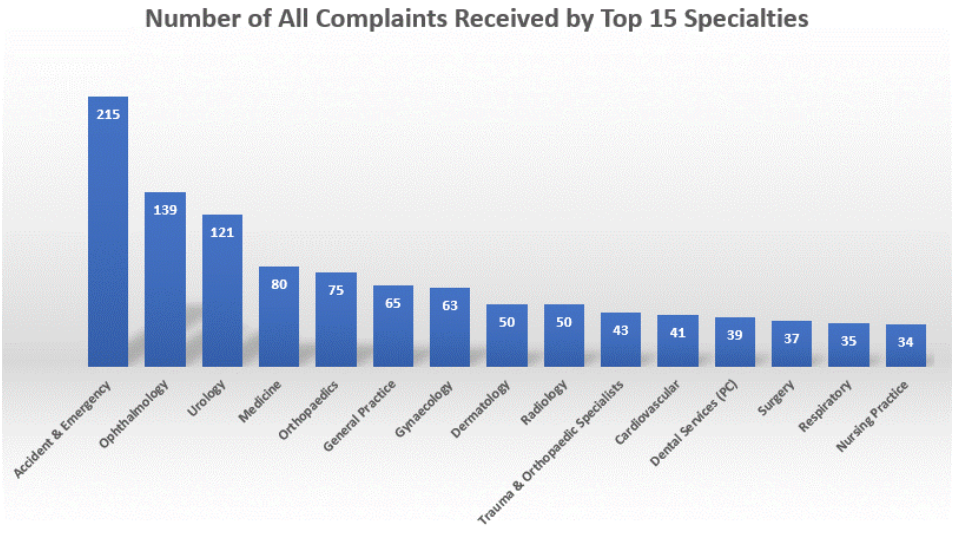
During the period 1 April 2022 to 31 March 2023, we received 2,509 complaints that were managed under the Putting Things Right process. In the same period last year, the health board received 1,739 complaints that were managed under the same process.

We are fully committed to resolving complaints within 30 working days.

When this is not possible (such as when complaints involve multiple agencies, or when a complaint is about a very serious event), our aim is to resolve complex matters within six months. Improving the timeliness and outcomes of the concerns process is a priority for us to ensure any remedial actions can be addressed as quickly as possible.

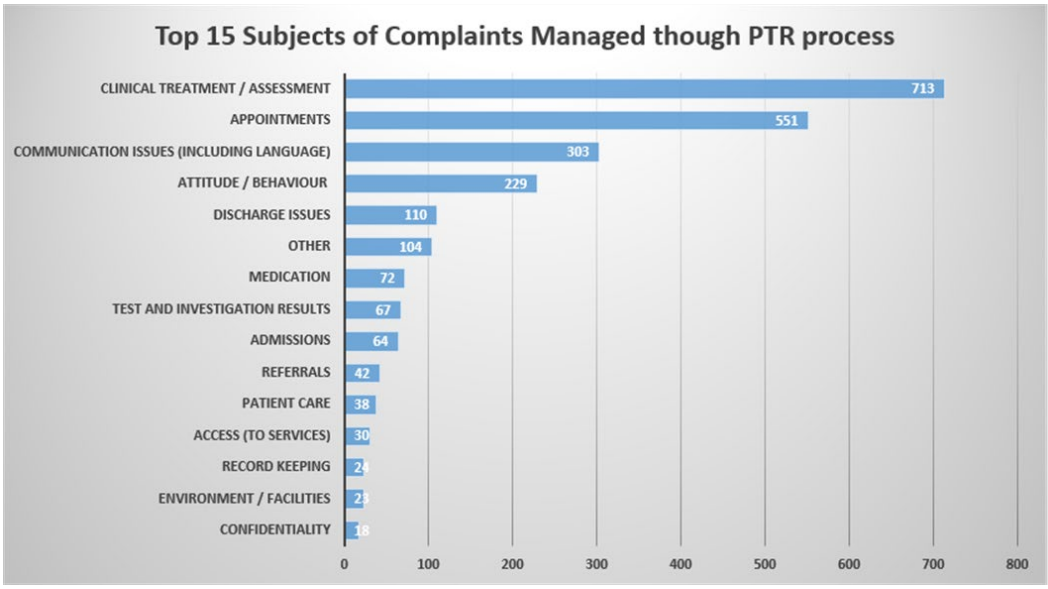
During the year, we responded to 65 per cent of concerns received, within 30 working days and 86 per cent within six months. Meanwhile, 13 of these concerns were referred to the NHS Redress Scheme.

### The number of complaints by specialty is set out below:




The specialties receiving the highest number of concerns, are our A&E departments, general practice, and orthopaedic services. These numbers must be taken in the context of the high volume of patient activity and contacts in these areas.

For general practice, there are currently 48 practices (six of which are health board managed practices). The number above represents the total number of concerns received across general practice. The reason for raising complaints, as shown in the table below, relates to waiting times, clinical treatment, and communications.




## Public Services Ombudsman for Wales

There were 51 concerns raised with the Ombudsman during this year, which is a reduction in the number of complaints raised from the previous year. The number of concerns raised about complaints handling has also reduced. There has been a small increase in the numbers of investigation reports that have been upheld/partly upheld. We ensure that immediate action is taken to address any findings made by the Ombudsman. All reports are reviewed by our Listening and Learning Sub-Committee, who also assure the Board that action has been taken and within the agreed timeframes. Patient experience and learning from concerns.

We are highly committed to improving the patient experience and learning from both positive experiences of care, concerns, and complaints.

## Patient Experience

Service user feedback is important to monitor the experience of those who access our services and the quality of care that they receive. This allows us to identify where services need to improve, to share good practice and learn from positive experiences.

It is our priority to act on all feedback received as part of our culture of improvement and to demonstrate that we are fulfilling our pledges as set out in the Charter for Improving Experience. Our Charter sets out what our service users can expect when using our services. It sets out a number of pledges that we call ‘always experiences’. We have worked hard to implement the Charter during 2022 including implementing a new Once for Wales system to capture patient experience.

We receive details of the feedback from service users at each Board meeting and is informed of what is being done to improve patient experience. You can access the patient experience reports,

which include patient stories about a range of experiences within the Board meeting papers on our website Your health board - Hywel Dda University Health Board (nhs.wales).

Learning from feedback is an essential element to the management of concerns. Without feedback from our service users and our staff, the health board will not be able to continually improve services for patient safety. The summary below shows some of the important feedback received and what we have done to make changes:

| You Said | We did |
|---|---|
| The Rheumatology Services in Hywel Dda need to be more accessible – I have waited too long to hear from a specialist. | The Rheumatology Service has made some important changes to the way its services are accessed, by introducing a system whereby patients needing an appointment are able to contact the Communication Hub, where details are taken and passed to the Rheumatology Team for triage.<br><br>Since its implementation in August last year, we have seen noticeable improvements in our response times, with patients receiving increasingly quicker call-backs from our nurses. Since September 2022, we have taken 1600 enquiries this way – so really are working hard to make the service as accessible as possible to everyone needing it. |
| You didn't take account of my individual needs when I began my care and treatment under maternity services.<br><br>My specific needs were overlooked, and my advocate was unable to accompany me to appointments. I found myself having to repeat my needs when I attended. | Work started on the development of a 'maternity passport' in January 2023 and is nearing completion. The maternity passport will make members of staff immediately aware of any specific individual care needs a patient may have through the maternity pathway.<br><br>This will ensure that women will not need to repeat their specific care needs at each appointment or be disadvantaged if an advocate is unavailable. |
| I asked to wait in a quiet space in the A&E department as is reasonable to my neurodivergent needs. I felt discriminated against because of my autism. | Space within A&E waiting areas is challenging. We welcome the opportunity to support individual needs where people feel comfortable to share them. We invite patients to attend with pre-prepared cards or notes explaining their needs, so that staff can be alerted to them. Work is ongoing to roll the scheme out to all our A&E and outpatient departments, allowing staff to update the patient's medical records as appropriate with |

| | |
|---|---|
| | a ‘keynote’ to identify Autism or other individual needs. Within each A&E there are also facilities to have a private conversation outside of the busy main area.<br><br>All staff maintain equality and diversity awareness as part of their mandatory training. We have established additional training programmes specifically around neurodiversity, including our courses on ‘Autism awareness’, ‘Understanding Autism’ and ‘Autism spectrum matters’. We are working hard to refine our awareness and develop training materials that will produce staff increasingly well-equipped to support neurodivergent needs. |
| Food and drink should be offered in Accident and Emergency Departments, especially as there are long delays before being treated. | While we routinely offer food at mealtimes for patients with a long wait within Emergency Departments, we now have supplies of bottled water readily available for our patients and their relatives. Whilst we already keep a supply of sandwiches, we recognise that with increased numbers of attendances and prolonged waiting within the department, this can be inadequate. Consequently, we are increasing the number of snacks to reduce the risk of running out.<br><br>Because we have received complaints about the facilities within our Emergency Departments generally, we have established a working group to review seating, signage, and the environment within them. As a result of this work new seating has been provided in Withybush and Glangwili Hospitals. |
| Continuity of care needs to be better for young people as they move from the support of the Children and Adolescent Mental Health Service (CAMHS) to the support of the Adult Mental Health Team. | We have employed a transition nurse within CAMHS to ensure that we provide a seamless mental health support service for young people as they reach adulthood. |

## Incidents and investigations

There were 18,585 incidents including adverse events reported between 1 April 2022 and 31 March 2023, of which 16,047 were affecting patients.

For patient safety incidents, the reporter of the incident provides an initial indication of harm to the person affected and then following investigation, a final grade of harm is given. The final severity of the incident is based on the patient outcome and whether this was caused by any acts or inactions by the health board. Of the patient safety incidents where the investigation has been completed and the investigation approved by a senior manager, seven per cent were deemed to have more than minimal harm. The following severities were recorded:

- No harm = 41 per cent
- Low harm = 52 per cent
- Moderate harm = 6 per cent
- Severe harm = <1 per cent
- Catastrophic harm = <1 per cent

The top five incidents reported for the year were:

- Pressure damage
- Patient accident/fall
- Medication error
- Behaviour
- Staff accidents/falls

Incident reporting and investigation allows us to identify areas for improvement to patient safety. As well as improvements at an individual ward or team level, we use our incident reporting data for our quality improvement programme 'Enabling Quality Improvement in Practice' (EQIiP). Our Quality, Safety and Experience Committee received a routine Quality Assurance report at each meeting which details some of the quality improvement work, linked to incidents, being undertaken within HDdUHB. This has included:

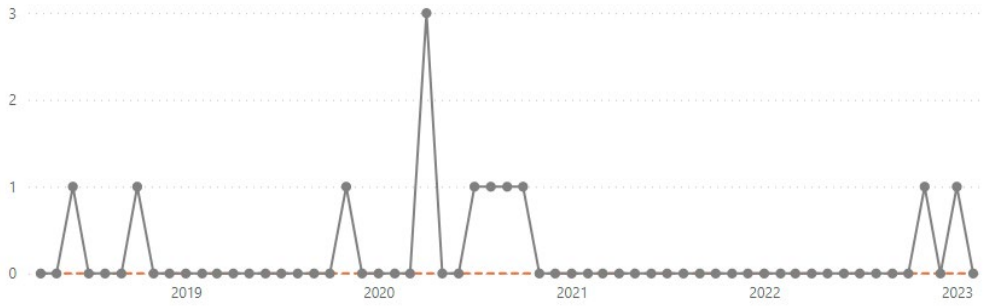
- Falls prevention:
    - Lying and standing blood pressure
    - Falls documentation
    - Post falls care
- Medicines management:
    - Human factors in the workplace.
    - Reducing interruptions by embedding 'do not disturb' culture.
    - Change of ward round times.

- Use of door handle signage (hotel style do not disturb during drug rounds) and ward posters.
- Communication campaign via social media (Facebook, twitter etc) to highlight the importance of ensuring that patients bring their own medicines into hospital with them.
- Recording of the weight of the patient on drug charts.

- Nutrition and hydration:
  - Timely nutrition assessments e.g., in our Emergency Departments.

### Nationally Reportable Incidents

We are required to report certain incidents to the NHS Wales Delivery Unit. During the year, we reported 81 incidents to the NHS Wales Delivery Unit. The reportable patient safety incident are incidents which caused or contributed to the unexpected or avoidable death, or severe harm, of one or more patients, staff** or members of the public, during NHS funded healthcare*. We are also required to report Never Events. Never events are a sub-set of patient safety incidents that are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventable measures have been implemented. In 2022/23, we reported 2 Never Events (these are included in the overall figure reported to the NHS Wales Delivery Unit). The graph below shows the number of Never Events reported.




### Nosocomial COVID Infections

In April 2022, we received additional funding from Welsh Government to support our nosocomial COVID review programme. We have identified 2,320 incidents of suspected nosocomial COVID infection for which we are undertaking proportionate investigations. The progress of the investigations as at 31 March 2023 is captured in the table below. Regular progress updates including learning identified is reported to our Quality, Safety and Experience Committee through the Quality Assurance report.

The spike in incident reporting during January 2023 is due to a piece of work to ensure all suspected nosocomial COVID infections are captured on our incident reporting system (Datix Cymru).

| | Wave 1 | Wave 2 | Wave 3 | Wave 4 | **Total** |
|---|---|---|---|---|---|
| | (27/2/2020 - 26/7/2020) | (27/07/2020 - 16/05/2021) | (17/05/2021 - 19/12/2021) | (20/12/2021 - 30/04/2022) | |
| Total number of suspected hospital acquired COVID included in the review | 119 | 1043 | 356 | 802 | **2320** |
| Total not started / under investigation | 0 | 111 | 99 | 305 | **531** |
| Total review complete (awaiting decision for panel) | 33 | 161 | 91 | 204 | **473** |
| Downgraded | 11 | 47 | 15 | 10 | **83** |
| Total referred to panel (not closed) | 9 | 128 | 24 | 75 | **236** |
| **Total completed investigations** | **66** | **596** | **127** | **208** | **997** |

While undertaking the reviews, we have identified several areas of good practice which we have shared for learning across the organisation:

- Timely DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) decisions with rationale and discussions documented.
- Ceiling of care discussion with patient and family documented.
- Initiation of end-of-life pathway where appropriate.
- Family members visits being facilitated when end of life.
- Regular medical reviews (well documented).
- Use of technology for communication between patient and family.
- Documentation of bed location and rationale for moving patients.
- Documentation of PPE (Personal Protective Equipment) usage when patient being visited by relatives.
- COVID-19 testing being undertaken in a timely manner e.g., following development of COVID symptoms, in line with the guidance at the time.

## Nurse Staffing Levels (Wales) Act

The Nurse Staffing Levels (Wales) Act (NSLWA) (Section 25B) currently requires that all adult medical/surgical wards and paediatric inpatient wards calculate and take all reasonable steps to maintain nurse staffing levels that are appropriate to provide patient-centred care that meets all reasonable requirements in that setting.

The nurse staffing levels have to be calculated every six months and more frequently, if necessary, for example changes in clinical specialty, bed numbers and patient pathway; changes in patient acuity patterns, as well as implementing new infection prevention measures as the health board responded to the pandemic. In responding to our statutory responsibilities, we have systems in place to regularly review and (re) calculate the nurse staffing levels required for each adult/paediatric ward where S25B of the Act applies; and many steps, appropriate to each acute hospital site, were taken to ensure that all reasonable steps were taken to support nurse staffing levels. However, we continue to face challenges in maintaining the nurse staffing levels with the registered nurse vacancy position; the worsened sickness levels and staff absence; and the additional staffing required to manage the added in-patient capacity contributing to these challenges.

Among many other steps, the use of temporary staffing, the deployment of registered nurses (and other clinical staff) from other services into these wards, the recruitment of more Health Care Support Workers and the availability of incentivised additional hours payments were key mitigation steps taken. Despite these and the many other steps taken to maintain staffing levels, there were, nevertheless, periods when wards on each acute site worked at escalated nurse staffing positions in 2022/23. Any patient safety risks that arose during these times were mitigated through intense and robust operational communications and hour by hour planning of the most effective deployment of staff on each acute hospital site. In this way, the requirements within the Nurse Staffing Levels (Wales) Act can be shown to have been met, even in the most challenging of circumstances that have existed during 2022/23.

In addition to the specific requirements laid out in Section 25B of the Act, the health board also has a principal duty ‘to have regard to providing sufficient nurses to care for patients sensitively’ (in both its provided and commissioned services). The detailed evidence to show how this duty has been discharged across all the Board’s nursing services is laid out in the NSLWA Annual Assurance report presented to the Board in May 2022 https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2022/board-agenda-and-papers-26-may-2022/agenda-and-papers-26-may-2022/item-32-nurse-staffing-levels-wales-act-annual-report-2021-22pdf/

## Quality Improvement

Following the reduction in Covid restrictions, 2022-2023 has been a busy and productive year in relation to Quality Improvement. The health board’s commitment to build capacity and capability was re-established in line with the Quality improvement Strategic Framework 2018-2021. Cohort 2 of the Enabling Quality Improvement in Practice (EQIiP) Programme held their celebration event, presenting 18 improvement projects to an invited audience of board members managers and sponsors. Cohort 3 commenced in November 2022 for 12 project teams from across the health board, including maternity, paediatrics, cardiology, community services, mental health and general medicine , with the range and diversity of projects, from support for unpaid cares to the development of an induction of labour booking system and a system for home testing for Irritable Bowel Disease,  demonstrating the increased recognition of the value of the EQIiP Programme. Each project team was supported by a dedicated Improvement Coach throughout the 9-month programme, and a further 15 Improvement Coaches were identified and developed, bring the total to 40 Coaches by March 2023.

As well as the design and delivery of the EQIiP programme the Quality Improvement and Service Transformation (QIST) Team have also provided dedicated support throughout the year to operational teams in patient safety areas such as Falls, Pressure Damage, Nutrition and Hydration, Hospital Acquired Thrombosis and Medicines Management improvement. Significant support has been provided to areas under the health board's enhanced monitoring with the introduction of the Real Time Demand and Capacity (RTDC) Initiative across the acute hospital sites, and the implementation of the Transforming Urgent and Emergency Care (TUEC) plan including the continued introduction of Board Rounds and Safety Huddles on inpatient areas, continued support for the Same Day Emergency Care model.

The QIST team continued its development of two significant initiatives identified to support staff and patients during the Covid-19 pandemic, the Communication Hub, and the Waiting List Support Service (WLSS) during 2022/23. The Communication Hub supported numerous operational teams including the Covid vaccination with calling handling, receiving, and responding to over 48,000 calls from January 2022 to March 2023, supporting services such as the Vaccination programme, Dental and community nursing. The WLSS continued to support patients waiting for elective care contacting over 18,000 patients, offering advice and support to optimise health and wellbeing.

The health board confirmed its commitment to engage the Improvement Cymru / IHI (Institute for Healthcare Improvement) National Safe Care Collaborative in June 2022, and following its launch in November 2022 has supported 40 members of staff from across the health board to attend each of the Learning Events in 2022/23. The health board adopted a unique approach to the collaborative by establishing teams to actively work on projects across the four collaborative workstreams (Leadership, Community, Ambulatory and Acute Care) relating to the TUEC work plan. This approach was presented to the national collaborative in March 2023.

Throughout the year the health board improvement activities have been recognised at numerous national and International conferences and events ,including a medication safety project presentation at the Bristol Patient Safety Conference, the Virtual Prehabilitation Initiative received an award at the National Preoperative Care Conference, was published in the NHS Digital Transformation Playbook and received ITEC award in Partnership with Delta Wellbeing, shortlisted for two digital HSJ awards, the Evaluation of the EQIiP programme by Swansea University at the ISQUA Conference in Sidney Australia and was published in the Journal of Health Organization and Management , six project abstracts accepted for the BMJ/IHI Patient Safety Forum in Copenhagen in May 2023

An updated Quality Improvement Strategic Framework for 2023 -2026 was approved by the Board in March 2023. This framework extends the Board's ambition to create the environment for frontline staff to develop the skills and capacity to make continuous improvement part of their everyday work by making a commitment to deliver two EQIiP per year. This commitment is well underway as the next EQIiP cohort was identified in February 2023 and the programme is planned to commence in April 2023. This framework underpins the health board's Quality Management System (QMS) launched in March 2023 and will be instrumental in the health board aim to integrate all improvement and change activities to support patient safety and staff wellbeing in 2023/24.

## Safeguarding

We continue to demonstrate a commitment to partnership and agency working. We continue to be a consistent member of the Mid and West Wales Regional Safeguarding Board and work collaboratively and provide professional challenge across the spectrum of safeguarding work. Our governance framework for safeguarding is set out in the health board's Corporate Safeguarding Policy.

We have contributed to the Mid and West Wales Regional Safeguarding Board Annual Plan and annual report and contributed to the NHS Wales Safeguarding Network workplan and annual report. The health board's Corporate Safeguarding Team has taken lead roles in national work to support the NHS Wales role in the VAWDASV agenda and developments within the Looked After Children health assessment developments.

The corporate safeguarding team led a self-assessment of the health board against the NHS Wales Safeguarding Maturity Matrix and have identified our strategic priorities as a result. Our compliance with legislation and training continues to be reported to the health board's service Safeguarding Delivery Groups and exceptions and assurance monitored by the Strategic Safeguarding Working Group.

In a climate of increased activity with no additional resource for our safeguarding work the Corporate Safeguarding Team and operational services have continued to innovate, some of which has been recognised at the Mid and West Wales Regional Safeguarding Board Awards and NHS Wales Safeguarding Together Conference.

## The Health and Social Care (Quality and Engagement) (Wales) Act 2020

During 2022/23, as we prepared for enforcement of the Health and Social Care (Quality and Engagement) Wales Act 2020, we formed a Quality and Engagement Implementation Group, chaired by the Director of Nursing, Quality and Patient Experience who has been identified as our executive officer lead. Two workstreams were formed, one for Duty of Quality and one for Duty of Candour, and a programme plan was developed.

We have been using all appropriate opportunities within the health board to raise awareness of the responsibilities under the Duty of Candour and Duty of Quality e.g., directorate quality and governance meetings, proportionate investigation training, SharePoint, and our staff bulletins.

We have formalised our Quality Management System Strategic Framework and updated our Quality Improvement Strategic Framework, which were both presented to our Board on 30 March 2023. The overarching aim of the quality management system (QMS) strategic framework is to provide a system-wide approach to achieving quality of care in a way that secures continuous improvement. This strategic framework sets out our approach, structure and tools provided to empower staff to lead and deliver services that meet quality and safety expectations and standards. The Quality Management System Strategic Framework provides the umbrella under which the key enablers and programmes of work focused on driving quality, safety, performance, and efficiency within the health board come together.

# Strategic Objective 6 – Sustainable use of resources

# Strategic Objective 6 – Sustainable use of resources

This strategic objective maps to the following ministerial priorities and measures:

- NHS finance and managing within resources - Economy and Environment
- Supporting the health and care of the workforce

Our strategic objectives are broad and cross-cutting. The planning objectives and narrative on progress against each strategic objective are framed against the following themes and outcomes:

| **Theme:** | **Outcome:** |
|---|---|
| Social | Our positive impact on society is maximised |
| Environmental | We are making a positive contribution to addressing the climate emergency |
| Economic | We are making progress against the delivery of our "Roadmap to Financial Recovery" |

The table below gives a high-level summary of our progress for this strategic objective in 2022/23:

| Our planning objectives | Status |
|---|---|
| 6B – Value improvement and income opportunity | ☐ Complete |
| 6D – Value Based Healthcare and Patient Reported Outcome Programme | ☐ On-track |
| 6G – Decarbonisation and green initiatives plan | ☐ Complete |
| 6H – Supply chain analysis | ☐ On-track |
| 6I – Interim Budget 2022-23 | ☐ Complete |
| 6K – Design assumptions | ☐ On-track |
| 6L – Workforce, Clinical Service and Financial Sustainability | ☐ On-track |
| 6M – Cyber Security Framework | ☐ Complete |
| 6N – Intelligent Automation | ☐ Behind |
| **Our principal risks** | **Control RAG** |
| 1198 – Ability to shift care in the community | ☐ Medium |
| 1199 – Achieving financial sustainability | ☐ Medium |
| 1200 – Maximising social value | ☐ Medium |
| **Our outcome measures** | **Status** |
| % of third party spend with Hywel Dda suppliers | ☐ Missed target |
| % of third party spend with Welsh suppliers | ☐ Missed target |

| Our planning objectives | Status |
|---|---|
| Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach | ☐ Missed target |
| Financial deficit (£m) | ☐ Met target |

For further details on the principal risks and outcomes see our Board Assurance Framework: Board Agenda and Papers 30 March 2023 (item 3.1).

## Our planning objectives

We identified nine planning objectives aligned to this strategic objective. The table below summarises these planning objectives and the progress we had made by March 2023.

| Planning objective and status | Update |
|---|---|
| ☐ Complete<br><br>**6B: Value improvement and income opportunity**<br>• Develop and roll-out an initial suite of financial sustainability plans for the whole organisation based on the target operation models the HB is seeking to implement through its planning objectives for the next three years. These plans should provide the detail underpinning the health board's roadmap to financial recovery and be introduced in such a way to allow budget holders to focus on the positive change being sought.<br>• In parallel with the above, develop an activity-based condition and pathway costing programme for all major health conditions thereby providing a longitudinal analysis of health board spend to support the on-going roll out of PROMs (Patient Reported Outcome Measures) and VBHC (Value Based Health Care) approaches to budgetary decision making and resource allocation. | • Financial sustainability plans – work here concluded as a first phase and an update for the 2023/24 planning cycle was undertaken. Opportunities that supported the previous route-map to financial sustainability were reviewed and refined with Executive leads. An investigation into the operational drivers of deficit growth over the past two years was undertaken. Areas of waste and inefficiency identified through these two sources generated Executive led Programme of Change projects, which include: Transforming Urgent and Emergency Care, Integrated Locality Planning, Nurse Stabilisation, Alternative Care, FLOs and CHC.<br>• Costing programme for all major health conditions - work was undertaken in parallel with overall Value Based Health Care programme, requesting early invitation to each new project, to discuss offering and jointly decide whether resource measurement is required. Around this, broader operational requests for resource modelling are evaluated within same framework and approach. |

| Planning objective and status | Update |
| --- | --- |
| ☐ On-track<br><br>**6D: Value Based Healthcare and Patient Reported Outcome Programme**<br>Implement the three objectives and associated actions contained within the VBHC plan (2021-24), including the routine capture of PROMs within the majority of our service areas, the delivery of an education programme, and a bespoke programme of research and innovation'. | We have published a clear plan for delivering VBHC, which places our population at the heart of our service development. The plan is structured around three interrelated goals:<br>1. Invest in the systems and processes to enable our staff to routinely use PROMs and resource utilisation data in planning, organising, and delivering healthcare.<br>2. Develop the knowledge and skills of our staff to put the theory of VBHC into practice.<br>3. Establish partnerships with universities, innovation agencies, international healthcare systems and companies to understand how to optimise the wider societal benefits of adopting a VBHC approach and accelerate the innovations with demonstrable potential to securing them.<br><br>Over the course of 2022/23, the VBHC Programme has increased in scope and pace, providing routine PROM (Patient Reported Outcome Measures) collection in a large range of service areas. Looking forward there remains a realisable ambition to further expand the reach of VBHC routinely into Primary, Community and Social Care.<br><br>In recognition of the challenging technical demands imposed by the ambitious approach to VBHC in Hywel Dda and in line with national procurement frameworks, work is underway to review a technical solution and digital enablers to increasing the impact of VBHC across the entirety of HDdUHB.<br><br>Our work to date has resulted in detailed reviews of service areas and the development of work plans to change the way that we deliver services, through the lens of value. These Service Reviews have identified a range of common themes, most notably:<br>• Health literacy and Public Health / Primary Care engagement.<br>• Patient activation and behavioural insights.<br>• Modifiable lifestyle factors including lifestyle clinics and prehabilitation. |

| Planning objective and status | Update |
|---|---|
| ☐ Complete<br><br>**6G: Decarbonisation and green initiatives plan**<br>Develop and seek Board endorsement for a strategic roadmap to respond to the Welsh Government ambition for NHS Wales to contribute towards a public sector wide net zero target by 2030. The health board will set out a work programme and implement this plan to meet the targets established in the NHS Wales Decarbonisation Strategic Delivery Plan. Where feasible through the opportunities presented via the health board's transformation journey it will look to exceed targets and establish best practice models and pilots, as exemplars for the NHS and wider public sector. The overall aim will be to reduce the health board's carbon footprint by at least 34p er cent by 2030 to support the wider public sector ambition to address the climate emergency. | The health board has been awarded the Platinum level of the Corporate Health Standard; initiatives highlighted that are being delivered/enabled through the Decarbonisation Programme which are:<br>• new buildings and an upgrade of existing buildings.<br>• hybrid and electric vehicles across the whole fleet by 2025.<br>• Development of local supply chains and joint working with other public sector bodies towards sustainable procurement and reduction of waste.<br>• The health board's Decarbonisation Delivery Plan. |
| ☐ On-track<br><br>**6H: Supply chain analysis**<br>Develop a consistent measurement framework to assess the impact of health board spending in the following four domains:<br>1. Social value<br>2. Economic Value<br>3. Environmental impact<br>4. Cultural benefit | • We have continued to work on baselining the Hywel Dda position, in areas such as procurement spend undertaken with local suppliers and other supply chain analysis, current CO2 management strategies versus desired reductions, local wealth creation.<br>• Social Value (SV) portal currently being used to record target and actual improvements in social value in respect of new contract activity<br>• Further projects being identified (e.g., recruitment activity) to capture further SV activity, and quantify for reporting purposes<br>• Next steps will be to regroup once initial baselining has been completed and identify further projects to work on capturing SV measures for, as well as wider dissemination of the concepts throughout HDdUHB.<br>• It is intended that local authority and large employer organisations will be contacted to form a community of practice across the local area. |

| Planning objective and status | Update |
|---|---|
| ☐ Complete<br><br>**6I: Interim Budget 2022-23**<br>By March 2022 establish an interim budget for 2022/23 which supports the planning objectives contained in the health board's interim plan for 2022/23. This budget will include identification of the required savings requirements and opportunities to achieve the health board's agreed financial plan as well as their application to the relevant budgets for each director. | • This was completed as part of the planning cycle for 2022/23.<br>• The budget linked to the re-submitted plan (£62.0m) was not transacted in the financial ledger, due to the plan not being accepted by WG.<br>• Opportunities have, and continued to be, presented to the organisation and respected Executive Team leads.<br>• The 2023/24 planning cycle will undertake a further assessment, overseen by WG through the Targeted Intervention dialogue, to review options and whether a revised budget can be agreed and implemented. |
| ☐ On-track<br><br>**6K: Design assumptions**<br>By September 2021 develop a plan to achieve, as a minimum, the design assumptions set out in A Healthier Mid and West Wales related to the new hospital build on the current health board acute hospital sites. The aim will be to achieve these measures fully by March 2023 and the plan should set out expected trajectories towards this over 2021/22 and 2022/23. The design assumptions are:<br>• 40% reduction in emergency admissions for ACS related conditions.<br>• reduction in length of stay to the median of our peer group.<br>• 25% reduction in follow up outpatient appointments.<br>• 4.3% reduction in A&E & MIU (Minor Injuries Unit) attendances.<br>• 30% of A&E attendances shifted to MIUs.<br>• 50% patients in acute beds to step down to community beds/home within 72 hours. | This work is on-going and is described through a number of the Planning Objectives within this report. |

| Planning objective and status | Update |
|---|---|
| • 90% of new and follow up outpatient appointments to take place in a community<br>• setting (including virtually).<br>• 50% of day cases in medical specialties to take place in community settings. | |
| ☐ On-track<br><br>**6L: Workforce, Clinical Service and Financial Sustainability**<br>Coordinate an ongoing balanced approach to how resources are used and invested and dis-invested in, to achieve workforce, clinical service, and financial sustainability.<br>• Chair the Use of Resources leadership group to facilitate balanced decision making.<br>• Continually deliver effective executive partnering from the finance function.<br>• Develop and implement a single revenue investment approach pan health board.<br>• Implement a monthly management information suite to drive organisational financial discipline for across all revenue implications. | • Directorate level Use of Resource (UoR) meetings took place monthly in 2022. These were superseded by the combined Improving Together structure from January 2023 onwards, to better correlate the balance of resources with performance and quality and safety.<br>• Each Improving Together session has an accompanying information pack, which sets out a multitude of pertinent information around the year-to-date position and the forecast outturn. The packs also contain salient information including cost drivers, risks, mitigations, and horizon scanning.<br>• Business Partners, through their business conversations are proactively working to identify opportunities with operational leads to ensure all areas of opportunity are considered and realised wherever possible.<br>• Recognising this financial year is very challenging, further Annual Plan deep dive meetings were undertaken in January and February 2023 to focus on the financial challenges and opportunities for 2023/24. The purpose of this approach is to horizon scan and implement any changes that support service provision and configuration whilst maximising financial sustainability.<br>• The Business Partners as part of their business meetings are proactively working with their operational colleagues to consider the extant resources and their utilisation. The next step is to consider whether there is an opportunity to decommission and/or reinvest as required. |

| Planning objective and status | Update |
| --- | --- |
| ☐ Complete<br><br>**6M: Cyber Security Framework**<br>Develop a refreshed Cyber Security Framework by March 2022 and supporting timelines and actions to protecting HDdUHB information. Key elements of this framework will be:<br>• Refreshing the information assets register and ensuring that business critical assets are kept secure at all times.<br>• Identifying the threats and risks (Routine Cyber Security Penetration Testing).<br>• Identifying the safeguards that should be put into place to deal with these threats and risks.<br>• Monitoring the safeguards and assets to manage security breaches (Cyber Security Framework).<br>• Responding to cyber security issues as they occur.<br>• Updating and adjusting safeguards in response to changes in assets, threats, and risks. | We now have a Cyber Security programme in place to work towards compliance with the Network and Information System Regulations (NIS-R). To support this there is a Cyber Security Assurance Group which meets monthly and reports into the Information Governance Sub-Committee. |

| Planning objective and status | Update |
| --- | --- |
| ☐ Behind<br><br>**6N: Intelligent Automation**<br>• Develop an initial intelligent automation plan which combines robotic process automation technology, AI, and natural language processing to streamline data collection and integration.<br>• Whilst this plan is in development develop and implement a process to automate the health board's starters and leavers processes and design and implement an intelligent frailty identification robot. | Our target is by 2025 to release 50,000 hours of time back into the organisation.<br>• Workforce automation. Hywel Dda are working with Northampton Hospital Trust (RPA Centre of Excellence) to document two Workforce process and automate one of these. The first process to be considered is the automating the training records into ESR. The recording of training courses and the attendance at the courses to ensure an accurate record is kept so staff training attendance is captured in a timely manner, this is important when specific courses are a pre-requisite of a staff member being able to work in a certain area of the business.<br>• Finance automation. This is Percentage of Completion (POC) is the automation of two processes within the finance team. Firstly, the request to raise a bill. The process exists because invoices need to be raised to customers. Request to Raise Bill (RRB) Excel forms are (mostly) sent as attachments in an email to a shared inbox.<br><br>During a number of workshops, a further 17 potential processes have been identified, and the digital team working with the suppliers are developing scopes to process maps to assess the return on investment. |

For further details on all of our planning objectives, including our lead Executive Directors and governance arrangements, see Annex A: Our Planning Objectives for 2022/23.

## Environment, Sustainability and Carbon reduction

Over the last year HDdUHB has continued to contribute to reducing carbon and embedding sustainable practices through its day-to-day activities by delivery of several energy efficiency/decarbonisation projects, maintenance of the Environmental Standard ISO14001, increased agile working, encouraging reuse and delivery of source segregated recycling schemes and the transition to ULEV fleet.

In terms of sustainable waste management, we continue to identify ways to reduce the waste we send to landfill, recycle wherever possible and reuse resources to avoid unnecessary purchases. For example, we promote the use of 'Warp it', an online platform for reuse of furniture and equipment.

To date, since the scheme began in March 2019:

- 1,412 staff have committed to reusing no longer needed items.
- This has avoided waste disposal of nearly 103 tonnes.
- Prevented 337 tonnes of CO2 emissions.
- Saved around £444K.

In addition, HDdUHB has also rolled out source segregation (the separation of different types of solid waste at the location they are generated) on all health board sites except for Glangwili which is still co-mingled. We have also trialled recycling absorbent hygiene products (AHP) which currently go into landfill. Although at an early stage, the trial has been successful, and it is the intention to roll this out across the health board.

It is anticipated that these measures will boost our recycling rate, reduce waste to landfill, reduce carbon, improve the quality of recyclates and promote the principles of a circular economy.

Expenditure on utilities has increased due mainly to the impact of volatile energy markets and poor performance of Biomass and CHP (combined heat and power). HDdUHB's Energy Performance Contract with Centrica, which is in its ninth year and due to end March 31, 2025, continues to deliver guaranteed annual savings and carbon reduction. Since its commencement in March 2015, a total reduction in carbon emissions of around 26,146 tonnes at the time of writing this report has been achieved. The Estates team is currently exploring the opportunity to deliver a further Energy Performance Contract (EPC) via the Re:Fit 4 Wales Framework route. A working group has been established to develop and progress a new EPC, commencing with a 'soft tender' exercise in quarter four 2022/23 to establish interest from the framework providers to work with us to develop and implement phases of work.

Following the publication of the 'All Wales NHS Decarbonisation Strategy' in March 2021, HDdUHB's embedded this requirement within Planning Objective 6G and commissioned the Carbon Trust to develop the health board's Decarbonisation Delivery Plan. This was submitted to and approved by the Sustainable Resource Committee in September 2022.

The health board's Delivery Plan sets out a work programme to meet the targets established in the NHS Wales Decarbonisation Strategic Delivery Plan in the areas of carbon management, buildings, transport, procurement, estate planning and land use, and its approach to healthcare

including promoting clinical sustainability. Through the Decarbonisation Task and Finish group all the opportunities identified in the action plan are being considered.

Over the last year, we have continued our programme of installing energy efficiency technologies to reduce our carbon footprint, contributing to Welsh Government's 2030 net carbon neutral ambition. Examples include:

- the installation of a 0.45MW solar farm with enhanced green space and biodiversity at our Hafan Derwen site.
- low Carbon Heat grant projects (design only) on three sites, Brynmair, Wellfield and Elizabeth Williams Clinic.
- installation of roof mounted solar PV at Brynmair clinic.
- Solar canopies at South Pembrokeshire hospital.
- Building Energy Management Systems (BEMS) on our community sites and at Bronglais Hospital.

We plan to explore the following in 2023/24;

- A Public Sector Low Carbon District Heat Project in Aberystwyth in collaboration with the University and Ceredigion County Council.
- Solar Farm projects at Prince Philip Hospital (private wire), scoping opportunities at two further Acutes (Glangwili, Withybush) and one community sites (Cardigan Integrated Care Centre).
- Onsite treatment opportunities for clinical waste and progressing pilot to divert nappy waste from landfill to recycling.
- Procurement and subsequent physical installation of EV (Electric Vehicle) charging infrastructure across health board owned assets.
- Developing and incorporating social value as well as decarbonisation and sustainability, into all procurements.

The Decarbonisation Task and Finish Group continues to develop a range of carbon awareness initiatives, examples include:

- The development of a sustainability awareness video.
- launch of intranet 'Sustainability Hub' Green Teams Competition.
- Launch of a climate awareness e-learning module.
- initiatives such as quarterly 'Climate Cafes', Green Health scoping exercise and co-ordination of other resources are all underway.

The Environmental Team has continued to maintain the Environmental Management System in line with the ISO 14001 Environmental standard, including the production of annual objectives and targets and presenting a management review of performance via formal committee.

The health board is required to publish an annual Sustainability Report which includes data on key metrics including utility, waste, transport, sustainability, and environmental management information. The sustainability report for the period 2022/23 will be available in June 2023 and will expand on the content of this text.

The health board has undertaken risk assessments and carbon reduction delivery plans to demonstrate compliance with the requirements of the emergency preparedness and civil contingency elements of the UKCIP (UK climate Impacts Programme) 2009 weather projections to ensure that the organisation's obligation under the climate change Act and the Adaptation Reporting.

### Solar Farm at Hafan Derwen

In April 2023, HDdUHB's first solar farm was switched on at Hafan Derwen site at St David's Park in Carmarthen.

The installation of 1,098 x 455W panels not only provides sustainable electricity to power patient and administrative services based at the health board's Hafan Derwen site, but also contributes to reducing carbon emissions and promoting biodiversity in the area.

A 150kW battery has also been installed on the site, providing additional savings for the health board.

It is estimated the development will provide annual carbon savings of 110 tonnes of Carbon Dioxide Equivalent (tCO2e), and generate around 474,000 KWhrs of electricity annually, demonstrating the benefits of investing in renewable energy.

Around 52 per cent of the electricity generated will be used on-site with the remainder being exported.

The health board is also committed to improving the quality of the natural environment and increasing people's access to natural spaces around our community and hospital sites.

As a part of the development that covers just over an acre of land, the biodiversity of the site has been enhanced to provide access to natural green space for staff and patients. This area includes enhanced planting, seating areas, and information boards explaining the benefits of each of the plants to the local environment.

Fruit trees and over 350 wildflower bulbs have been planted and will provide an additional habitat for wildlife, including pollinators and other insects which hopefully will lead to an increase of bird and bat species at the site. View the aerial video here

## Day Surgical Theatres, Prince Philip Hospital

Due to the ongoing impact of COVID-19, HDdUHB is endeavouring to meet the demands of Scheduled Care services over the next several years. The Pandemic has created a significant pressure across the HDdUHB. The Board agreed in April 2021 to pursue a Modular Solution to facilitate and support the return of Elective services within the health board.

Importantly, to achieve implementation for 2022. This milestone has been included within the health board's COVID recovery plan submitted to Welsh Government in June 2021.

The output from a designated project team established was a clinically and operationally designed two Day Surgical Theatres (with Laminar Flow capability) and a Dual-Endoscopy Suite at a capital build value at £20 million being fully designed, tendered, constructed and fully operational within 18 months.

From April 2022 HDdUHB design team spent approximately £24 million on projects in the areas listed below:

- All Wales Capital Projects (AWCP).
- Discretionary Capital Projects (DCP).
- Infrastructure/Statutory Projects.
- Imaging Projects (Welsh Government).

The following projects are at the Business Justification Case Stage:

- Aseptics Project at Withybush Hospital.
- Wellness Hub at North Dock, Llanelli.
- Sexual Assault Resource Centre, Aberystwyth.

The following development schemes are ready to go to tender:

- Young Persons Place of Safety, Bro Myrddin Carmarthen.
- Infrastructure and statutory projects, Glangwili General Hospital.
- Infrastructure and refurbishment work, Llandovery Cottage Hospital.
- Cook Freeze Development, across all health board sites.

Imaging Schemes delivered 2022/2023 include:

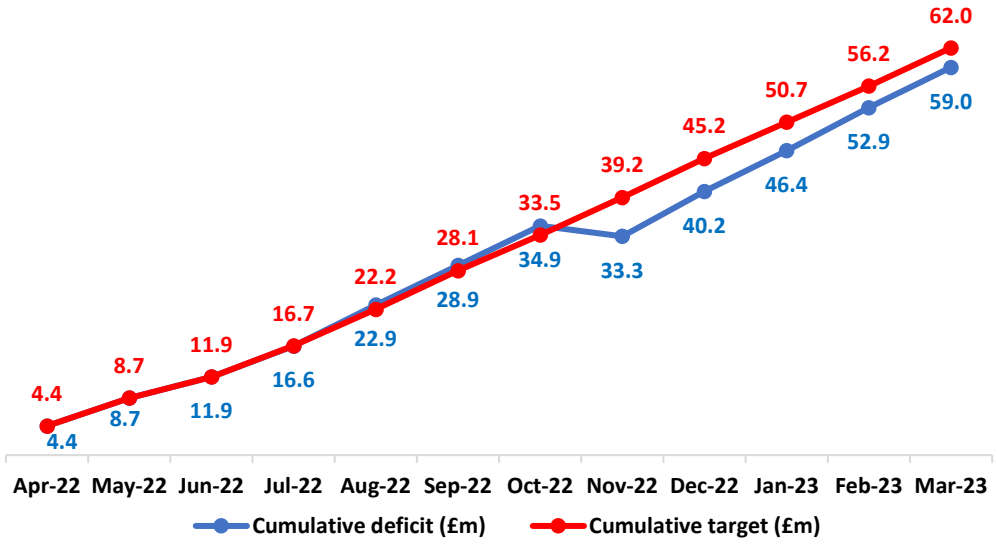
- Glangwili Hospital: Ultrasound Units, Theatre Image Intensifiers, Digital X-ray Room.
- Prince Philip Hospital: Ultrasound Units, Digital X-ray Room, CT (Computerised Tomography) Scanner, Mammography Unit.
- Withybush Hospital: Ultrasound Units, Theatre Image Intensifier, Digital X-ray Room
- Bronglais Hospital: Ultrasound Units, Theatre Image Intensifier, CT Scanner, Digital X-ray Room, Digital Fluoro Room.

Other planned and proposed design-led projects for 2023/2024 include:

- Points of Ligature Works at Prince Philip Hospital and Bronglais Hospital.
- LPG Project, Glangwili Hospital.
- Refurbishment and infrastructure upgrade, Llandovery Cottage Hospital.
- Fire compliance and improvement works, across all health board sites.

# Financial deficit

## Cumulative financial deficit (£m) 2022/23




Our plan in 2022/23 was to meet a £62 million deficit by the end of the financial year. Our outturn at the end of March 2023 was a deficit of £59 million. Key drivers of this overspend were medicines management, bed occupancy of medically fit patients awaiting discharge, medical and nurse agency use, and mental health continuing health care.

### Key actions taken to improve performance and mitigate risks:

- Implementation of key improvement programmes of which three of the main programmes include:
    - Transforming Urgent and Emergency Care.
    - Integrated locality planning.
    - Elective recovery.
- Refined analysis of the underlying deficit has been completed and has identified improvement opportunities. Weekly updates into the summary financial position are collated across directorates and progress highlighted including forecast run rates, savings delivery, and opportunities conversion.
    - Collaboration between financial business partners and service leads to articulate and raise awareness of the financial consequences of key operational drivers and decisions.
    - Teams challenged to identify management actions to reduce the organisation's expenditure trajectory on an in-year and recurrent basis.

For further details, please see the Annual Accounts section of this report.

## Fraud, Anti-corruption, and Anti-bribery

A key part of identifying fraud is by raising awareness. Hywel Dda University Health Board employs two full time Accredited Local Counter Fraud Specialist and has in place a Counter Fraud (CF) Policy and Response Plan. This plan, combined with an extensive programme of staff training and promotional activity, includes the overall strategic aims of counter fraud work and operational response aligned to the NHS Counter Fraud Authority (NHSCFA) counter fraud, bribery, and corruption strategy. The health board Standards of Behaviour Policy incorporates professional behaviour with reference to fraud, corruption, and the Bribery Act 2010. Executive approval of policies is provided via the Policy Review Process.

Over the course of the reporting year the policy has been actively promoted to staff, including mandatory online training and other staff awareness and support using e-newsletters, social media posts and further training. Information on emerging threats has been shared with staff and key groups.

Oversight is achieved through an effective Counter Fraud, Bribery and Corruption workplan, which aligns itself to HDdUHB's Anti-Fraud, Bribery and Corruption Policy. Bi-monthly updates on work undertaken in line with the plan are provided to the Audit and Risk Assurance Committee.

The health board continues to demonstrate its compliance with the Government Directions on Counter Fraud Measures, the service agreement under section 83 of the Government of Wales Act 2006, and Welsh Government directions and the Government Functional Standards 013 – Counter Fraud (GovS 013), which came into effect from 1st April 2021. As an NHS body we have in place an annual plan that is aligned to these standards. The annual plan was approved by both the Director of Finance and the Audit and Risk Assurance Committee Chair. To ensure effective delivery and compliance against the plan, the Counter Fraud team provides bi-monthly updates on work undertaken to the Audit and Risk Assurance Committee. In addition, Counter Fraud Services (CFS) Wales have oversight of all cases, approving closure of Counter Fraud Investigations.

Our document 'Audit enquiries to those charged with governance and management' provides further detail, and can be read here: https://hduhb.nhs.wales/about-us/governance-arrangements/board-committees/audit-and-risk-assurance-committee-arac/arac-meeting-may-11/4-6-audit-enquiries-to-those-charged-with-governance-and-management/

# Sustainability Report

## Introduction

Sustainable Development (SD) is a 'central organising principle' of the Welsh Government. Although not directly applicable to devolved governments, the Welsh Government request public bodies in Wales who report under the FReM (Financial Reporting Manual) to produce a Sustainability Report. Accordingly, this section of our annual report covers the environmental performance of the organisation, written in line with public sector requirements set out in the FReM and supplementary HMT Guidance 'Sustainability Reporting in the Public Sector'.

## Description of organisation

HDdUHB has an estate covering circa 50 hectares containing 32 freehold premises totalling circa 189,977m$^2$. This includes four acute hospitals, seven community hospitals and administration, health centre and clinic, mental health, and accommodation facilities.

## Environmental Management Governance

Board assurance on environmental and sustainability performance is provided via the Business Planning and Performance Assurance Committee, with work coordinated by the Estates, Capital subcommittee. Action is delivered in line with the environmental management standard 'ISO 14001'. A monitoring system is in place to gather the data required for sustainability reporting. This system is audited by the NHS Wales Shared Services Partnership Audit and Assurance Services and periodically as part of ISO 14001 audits.

## Summary of Performance

Some significant improvements have been achieved over the last couple of years despite the increased pressures post covid 19. The health board has continued to deliver a number of decarbonisation/energy efficiency projects, source segregated recycling and have continued to embed the use of fuel efficient/EV pool car fleet in the organisation. In addition, the requirements of the All-Wales NHS Decarbonisation Strategy has been embedded into the organisation's Planning objectives and actions needed to reach the Strategy goals have been formulated in the organisation's Decarbonisation Delivery Plan and Action Plan.

'Total Waste' produced has decreased slightly this year and the overall recycling rate has increased from 47% to 49% as HDdUHB continues to improve recycling facilities and raise awareness of correct recycling procedures. Resource efficiency through the procurement of goods and services and encouraging the use of 'WARP IT' has continued to be a key objective.

Expenditure on utilities has increased significantly due to volatile energy market influences outside the control of the health board. Electricity consumption has increased due to the increase in footprint from the new theatre at Prince Phillip which has electric heating and the underperformance of the Combined Heat and Power (CHP) units at Prince Philip and Withybush. The underperformance of the CHPs has also resulted in a reduction of gas consumption. Oil consumption is down slightly due to a mild winter and as expected improved performance for the biomass boiler at Glangwili following replacement of parts.

Overall, total emissions have decreased primarily due to the decrease in gas consumption and the reduction in the emission factor used to calculate grid electricity emissions. Business mileage and associated costs have increased on previous year, and this is due to working practices getting back to 'normal' post covid and the pool car scheme expanding on previous year. The health board now only procures hybrid vehicles for fleet use and once the EV infrastructure is in place the health board will transition to an all-Electric Vehicle (EV) fleet.

It is worth noting that when collating business mileage emissions, the 'unknown average' emissions factor has been utilised from †use DEFRA 'Greenhouse Gas Emissions for Company Reporting' for calculating carbon emissions.

Renewable electricity generation has increased this year as more solar schemes are completed and beginning to generate.

Water costs have increased this year in line with inflation and consumption has increased, the main reason being the increase in footprint from the new theatre at Prince Phillip.

HDdUHB use a company to manage and monitor water consumption in the health board. By the end of March 2023, the health board saved circa £72k (cost avoidance), 37,260M3 and 5.6 tCO2e.

The Environmental Team has continued to maintain the Environmental Management System in line with the ISO 14001 standard with no major or minor non-conformances.

The health board is progressing a number of other sustainability initiatives in 2023/24 including various capital schemes, focusing on the use of green space, improving carbon awareness, and delivering on the requirements of the Decarbonisation Delivery Plan, where funding is available.

The data used to provide the information in this report has come from verified, invoiced data which is recorded and monitored via internal management systems.

### Greenhouse Gas Emissions

Gas consumption has decreased due to underperformance of the CHP units, which along with the new theatre at Prince Phillip becoming operational, has increased the consumption of grid electricity. Oil has decreased slightly which is due to a mild winter and improved performance of the biomass at Glangwili.

The amount of liquid petroleum gas (LPG) used this year is comparable with previous years as no further LPG fuel sources have been added to the asset portfolio. Renewable electricity generation increased this year, as more solar schemes have been installed and begun generating electricity. Renewable electricity generation is expected to increase further next year following the recent energising of the health board's first solar farm at Hafan Derwen and the installation of solar carports at South Pembrokeshire Hospital as well as some further roof mounted schemes that have recently begun to generate electricity. HDdUHB proposes to install another roof mounted scheme in 2023/24 funding dependent on 79, Bro Myrddin.

Business mileage this year has increased from circa 4.7 million miles per annum in 21/22 to approximately six million miles per annum in 22/23. An increase in the number of fuel-efficient fleet vehicles has meant fewer journeys are made in staff owned vehicles, but primarily the increase is due to return to 'business as usual' following covid.

Electric charging points for both staff and the public remains on the agenda of the Central Transport Unit (CTU), although progress made since last year was limited as the tender for EV charging infrastructure sits with NHS Wales Shared Services Partnership (NWSSP) Procurement. CTU will continue engaging with NWSSP regarding the All-Wales EV charging infrastructure tender process and aim for a minimum of 40 EV charging units to be installed by the end of 2023/24, funding dependant. The Transport Unit are aiming for a minimum of 20% of the health board's fleet vehicles to be EV by the end of 2023/24 and will continue to promote uptake of the health board's lease car scheme among staff groups and encourage the transition to electric vehicles. As of April 2023, the scheme currently comprises a total of 184 EVs with a target to increase this number to 250 by March 24.

Scope 1 emissions (Gas & Oil) have reduced this year primarily due to the decrease in gas consumption from underperformance of the Combined Heat and Power (CHP) units. Scope 2 emissions (Electric) have increased slightly due to an increase in grid electricity consumption, but this is not significant due to year-on-year reduction in the emission factor used for grid electricity as the grid decarbonises. Scope 3 emissions (Business mileage) has also increased this year due to an increase in business mileage as the health board returns to 'business as usual' following the covid pandemic. However, overall $CO_2$ emissions have decreased by 4% from last year.

Overall utility costs have increased by circa 44% on the previous year due to volatile energy market influences outside the control of the health board.

The unknown average emissions factor has been utilised from †use DEFRA 'Greenhouse Gas Emissions for Company Reporting' for calculating Business mileage carbon emissions.

| Greenhouse Gas Emissions | | 2020-21 | 2021-22 | 2022-23 |
|---|---|---|---|---|
| Non-Financial Indicators (1000 $tCO_2e$) † | Total Gross Emissions | 20.51 | 18.68 | 17.92 |
| | Gross Emissions Scope 1 from Gas and Oil | 14.98 | 13.36 | 11.91 |
| | Gross Emissions Scope 2 & 3 from electricity and business mileage | 5.53 | 5.32 | 6.01** |

| | | | | |
|---|---|---|---|---|
| Related Energy Consumption (million KWh) | Electricity: Non-Renewable | 18.00 | 18.68 | 22.23* |
| | Electricity: Renewable | 0.09 | 0.30 | 0.42* |
| | Gas | 58.80 | 55.57 | 49.54* |
| | LPG | 0.419 | 0.426 | 0.410* |
| | Oil | 15.88 | 16.75 | 16.01* |
| | Biomass | 3.44 | 3.88 | 3.86* |
| | | | | |
| Financial Indicators | Expenditure on Energy | £6,136,925 | £8,003,438 | £14,315,499* |
| | Expenditure on official business travel | £2,074,854 | £2,071,862 | £2,806,784 |

*estimated data based on end of year meter readings have been used where actual data is not available.
** Due to technical issues with the software collating Business mileage emissions the unknown average emissions factor has been utilised from †use DEFRA 'Greenhouse Gas Emissions for Company Reporting' calculations for carbon emissions for 2022

### Waste Management

In 2021-22 the health board developed a waste strategy to reduce total waste, increase recycling and divert waste from landfill in line with Government targets by 2030. A baseline year of 2018-19 has been used to reflect a 'normal' pre -COVID-19 year. Since the baseline year, we have increased recycling from 45.1% to 49.3% (prorated 2022-23). This is on target with the waste strategy target to achieve 49% recycling by 2022-23 and a 1.9% increase on overall recycling rate compared to the previous year.

In 2022-23 the health board also rolled out source segregated recycling at Community and Health Centre sites. We will continue to roll out source segregated recycling at the remaining site Glangwili over the next two years which is still currently co-mingled recycling; as well as diverting Absorption Hygiene Products (AHP) from the tiger bag waste stream which currently goes to landfill into the recycling waste stream. We expect these measures to increase recycling rates.

The total amount of waste recycled is now circa 788 tonnes. We managed to divert more landfill waste for recovery than in 2020-21 with an average of 8% of waste going to landfill in 2022-23 and 43% being sent for recovery. This has exceeded our waste strategy target to recover 25% of waste being sent to landfill by 2022-23. These improvements have reduced the emissions produced from waste by circa 77% since the baseline year as the emissions factor used for waste sent to energy is far less than the emission factor used for waste sent to landfill. There has been a slight decrease in overall waste produced compared to the previous year. This has not met the KPI (Key Performance Indicators) in the health board's Waste Strategy to reduce total waste by 1.5% per 10,000 patients per annum. The target for this KPI in 22-23 was 25.9. The health board achieved 32.4 in 22-23. This is likely to be due to an increase in the health board's footprint increasing from new sites becoming operational.

Waste costs have increased this year compared to the previous year which is primarily due to waste rate and landfill charge increases.

| | Waste | 2020-21 | 2021-22 | 2022-23 |
|---|---|---|---|---|
| **Non-Financial Indicators (tonnes)** | Total Waste | 2463 | 2695 | 2674 |
| | Landfill (Black Bag) | 718 | 313 | 123 |
| | Energy Recovery (Black Bag) | 62 | 549 | 687 |
| | Reused/Recycled | 407 | 482 | 476 |
| | Composted* | 306 | 295 | 311 |
| | Landfill (Hygiene Bag) | 217 | 333 | 338 |
| | Alternative Treatment (Clinical) | 638 | 593 | 597 |
| | Incinerated with energy recovery** | 114 | 130 | 141 |
| | Incinerated without energy recovery | 0 | 0 | 0 |
| **Financial Indicators** | Total Disposal Cost | £678,874 | £756,192 | £871,126 |
| | Landfill/Energy Recovery (Black Bag) | £165,511 | £189,807 | £191,393 |
| | Reused/Recycled | £80,635 | £110,969 | £39,856 |
| | Composted* | £36,498 | £36,166 | £35,120 |
| | Landfill (Hygiene Bag) | £83,911 | £111,878 | £121,679 |
| | Alternative Treatment (Clinical) | £241,806 | £226,960 | £277,223 |
| | Incinerated with energy recovery** | £70,513 | £80,412 | £100,854 |
| | Incinerated without energy recovery | £0 | £0 | £0 |

*includes Anaerobic Digestion

**provides steam to a nearby facility

## Use of resources

Water consumption has seen an increase from a total of 303,702 M3 costing £763,293 in 2021/22 to an estimated 306,755 M3 costing £808,031 in 2022/23. This increase in consumption can be attributed to the day theatre at Prince Philip Hospital becoming operational. HDdUHB partner with a company to manage and monitor water consumption in the health board. Estimated

consumption and financial savings in 2022-23 are £72k (cost avoidance) and 37,260 M3, respectively. The consumption saving has saved 5.6 tCO2e.

| Finite Resource Consumption | | | 2020-21 | 2021-22 | 2022-23 |
|---|---|---|---|---|---|
| **Non-Financial Indicators ($m^3$)** | Water Consumption (Office)* | Supplied | 269,931 | 277,217 | 280,737* |
| | | Abstracted | 0 | 0 | 0 |
| | | Per FTE** | 28.59 | 28.68 | 27.76*** |
| | Water Consumption (Non - Office)*** | Supplied | 26,592 | 26,485 | 26.018** |
| | | Abstracted | 0 | 0 | 0 |
| **Financial Indicators** | Water Supply Costs (Office)* | | £326,841 | £332,610 | £352,452* |
| | *Sewerage Costs (Office)** | | *£351,333* | *£376,809* | *£401,255** |
| | Water Supply Costs (Non-Office)*** | | £24,255 | £24,157 | £23,731** |
| | Sewerage (Non-Office)*** | | £30,306 | £29,718 | £30,594** |

*All estate except the main laundry at Glangwili, estimated data based on end of year meter readings have been used where actual data is not available.
** Main laundry at Glangwili
*** FTE Staff at 31st March 2023.

In July 2018, the health board signed up to use Warp IT, an online furniture and equipment reuse platform. To date, since the scheme began in March 2019, 1,412 staff have committed to reusing no longer needed items avoiding waste disposal of nearly 103 tonnes, prevented 337 tonnes of $CO_2$ emissions, and saved circa £444K.

### Environmental Management System (EMS) - Implementation

The Environmental Team has continued to maintain the Environmental Management System in line with the ISO 14001 standard, including the production of annual Objectives and Targets and presenting a Management Review of performance via formal committee. The health board had their surveillance visit in December 2022 and successfully maintained the accreditation with no major or minor non-conformances raised.

# Other Sustainability Initiatives

## Decarbonisation/Energy Efficiency initiatives

The health board's Decarbonisation Delivery Plan was submitted to and approved by the Sustainable Resource Committee in September 2022. Through the Decarbonisation Task & Finish group all the opportunities identified in the Action plan are being considered.

The Estates team is currently exploring:

- the opportunity to deliver a further Energy Performance Contract (EPC) via the Re:Fit 4 Wales Framework route. The current EPC contract with Centrica is due to end 31st March 2024. A working group has been established to develop and progress a new EPC, commencing with a 'soft tender' exercise in quarter four 2022/23 to establish interest from the framework providers to work with the health board to develop and implement phases of work.
- a Public Sector Low Carbon District Heat Project in Aberystwyth in collaboration with Aberystwyth University and Ceredigion County Council
- Solar Farm projects to serve Prince Philip Hospital (via private wire), scoping opportunities at two further Acutes (Glangwili, Withybush) and 1 community site (Cardigan Integrated Care Centre).
- onsite treatment opportunities for clinical waste and progressing pilot to divert nappy waste from land fill to recycling.
- Conversion of the main Boiler at Glangwili Hospital from Oil to LPG
- Installation of roof mounted solar at 79, Bro Myrddin

In year, the Estates department:

- has developed a 0.45MW solar farm at our Hafan Derwen completed in March 2023. The health board recently won an Institute of Healthcare Engineering & Estates Management (IHEEM) and Shared Service Partnership Wales Conference award in the Sustainability achievement category for this project.
- Low Carbon Heat grant projects (Design only) on three sites, Brynmair, Wellfield and Elizabeth Williams Clinic;
- Solar PV rollout, delivering two further schemes at Brynmair clinic and South Pembrokeshire hospital by July 2023;
- Upgraded Building Energy Management systems at Bronglais Hospital and Community sites via Welsh Government funding.
- Key benefits of all these schemes are carbon reduction, improved site resilience and revenue savings.

## Carbon Awareness

The Decarbonisation Task and Finish Group continues to develop a range of carbon awareness initiatives, examples include:

- Development of a 'Sustainability Awareness' video; to be part of staff induction package and actively promoted within the organisation
- Launch of intranet 'Sustainability Hub' is live and continues to be developed. There is a Communications plan in place to increase site traffic and signpost to resources

- Green Teams Competition – six projects submitted and being delivered; from this, an annual Welsh National Sustainability Conference & Awards will be established, to include partners such as WG & Green Health Wales network. The focus will be on 'permission to act' and empowering staff to undertake sustainable quality improvement work, mapped against the WBFGA (Seven Wellbeing Goals and Five Ways of Working)
- A 'climate awareness' e-learning module focussed on NHS Wales is now available via ESR. Once the 'Sustainability Awareness' video is complete, the module will include this and be made specifically available to HDdUHB staff. National KPIs are being developed to capture engagement and measure outcomes.
- Initiatives such as quarterly 'Climate Cafes', Green Health scoping exercise and co-ordination of other resources are all underway

### Green Spaces

The health board Green Health groups continue to work together to develop and enhance green space on health board sites. Examples include the identification of an overgrown area adjacent to the Library at Bronglais Hospital for installation of a Green Gym and seating area, opportunities for local schools in proximity to Prince Phillip Hospital to attend site to help work on the green areas around the site and work with local charities to improve the Circular Area front of Withybush hospital and development of a Wildlife Garden to the rear of the Helipad for use by Staff, Patients and Visitors at Withybush.

At South Pembroke Hospital in collaboration with Pembrokeshire Council a green space is being developed for use by patients, visitors and staff and the green space developed as part of the Hafan Derwen solar farm scheme is now open for staff and patients to enjoy complete with a seating area, planted trees and bulbs, and measures to encourage biodiversity including birds, bats and insects.

# Conclusion and forward look

# Conclusion and forward look

After three years of responding to the most significant pandemic in a century, the NHS continues to demonstrate remarkable resilience and adaptability. Our staff have been at the forefront of this, acting with professionalism and compassion in the face of emotionally distressing situations and genuine risks to themselves.

We have confronted each situation collectively, with each phase of the pandemic bringing new challenges and unprecedented events. The pandemic is not over, but the success of our vaccination programme offers hope, and the experience has shown us what we can achieve together.

This plan recognises that the strength of the health board lies in its people, both those who work in the health and care system and the communities we serve. It acknowledges the impact the pandemic has had on individuals, teams, families, and society. As a consequence, our priorities and actions put our people at the heart, recognising that the route out of the pandemic and towards our strategic vision will come from our people, in the same way it has through COVID.

Our strategy is ambitious and far-reaching, seeking to set Mid and West Wales up with a health and care system that will serve the population for decades into the future. It offers a truly once in a lifetime opportunity to reset the system and establish a sustainable, high-quality model for our future generations.

In this regard we see our potential contribution to Mid and West Wales in the broadest sense, not only in direct health care provision, as important as that is, but also the impact we can have as the largest employer and a significant contributor to the economy. We can, for example, play a major role in supporting our population to develop rewarding careers, support our local businesses and the regeneration of our towns, and provide leadership in the resetting of our society as we seek to address societal challenges like decarbonisation.

As a result, this plan reflects the breadth of that ambition. Over the course of the next year, as well as the subsequent years, we intend to take significant strides towards this vision, whilst at the same time continuing to respond to our recovery out of COVID.

Achieving our vision (A Healthier Mid and West Wales) will require the organisation to have a clear focus (our strategic goals), a route map to the strategic vision (the planning objectives), a way of measuring progress (the priority measures for 2023/24 and the strategic outcome measures) and robust oversight and risk management (the Board Assurance Framework and our Committee Structure). The key elements are therefore now in place and our focus moves to delivery of the new models.

We have judged that at this stage we are not yet in a position to submit a formal Integrated Medium-Term Plan (IMTP) to Welsh Government, in the main because more progress is required on our financial deficit before it can be approved. Our financial deficit for the coming financial year is representative of the significant challenges faced by the health board: driven partly by our configuration and the challenges of providing services spread across our area; by the challenges in delivering flow across the health and care system with the consequent demand on utilising high

cost agency staff; and by the extraordinary inflationary environment in which we are currently operating.

Nonetheless we are clear on the areas that we intend to progress over the next three years, working with partners and responding to policy drivers, such as the new NHS Wales Executive; National Clinical Framework, Foundational Economy, Social Duty of Care, and the Future Generations Act; along with the Ministerial Priorities and outcomes.

**During 2023/24, we will:**

- Continue to be prepared for COVID-19 and any subsequent variants and surges in infections, such that we can be flexible in meeting any changes to demand in our system.
- Focus on the recovery of our planned care activity and support patients whilst they wait – this will include increased capacity, such as increasing the theatre sessions in the new Day Surgery Unit in Prince Philip Hospital, but also through increased efficiencies in our system, and our work on a regional level.
- Support our workforce and further develop our route map to workforce sustainability, including our overseas recruitment campaign, apprenticeships, and workforce stabilisation plan.
- Continue the redesign of our urgent and emergency care system, aligned to the six national policy goals.
- Further strengthen our relationships with our neighbouring health boards through regional initiatives such as A Regional Collaboration for Health (ARCH) and the Mid Wales Joint Committee for Health and Care.
- Deliver savings resulting from our opportunities framework and work with Welsh Government on our route map to financial sustainability.
- Continue work on our strategy ‘A Healthier Mid and West Wales’, with an emphasis in the coming year on our Strategic Outline Case and then Outline Business Cases.
- Build upon the work of our seven GP clusters with a particular emphasis on our Accelerated Cluster Design, and through our Integrated Locality Planning.
- Accelerate our work in the digital; value-based healthcare; research and innovation; foundational economy and quality management spheres.
- Continue to learn from our Planning Objectives and develop our approach to planning.

We do not underestimate the challenges we face as an organisation as we go into 2023/24, but we are prepared for them and see the next period as an opportunity to reset the system to put us on course for making our strategic vision - ‘A Healthier Mid and West Wales’ - a reality.

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

# Annex A: Our Planning Objectives for 2022/23

| ID | PO for 2022/23 | PO Tagline | Executive Lead | Committee Alignment |
|---|---|---|---|---|
| 1A | Develop and implement plans to deliver NHS Delivery Framework targets related to workforce within the next three years (with 2021/22 being year 1). See specific requirements 1.A.i | NHS Delivery Framework targets | Director of Workforce and OD | PODCC |
| 1B | Building on the success of the command centre, develop a longer-term sustainable model to cover the following:<br>• One single telephone and email point of contact - the Hywel Dda Hub. This will incorporate switchboard facilities and existing service-based call handling functions into one single call-handling system linking patient appointments, online booking, and call handers<br>• All specialist teams (primary care, patient support, staff support) to have their calls answered and routed through this single point of contact<br>• Further develop the operation of the surveillance cell set up to support Test, Trace and Protect for as long as required<br>• Further develop the incident response and management cell set up to support our COVID-19 response for as long as required<br>• Further develop the SharePoint function, or look at similar other systems that our Local Authority partners use, to facilitate tracking, auditing, and reporting of enquiries, responses, and actions<br>• Develop and implement a plan to roll out access for all patients to own records and appointments within three years (from 2022/23) | Hywel Dda Health Hub – Single Point of Contact | Director of Nursing, Quality and Patient Experience | PODCC |
| 1E | During 2022/23 roll out the processes developed in 2021/22 to maintain personalised contact with all patients currently waiting for elective care to:<br>• Keep them regularly informed of their current expected wait<br>• Offer a single point of contact should they need to contact us<br>• Provide advice on self-management options whilst waiting<br>• Offer advice on what do to if their symptoms deteriorate | Personalised care for patients waiting | Director of Nursing, Quality and Patient Experience | QSEC |

| ID | PO for 2022/23 | PO Tagline | Executive Lead | Committee Alignment |
|---|---|---|---|---|
| | • Establish a systematic approach to measuring harm – bringing together the clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritisation<br>• Offer alternative treatment options if appropriate<br>• Incorporate review and checking of patient consent | | | |
| 1F | Following the development of processes to co-design with our staff every stage and element of our HR offer that embody our values. This will address:<br>• The way the health board recruits new staff and provides induction;<br>• All existing HR policies;<br>• The way in which employee relation matters are managed<br>• Equitable access to training and the health board's staff wellbeing services.<br>The resulting changes to policies, processes and approaches will be recommended to the Board in March 2023 for adoption | HR offer (induction, policies, employee relations, access to training) | Director of Workforce and OD | PODCC |
| 1G | By October 2022 develop Directorate level People Culture Plans across the whole organisation coordinated by the OD Relationship Managers. These plans will lead the way to more good days at work for our staff and incorporate personal development pathways. | OD Relationship Manager rollout | Director of Workforce and OD | PODCC |
| 1H | Following the development and design of the “Making a Difference” Customer Service programme, implement a plan to focus on delivery and measuring outcomes (linked with the Board Assurance Framework), with all members of staff to have completed the programme by September 2024. | “Making a Difference” Customer Service programme | Director of Workforce and OD | PODCC |
| 1I | To embed and sustain a family liaison service in appropriate inpatient and clinical settings from April 2023 | Family Liaison Service rollout | Director of Nursing, Quality and Patient Experience | PODCC |

| ID | PO for 2022/23 | PO Tagline | Executive Lead | Committee Alignment |
|---|---|---|---|---|
| 2A | Develop a health board specific plan by October 2023 that supports the sustainable delivery of HDdUHB commissioned services for unpaid Carers and responds to the Regional Carers Strategy, the findings within the population assessment and market stability report and influences the implementation of the Mid and West Wales Health and Care Strategy by supporting individuals in their homes and communities. | Regional Carers Strategy response | Director of Workforce and OD | PODCC |
| 2B | By March 2023, implement series of actions to enhance Hywel Dda as a culturally competent organisation. This is able to support and recognise individual needs of employees, patients and carers. | Strategic Equality Plan and Objectives establishment | Director of Workforce and OD | PODCC |
| 2D | By September 2022 develop a multi-disciplinary clinical and non-clinical education plan (implement from October 2022). The plan will include expansion of the Apprenticeship Academy scope, scale, and integration with social care. | Clinical education plan | Director of Workforce and OD | PODCC |
| 2E | From April 2022, continue to deliver the objectives of the charity's three-year plan (2020-2023) to further promote awareness of the health board's official charity and the opportunities available to raise and use funds to make a positive difference to the health, wellbeing and experience of patients, service users and staff across HDdUHB. As part of this, deliver the charity's marketing and communication plan from 1 April 2022 and undertake a review of the charity's strategic objectives, structure, and resources to ensure effectiveness for Board assurance with the aim of developing the charity's longer-term strategy by February 2023. | Evidencing impact of charitable funds | Director of Nursing, Quality and Patient Experience | CFC |
| 2I | By February 2023 develop an integrated Occupational Health and Staff psychological wellbeing offer with a single point of contact which supports staff to remain in work, offers support when absent and provides alternative opportunities when health impacts on an individual's ability to be in role. | Integrated Occupational Health and Staff psychological wellbeing offer | Director of Workforce and OD | PODCC |

| ID | PO for 2022/23 | PO Tagline | Executive Lead | Committee Alignment |
|---|---|---|---|---|
| 2J | By March 2023 design a comprehensive range of Leadership Development pathways to create cohorts of leaders needed to address the challenges ahead. This will include the design of a graduate leadership team for health and social care. | “Future Shot” Leadership Programmes | Director of Workforce and OD | PODCC |
| 2K | By March 2023, demonstrate progression of actions from the first staff discovery report focused on how we can better support staff in work and their wider lives to support health and wellbeing. | organisational listening, learning and cultural humility | Director of Workforce and OD | PODCC |
| 2L | By June 2022 develop a plan to ensure the retention of our new and existing staff through the improvement of our engagement with staff and a reduction in turnover. This plan should, as a minimum achieve the Welsh average retention rates across all staff groups in the initial phase and achieve best in Wales as a minimum over its whole duration | Staff engagement strategic plan | Director of Workforce and OD | PODCC |
| 2M | To sustain and develop the Arts in Health Programme by March 2023 to promote and encourage the use of the arts in the healthcare environment to make a positive contribution to the well-being of our patients, service users and our staff. | Arts in Health Programme development | Director of Nursing, Quality and Patient Experience | PODCC |
| 3A | Over the next three years (starting 2022/23) implement a quality management system using Improving Together as a delivery vehicle. This will support and drive quality and performance across the organisation aligned to our strategic objectives and Board Assurance Framework outcomes. The system will embed an improvement approach, including quality and performance, and will be clear on expectations and accountability arrangements from Board to all teams. It will also include the development of a culture of continuous improvement and the systems and tools needed to support such a culture. The aim will be to motivate and support colleagues at all levels to strive for excellence. | Improving Together | Director of Finance | SDODC |

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| 3C | From April 2022, establish an implementation group to identify actions required to respond to the emerging requirements of the Quality and Engagement Act. The specific actions that will be put in place to support organisational readiness will be informed by the work undertaken to review the Health and Care Standards during 2021/2022 and the receipt of any formal guidance related to the Act. | Quality and Engagement Requirements | Director of Nursing, Quality and Patient Experience | QSEC |
| 3E | By March 2023 develop an advanced analytical platform that is highly accessible to operational and corporate teams that will, provide real-time, integrated data to support our clinicians and managers providing the insight, foresight, and oversight to assist with day-to-day operational delivery as well as organisation wide strategic planning. In parallel, establish mechanisms to ensure continuous innovation of our approach by utilising current technologies, best practices and direction from latest research and publications (such as machine learning, artificial intelligence, time series analysis and cluster analysis).As an initial step, develop and implement a risk stratification model using predictive / cluster analytics to provide evidence for new approaches to the management of chronic conditions to shift the balance of care from the acute sector to primary care and community settings. This should be in place by September 2022 with full inclusion of all health and social care data (as a minimum) by March 2025. | Business intelligence and modelling | Director of Finance | SRC |
| 3G | Implement the Research and Innovation Strategic Plan (2021-24) to increase research, development, and innovation activity, and the number of research investigators sufficient to deliver the health board, Welsh Government and HCRW expectations and improvement targets (see specific requirement 3.G.i). The plan will be implemented in partnership with universities, life science companies, and public service partners, to maximise the development of new | Research and Innovation | Medical Director / Deputy Chief Executive | PODCC |

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| | research, technologies and services that improve patient care and health outcomes. The portfolio will target an expansion of activity into new areas of organisational, clinical, and academic strength, including ophthalmology, orthopaedics, women and children's health, sexual and primary care. A function spanning clinical engineering, research, and innovation (TriTech) will also target a threefold increase in technology trials. | | | |
| 3H | By March 2023 establish a process to gather and disseminate learning from the delivery of all Planning Objectives as part of the organisation's formal governance systems with equal importance placed on this as is placed on risk management and assurance. This learning will come from both within the organisation as it implements objectives and from our local population in their experience of the services delivered as a result of the objective being achieved. | Planning objective delivery learning | Director of Corporate Governance (Board Secretary) | SDODC |
| 3I | To implement contract reform in line with national guidance and timescales | Primary Care Contract Reform | Director of Primary Care, Community and Long-Term Care | SDODC |
| 3J | By June 2022, develop an initial communications plan in relation to our strategy - *A Healthier Mid and West Wales* - and our three-year plan to restore, recover and develop local services. This plan will be pro-active and seek to build trust with our staff, partners and local population and a sense of hope and optimism as Mid and West Wales emerges from the pandemic. Implementation of the plan to begin no later July 2022. | A Healthier Mid and West Wales Communications Plan | Communications and Engagement Director | SDODC |
| 3L | By March 2023 to undertake a review of the existing security arrangements within the health board with particular reference to strengthening the following areas:<br>• Physical Security | Review of existing security arrangements | Director of Nursing, Quality and Patient Experience | HSC |

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| | • Automated locks<br>• CCTV<br>• Access Control Systems<br>• Intruder Alarms<br>• Communication Systems<br>• Human Factors<br>• Patient and Staff Personal Property<br>• Local Management and staff ownership<br>Once completed, develop a plan to address any issues identified for Board approval and delivery in 2023/24 at the latest. | | | |
| 3M | By March 2023, develop a comprehensive communication plan for the next three years to evolve our branding, deepen our links to our staff, build organisational confidence, and communicate honestly, transparently, and effectively with our patients and local population. This should include widening the tools and channels at our disposal. Subject to Board approval in March 2023, begin implementation from April 2023. | UHB Communications Plan | Communications and Engagement Director | SDODC |
| 3N | During 2022/23, undertake a Welsh Language and Culture Discovery process that seeks the views of staff, patients, partners, exemplar organisations and the local population regarding ways to make Hywel Dda a model public sector organisation for embracing and celebrating Welsh Language and Culture (in the way we communicate, offer our services, and design our estate and facilities for example). The resulting Discovery Report is to be presented for Board approval in Q4 2022/23 and, in light of this, a comprehensive and ambitious Welsh Language and Culture Plan will be presented to Board for approval in March 2023 with implementation starting in April 2023 at the latest. Any elements that can be implemented during 2022/23 should be, subject to appropriate approvals. | Welsh Language | Communications and Engagement Director | PODCC |

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| 4A | Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to public health within the next three years (with 2022/23 being year 1) (see specific requirements 4.A.i). | Public Health Delivery Targets | Director of Public Health | SDODC |
| 4B | By March 2024 Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to public health within the next three years | Public Health Local Performance Targets | Director of Public Health | SDODC |
| 4C | To undertake an evaluation of the impact and benefits of the three WG supported Transformation Funds and ICF supported schemes in order to develop proposals, with LA partners for consideration and approval at the Regional Partnership Board by March 2023 for implementation from April 2024 | Transformation fund schemes | Director of Primary Care, Community and Long-Term Care | SDODC |
| 4D | By March 2023 develop a plan to reduce the local health inequalities arising in relation to screening services with implementation of agreed actions to begin no later than April 2023. The aim is to increase the access and opportunity for screening in our most deprived communities to the levels of our least deprived areas | Public Health Screening | Director of Public Health | SDODC |
| 4G | Following implementation of the local plan to deliver "Healthy Weight: Healthy Wales" measure and report the impact and develop a three-year plan by March 2023 to promote system leadership and working across areas locally for delivery of Level 2 and Level 1 services. | Healthy Weight: Healthy Wales | Director of Public Health | QSEC |
| 4H | Review and refresh the health board's emergency planning and civil contingencies / public protection strategies and present to Board by December 2022. This should include learning from the COVID 19 pandemic. The specific requirement set out in 4.H.i will be addressed as part of this | emergency planning and civil contingencies | Director of Therapies and Health Sciences | HSC |
| 4I | By March 2023 further develop the health board plan to drive forward improved outcomes for Veterans and members of the Armed Forces community, in relation to NHS priority treatment guidance and recruitment strategies, and report on progress annually. | Armed Forces Covenant | Director of Workforce and OD | PODCC |

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| 4J | Work in partnership with the Public Service Boards (PSBs) and Regional Partnership Boards to ensure the publication of the statutory Well-being and Population Assessments by June 2022, and the completion of PSB Well-being Plans and an Area Plan by June 2023. | Regional Well-being Plans | Director of Public Health | SDODC |
| 4K | By March 2023, arrange a facilitated discussion at Board which is aimed at agreeing our approach to reducing Health Inequalities. This must include an analysis of current health inequalities, trends and causes, potential options to address the inequalities (e.g., Allocate disproportionate resource to the most disadvantaged or by “Proportionate Universalism”) and identify tools and interventions aimed at addressing the causes. Develop specific planning objectives by September 2023 in preparation for implementation in 2024/5. | Health Inequalities | Director of Public Health | SDODC |
| 4L | Design and implement a process that continuously generates new proposals that can be developed into planning objectives aimed at constantly moving us towards a comprehensive “social model for health and wellbeing” and cohesive and resilient communities. The process needs to involve our local population as well as a diverse set of thought and system leaders from across society. | Social Model for Health and Wellbeing | Medical Director / Deputy Chief Executive | SDODC |
| 4M | By March 2023 create a sustainable and robust health protection service, including a sustainable TB services model for Hywel Dda UHB. | Health protection | Director of Public Health | QSEC |
| 4N | Create and implement a process in partnership with local authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. This will include growers, producers, distributors, sellers, those involved in preparation and the provision of advice to individuals and organisations and thought leaders in this field. The aim is to identify opportunities to optimise the food system as a key determinant of wellbeing. The opportunities identified will then need to be developed into proposed planning objectives for the Board and local partners for implementation from April 2023 at the latest. | Food system | Medical Director / Deputy Chief Executive | SDODC |

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| 4P | By December 2022 develop and seek Board approval for a Recovery and Rehabilitation plan that will provide a comprehensive individualised person-centred framework to support the needs of the four identified populations included in “Rehabilitation: a framework for continuity and recovery”, including those with COVID-19. Subject to IMTP discussions in Q4 2022/23, this plan should be ready for implementation from April 2024. | Recovery and Rehabilitation Service | Director of Therapies and Health Sciences | SDODC |
| 4Q | By October 2022, through a rapid expansion of all types of community care, put in place the necessary support so that sufficient Hywel Dda residents are able to remain / return home to reduce the number of non-elective patients in acute hospital beds by an average of 120 per day (averaged across the week and compared to the weekly average for the period between January and March 2022). | Community Care Support to reduce non-elective acute bed capacity | Director of Operations | SDODC |
| 4R | By March 2023 establish a regional oversight group, in partnership with PSBs and the RPB, to develop and promote a broad range of actions that will promote the social and green solutions for health and well-being and contribute to addressing the climate change emergency through green health and sustainability projects. | Green Health and Sustainability | Director of Public Health | SDODC |
| 4S | By March 2024 develop and implement the strategy to improve population health so that everyone within HDdUHB region can expect to live more of life in good health by:<br>1) Having clear action plans for addressing the biggest preventable risk factors for ill health and premature death including tobacco, obesity and harmful use of drugs and alcohol and | Improvement in Population Health | Director of Public Health | SDODC |

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| | 2) by addressing health disparities to break the link between background and prospects for a healthy life through strong partnership working. | | | |
| 4T | By March 2023, implement and embed our approach to continuous engagement through:<br>• Providing training on continuous engagement and our duties to engage / consult around service changes in keeping with The Consultation Institute's advice<br>• Implementing structures and mechanisms to support continuous engagement, aligned to the regional framework for continuous engagement<br>• Introducing a Continuous Engagement Toolkit, including guidance and templates to support wider teams and to promote good practice. | Continuous engagement implementation | Director of Strategy and Planning | SDODC |
| 4U | By December 2022, develop a proposal for place-based action in at least 1 community in each county with key local partners and support from the WCVA which includes the identification and development of community leaders, asset mapping and the identification of priority areas of activity that would have the most likely and rapid effect on health and well-being of that community, and would be owned by the local community. As part of this work, identify sources of funding and a funding mechanism that facilitates community ownership and is for at least three years. | Community proposals for place-based action | Medical Director / Deputy Chief Executive | SDODC |
| 4V | 1. By March 2024 develop a set of "One Health" outcome measures and seek approval from Board to include them in the Board Assurance Framework as part of Strategic Objective 4<br>2. By March 2024 develop a clear framework and template to be used across relevant Planning Objectives that will embed "One Health" principles within their delivery (list of relevant planning objectives set out below) and develop a training package accessible for all staff to raise awareness of "One Health" | One Health | Director of Public Health | SDODC |

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| | principles and how they can be implemented in the day to day work of the health board. As part of this, design and run a Board seminar to raise Board awareness of these principles. | | | |
| 4W | Put in place an implementation plan so that, by March 2025 every school in the Hywel Dda area has implemented the Welsh Government Framework for Mental Health and Emotional Wellbeing and establish a formal evaluation framework to monitor and assess the impact of the framework on the mental health and emotional wellbeing of all school children (particularly those experiencing health inequalities). The implementation plan and proposed evaluation framework to be presented for Board approval by May 2023. | Whole School Approach to Mental Health and Emotional Wellbeing | Director of Public Health | SDODC |
| 5A | Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to Quality and Safety, Primary Care, Secondary Care and MH services within the next three years (see specific requirements 5.a.i). These plans must be consistent with HDdUHB's Strategy - 'A Healthier Mid and West Wales'. | NHS Wales Delivery Framework Targets | Director of Nursing, Quality and Patient Experience | SDODC |
| 5B | Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to Quality and Safety, Primary care, Secondary Care and MH services within the next three years (see specific requirements 5.b.i). These plans must be consistent with HDdUHB's Strategy - 'A Healthier Mid and West Wales' | Local Performance Targets | Director of Nursing, Quality and Patient Experience | SDODC |
| 5C | By March 2026, produce and agree final business cases in line with the vision and design assumptions set out in 'A Healthier Mid and West Wales' for:<br>• the repurposing or new build of GGH and WGH<br>• implementation of a new urgent and planned care hospital (with architectural separation between them) within the zone of Narberth and St Clears<br><br>Work with partners to develop and address access, travel, transport and the | Business Cases for A Healthier Mid and West Wales | Director of Strategy and Planning | SDODC |

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| | necessary infrastructure to support the service configuration taking into account the learning from the COVID pandemic (See specific requirements 5ci, 5cii)<br><br>Develop plans for all other infrastructure requirements in support of the health and care strategy.<br><br>5c i - ensure the new hospital uses digital opportunities to support its aims to minimise the need for travel, maximise the quality and safety of care and deliver the shortest, clinically appropriate lengths of stay.<br>5cii - Implement the requirements of 'My charter' to involve people with a learning disability in our future service design and delivery.<br>5ciii - Incorporate Biophilic Design Principles, learning from the best in the world, into the design of the new hospital and the repurposing of GGH and WGH | | | |
| 5F | Fully implement the Bronglais Hospital strategy over the coming three years as agreed at Board in November 2019 taking into account the learning from the COVID pandemic. | Bronglais Strategy | Director of Operations | SDODC |
| 5G | Implement the remaining elements of the Transforming MH and develop and implement a Transforming LD strategy in line with "Improving Lives, Improving Care" over the next three years and also develop and implement a plan for Transforming specialist child and adolescent health services (CAMHS) and autistic spectrum disorder and ADHD. | Transforming MH and LD implementation | Director of Operations | SDODC |
| 5H | By March 2023, develop and implement Integrated Locality Planning groups, bringing together Clusters, Health, Social and Third Sector partners with a team of aligned Business Partners. Establish an integrated locality plan that sets out a clear and agreed set of shared ambitions and outcomes for the population which is aligned with national and regional priorities across the whole health and care system. The Integrated Locality Planning Groups will agree a collective shared budget to support delivery of the Plans, including commissioning of services, | Integrated locality plans | Director of Primary Care, Community and Long-Term Care | SDODC |

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| | and will demonstrate delivery of the following priorities:<br>• Connected kind communities including implementation of the social prescribing model<br>• Proactive and co-ordinated risk stratification, care planning and integrated community team delivery<br>• Single point of contact to co-ordinate and rapidly respond to urgent and intermediate care needs to increase time spent at home<br>• Enhanced use of technology to support self and proactive care<br>• Increased specialist and ambulatory care through community clinics<br><br>Note - the Integrated Locality Planning groups will operate within a revised framework of governance which will be developed in conjunction with the national Accelerated Cluster Programme. | | | |
| 5I | Undertake a comprehensive assessment of all health board Children & Young People Services to identify areas for improvement. From this, develop an implementation plan to address the findings by March 2024 at the latest. The assessment process and implementation plan should include the voices of children and young people and have clear links to the wider work being progressed by the RPB. | Children and young people services improvement | Director of Operations | SDODC |
| 5J | Undertake a review of the significant changes made to the 24/7 community and primary care unscheduled care service model in 2021/22 and develop a refreshed plan to embed those changes and complete the task of establishing a comprehensive and sustainable model in this area by September 2022 so that implementation can be completed by December 2022. | 24/7 emergency care model for Community and Primary Care | Director of Primary Care, Community and Long-Term Care | SDODC |

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| 5K | Establish a process to ensure effective clinical practice is embedded within individual practice and clinical service areas. The process is part of the health board's Quality Management System, alongside Clinical Audit and Quality Improvement, and sits within the Quality and Governance structure, by the end of 2022/23. This will be achieved by:<br>• Supporting the assessment of practice against local and national clinical effectiveness standards and ensuing that findings are used improve the services provided to our patients;<br>• Supporting services to identify, understand and act upon findings from external reviews that are relevant to effective clinical practice e.g., GIRFT, Royal College Peer Reviews. | Clinical effectiveness self-assessment process | Medical Director / Deputy Chief Executive | QSEC |
| 5M | By March 2025 implement the existing national requirements in relation to clinical and other all-Wales IT systems within expected national timescales (see the specific requirements 5.M.i). Develop a plan to progress to Level 5 of the seven levels of the Healthcare Information and Management Systems Society (HIMSS) maturity matrix (currently the HB is at Level 3). | Implementation of clinical and all Wales IT systems | Director of Finance | SRC |
| 5N | Implement all outstanding plans in relation to but not limited to National Networks and Joint Committees. This will include commitments agreed with Swansea Bay UHB/A Regional Collaboration for Health (ARCH), Mid Wales Joint Committee, Sexual Assault Referral Centre (SARC), National Collaborative, Welsh Health Specialised Services Committee. | Implement National Network and Joint Committee Plans | No single Exec owner | SDODC |
| 5O | Develop and implement a plan to address fragile services, which maintains and develops safe services until the new hospital system is established. | Fragile Services | No single Exec owner | QSEC |
| 5P | Bring the finalised Market Stability Statement and Population Needs Assessment programme to the health board by June 2022 and develop an initial set of new Planning Objectives to address the opportunities and issues raised by September 2022 for implementation from Q3 2022/23. | Market Stability Statement | Director of Primary Care, Community and Long-Term Care | SDODC |

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| 5Q | To develop and implement a plan to roll out an interface asthma services across the health board from April 2021, working across primary and secondary care. The aim of this is to enhance pathway value by reduce asthma related morbidity and mortality whilst improving access to expert opinion and reducing secondary care demand. | Asthma Pathway | Director of Primary Care, Community and Long-Term Care | SDODC |
| 5R | In response to the recently signed Digital Inclusion Charter, by March 2023 develop a digital inclusion programme which will provide a coordinated approach to digital inclusion across the health board and its wider partners for the local population. The programme will recognise the continuously changing role digital technology plays in the lives of individuals and society as a whole. | Digital Inclusion | Director of Finance | SRC |
| 5S | By July 2022, a health board wide Palliative Care Triumvirate will be established with a pooled budget to lead on the implementation of the approved Palliative Care and End of Life Care Strategy. This will deliver on five key outcomes; a regional commissioning framework for third sector delivered services, an evidenced workforce model based on capacity and demand plan with equitable training opportunities, a service model based on best practice from the Swan/Cygnet model, an outcomes and delivery dashboard in line with new national requirements, and implementation of the estates benchmarking review. By March 2023 the Triumvirate, in partnership and collaboration with the service, will clearly identify the priority gaps for next wave of strategy implementation. | Palliative Care and End of Life Care Strategy | Director of Primary Care, Community and Long-Term Care | SDODC |
| 5T | By September 2022 propose new planning objectives for the following year to pilot and test innovate approaches to offering people with complex and/or rising health and care needs (accounting for 15% - 30% of our population) greater control over the choice of care and support they need. The aim of these approaches must be to improve the value (outcome vs cost) from the services we provide and take advantage of the new national Continuing Healthcare Framework and likely introduction of Independent User Trusts. | Complex health and care needs | Director of Primary Care, Community and Long-Term Care | SDODC |

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| 5U | By September 2022 develop an initial plan for the health board's community and non-clinical estate with a focus on addressing the WG's "Town First" initiative, reducing HB accommodation overheads and improving the working lives of our staff. It should also set out an on-going process to refresh and renew this plan over the coming years in order to keep pace with new working patterns, HB needs and opportunities for co-location with public and voluntary sector partners. Current work on office moves should continue whilst this plan and on-going process is developed. | Community and non-clinical estates strategy | Director of Strategy and Planning | SDODC |
| 5V | By April 2022 develop an IMTP annual planning cycle which supports the Exec Team in the timely development future annual and three-year plans. This should incorporate the utilisation of quarterly Exec Team residential sessions and a model to deploy operational planning capability out into the organisation. | IMTP and operational planning | Director of Strategy and Planning | SDODC |
| 5W | Develop and deliver an implementation programme that will ensure effective operational implementation of the Liberty Protection Safeguards legislation across the health board by 1st October 2023. | Liberty Protection Safeguards | Director of Operations | QSEC |
| 5X | Develop a plan to introduce a comprehensive quality management system to support and drive quality across the organisation. Implementation to begin by April 2022 and completed within three years. The system will be supported by the HBs "Improving Together Framework" and EQIiP Programme as delivery vehicles. | Quality Management System | Director of Nursing, Quality and Patient Experience | QSEC |
| 6B | By June 2022 develop and roll-out an initial suite of financial sustainability plans for the whole organisation based on the target operation models the HB is seeking to implement through its planning objectives for the next three years. These plans should provide the detail underpinning the health board's roadmap to financial recovery and be introduced in such a way to allow budget holders to focus on the positive change being sought.<br><br>In parallel with the above, develop an activity-based condition and pathway | Value improvement and income opportunity | Director of Finance | SRC |

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| | costing programme for all major health conditions thereby providing a longitudinal analysis of health board spend to support the on-going roll out of PROMs and VBHC approaches to budgetary decision making and resource allocation. | | | |
| 6D | Implement the three objectives and associated actions contained within the VBHC plan (2021-24), including the routine capture of PROMs within the majority of our service areas, the delivery of an education programme, and a bespoke programme of research and innovation'. | Value Based Healthcare and Patient Reported Outcome Programme | Medical Director / Deputy Chief Executive | SRC |
| 6G | By first quarter 2022/23 develop and seek Board endorsement for a strategic roadmap to respond to the Welsh Government ambition for NHS Wales to contribute towards a public sector wide net zero target by 2030. The health board will set out a work programme and implement this plan to meet the targets established in the NHS Wales Decarbonisation Strategic Delivery Plan in the areas of carbon management, buildings, transport, procurement, estate planning and land use, and its approach to healthcare including promoting clinical sustainability. Where feasible through the opportunities presented via the health board's transformation journey it will look to exceed targets and establish best practice models and pilots, as exemplars for the NHS and wider public sector. The overall aim will be to reduce HDdUHB's carbon footprint by at least 34% by 2030 to support the wider public sector ambition to address the climate emergency. | Decarbonisation and green initiatives plan | Director of Strategy and Planning | SRC |
| 6H | By March 2023 develop a consistent measurement framework to assess the impact of health board spending in the following four domains:<br>1. Social value<br>2. Economic Value | Supply chain analysis | Director of Finance | SRC |

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| | 3. Environmental impact<br>4. Cultural benefit<br><br>This framework will provide new measures for the Board Assurance Framework in relation to Strategic Objective 6 and will identify opportunities for new Planning Objectives for delivery from April 2024. | | | |
| 6I | By March 2022 establish an interim budget for 2022/23 which supports the planning objectives contained in the health board's interim plan for 2022/23. This budget will include identification of the required savings requirements and opportunities to achieve the health board's agreed financial plan as well as their application to the relevant budgets for each director. | Interim Budget 2022/23 | Director of Finance | SRC |
| 6K | By September 2021 develop a plan to achieve, as a minimum, the design assumptions set out in "A Healthier Mid and West Wales" related to the new hospital build on the current health board acute hospital sites by March 2023. The plan should set out expected trajectories towards this over 2021/22 and 2022/23. The design assumptions in relation to this objective are:<br>• A 40% reduction in emergency admissions for ACS related conditions<br>• A reduction in length of stay to the median of our peer group<br>• A 25% reduction in follow up outpatient appointments<br>• A 4.3% reduction in the overall level of A&E & MIU attendances<br>• 30% of A&E attendances shifted to MIUs<br>• 50% patients in acute beds step down to community beds/home in 72 hours<br>• 90% outpatient appointments to take place in community (includes virtually)<br>• 50% of day cases in medical specialties to take place in community settings<br>The baseline of the above is 2019/20. The plan will set out the net financial and | Design Assumptions | Director of Operations | SDODC |

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| | workforce implications as well as expected trajectories so that it can inform the health board's route map to financial recovery. | | | |
| 6L | Coordinate a balanced approach to how resources are used and invested and dis-invested in, to achieve workforce, clinical service, and financial sustainability.<br>• Chair the Use of Resources leadership group to facilitate balanced decision making, providing a summary update into the Sustainable Use of Resources committee as appropriate.<br>• Continually deliver effective executive partnering from the finance function to achieve clarity on resource utilisation, investment, and dis-investment appraisals, including the shift of resources across services to achieve our strategic objectives.<br>• Develop and implement a single revenue investment approach pan health board, and instil it within pre-existing governance forums and procedures, ensuring summary financial appraisals are consistently and clearing described, including the appropriate finance business partnering sign-off.<br>• Implement a monthly management information suite to drive organisational financial discipline for across all revenue implications, namely, Savings and Opportunities realisation, investment and dis-investment schedules and funding streams. | Workforce, clinical service, and financial sustainability | Director of Finance | SRC |
| 6M | Develop a refreshed Cyber Security Framework by March 2022 and supporting timelines and actions to protecting health board information, ensuring confidentiality, integrity of assets, data, and availability. Key elements of this framework will be<br>• refreshing the information assets register and ensuring that business critical assets are kept secure at all times<br>• identifying the threats and risks (Routine Cyber Security Penetration Testing);<br>• identifying the safeguards that should be put into place to deal with these threats and risks; | Cyber Security Framework | Director of Finance | SRC |

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| | • monitoring the safeguards and assets to manage security breaches (Cyber Security Framework);<br>• responding to cyber security issues as they occur, and;<br>• updating and adjusting safeguards in response to changes in assets, threats and risks. | | | |
| 6N | By March 2023 develop an initial intelligent automation plan which combines robotic process automation technology, AI, and natural language processing to streamline data collection and integration.<br><br>Whilst this plan is in development develop and implement a process to automate the health board's starters and leavers processes and design and implement an intelligent frailty identification robot. These two initial programmes will be implemented during 2022/24. | Intelligent Automation | Director of Finance | SRC |

# Chapter 2

# Accountability Report 2022/23

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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# Introduction to the Accountability Report

The Accountability Report is one of the three reports which form Hywel Dda University Health Board's (the health board) Annual Report and Accounts. The accountability section of the Annual Report is to meet key accountability requirements to the Welsh Government (WG). The requirements of the Accountability Report are based on the matters required to be dealt with in a Directors' Report, as set out in Chapter 5 of Part 15 of the Companies Act 2006 and Schedule 7 of SI 2008 No 410, and in a Remuneration Report, as set out in Chapter 6 of the Companies Act 2006 and Schedule 8 of SI 2008 No 410.

As not all requirements of the Companies Act apply to NHS bodies, the structure adopted is as described in the HM Treasury's Government Financial Reporting Manual (FReM) and set out in the 2022/23 Manual for Accounts for NHS Wales, issued by the WG.

The Accountability Report consists of three main parts. These are:

- **The Corporate Governance Report:** This report explains the composition and organisation of the health board and governance structures and how they support the achievement of the health board's objectives. The Corporate Governance Report itself is in three main parts; the Directors' Report, the Statement of Accounting Officer's Responsibilities, and the Governance Statement.
- **The Remuneration and Staff Report:** The Remuneration and Staff Report contains information about senior managers' remuneration. It will detail salaries and other payments, the health board's policy on senior managers' remuneration, and whether there were any exit payments or other significant awards to current or former senior managers. In addition, the Remuneration and Staff Report sets out the membership of the health board's Remuneration Committee, and staff information with regards to numbers, composition, and sickness absence, together with expenditure on consultancy and off payroll expenditure.
- **Senedd Cymru/Welsh Parliament Accountability and Audit Report:** The Senedd Cymru/Welsh Parliament Accountability and Audit Report provides information on such matters as regularity of expenditure, fees and charges, and the audit certificate and report.

# Part 1 - Corporate Governance Report

## Introduction

The Corporate Governance Report provides an overview of the governance arrangements and structures that were in place across the health board during 2022/23. It includes:

**The Directors' Report:** This provides details of the board who have authority or responsibility for directing and controlling the major activities of the health board during the year. Some of the information which would normally be shown here is provided in other parts of the Annual Report and Accounts and this is highlighted where applicable.

**The Statement of Accounting Officer's Responsibilities and Statement of Directors' Responsibilities:** This requires the Accountable Officer, Chair and Executive Director of Finance to confirm their responsibilities in preparing the financial statements and that the Annual Report and Accounts is fair, balanced, and understandable.

**The Governance Statement:** This is the main document in the Corporate Governance Report. It explains the governance arrangements and structures within the health board and brings together how the organisation manages governance, risk, and control.

# Directors' Report

## The Composition of the Board and membership

The health board is made up of 11 Independent Members (including Chair and Vice-Chair) who are appointed by the Minister for Health and Social Services, and nine Executive Directors. All Independent Members and Executive Director Members have full voting rights. There are also three Directors one being the Director of Corporate Governance/Board Secretary on the Executive Team who have no voting rights and who are invited to attend the Board as in attendance members. In addition, there are three Associate Members who have been appointed by the Minister for Health and Social Services following a recommendation from the health board in accordance with Standing Orders. Associate Members have no voting rights.

Before an individual may be appointed as a Member or Associate Member they must meet the relevant eligibility requirements, set out in Schedule 2 of The Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulation 2009, and continue to fulfil the relevant requirements throughout the time that they hold office. The Regulations can be accessed via the following link: https://law.gov.wales/public-services/health-and-health-services/local-health-boards.

Further details in relation to the composition of the Board can be found at pages 192 to 194 of the Governance Statement. This will include Board and Committee membership, including the Audit and Risk Assurance Committee, for 2022/23, the meetings attended during the year and the champion roles fulfilled by Board Members. In addition, short

biographies of all Board Members can be found on the health board's website at: https://hduhb.nhs.wales/about-us/your-health-board/board-members/.

## Register of interests

Details of company directorships and other significant interests held by members of the Board, which may conflict with their responsibilities, are maintained, and updated on a regular basis. A Register of Interests is available on the health board's website at: Register of interests, gifts, sponsorship and hospitality - Hywel Dda University Health Board (nhs.wales), or a hard copy can be obtained from the Director of corporate Goverance/Board Secretary on request.

## Personal data related incidents

Information on personal data related incidents formally reported to the Information Commissioner's office and 'serious untoward incidents' involving data loss or confidentiality breaches are detailed on page 225 of the Governance Statement.

## Environmental, social and community issues

These are outlined in pages 138 of the Performance Report.

## Statement for Public Sector Information Holders

This is contained in the Senedd Cymru/Welsh Parliament Accountability and Audit Report on page 273.

# Statement of the Chief Executive's responsibilities as Accountable Officer of Hywel Dda University Health Board

The Welsh Ministers have directed that the Chief Executive should be the Accountable Officer of Hywel Dda University Health Board.

The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer's Memorandum issued by the Welsh Government.

I can confirm that:

To the best of my knowledge and belief, there is no relevant audit information of which Hywel Dda University Health Board's auditors are unaware and I have taken all steps that ought to have been taken to make myself aware of any relevant audit information and established that the auditors are aware of that information.

Hywel Dda University Health Board's annual report and accounts as a whole is fair, balanced, and understandable and I take personal responsibility for the annual report and accounts and the judgements required for determining that it is fair, balanced, and understandable.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

**Signed by:** **Steve Moore**

**Date: 27 July 2023**

**Steve Moore,**
**Chief Executive Officer**

# Statement of Directors' responsibilities in respect of the accounts

The Directors are required under the National Health Service Act (Wales) 2006 to prepare accounts for each financial year.

The Welsh Ministers, with the approval of HM Treasury, direct that these accounts give a true and fair view of the state of affairs of Hywel Dda University Health Board and of the income and expenditure of the Hywel Dda University Health Board for that period.

In preparing those accounts, the Directors are required to:

Apply on a consistent basis accounting principles laid down by the Welsh Ministers with the approval of HM Treasury:

- Make judgements and estimates which are responsible and prudent; and
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The Directors confirm that they have complied with the above requirements in preparing the accounts.

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the authority and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned direction by the Welsh Ministers.

**BY ORDER OF THE BOARD**
**Signed by:**

| | | | |
|---|---|---|---|
| **On behalf of Chair:** | **Maria Battle……<br>Maria Battle** | **Date:** | **27 July 2023** |
| **Chief Executive:** | **Steve Moore……..…<br>Steve Moore** | **Date:** | **27 July 2023** |
| **Executive Director of Finance:** | **Huw Thomas……<br>Huw Thomas** | **Date:** | **27 July 2023** |

# Governance Statement

## Scope of responsibility

The Board is accountable for Governance, Risk Management, and Internal Control. As Chief Executive of the Board, I have responsibility for maintaining appropriate governance structures and procedures as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and the organisation's assets for which I am personally responsible. These are carried out in accordance with the responsibilities assigned by the Accountable Officer of NHS Wales.

The Annual Report outlines the different ways the organisation has had to work both internally and with partners in response to the significant challenges of planning and providing services. It explains arrangements for ensuring standards of governance are maintained, risks are identified and mitigated, and assurance has been sought and provided. Where necessary additional information is provided in the Governance Statement, however the intention has been to reduce duplication where possible. It is therefore necessary to review other sections in the Annual Report alongside this Governance Statement.

Hywel Dda University Health Board has experienced another challenging year as it emerges from the pandemic. We are contending with a number of external pressures which include workforce availability (including social care); affordability and cost of living; and population health and need for health care (including the continued requirement to respond to COVID and the latent health consequences as a result of the pandemic). These issues manifest as increased waiting lists and delays to care for patients, excessive strain on staff, reduced system efficiency and unprecedented financial pressures.

Furthermore, in Hywel Dda, it is well recognised that we have an ageing estate and an unsustainable clinical model. It is therefore clear that the scale of these challenges will require concerted and long-term action to address. Our governance framework has continued to mature to enable us to operate in an open and transparent way and support the delivery of our strategic and planning objectives as we chart our course to a more sustainable position including an ambition to return to financial balance, aligned to our strategy 'A Healthier Mid and West Wales'. Further detail on how we maintained good governance arrangements during 2022/23 are provided within this Governance Statement.

## Escalation and intervention arrangements

The health board is held to account for its performance by the WG, which has established arrangements for escalation and intervention to support NHS bodies to address issues effectively and deliver the required improvement.

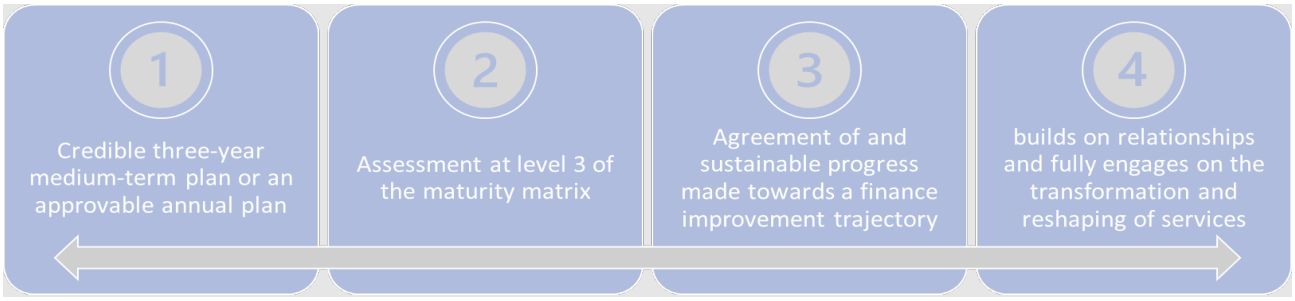
As we have been unable to produce an approvable three-year IMTP (Integrated Medium-Term Plan), or a finalised annual plan and in recognition of the growing financial deficit, in September 2022, the WG raised the escalation status of the health board from ‘enhanced

monitoring' to targeted intervention' for finance and planning. The health board remained in 'enhanced monitoring' for some quality issues related to performance resulting in long waiting times and poor patient experience.

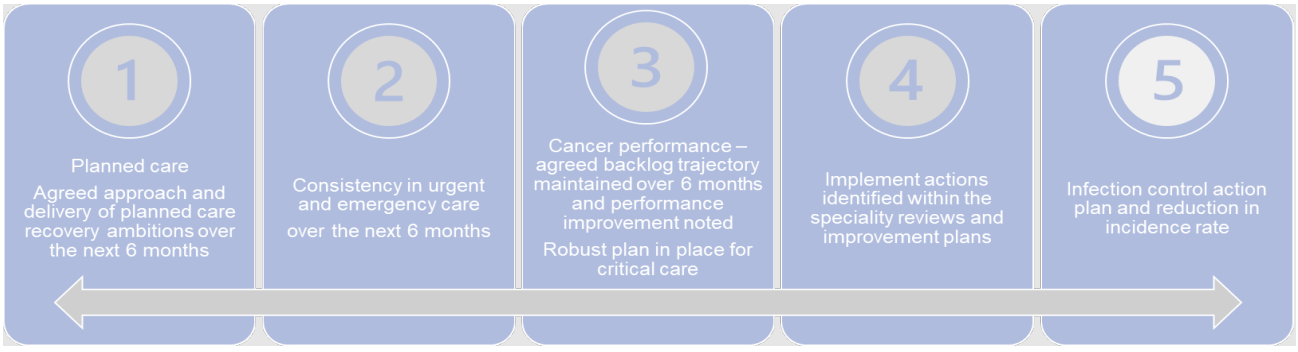
While we can to a large degree demonstrate Board oversight of key concerns, we recognise that there is currently a 'gap' in the organisation's medium-term planning and that while there is a focus upon both its Annual Plan and its Ten-Year plan, further detail is required in terms of the steps to be taken to enable the health board to achieve the goals of its long-term plan, and to be de-escalated to routine monitoring status.

We recognise that we must address and remedy the key issues highlighted including the conditions set out by WG at the inception meeting on the 27 October 2022 for de-escalation. These were:

## Targeted Intervention




## Enhanced Monitoring




We have responded diligently and positively to both targeted intervention and enhanced monitoring. For example, since the inception meeting, we have:

- Established a governance framework to monitor progress.
- Engaged, consulted, and drafted a maturity matrix to set out the requisite and measurable steps to achieving assessment level three of the maturity matrix.
- Cooperated and fully engaged with the WG peer review around the capability and capacity.
- Demonstrated a robust understanding of all cost drivers which moved the underlying deficit forecast outturn from (£25m) to (£62m).

- Received Board approval in March 2023 to establish a programme of work to develop and deliver a Clinical Services Plan. The Clinical Services Plan set out which service areas are proposed for inclusion; aligned to sustainability and fragility concerns.
- Reduced the number of patients waiting over one year for a new outpatient appointment from a peak of over 14,000 patients at the end of July 2022 to just over 3,500 patients at the end of March 2023.
- Reduced the number of patients waiting over two years from referral to treatment from a peak of over 8,700 patients at the end of March 2022 to just over 3,700 patients at the end of March 2023.
- Demonstrated a stepped improvement in the number of ambulances waiting over four hours outside our emergency departments from 518 breaches in December 2022 to 347 in March 2023.
- Increased the percentage of children (0-17 years) having a mental health assessment within 28 days of the referral from below 5% in April 2022 to 70% in February 2023.

We have also secured external/WG support on the following two areas:

- A review by the Finance Delivery Unit; and
- A peer review of our integrated planning mechanisms.

To conclude, whilst we recognise the significant progress, we have made in a number of areas which are an important illustration of both the fortitude and hard work of staff, within the current climate, we do not underestimate the challenges we face.

## Our governance framework

Model Standing Orders, Reservation and Delegation of Powers are issued by Welsh Ministers for the regulation of the health board's proceedings and business. These translate the statutory requirements set out in the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (S.I. 2009/779 (W.67)) into day to day operating practice, and, together with the adoption of a Scheme of decisions reserved to the board; a Scheme of Delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the health board and define its 'ways of working'.

The all-Wales Model Standing Orders, Reservation and Delegation of Power for Standing Orders and the Standing Financial Instructions are reviewed annually and were approved by the Board on 28 July 2022. These documents form the basis upon which our governance and accountability framework is developed and, together with the adoption of our Standards of Behaviour framework, is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

## Variations to Standing Orders

Conducting board meetings – Standing Orders states that 'The board and its committees shall conduct as much of its formal business in public'. During the pandemic, we were

unable to meet in public, in accordance with the Public Bodies (Admissions to Meetings) Act 1960, due to limitations on public gatherings, however, to ensure business was conducted in as open and transparent manner as possible during this time, we continued to:

- Live broadcast all board meetings;
- Publish agendas and papers in advance of the meeting – ideally seven days (the board acknowledge that this is a breach of Model Standing Orders which stipulates agendas should be published 10 days prior to meetings, however a local variation has been made);
- Provide a clear link to the health board's website pages and social media accounts signposting to further information and publication dates; and
- Make amendments to the website (which constitutes the official notice of board meetings) and explain why the board is not meeting in public.

This variation to our Standing Orders continued until July 2022, when the board returned to meeting in person. Live streaming of board meetings has continued to maintain transparency and accessibility by the public and staff to board business and decision-making.

The public are also unable to attend its committee meetings physically or virtually, which is a breach of its Standing Orders. This has been risk assessed, taking into account that all decisions are made by the board, and committee papers and minutes are made available on the health board website under the Statutory Committee section - https://hduhb.nhs.wales/about-us/governance-arrangements/statutory-committees/.

Annual General Meeting (AGM) - Standing Orders states that the health board 'must hold an AGM in public no later than the 31 July each year.' In light of the revised timetable for Audit Wales (AW) to submit final Annual Reports and Accounts to HSSG Finance for the reporting period 2022/23, WG confirmed that AGMs will take place no later than 28 September 2023. Our Audit and Risk Assurance Committee was advised of this variation on 18 April 2023 directing that the health board: 'must hold its 2023 AGM in public no later than the 28 September. This variation from the date of July will be reviewed on the 31 March 2024.' This was reported to the Board in May 2023.

## The board

The board provides leadership and direction to the organisation and is responsible for governance, scrutiny, and public accountability, ensuring that its work is open and transparent. The Board functions as a corporate decision-making body.

All Board Members share corporate responsibility for formulating strategy, ensuring accountability, monitoring performance, and shaping culture, together with ensuring that the board operates as effectively as possible. The board is comprised of individuals from a range of backgrounds, discipline, and areas of expertise, and provides leadership and direction ensuring that sound governance arrangements are in place.

During 2022/23, all board meetings in public were broadcast live, with a recording of the meeting uploaded to our website after each meeting.

During 2022/23, the board held:

- Nine meetings in public (all were quorate)
- One Annual General Meeting
- Nine seminar sessions (an additional Seminar was held in March 2022)

Attendance is formally recorded within the minutes, detailing where apologies have been received and where deputies have been nominated. The dates, agendas and minutes of all public meetings can be found on the health board's website: https://hduhb.nhs.wales/about-us/your-health-board/.

The board has a programme of work, which was adapted during the year to respond to emerging events and circumstances. There is also a clear patient and staff centred focus by the board at the meetings, demonstrated by the presentation of patient and staff stories at each meeting through the Patient Experience Report.

Items considered by the board during 2022/23 included:

- Mental Health and Learning Disabilities Update
- Improving Care, Improving Lives
- Autism Spectrum Disorder Plan
- Learning Disabilities Charter
- Update on the Review of Paediatric Services/Consultation Project Plan for Urgent and Emergency Paediatric Services
- Community Paediatrics Waiting List
- Clinical Services Plan
- Critical Care Staffing Position
- Primary Care Contractual Applications
- Managed Practice Strategy
- Provision of Dental Services, Ammanford
- Care Home Capacity and Fragility
- Funded Nursing Care
- National Continuing Health Care (CHC) Framework
- Hywel Dda University Health Board Long COVID-19 Service
- COVID-19 Autumn Booster Campaign
- External Review of the Llwynhendy Tuberculosis Outbreak
- Hywel Dda University Health Board Winter Plan 2022/23
- Winter Respiratory Vaccination Programme 2022/23 (including Influenza Plan)
- Nurse Staffing Levels (Wales) Act:
  - Annual Assurance Report 2021/22
  - Annual Presentation of Nurse Staffing Levels
- Long Term Agreements – Values and Processes for 2022/23
- Risk Management Strategy
- Risk Management Framework

- Improving Together Framework
- Continuous Engagement Plan/Future Engagement Plan
- Major Incident Plan
- Decarbonisation Plan
- Financial Wellbeing/Cost of Living
- Listening & Learning
- Quality Improvement and Quality Management System
- Making Malnutrition Matter Business Case Update
- TriTech Business Plan
- Cross Hands Outline Business Case
- Aseptic Project Business Justification Case
- SWW Cancer Centre Strategic Programme Case
- BGH Fire Precaution Works Programme Business Case
- Electronic Patient Flow and Electronic Observations Outline Business Case
- New Velindre Cancer Centre Full Business Case
- NHS Blood and Transplant (NHSBT) Organ Donation: Review of Actual and Potential Deceased Organ Donation
- Hywel Dda University Health Board Well-being Objectives Annual Report 2021/22
- West Wales Carers Development Group Annual Report 2021/22
- Director of Public Health Annual Report
- Strategic Equality Reports
  - Strategic Equality Plan Annual Report 2021/22
  - Annual Workforce Equality Report 2021/22
  - Disability, Ethnicity and Gender Pay Gap Report 2022
- Public Services Boards (PSB) Wellbeing Plans

Regular items throughout the year to the board included those listed above, as well as the following:

- Updates on Implementing the 'A Healthier Mid & West Wales Strategy, including Programme Business Case and Land Identification Plan/Consultation
- Operational Update reports
- Reports on the Annual Plan 2022/23 and development of the Annual Plan 2023/24
- Reports on the financial performance and the related risks for discussion
- Reports on improving patient experience, providing feedback and activity, for assurance
- Integrated Performance Assurance Reports identifying areas of concern for discussion
- Board Assurance Framework (BAF) Dashboard providing a visual representation of the health board's progress against each strategic objective for assurance
- Corporate risk reports providing assurance on the management of risks, and any variances to agreed tolerance levels
- Reports from the Chair and Chief Executive (including the Register of Sealings for endorsement and status reports on consultations) for discussion, and

- Assurance reports and endorsement of any matters arising from the In-Committee Board, Board Committees, Joint Committees, Advisory Groups and Statutory Partnerships of the Board

## Board committees

The board is supported by several committees, each chaired by an Independent Member. These committees have an important role in providing scrutiny and seeking assurance in relation to the achievement of our strategic and planning objectives, provision of safe and effective services, compliance with legislation and standards, learning from lessons, and oversight of performance and risk. The health board has the following committees in place, and these are set out in the diagram at Appendix 1.

- Audit and Risk Assurance Committee (ARAC)
- Health and Safety Committee (HSC)
- Charitable Funds Committee (CFC)
- Mental Health Legislation Committee (MHLC)
- Quality, Safety and Experience Committee (QSEC)
- People, Organisational Development and Culture Committee (PODCC)
- Strategic Development and Operational Delivery Committee (SDODC)
- Sustainable Resources Committee (SRC)
- Remuneration and Terms of Service Committee (RTSC)

The Terms of Reference for all Board Committees are reviewed on at least an annual basis and can be found in the Governance Arrangements section on our website.

The chair of each committee provides a written report to the board following each meeting outlining key risks and highlighting areas, which need to be brought to the board's attention to contribute to its assessment of assurance and provide scrutiny against the delivery of objectives or other matters. The committees, as well as reporting to the board, also work together on behalf of the board to ensure, where required, that cross reporting and consideration takes place, and assurance and advice, is provided to the board and the wider organisation. As well as producing formal minutes, each committee maintains a table of actions that is monitored at meetings.

A further enhancement to the governance framework has been the introduction of a bi-monthly meeting of the committee chairs which supports the triangulation of information across the committee structure and the wider health board.

Throughout the year, each committee has undertaken a self-assessment and produced a meaningful development plan to ensure there is continual learning and improvement. Each committee chair is also responsible for providing the board with an annual report, setting out a helpful summary of its work throughout the year. Each committee has an Executive Director lead who works closely with the chair of each committee in agenda setting, business cycle planning and to support good quality, timely information being

relayed to the Committee. A summary of key items considered by Committees can be found in Appendix 2.

The following table outlines dates of board and committee meetings held during 2022/23, with all meetings being quorate:

| Committee / Month | Board | Audit and Risk Assurance Committee | Charitable Funds Committee | Health and Safety Committee | Mental Health Legislation Committee | People, Organisational Development and Culture Committee | Strategic Development and Operational Delivery Committee | Sustainable Resources | Quality, Safety and Experience Committee | Remuneration and Terms of Service Committee |
|---|---|---|---|---|---|---|---|---|---|---|
| Apr 2022 | | 19.04.22 | | | | 04.04.22 | 28.04.22 | 25.04.22 | 12.04.22 | 26.04.22 |
| May 2022 | 26.05.22 | 05.05.22 (e) | | 09.05.22 | | | | | | 13.05.22 |
| Jun 2022 | 09.06.22 (e) | 09.06.22 (e) 21.06.22 | 06.06.22 | | 13.06.22 | 20.06.22 | 27.06.22 | 28.06.22 | 22.06.22 | |
| Jul 2022 | 28.07.22 | | | 11.07.22 | | | | | | |
| Aug 2022 | 04.08.22 (e) | 16.08.22 | | | | 18.08.22 | 25.08.22 | 22.08.22 | 09.08.22 | 10.08.22 |
| Sep 2022 | 29.09.22 | | 26.09.22 | 12.09.22 | 03.10.22 | | | | | |
| Oct 2022 | | 18.10.22 | | | | 20.10.22 | 10.11.22 | 10.11.22 | 11.10.22 | |
| Nov 2022 | 24.11.22 | | 28.11.22 | 14.11.22 | | | | | | |
| Dec 2022 | | 13.12.22 | | | 12.12.22 | 15.12.22 | 16.12.22 | 20.12.22 | 14.12.22 | |
| Jan 2023 | 26.01.23 | | 26.01.23 (e) | 09.01.23 | | | | | | 12.01.23 |
| Feb 2023 | 23.02.23 (e) | 21.02.23 | | | | 15.02.23 | 23.02.23 | 28.02.23 | 14.02.23 | |
| Mar 2023 | 30.03.23 | | 20.03.23 | 06.03.23 | 13.03.23 | | | | | |

*(e) – Extraordinary meetings*

## Board and Committee membership and attendance during 2022/23

The board has been constituted to comply with the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009. The board consists of 20 voting members (11 Independent Members and nine Executive Directors). There are also three Associate Members that take part in board meetings in public, though they do not hold any voting rights. The board is supported by the Director of Corporate Governance, the Communications Director and the Director of Primary Care, Community and Long-Term Care, who attend its meetings but do not have voting rights.

There have been a number of changes to the Board over the past 12-months. The health board said farewell to:

- Professor John Gammon, Independent Member (University) on 31 July 2022.
- Cllr Gareth John, Independent Member (Local Authority) on 14 June 2022.
- Paul Newman, Independent Member (Community) on 31 March 2023.

We also warmly welcomed two new Independent Members to the Board in 2022/23:

- Chantal Patel, Independent Member (University) on 1 August 2022.
- Cllr Rhodri Evans, Independent Member (Local Authority) on 15 November 2022.

Where there were changes in Independent Board Member appointments during the year, every effort was made to ensure that the interval until a new appointee was confirmed was a short as possible. Such action helped to bolster Board Member arrangements and therefore avoid any adverse impact on decision-making. Unfortunately, there was a gap in appointment of an Independent Member (Local Authority) due to the Member standing down with immediate effect due to being appointed to a Local Authority cabinet position. Whilst we initiated the recruitment process for a new Independent Member straightaway, we also undertook a review of committee membership to ensure that committees were appropriately covered by other Independent Members. We have also been unable to appoint a Director of Public Health during 2023/24, however in the interim, the portfolio has been reviewed and divided between the Director of Therapies and Health Sciences, the Director of Workforce and OD (Organisational Development) and the Director of Operations whilst we continue to appoint a new Director of Public Health. The Deputy Director of Public Health continues to be the professional public health voice within the health board. An appointment has now been made to this role.

The following Independent Member was also reappointed during 2022/23:

- Anna Lewis, Independent Member (Community).

Biographies, providing further information on Board Members, are published on the health board's website at https://hduhb.nhs.wales/about-us/your-health-board/board-members/.

In addition to responsibilities and accountabilities set out in terms and conditions of appointment, board members also fulfil a number of Champion roles where they act as ambassadors for these matters. The table below sets out the composition of the board in 2022/23 outlining the positions held, the area or expertise/ representation role, the board and committee membership and attendance, and the Champion roles.

## Board and Committee Membership and the record of attendance for the period April 2022-March 2023

| Name | Position & Area of Representation | Board Committee Membership & Record of Attendance | Champion Role |
|---|---|---|---|
| Maria Battle | Chair | Board (Chair) 9/9*<br>RTSC (Chair) 3/4<br>CFC 1/5 | Raising Concerns (Staff) |
| Judith Hardisty | Vice Chair (Mental Health, Learning Disabilities, Primary Care and Community Services) | Board (Vice Chair) 9/9<br>ARAC 8/8<br>HSC (Chair) 6/6<br>MHLC (Chair) 4/4<br>PODCC (Vice-Chair) 6/6<br>QSEC 6/6 | Mental Health Carers |
| Anna Lewis | Independent Member (Community) | Board 7/9<br>CFC 4/5<br>QSEC (Chair) 6/6<br>RTSC 3/4<br>SDODC 5/6 | Duty of Quality and Duty of Candour |
| Professor John Gammon until 31 July 2022 | Independent Member (University) | Board 3/3<br>ARAC 3/4<br>PODCC (Chair) 3/3<br>QSEC 2/2<br>RTSC 2/2<br>SDODC 2/2 | Infection prevention and control |
| Chantal Patel from 01 August 2022 | Independent Member (University) | Board 6/6<br>PODCC (Chair) 4/4<br>SDODC 3/4 | Infection prevention and control<br>Putting Things Right (w.e.f. 01 April 2023) |
| Winston Weir | Independent Member (Finance) | Board 7/9<br>ARAC (Vice-Chair) 8/8<br>MHLC 3/4<br>PODCC 1/2<br>SDODC 3/4<br>SRC (Chair) 6/6 | |
| Iwan Thomas | Independent Member (Third Sector) | Board 8/9<br>CFC (Vice-Chair) 2/5<br>HSC 2/2<br>MHLC (Vice-Chair) 3/4<br>SDODC 3/5 | Equality (until 15.11.2022) |
| Maynard Davies | Independent Member (Information Technology) | Board 8/9<br>ARAC 8/8<br>MHLC 1/1 | Older persons |

| | | | |
|---|---|---|---|
| | | RTSC 2/2<br>SDODC (Chair) 6/6<br>SRC (Vice-Chair) 6/6 | |
| Cllr Gareth John until 14 June 2022 | Independent Member (Local Authority) | Board 1/2<br>SDODC (Vice-Chair) 0/1 | |
| Cllr Rhodri Evans from 15 November 2022 | Independent Member (Local Authority) | Board 4/4<br>ARAC 2/2<br>SDODC 2/2<br>SRC 2/2 | Equality |
| Ann Murphy | Independent Member (Trade Union) | Board 7/9<br>CFC 4/5<br>HSC (Vice-Chair) 6/6<br>MHLC 3/4<br>PODCC 5/6<br>QSEC 6/6 | |
| Delyth Raynsford | Independent Member (Community) | Board 9/9<br>CFC (Chair) 4/5<br>HSC 6/6<br>PODCC 5/6<br>QSEC (Vice-Chair) 6/6<br>SRC 6/6 | Welsh Language<br>Armed Forces and Veterans<br>Children and Young People |
| Paul Newman | Independent Member (Community) | Board 9/9<br>ARAC (Chair) 8/8<br>HSC 6/6<br>QSEC 6/6<br>RTSC (Vice-Chair) 3/4<br>SRC 6/6 | Putting Things Right |
| Jonathan Griffiths | Associate Member | Board 0/2 | |
| Hazel Lloyd-Lubran | Associate Member | Board 1/8<br>SRG (Chair) 4/4 | |
| Mo Nazemi | Associate Member | Board 0/8<br>HPF (Chair) 3/3 | |
| Steve Moore | Chief Executive Officer | Board 9/9**<br>RTSC 4/4 | Welsh Language |
| Professor Philip Kloer | Executive Medical Director/Deputy Chief Executive | Board 9/9<br>QSEC 6/6<br>HPF 3/3<br>PODCC 6/6 | Caldicott Guardian |
| Huw Thomas | Executive Director of Finance | Board 9/9<br>ARAC 8/8<br>CFC 5/5<br>FC 3/3<br>SDODC 6/6 | |

| | | | |
|---|---|---|---|
| | | SRC 6/6 | |
| Mandy Rayani | Executive Director of Nursing, Quality and Patient Experience | Board 9/9<br>CFC 5/5<br>HSC 6/6<br>QSEC 6/6<br>PODCC 6/6 | Violence & Aggression<br>Children & Young People |
| Alison Shakeshaft | Executive Director of Therapies and Health Science | Board 7/9<br>QSEC 6/6 | Emergency Planning |
| Lisa Gostling | Executive Director of Workforce and Organisational Development | Board 9/9<br>PODCC 6/6<br>RTSC 4/4 | Raising Concerns (Staff) |
| Andrew Carruthers | Executive Director of Operations | Board 9/9<br>HSC 6/6<br>MHLC 4/4<br>PPPAC 2/2<br>QSEC 6/6<br>SDODC 6/6<br>SRC 5/6 | Fire Safety |
| Lee Davies | Executive Director of Strategy and Planning | Board 9/9<br>SDODC 6/6 | |
| Joanne Wilson | Director of Corporate Governance/Board Secretary | Board 9/9<br>ARAC 8/8<br>HSC 6/6<br>PODCC 6/6<br>SDODC 4/6<br>QSEC 5/6<br>RTSC 3/3<br>SRC 4/6 | Counter Fraud |
| Jill Paterson | Director of Primary Care, Community and Long-Term Care | Board 9/9<br>QSEC 6/6<br>SDODC 5/6<br>SRC 5/6 | |
| Dr Jo McCarthy | Deputy Director of Public Health | Board 7/9<br>SDODC 6/6<br>QSEC 5/6 | |

*Deputy representation for Executive Directors is included in figures above*

**The Vice-Chair, Judith Hardisty, chaired the July 2022 Board meeting in the absence of Maria Battle, Chair, who had tendered her apologies.*
***The Deputy Chief Executive, Dr Phil Kloer, represented Steve Moore, who had tendered his apologies, at the May and June 2022 Board meetings.*

## Escalation Status Control Structure

Following the health board's increased escalation status in the Autumn, governance and scrutiny arrangements were established within the health board and approved by the Board. The purpose of these arrangements was to ensure we were able to address and remedy wherever possible the key issues highlighted, including the conditions set out by WG at the inception meeting on the 27 October 2022 for de-escalation. WG have confirmed these arrangements represented a thorough and comprehensive approach, ensuring that effective oversight and accountability were balanced with a recognition of the demands currently faced by the organisation.

## Command and Control

In March 2020, a Command-and-Control structure was established, i.e., Gold, Silver, and Bronze Groups, to facilitate our planning and preparations for the emerging global COVID-19 pandemic. Whilst this structure was formally stood down in May 2021 due to reduced COVID-19 transmissions, it was kept under review and was reinstated in response to surges in community transmissions and hospital admissions, with Gold convening to make key decisions. All strategic actions are documented on a decision log to provide a clear audit trail, and these are ratified by the board.

## Advisory groups

The health board has a statutory duty to 'take account of representations made by persons and organisations who represent the interests of the communities it serves, its officers and healthcare professionals'. This is achieved in part by three Advisory Groups to the Board.

### Stakeholder Reference Group (SRG)

The SRG is formed from a range of partner organisations from across the health board's area and engages with and has involvement in the strategic direction, advises on service improvement proposals and provides feedback to the board on the impact of its operations on the communities it serves. The SRG met four times during 2022/23.

### Staff Partnership Forum (SPF)

The SPF engages with staff organisations on key issues facing the health board. It provides the formal mechanism through which the health board works together with Trade Unions and professional bodies to improve health services for the population it serves. It is the forum where key stakeholders engage with each other to inform debate and seek to agree local priorities on workforce and health service issues. SPF met six times during 2022/23.

### Healthcare Professionals' Forum (HPF)

The HPF comprises of representatives from a range of clinical and healthcare professions within the health board and across primary care practitioners with the remit to provide advice to the board on all professional and clinical issues it considers appropriate. It is one

of the key forums used to share early service change plans, providing an opportunity to shape the way the health board delivers its services. HPF met three times during 2022/23.

## Other advisory groups

### Black, Asian, and Minority Ethnic (BAME) Advisory Group

The BAME Advisory Group was established in July 2020 to advise the health board on mainstreaming equality, diversity and inclusion and provide a forum to empower and enable BAME staff to achieve their potential through creating positive change. The BAME Advisory Group now reports directly to PODCC, with the vice-chairs being invited to participate in board meetings as in-attendance members. BAME met five times during 2022/23.

## Joint committees

### Emergency Ambulance Services Committee (EASC)

EASC was established in 2014 to be a Joint Committee of the seven health boards, with the three NHS trusts as associate members. It has responsibility for the planning and commissioning of emergency ambulance services on an all-Wales basis. Hosted by Cwm Taf Morgannwg University Health Board, we are represented on the Joint Committee by the Chief Executive and regular reports are received by the board supported by a more in-depth discussion, on an annual basis, at the board seminar meeting.

### Welsh Health Specialised Services Committee (WHSSC)

WHSSC was established in 2010 by the seven health boards to ensure the population has fair and equal access to the full range of specialised services. Hosted by Cwm Taf Morgannwg University Health Board, Hywel Dda is represented on the Joint Committee by the Chief Executive and regular reports are received by the board supported by a more in-depth discussion, on an annual basis, at the board seminar meeting and a joint executive-to-executive team meeting.

## Partnership and collective working

### Hywel Dda Public Service Board

The health board is a statutory member of Public Services Boards (PSBs) in Carmarthenshire, Ceredigion, and Pembrokeshire. PSBs were established under the Well-being of Future Generations (Wales) Act 2015, and their purpose is to improve the economic, social, environmental, and cultural well-being in its area by strengthening joint working across all public services in Wales. The effective working of PSBs is subject to overview and scrutiny by the Well-being of Future Generations Commissioner, AW, as well as designated local authority overview and scrutiny committees.

Throughout 2022, the three Hywel Dda area PSBs worked in partnership to establish a joint methodology framework and joint engagement plan to support the county-based work to refresh Well-being Assessments. Producing a robust and accurate assessment of well-being, which placed the views and needs of the residents of Hywel Dda at the forefront, was critical. The assessments also provided us with valuable insights to support our

strategic planning, operational delivery, and transformation agenda. The assessments sought to capture a broad spectrum of economic, social, environmental, and cultural factors that impact on people's daily lives. This included identifying the strengths, assets, challenges, and opportunities that citizens in each local authority area face. These well-being plans were approved by the board in March 2023, following robust consultation, led by the PSBs.

### West Wales Regional Partnership Board

Regional Partnership Boards (RPB), based on Local Health Board footprints, became a legislative requirement under Part 9 of the Social Services and Well-being (Wales) Act 2014 (SSWBWA). Their core remit is to promote and drive the transformation and integration of health and social care within their areas. We are fully committed to integrating health and social care planning through a co-ordinated approach, and across West Wales we have a strong track record of joint planning between agencies, and the approach set out by WG this year builds upon the foundations already in place.
During the year, the RPB has considered the following reports:

- The West Wales 'NEST' Action Plan 2022/23
- West Wales Carer's Annual Report for 2021/22
- Social Value Forum Progress Report
- 'Further, Faster' – Our mission to build an Integrated Community Care Service for Wales
- West Wales Advocacy Strategy
- RPB Annual Report 2021/22

Strategic Capital workshops were held to develop a 10-year Integrated Capital Strategy which will set out how the RPB will address the priorities identified following the Market Stability Report and Population Assessment. This will not replace existing organisational strategies but will aim to maximise collaboration and integration and utilise funding allocated via the RPB. The strategy will be ready for consultation and agreement in early 2023/24.

The RPB held a workshop in September 2022 to consider its priorities for the year and for the development of the area plan for 2023-28. This will act as a statement of the RPBs (Regional Partnership Board) shared strategic priorities, which will not replace existing organisational plans and will be supplemented by an annual delivery plan. The RPB's draft strategic priorities are:

1. Support People to Manage their own Wellbeing
2. Support People to stay closer to home
3. Have the right services available to meet demand
4. Have a Stable and Resilient Workforce
5. Plan and deliver our services with people who use them

The plan will reflect the existing objectives which are being delivered through integrated planning structures at a county and regional level. The final plan will be agreed by the RPB in April 2023.

A statutory partnership update report is received by the board at every meeting.

Update reports from the Advisory Groups, Joint Committees and Statutory Partnerships can be found on our website within the board papers section via the following link https://hduhb.nhs.wales/about-us/your-health-board/.

### NHS Wales Shared Services Partnership Committee

NWSSPC was established in 2012 and is hosted by Velindre NHS Trust. It is responsible for the shared services functions for the NHS, such as procurement, recruitment, and legal services. Hywel Dda is represented by the Executive Director of Finance at this committee with regular reports received by the board following each meeting.

## Board development

A new phase of the Board Development Programme was launched in Autumn 2021, designed to run over an 18-month period, which has been in operation for the majority of the 2022 calendar year. It comprised of keynote learning events by subject matter leaders including:

- Compassionate Leadership by Professor Michael West
- Behaviours; Systems and Governance by Baroness Rennie Fritchie
- Importance of Civility in Health by Dr Chris Turner

In addition, Board members have completed a Reverse Mentoring Programme with both Independent Members and Executive Directors mentored by staff members. These mentors were drawn straight from BAME backgrounds; from Generation Z (under 25) and front-line staff members. The board also has professional subject matter updates on key issues as part of its bi-monthly Seminar Series, with space and time during these seminars to debate matters of strategic importance.

As part of the overall Board programme, and our broader approach to performance development, talent management and succession planning, the Executive Directors participate in executive coaching, programmes such as Aspiring CEO's where appropriate, and other relevant leadership and professional development activities. The Executive team as a whole has also participated in an In-House Team Development programme, centred around the Patrick Lencione model of team effectiveness.

During 2023/24 the Board will enter a period of transition in its membership with a number of personnel changes amongst both Independent and Executive members. Consequently, a new phase of Board Development has been designed to ensure smooth transitions; to minimise turbulence and the impact of the loss of experience, knowledge, and skill. Creating the space to build new relationships and learn together is an important element as well as way of overcoming the loss of corporate memory; political awareness and access to key networks.

The early months of 2023 has seen the focus concentrating on Executive talent management and succession planning as well as an exploration of the impact of changes in Board composition in terms of team dynamics, performance expectations and corporate

leadership demands. The Board Programme will continue to be delivered throughout the 2023/24 financial year to support Board performance and effectiveness.

## Board effectiveness

The board is required to undertake an annual self-assessment of its effectiveness. Our approach to board effectiveness has been commended by AW in their Structured Assessment process for 2022, where they reported that our Board continues to be stable and has a robust approach to learning, development, and continuous improvement, through effective use of the results arising from annual Board and committee self-assessments.

AW also commended the effectiveness of the working relationship of the Board, stating that: 'the Board is cohesive and there are good working relationships between Independent Members and the Executive Team.' As a Board, we remain vigilant of concerns that are identified by WG, auditors and regulators across NHS Wales. When these concerns come to light, we review our own processes and systems to provide the Board with assurance of the effectiveness of our own system of internal control. We recognise that this is an area that we must constantly remain vigilant and learn lessons.

In April 2023, the board was presented with the following sources of internal and external assurance and assessments to help it to evaluate its annual effectiveness:

- Joint Escalation and Intervention Arrangements Status as the WG raised the escalation status of the health board from 'enhanced monitoring' to targeted intervention' for finance and planning (see Escalation and intervention arrangements section of the report);
- AW Structured Assessment (more information on this can be found in the AW Structured Assessment section of the report);
- Self-assessment against the Corporate Governance Code (see Corporate Governance Code of the report);
- Feedback from the Board Committee self-assessment programme;
- IA Reports received throughout 2022/23, including reviews of risk management, performance management and monitoring, quality, and safety governance, Glangwili and Withybush Unscheduled Care Directorates, fire governance, financial management, strategic transformation programme governance and the Regional Integrated Governance; and
- Current progress on work to address the Fire Enforcement Notices.

Following due consideration of the sources of assurances and supporting documentation, the Board were asked to consider an overall level of maturity in respect of governance and board effectiveness, based on the following criteria:

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|---|---|---|
| We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what / where we need to improve. | We are aware of the improvements that need to be made and have prioritised them but are not yet able to demonstrate meaningful action. | We are developing plans and processes and can demonstrate progress with some of our key areas for improvement. | We have well developed plans and processes and can demonstrate sustainable improvement throughout the service. | We can demonstrate sustained good practice and innovation that is shared throughout the organisation and which others can learn from. |

The board concluded it maturity rating for board effectiveness and governance was 'Level 4' at its board seminar in April 2023 (no change from 2021/22). Despite our escalation status being raised in September 2022 to 'targeted intervention' for finance and planning, there is good practice and innovation being shared with other NHS organisations across the UK, and the health board continues to improve and demonstrate sustainable improvement throughout the organisation, whilst recognising that there is further work required to maintain this level and to progress towards a 'Level 5'. In addition, despite having appropriate financial controls and robust reporting, monitoring and scrutiny mechanisms in place, we recognise that our ability to stay within budget remains challenging. The Board, through its governance structure, is fully congruent and acquainted with the fundamental challenges we need to address in the short, medium, and long term. To ensure the board remain cohesive and effective, they supported the proposed board development programme presented at the board seminar (see board development section for further information).

## The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurances of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively, and economically. The system of internal control has been in place for the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

The board is accountable for maintaining a sound system of internal control which supports the achievement of the organisation's objectives. The system of internal control is based on a framework of regular management information, administrative procedures including the segregation of duties and a system of delegation and accountability. It has

been supported in this role by the work of the main committees, each of which provides regular reports to the board, underpinned by a sub-committee structure, as shown in Appendix 1 of this statement.

## Capacity to handle risk

The board is responsible for the effective management of the organisation's risks in pursuance of its aims and objectives. The board collectively has responsibility and accountability for setting the organisation's objectives, defining strategies to achieve those objectives, and establishing governance structures and processes to best manage the risks in accomplishing those objectives.

The Chief Executive, as Accountable Officer, has overall responsibility for ensuring that the health board has an effective risk management framework and system of internal control, however Executive Directors have responsibility for the ownership and management of principal, corporate and operational risks within their portfolios.

The health board's lead for risk is the Director of Corporate Governance/Board Secretary, who has responsibility for leading on the design, development, and implementation of the Board Assurance Framework (BAF) and Risk Management Framework.

## Risk management framework

The health board's risk management framework aims to help the health board understand, evaluate, and act on its risks to increase the probability of success and reduce the likelihood of failure, and forms a part of the overall governance framework of the organisation. It aims to facilitate better decision making and improved efficiency, risk management can also provide greater assurance to stakeholders. It is important that it adds value to ensure the health board reduces uncertainty, informs decision-making and priorities, and achieves the best possible outcomes.

Our risk management framework clearly sets out the components that provide the foundation and organisational arrangements for supporting risk management processes in the organisation. It clarifies roles and responsibilities, communication, escalation of risks and reporting lines whilst also outlining the other components, such as the risk strategy and the risk protocols.

It is based on the 'Three Lines of Defence' model which advocates that management control is the first line of defence in risk management. The various risk control and compliance oversight functions established by management are the second line of defence, and independent assurance is the third. Each of these three 'lines' plays a distinct role within the health board's wider governance framework. However, all three lines need to work interdependently to be effective.

There are procedures, guidance, systems, and tools to assist management to identify, assess and manage risks on a day-to-day basis. This is supported with training, support

and advice from the health board's Assurance and Risk team, which has the role to embed the risk management framework and process, and to facilitate a risk aware culture across the organisation through a business partnering arrangement.

The health board is working with colleagues across NHS Wales to develop a new Once for Wales system for risk management, which is likely to be implemented within the health board by March 2024, if the pilot is successful.

During 2022/23, our Risk Management Framework and Strategy were reviewed and approved by board, ensuring they support the achievement of our strategic objectives and align with our committee structures and the Board Assurance Framework and Corporate Risk Register. A review of the health board's risk maturity and risk appetite will be undertaken during 2023/24 to further strengthen its risk management arrangements, culture, and attitude.

In response to the AW follow up review of quality governance arrangements (issued in October 2021), executive led reviews, supported by the Assurance and Risk team, have continued in 2022/23 for all operational areas and corporate functions to strengthen operational risk management. In January 2023, these risk review sessions were superseded by Directorate Improving Together sessions (further information on these can be found in the Performance Management Arrangements section) which retain a continued focus on risk.

AW reported in their Structured Assessment 2022 that the health board continues to have an effective Board Assurance Framework, and robust arrangements for managing risk.

## Risk appetite

The health board's Risk Appetite Statement provides staff with guidance as to the boundaries on risk that are acceptable and provides clarification on the level of risk the health board is prepared to accept. It is integrated with the control culture of the organisation to encourage more informed risk taking at strategic level with more exercise of control at operational level, as well as recognition of the nature of the regulatory environment the organisation operates within.

The board agreed its current Risk Appetite Statement through detailed board seminar discussions and considered it in line with its capability to manage risk, and formally agreed the following at a board meeting in public:

"Hywel Dda's approach is to minimise its exposure to safety, quality, compliance, and financial risk, whilst being open and willing to consider taking on risk in the pursuit of delivery of its objective to become a population health-based organisation which focuses on keeping people well, developing services in local communities and ensuring hospital services are safe, sustainable, accessible, and kind, as well as efficient in their running.

"The health board recognises that its appetite for risk will differ depending on the activity undertaken, and that its acceptance of risk will be based on ensuring that potential benefits and risks are fully understood before decisions on funding are made, and that appropriate actions are taken.

"The health board's risk appetite takes into account its capacity for risk, which is the amount of risk it is able to bear (or loss we can endure) having regard to its financial and other resources, before a breach in statutory obligations and duties occurs."

In addition, the board also agreed levels of tolerance for risk across its activities, aligned to its risk scoring matrix, to provide management with clear lines of the level to risk it will accept. These can be accessed via the following link: https://www.webarchive.org.uk/wayback/en/archive/20200916074555/http://www.wales.nhs.uk/sitesplus/862/page/97217.

Risk tolerance levels have been added to the health board's risk management system and risks above tolerance are reported and challenged through the board's committees. A concerted effort has commenced during 2022/23 to review the health board's risks and subsequent risk treatment decision are correct given the current operational challenges and financial climate. Revised definitions of the four risk treatment options commonly referred to as the' 4Ts' (treat, tolerate, transfer, terminate) were approved to facilitate these discussions.

The health board's risk appetite will be reviewed in 2023/24, to ensure it remains aligned to the health board's new strategic objectives and its capacity to manage risk. This is particularly important as we move further to develop our roadmap to financial balance, whilst at the same time, managing increasing demands on our services and some significant external challenges, such as increasing energy and inflation costs. To help inform our risk appetite discussions, further work is being taken forward to define what it is we mean by 'fragile' services and how we can better identify services that are at risk and the wider impacts of the fragility of an individual service on the wider health system.

## Risk management process

Our risk management framework supports the health board's risk management process. This is a continuous process that should methodically address all the significant risks associated with all the activities of the health hoard. All risks are assessed in terms of likelihood and impact using the health board's risk scoring matrix which helps to facilitate a level of consistency and understanding of the scoring and ranking of risks throughout the organisation.

Risks are identified in a bottom-up and top-down approach throughout the health board. Each corporate and operational directorate is responsible for ensuring risks to achieving their objectives, delivering a safe and effective service and compliance with legislation and standards, are identified, assessed, and managed to an acceptable level, i.e., within the board's agreed risk tolerance, and escalated or de-escalated as appropriate.

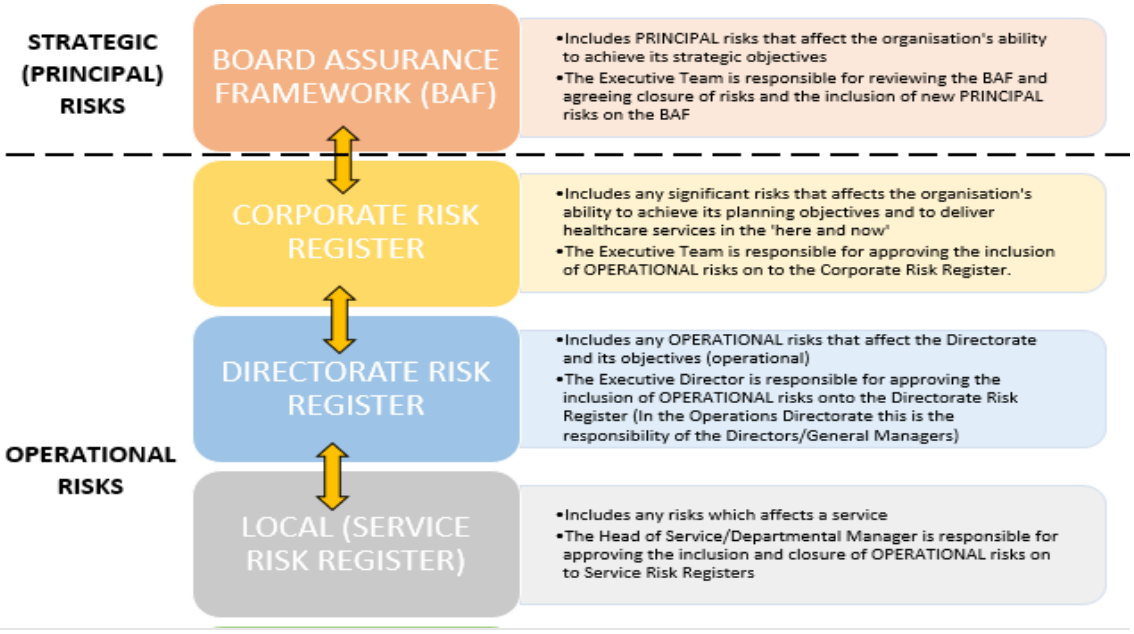
Communicating and consulting with internal and external stakeholders and partners is an important part of the risk management process. The frequency of the communication will vary depending upon the severity of the risk and is discussed and agreed with the stakeholders and partners. For example, our risk related to the delivery of integrated community and acute unscheduled care services requires a whole system approach, and the health board has been working with its partners in WAST (Welsh Ambulance Services Trust), local authorities and domiciliary providers to take forward work to try to improve flow within our hospitals. Communication with various unions has also been key in managing and mitigating the risk of industrial action during this year.

Engagement of stakeholders has also taken place through multi-agency partnership working. The Regional Partnership Board is part of the health board governance structure that helps to support the management of risk facing the organisation through collective dialogue.

The Executive team have identified several principal risks, those that may affect the achievement of our strategic objectives. These principal risks, are refreshed annually, following approval of our Annual Plan, and form part of our Board Assurance Framework (BAF) to support the implementation of the health board's strategy, through the delivery of its planning objectives, and provide the board with on-going assurance on the achievement of its objectives.

Executive Directors are also responsible for identifying significant operational risks for the Corporate Risk Register (CRR). These corporate risks can reflect new or emerging risks from discussions or risks escalated by individual Executive Directors from their directorate to be collectively agreed by the Executive Risk Group for entry onto the CRR.

This is how the CRR interacts with the principal risks on the BAF and the operational risks that are on Directorate and Service risk registers.



## Oversight and reporting of risk

In following the three lines of defence model (above), the health board ensures that operational management are supported in their role of day-to-day risk management by specialist functions who have expertise and knowledge to help them control risk.

Corporate and operational risks that are over the health board's agreed tolerance level, are aligned to the health board's committees, whose role it is to provide assurance to the board that risks are being managed appropriately.

The executive team review the BAF on a bi-monthly basis and hold a monthly Executive Risk Group meeting to review the CRR.

## Risk profile

Delivering healthcare through the current clinical model through an aging estate in a large, rural geographical area presents significant quality, service, workforce, and financial challenges to the health board. The health and care system within Hywel Dda is facing intense challenges, which are being felt across Wales.

For us as a health board, the drivers of these pressures typically fall into the categories of workforce availability (including social care); affordability and cost of living; and population health and need for health care (including the continued requirement to respond to COVID and the latent health consequences as a result of the pandemic). These issues manifest as backlogs and delays to care for patients, excessive strain on staff, reduced system efficiency and unprecedented financial pressures. Our most significant operational risks are outlined in the CRR section below.

The health board's strategic and planning objectives set out how it will address some of these issues going forward whilst considering the learning, developments and changes of practice implemented during the pandemic. The BAF section below outlines the risks and controls in place for achieving its objectives.

## Board Assurance Framework (BAF)

Our BAF reflects the revised strategic and planning objectives and is presented to the board three times a year. The most recent BAF report can be accessed here and provides a link to our BAF Dashboard. AW has identified the interactive BAF as a model of good practice. As well as identifying the principal risks to delivery of our objectives, the controls, and assurances, the BAF also seeks to align outcomes against strategic objectives, and delivery against our planning objectives. An internal audit on Risk Management and BAF issued in May 2022 providing substantial assurance, noting the BAF is robust and aligned to strategic objectives.

There are 16 principal risks that have been aligned to our six strategic objectives.

| | |
|---|---|
| **Total number of risks on BAF on 1 April 2022** | **17** |
| **New risks added during 2022/23** | **0** |
| **De-escalated/Closed during 2022/23** | **1** |
| **Total number of risks on BAF of 31 March 2022** | **16** |

The most significant risks to achieving our strategy are listed below:

- **Principal risk 1199 - achieving financial sustainability (risk score 25)**

  Achieving financial balance on a three-year rolling basis is a statutory requirement for the board, and a clear requirement from the board and WG. Our financial deficit has continued to deteriorate with significant workforce constraints remaining, and the planning function remains small with significant opportunities to develop. These issues are exacerbated given our financial deficit, with the need to not only shift resources to more appropriate settings but to provide care at considerably lower cost. With the health board reporting a significant in-year and recurrent underlying deficit, WG escalated the health board into targeted intervention during October 2022.

  Actions that have been undertaken include the development and roll-out of a suite of financial sustainability plans for the whole of the organisation based on the target operation models that we are seeking to implement through our planning objectives for next three years. We established an interim budget for 2022/23 to support the delivery of the planning objectives set out in our Interim Annual Plan 2022/23.

  We are also coordinating an ongoing balanced approach to how resources are used and invested and dis-invested in, to achieve workforce, clinical service, and financial sustainability.

- **Principal risk 1186 - attract, retain, and develop staff with the right skills (risk score 20)**

  Our most significant challenge is to maintain the right number of people to be able to deliver safe, effective, and sustainable services. This is due to a number of factors, including geography, recognised national shortages in a number of professions, unappealing rotas and an aging workforce that mirrors our population. COVID-19 increased pressures on existing staff, not only during the response phase but also now as we try to deal with the resulting backlog, which has also led to an increasing number of retirements and reduction in hours within the older workforce. Becoming an employer of choice and attracting people to work for Hywel Dda is therefore fundamental to the achievement of our strategy.

  Our plans to address this risk includes implementing a flexible and responsive recruitment process that encourages local employment for local people, constructing a comprehensive workforce programme to encourage our local population into NHS and care related careers, implementing an informative and supportive induction process,

having employee policies that support work-life balance and are person centred, having equitable access and agile approaches to training regardless of personal and professional circumstances, constructing a comprehensive talent, succession planning and leadership development programme, along with a robust workforce plan that will introduce new ways of working and new roles to mitigate against national skills shortage professions. We are implementing a multi-disciplinary clinical and non-clinical education plan, which includes expansion of our apprenticeship academy in terms of its scope, scale, and integration with social care. In recognition of the critical importance of our workforce, a Strategic People Planning and Education Committee has been established for introduction in 2023/24.

Understanding our staff experience as we implement this work is essential. Staff pulse engagement surveys to sample 1,000 employees take place each month, selecting different staff each month.

- **Principal risk 1192 - wrong value set for best health and well-being (risk score 16)**

  This risk reflects the risk that our overall strategy may be limited by seeing health and well-being purely through the NHS lens, using incorrect measures, not effectively engaging with individuals and communities, and under and/or over-estimating potential for best health and well-being.

  Whilst we do undertake engagement with our population, we are still defining our approach to continuous engagement, our approach to tackling inequality/inequity, and our understanding of the social model of health and well-being and our arts in health and what this means to our local population and communities. Well-being assessments are being updated by the PSBs, however we do not currently have an effective method of measuring the well-being of individuals, communities, and our population. A number of plans and actions are currently in place to support mitigation of this risk, although not at population scale.

- **Principal risk 1191 – Underestimation of Excellence (risk score 16)**

  Whilst there is the ambition to strive for excellence, there are significant challenges to our ability to maintain safe, sustainable care across some of our services. We need to strengthen clinical engagement in embedding and maximising clinical effectiveness systems and processes, particularly at a time when the organisation is increasing its non-COVID-19 activity against the backdrop of increased staffing and operational pressures. There is also an over-reliance on external funding for research, development, and innovation (RDI) activities and stretching cost recovery targets for developmental work.

  Actions to address this risk includes implementing the multi-disciplinary clinical and non-clinical education plan, an implementation group to respond to the emerging requirements of the Quality and Engagement Act, continuing to implement the Research and Innovation Strategic Plan, and produce and agree final business cases in

line with our vision and design assumptions set out in our 'A Healthier Mid and West Wales' strategy.

- **Principal risk 1196 - Insufficient investment in facilities/equipment/digital infrastructure (risk score 16)**

  This risk reflects our inability to invest in appropriate facilities, medical equipment, and digital infrastructure to provide safe, sustainable, accessible services. We have established a programme group to manage the production of our programme business cases (PBC) to secure long term investment in support of our health and care strategy. This requires significant investment to ensure we have appropriate facilities, medical equipment and digital infrastructure of an appropriate standard and compliance. Until our Healthier Mid & West Wales Strategy PBC is endorsed by WG, we cannot assume investment is likely to be forthcoming at the scale or in the timelines required.

- **Principal risk 1198 - ability to support shifting of care in the community (risk score 16)**

  Achieving our strategic objectives will depend on the ability to overcome complex arrangements and systems. These will need be worked through to support a new approach to the delivery of care in line with our strategy, as well as a need to support the population in changing their behaviour and the way they have historically accessed services.

  Actions to address this risk is to develop a set of integrated locality plans with our local authority and third sector partners, develop and implement a comprehensive and sustainable 24/7 community and primary care unscheduled care service model, produce a final business case for the implementation of a new hospital in the south of the Hywel Dda area for the provision of urgent and planned care, and implement the remaining elements of the Transforming Mental Health Programme, the health board has also undertaken an assessment of all its Children and Young People Services and will implement a plan to address the findings.

The heat map below presents our principal risks (by their internal reference number) in respect of their likelihood and impact as at the end of March 2023:

| HYWEL DDA RISK HEAT MAP | | | | | |
|---|---|---|---|---|---|
| | LIKELIHOOD → | | | | |
| IMPACT ↓ | RARE 1 | UNLIKELY 2 | POSSIBLE 3 | LIKELY 4 | ALMOST CERTAIN 5 |
| CATASTROPHIC 5 | | | | | 1199 |
| MAJOR 4 | | 1184 | 1185 1195 1187 1197 | 1196 1191 1192 1198 | 1186 |
| MODERATE 3 | | 1200 | 1188 1189 1194 1193 | | |
| MINOR 2 | | | | | |
| NEGLIGIBLE 1 | | | | | |

## Corporate Risk Register (CRR)

The health board's CRR contains significant operational risks to the delivery of health care in the here and now and is reported to every other board meeting. Each risk has been mapped to a board level committee to provide assurance to the board, through its update report, on the management of these risks.

During 2022/23, the CRR has been dynamic and responsive to new and emerging risks:

| | |
|---|---|
| **Total number of risks on CRR on 1 April 2022** | **18** |
| **New risks added during 2022/23** | **7** |
| **De-escalated/Closed during 2022/23** | **8** |
| **Total number of risks on CRR of 31 March 2023** | **17** |

The most significant risks during the year have included:

- **Corporate risk 1027 - delivery of integrated community and acute unscheduled care services (risk score 20)**
  Our ability to deliver our integrated community and acute unscheduled care services fluctuated in-year, with levels of urgent and emergency pathway capacity pressures continuing at significantly escalated levels. This has been driven by post-pandemic demand, and the indirect legacy of Covid-19 resulting in increased levels of frailty in people in the community, and consequently increased activity across the acute sites.

Winter pressures placed further additional pressure on available capacity. Workforce deficits, bed occupancy rates and pressures on wider community and social care capacity continue to impact on our ability to deliver integrated community and acute unscheduled care services.

Positive progress has been made since January 2023 in terms of reducing peak levels of pressure, with improvements achieved relating to ambulance handovers, emergency department waiting times and discharges, however progress remains variable.

For addressing our urgent and emergency care, our plan sets out a number of priorities to mitigate the level of pressures anticipated. These centred on an integrated 24/7 single point of contact model for urgent clinical assessment and streaming, so that patients access the right service at the right time in the right place. These included a 'Contact First'/Urgent Primary Care model in order to co-ordinate our urgent care response to the exacerbating health and care needs of our population and maintain people in their own homes and communities, a clinical streaming hub, Same Day Emergency Care (SDEC) models in acute and community settings, including comprehensive frailty assessment, and management of the frail elderly, including comprehensive geriatric assessment.

In addition, our Winter Preparedness model tried to prevent the pressures crossing the threshold into our emergency departments, using the Enhanced Bridging Service (which we set up to provide social care), and the Delta Service, the conveyance avoidance and front door turnaround to minimise this occurrence.

- **Corporate risk 1432 - risk to the delivery of the health board's draft interim Financial Plan for 2022/23 (risk score 25)**
  This risk replaced, two previous corporate risks: 1296 (risk that the health board will not deliver a financial out-turn position in line with our original plan of £25m deficit) and 1297 (risk that the health board's underlying deficit will increase to a level not addressed by additional medium-term funding). Issues have previously been raised over our ability to plan at a strategic and operational level. The risk remains to the sustainability of our financial position, driven primarily by savings which cannot be delivered due to continued operational and clinical challenges in particular within urgent and emergency care, and further in-year cost deterioration.

  The health board entered targeted intervention status in September 2022 for finance and planning. The forecast deficit remains unacceptable to WG as at March 2023, leading to an unsupportable underlying deficit position which will impact future years.

  Financial planning assumptions utilise the premise of 12 months of 'low' COVID-19 prevalence, however this may not be the case throughout the year and could therefore have resource implications. A strategic transformation of our operating model is required to make the shift in services that are required to deliver workforce and finance sustainability over the medium term.

- **Corporate risk 1349 – ability to deliver ultrasound services at Withybush Hospital (WGH) (risk score 20)**

The ability to deliver an ultrasound service at WGH has been impacted by reduced workforce capacity due to national shortages of sonographers, retirements, and part-time working arrangements. This has been exacerbated by an increased demand specifically for third trimester scans in line with WG targets in terms of reducing still birth rates, and the loss of a general ultrasound scan room.

Positive progress has been made in terms of appointing locum sonographers, which will support attempts to reduce waiting lists. Waiting lists are also triaged to ensure that urgent cases are prioritised. However, it is noted that approaching the end of financial year 2022/23, pressures on the sonography service are being experienced across our four acute sites as a result of workforce pressures.

- **Corporate risk 1032 – risk of not meeting WG targets for Mental Health and Learning Disabilities (MHLD) clients (risk score 20)**

  This risk reflects the increasing length of time mental health and learning disabilities clients (specifically Autism Spectrum Disorder and psychology services for intervention) are waiting for assessment and diagnosis, and its impact on the health board's ability to meet ministerial targets. This is caused by increasing referral rates, along with recruitment challenges for psychologists. Management of the risk is dependent on successful recruitment to key posts and developing a 'Grow Your Own' scheme for the academic year 2023/24, in terms of a clinical psychologist programme, as well as having access to appropriate clinical venues and other agencies being able to undertake their associated assessments. Trajectories have been developed and agreed in March 2023 for ASD, along with commissioned services, and psychological services also has a trajectory in place for 1% per month. The implementation of the Welsh Patient Administration System in key areas will also improve reporting and waiting list management and enable forward trajectories to be determined.

- **Corporate risk 1352 – risk of business disruption and delays in patient care due to a cyber-attack (risk score 16)**

  There are daily threats to systems which are managed by Digital Health Care Wales and the health board. Cyber-attacks are becoming more prevalent, demonstrated by the attack on the national infrastructure for out of hours with the ADASTRA system in August 2022. Contingency plans mitigated the impacts on the health board, however work to restore the databases supporting the system took a significant period of time to restore.

  Controls to manage the risk include the Cyber Security Assurance Group, who's remit is to provide assurance around cyber security remediation and reduction of cyber security risk, while working towards compliance with the Network and Information Systems Regulation 2018 (NISR). Software is also utilised across the health board to ensure that the threat of a cyber-attack is reduced, and service business continuity plans are also in place.

- **Corporate risk 1340 - risk of avoidable harm for HDdUHB patients requiring NSTEMI (non-ST segment elevation myocardial infarction) pathway care (risk score 16)**

  The risk focusses on the NSTEMI pathway as NICE guidelines for Acute Coronary Syndromes (NG185) recommend 'coronary angiography (with follow-on PCI if indicated) within 72 hours of first admission (presentation) for people with unstable angina or NSTEMI who have an intermediate or higher risk of adverse cardiovascular events' (recommendation 1.1.6). In support of this target, we aim to identify and refer patients to Morriston Cardiac Centre for angiography within 24 hours of admission/presentation.

  Actions to address this risk include introducing a number of system and process solutions to reduce presentation to referral to a median time of 24 hours, which is overseen by the NSTEMI Project Group, and to re-instate the NSTEMI Treat and Repatriation service, which is scheduled to recommence in Spring 2023.

- **Corporate risk 129 – ability to deliver an urgent primary care out of hours (OOH) service for Hywel Dda patients (risk score 16)**

  The OOH service continues to be fragile, particularly at weekends and holiday periods. This is primarily driven by the inability to recruit GPs as a result of an aging workforce, combined with increased demand for face-to-face consultations, exacerbated by increased pressures in primary care which is impacting the ability of GPs to be available for OOH shifts.

  Recruitment is ongoing, and work is being undertaken by the service to develop a streamlined process to onboard GPs from the all-Wales GP hub in order to further alleviate workforce pressures on the service. Work is also continuing in terms of developing a sustainable OOH service aligned to Transforming Clinical Services (TCS) and the Transforming Urgent Emergency Care (TUEC) programme.

- **Corporate risk 813 - failure to fully comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005 (RRO) (risk score 15)**

  There are a number of issues that we are working to address following a number of enforcement notices from the Mid and West Wales Fire and Rescue Service (MWWFRS). Phased fire safety improvement works continue across the health board, with significant investments being made to address the recommendations as raised by MWWFRS Letters of Fire Safety Matters (LOFSM) and Enforcement Notices (ENs) previously issued.

  We continue to address the physical backlog, however despite significant investments already in place, additional funding is required to address fire safety defects at all sites within the health board.

  Actions to manage this risk further include the introduction of alternative ways to improve attendance of fire training of staff across the health board. Fire training information packs have also been developed for agency staff across all four acute

sites. In addition, a new fire safety system has been introduced during 2022/23, which allows the monitoring of actions raised from fire risk assessments.

The heat map below presents the health board's corporate risks (by their internal reference number) in respect of their likelihood and impact as at the end of March 2023:

| HYWEL DDA RISK HEAT MAP | | | | | |
|---|---|---|---|---|---|
| | LIKELIHOOD → | | | | |
| IMPACT ↓ | RARE 1 | UNLIKELY 2 | POSSIBLE 3 | LIKELY 4 | ALMOST CERTAIN 5 |
| CATASTROPHIC 5 | | | 813 | | 1432 1027 |
| MAJOR 4 | | | 1433 1559 1548 1350 684 | 1340 129 1406 1352 | 1032 1349 |
| MODERATE 3 | | | 1335 | 1328 1407 | |
| MINOR 2 | | | | | |
| NEGLIGIBLE 1 | | | | | |

Further information on corporate risks in 2022/23 can be found in our board papers:

Corporate Risk Register Report at September 2022 Board Meeting in Public

Corporate Risk Register Report at January 2023 Board Meeting in Public

## Emergency preparedness/civil contingencies

Hywel Dda University Health Board had emergency plans and business continuity arrangements in place during the financial year 2022/23, in accordance with the statutory duties under the Civil Contingencies Act 2004 and Emergency Planning Guidance issued by WG. An annual Emergency Planning Report, signed by our Chief Executive was submitted to WG in February 2023, detailing compliance together with the latest version of the HDdUHB Major Incident Plan which was ratified by the Board in July 2022.

# The control framework

## Performance management arrangements

Our Improving Together Framework sets out the health board's approach to embedding performance improvement through our governance. The framework is enabled by data at every level to support decision making and to drive service change. Its successful implementation will help us to focus on what is important to the health board and enable us to provide efficient and effective services.

The Improving Together Framework outlines performance improvement arrangements at each level in the organisation, and as such aims to provide a way for teams to come together to undertake the following:

- Set Team Vision: Identify their team's vision and goals and consider how they align to the health boards Strategic Objectives.
- Set Improvement Measures: Set key improvement measures aligned to their vision and utilise data and information to identify opportunities for improvement.
- Improvement meeting or huddle: Provide an opportunity for teams to come together and have regular improvement and problem-solving discussions, utilising a coaching style approach to probe the data, develop solutions, and embed continuous improvement.
- Problem solving: Teams are empowered and have the autonomy to test new improvement ideas and monitor the impact.
- Adopt and share: Learn and share ideas and initiatives.

At the most strategic level, the BAF and Integrated Performance Assurance Report provide Board, Committees and the Executive Team with data and evidence to help us understand whether we are achieving and working towards the ministerial and local priorities. We have worked hard on developing a small set of outcomes aligned to our six strategic objectives which are reported through the BAF. They help us to understand whether we are driving towards our strategic objectives and goals as an organisation.

At the directorate level, we have recently established Directorate Improving Together Sessions. These have been set up to provide dedicated time for teams to meet with their Executive Director and Corporate Executive Directors to:

- Outline the priorities / goals for the year
- Outline current challenges and support required
- Flag highlights or lowlights from the 'Our Performance', 'Our Safety' dashboards and audit and inspection summary reports. These dashboards provide quality, workforce, performance, finance, risk data all in one place. We are working on incorporating and signposting to activity data to help support operational planning.

The ambition is that the Directorate Improving Together Sessions will ensure that we are aligning support to key priorities within the health board with the ultimate aim of improving outcomes for our patients, staff, visitors, and those living within Hywel Dda.

The Improving Together approach was agreed with the Executive Team in December 2022. It has recently been approved by SDODC in February 2023 and was progressed to Board for final ratification in March 2023.

## Quality governance arrangements

Providing high quality care is an inherently complex and fragile process, which needs to be underpinned by robust quality governance arrangements. A key purpose of these 'quality governance' arrangements is to monitor and where necessary improve standards of care.

Quality governance is led by the Executive Director of Nursing, Quality and Patient Experience. Our Quality, Safety and Experience Committee (QSEC) provides timely evidence-based advice to the board to assist it in discharging its functions and meeting its responsibilities with regards to quality and safety as well as providing assurance in relation to improving the experience of all those that come into contact with our services. Reports presented to QSEC in 2022/23 are listed in Appendix 2 with papers available on our website Quality, Safety and Experience Committee Meetings.

QSEC receive a regular assurance report which provides an overview of quality and safety across the health board. The health board uses a number of assurance processes and quality improvement strategies to ensure high quality care is delivered to patients. The report provides information on improvement work linked to themes within patient safety incident reporting, externally reported patient safety incidents, mortality reviews, and external inspections, for example Healthcare Inspectorate Wales (HIW).

QSEC is supported by two sub-committees. Our Operational Quality, Safety and Experience Sub-Committee, which is responsible for monitoring the acute, mental health and learning disabilities services, primary and community services quality and safety governance arrangements at an operational level. The Listening and Learning Sub-Committee provides clinical teams across the health board with a forum to share and scrutinise learning from concerns, and to share innovation and good practice. The learning may arise from a complaint, an incident, a claim, a patient story or experience feedback, external inspection, and peer reviews.

The Director of Nursing, Quality and Patient Experience, the Medical Director and the director of Therapies and Health Sciences hold weekly Quality and Safety Intelligence (Hot and Happening) meetings which consider significant issues which have arisen or that have the potential to impact on patient safety and identify any areas where immediate attention is required to protect safety of patients and staff. The clinical executive directors also continue to hold quality panels when required. Quality panels are the opportunity for

the directors, directorate triumvirate teams and service management teams to explore quality governance issues. In 2022/23, the following Quality Panels have been held:

- Mortality Reviews
- Unscheduled Care (Bronglais Hospital)
- Women and Children
- Nosocomial COVID-19 – update on the progress of the health board reviews
- Primary Care and Estates
- Patient Safety Solutions (open)
- Emergency Admissions
- Sepsis
- Hospital acquired thrombosis

During 2022/23, NWSSP (NHS Wales Shared Services Partnership) Internal Audit reviewed our Quality and Safety Governance arrangements and found that sufficient arrangements were in place which allow for effective assurance reporting of quality and safety issues to the health board, ensuring issues identified at directorate level are escalated where necessary. Whilst NWSSP did not identify any significant issues that had not been escalated, the level of detail contained in QSEC minutes at directorate level varied and they therefore recommended that there was an opportunity to improve the quality of meeting minutes to better evidence discussion of key quality and safety areas. NWSSP Internal Audit concluded 'reasonable' assurance for this objective. We are committed to addressing these findings. An executive-led review of operational risk registers has been undertaken, and further reviews have been scheduled in 2022. A review of operational capacity has also commenced.

## Safety Dashboard

Our safety dashboard has been developed over 2022/23 to help identify potential patient safety issues. Operational leaders and managers will use it to identify safety hot spots needing further investigation/action, triangulate data at an operational level, facilitate further discussion or escalation, support deep dives, benchmark against our services to help identify outliers and inform report and papers. The dashboard has been used to inform discussions at our QSEC meetings, Executive Team meetings and Improving Together sessions.

## Quality Management System (QMS) Strategic Framework

We have developed a QMS Strategic Framework – the overarching formalised system that will achieve continuous improvement across the organisation. The QMS will be delivered through 'Improving Together' which is used as the vehicle to align the team vision to our strategic objectives, and to empower teams to improve quality and performance across the organisation by setting key improvement measures aligned to their team vision. Visualisation of key data sets including improvement measures and regular team huddles help drive decision-making. The approach embraces coaching discussions and supports staff to develop solutions, embedding the principles of

continuous improvement. The framework offers a common approach to how we can adapt, adopt, and spread good practice in a systematic way.

## Healthcare Inspectorate Wales (HIW)

The board is provided with independent and objective assurance on the quality, safety, and effectiveness of the services it delivers through reviews undertaken by and reported on by HIW. The outcomes of any such reviews and any emanating improvement plans are discussed with any lessons learnt shared throughout the health board.

During 2022/23, HIW published 10 pieces of assurance and inspection work in Hywel Dda. The work involved a variety of off-site checks and on-site work. There was one ionising radiation inspection, three reviews in an acute hospital setting, one review in a mental health and learning disability service, five reviews in a primary care setting.

## Clinical audit

The Clinical Audit Programme in 2022/23 was a smaller programme than usual reflecting the impact of the pandemic, staff shortages and ongoing clinical concerns on clinical audit activity. The completion and progress rates for projects on the programme is very good however and a smaller, higher quality programme is ultimately more desirable. There has also been an increase in audits related to other Quality Improvement work, demonstrating how the QI and Clinical Audit Teams are collaborating on more work streams. A large number of non-programme audits have also been undertaken in addition on a wide variety of topics.

The vast majority of National Clinical Audits and Outcome Reviews are in progress in the health board, with any areas of concern being investigated and supported by the Clinical Audit Scrutiny Panel as well as the new Clinical Director for Clinical Audit appointed in November 2022. A number of improvements into how the projects are run are underway.

The Clinical Audit Department is now using new software to manage clinical audits. It is hoped that this system will be fully live in 2023/24. The system is currently being piloted across a number of specialties and professions and a number of training sessions have been provided. The new system makes clinical audit more accessible and transparent with a clear focus on driving outputs and improvements. Initial tests have been very well received.

The Clinical Audit Department has continued with the programme for Whole Hospital Audit Meetings which includes two whole health board meetings annually. These are now chaired by the Clinical Director for Clinical Audit and focus primarily on the mandatory national audits outlined by WG as well as appropriate local projects that have a wide-reaching impact.

## Mortality reviews

Mortality Reviewing is well established across the health board, with a multidisciplinary mortality review panel meeting fortnightly, in alignment with the All-Wales Learning from Mortality Review Framework, to review cases that have been referred back to the health board with issues identified following Medical Examiner Service scrutiny. Just under 30% of cases are referred back for consideration, and the panel reviews and determines when a further proportionate investigation is required, in accordance with the national framework. Learning from individual cases is also shared directly with the relevant sites.

There are processes in place to capture themes emerging from the Medical Examiner Service referrals, and any thematic learning being generated from proportionate investigations requested by the Mortality Review Panel. Thematic reporting will be introduced once all deaths are being scrutinised. This will include mechanisms to ensure triangulation with other health board data pertinent to mortality. The Medical Examiner Service is operational on all acute sites across the health board, with 100% of deaths in Withybush, Bronglais and Prince Philip Hospitals, and over 60% of Glangwili Hospital deaths now being sent to the Medical Examiner Service for independent scrutiny (rising to 100% by the end of May 2023). Work is ongoing alongside the Medical Examiner Service to establish processes to include all community and primary care deaths by the end of August 2023, in line with the statutory introduction of the Medical Examiner Service from April 2023. This includes identifying the resource requirements to ensure future sustainability of mortality reviewing processes.

## Information Governance (IG) arrangements

We have well established arrangements through an information governance framework to ensure that information is managed in line with relevant information governance law, regulations, and Information Commissioner's Office (ICO) guidance. The framework includes the following:

- An Information Governance Sub Committee (IGSC), whose role it is to support and drive the information governance (IG) agenda and provide the health board with the assurance that effective IG best practice procedures are in place within the organisation;
- A Caldicott Guardian who is the responsible person for protecting the confidentiality of patient and service-user information and enabling appropriate information sharing;
- A Senior Information Risk Owner (SIRO) is responsible for setting up an accountability framework within the organisation to achieve a consistent and comprehensive approach to information risk assessment;
- A Data Protection Officer (DPO) whose role it is to ensure the health board is compliant with data protection legislation; and

- Information Asset Owners (IAOs) are in place for all service areas and information assets held by the health board. they have been assisting IG Team in programme of compiling a full asset register for the health board, where all Information Asset Registers have been now drafted.

We have responsibilities in relation to freedom of information, data protection, subject access requests and the appropriate processing and sharing of personal identifiable information. Assurances that the organisation has compliant IG practices are evidenced by:

- Quarterly reports to the IGSC, including key performance indicators;
- A detailed operational IG Compliance work plan, taken to IGSC bi-monthly, detailing progress made against actions required to ensure compliance with data protection legislation;
- A suite of IG and information security policies, procedures, and guidance documents;
- IG Intranet pages for the health board's employees with guidance and awareness;
- A comprehensive bi-annual mandatory IG training programme for all staff, including proactive targeting of any staff non-compliant with their IG training;
- A robust management of all reported Personal Data breaches, including proactive reporting to the ICO;
- Regular monitoring of the health board's systems for inappropriate accesses to patients' personal data through the National Intelligent Integrated Audit Solution (NIIAS) platform;
- An Information Asset Register (IAR) used to manage information across the health board; and
- All IG issues have been escalated through Sustainable Resources Committee. The Committee papers can be viewed here: Sustainable Resources Committee.

The NIIAS that audits staff access to patient records has been fully implemented within the organisation, with an associated training programme for staff, and procedures for managing any inappropriate access to records. In addition to the above training, there are regular staff communications, group training sessions, as well as IG 'drop in' sessions held across the health board. Posters, leaflets, staff briefings have all been used to disseminate information to staff around the importance of confidentiality, appropriate access to patient records and ensuring information is shared in an appropriate way.

We have undertaken a full review of our position against the Welsh Information Governance Toolkit and Caldicott Principles into Practice Assessment (CPIP). Both assessments demonstrate a good level of assurance of information governance risks.

Staff training numbers have steadily increased with the compliance at the end of March 2023 at 80.15%, an increase from 77.94% over the past 12 months.

We continue to reinforce awareness of key principles of Data Protection legislation. This includes the overarching principle that users must only handle data in accordance with people's data protection rights.

## Code of Corporate Governance

Whilst there is no requirement to comply with all elements of the Corporate Governance Code for Central Government Departments, an assessment was undertaken in March 2023 against the main principles as they relate to an NHS public sector organisation in Wales. This assessment was informed by the AW Structured Assessment 2022. We are satisfied that we are complying with the main principles of and are conducting our business in an open and transparent manner in line with the code. There were no reported/identified departures from the Corporate Governance Code during the year.

## Fire safety

The health board closed two Enforcement Notices issued by Mid and West Wales Fire and Rescue Service (MWWFRS) and continues to address the four outstanding Enforcement Notices. One additional Enforcement Notice has had all works completed, with the MWWFRS invited to inspect the completed work. Extensive fire safety improvement works are being undertaken at Withybush Hospital, Glangwili Hospital and at Bronglais Hospital from WG agreed funding, with regular progress updates reported to the HSC, which provides assurance to the board on the work undertaken towards improving compliance.

## Bluestone governance review

During 2022/23, the health board at the request of ARAC commissioned an independent review into the governance and decision-making process which led to the Board being advised that Bluestone National Park was the only option in Pembrokeshire to site a COVID-19 field hospital. Whilst the review established that those involved were doing their best in very difficult and pressurised circumstances, the governance and decision-making process were not as clear or robust as it appeared to be with the other field hospitals in the health board, and a number of areas of learning and recommendations were provided to the health board, which we are currently implementing.

## Planning arrangements

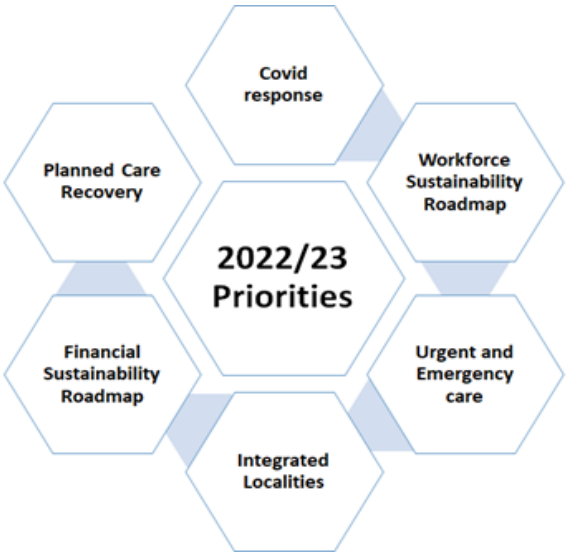
The health board has a clear strategic direction and work continued through the pandemic to realise these ambitions. The Programme Business Case for 'A Healthier Mid and West Wales' submitted to WG on 1 February 2022 set out the investment and infrastructure requirements to secure World class and sustainable health services for the long-term. Our strategy, built on the principles of care closer to home and a shift to primary and preventative care, includes a set of design assumptions which articulate how services will improve to realise this vision. The pandemic has not only sharpened our focus on these but in some areas has accelerated our delivery (new outpatient models for example).

During the pandemic, the health board also agreed six strategic objectives and a wide-ranging set of planning objectives which provide the route map to reaching these goals. This was supported by our BAF (see Board Assurance Framework (BAF) section) and refreshed governance arrangements. On the back of responding to the pandemic, the health board has renewed confidence that it is on the path towards this strategic vision and has the key ingredients in place to deliver it.

That said, we were not in a position to submit an IMTP to WG for 2022-2025 because we believed we needed to transition from a COVID response phase and unwind many of our COVID measures before we could be certain that we could return to near-normal operations and of the implications of this. Also, we needed to develop a clear road map to demonstrate a trajectory towards financial sustainability which can be endorsed and ratified by WG.

Whilst it was disappointing that we were not able to submit an approvable IMTP for 2022/25, as we originally intended, our three-year plan reflected a growing organisational maturity where we recognised the progress we had made and at the same time had a sound understanding of the areas where our plans required strengthening.

The focus of our plan was built around our six key priorities for 2022/23, these priorities were reflective of the challenges facing the health board over the short, medium, and long term. These included a number of priorities such as an on-going COVID response, planned care recovery, underpinned with longer-term developments, such as, a roadmap for both workforce and financial sustainability (This will be presented to Board in September 2023).




The updated plan was submitted in draft form to WG on 8 July 2022, noting that this was subject to consideration at the Public Board meeting on 28 July 2022. However, WG wrote to the health board on 12 July and 20 July advising that the financial position laid out in the plan, a deficit of £62m, was unacceptable.

Notwithstanding the above, at the Public Board meeting on 28 July 2022, a series of steps were laid out by the health board's Chief Executive, to bring back to the board meeting in September 2022, a number of actions. The agreed actions were presented at September board meeting; however, these were in part superseded by the health board being placed into 'Targeted Intervention' (see Escalation and intervention arrangements section).

In respect of 2023/24, despite progress made ahead the 2023/26 IMTP planning process. It was with regret, that the health board was not able to submit an IMTP. There were a

number of pertinent and unavoidable issues (many of which are set out above). The health board is fully congruent and acquainted with the fundamental challenges we need to address in the short, medium, and long term. Consequently, this is the premise of the 2023/24 Annual Plan, namely one of stabilisation, with the foundations set out in 2022/23 providing the catalyst and anchoring point to continue to build on many of our successes. Equally, where improvements are required, understanding the baseline and platform of the previous year allows us to identify the cause and effect and take the appropriate actions to remedy the issue(s).

It is within this context that our Annual Plan for 2023/24 has been developed. Our financial challenges are such that we have again been unable to produce an IMTP which balances over a three-year period, and therefore we are in breach of our statutory responsibility as an organisation. This is not a position we want to be in. Our plan therefore has two primary aims. First, it sets out what we are able to achieve in response to the above issues over the next 12 months, with a particular focus on the Ministerial Priorities. Secondly, it lays the foundations for us to chart a course to a more sustainable position, including an ambition to return to financial balance, aligned to our strategy 'A Healthier Mid and West Wales'.

As a result, the development of our plan for 2023/24 has been based upon the following principles:

- The health board will be submitting an annual plan
- The core philosophy of the plan is one of stabilisation and laying the foundations for a medium-term recovery plan, aligned to our strategy
- The majority of plans are based upon existing resources (workforce and funding), with the nursing workforce stabilisation plan the main exception to this
- The plan and organisational priorities are focused on delivery of the Ministerial Priorities
- The plan is a continuation of the organisation's journey to date, consistent with the strategy and building on the methodology of strategic objectives, planning objectives and our Board Assurance Framework
- A more focused plan, so fewer planning objectives, and more ambitious

The basis of Year 1 Stabilisation is the Ministerial Priorities and our priority planning objectives. Examples of this approach include the work on transforming urgent and emergency care; our planned care, diagnostic and cancer recovery; ensuring appropriate primary and community care access; alongside key enablers, such as our workforce stabilisation plan, our roadmap to financial sustainability, digital transformation, and our continued work towards our strategy 'A Healthier Mid and West Wales'.

Following feedback from WG that our plan was not supported or accepted, WG have requested that further work is required on setting out an improvement in the position on delivery of all Ministerial priorities, and an improvement in our financial assessment by 31 May. This will require both strengthening existing plans, and consideration of options and choices to deliver further improvement.

# Disclosure statements

## Equality, diversity, and inclusion

We are committed to putting people at the centre of everything we do. Our vision is to create an accessible and inclusive organisational culture and environment for everyone. This includes staff, those who receive care (including their families and carers), as well as partners who work with us - whether this is statutory organisations, third sector partners or communities. This means thinking about people as individuals and taking a person-centred approach, so that everyone is treated fairly, with integrity, dignity, and respect, whatever their background and beliefs.

Control measures are in place to ensure that our obligations under equality and human rights legislation are complied with:

- The board approved a revised Strategic Equality Plan and objectives for the period 2020-24. COVID-19 exacerbated inequalities for those with protected characteristics and communities that are socio economically deprived so, in response we reviewed our plans outlining how we were going to meet those objectives and one key action was the establishment of a Black, Asian and Minority Ethnic Advisory Board.
- The requirements of the Socio-economic Duty which became law in 2021 were embedded into our strategic decision-making process.
- The Equality Impact Assessment (EqIA) process was reviewed, to incorporate the Socio-economic duty, and an EqIA training programme is available for all staff.
- Equality and Human Rights training is mandatory for all staff as part of the corporate induction.
- A Strategic Equality Plan Annual Report is published annually, alongside a Workforce Equality Report and Pay Gap Reports focusing on gender, ethnicity, and disability.

### Equality objectives

The work to progress the equality agenda is inter-linked with our work around the Well-being of Future Generations (Wales) Act 2015 (WFGA) and the Social Services and Well-being (Wales) Act 2014. For more information on the Strategic Equality Plan and objectives and progress outlined in the annual reports, visit https://hduhb.nhs.wales/about-us/governance-arrangements/equality-diversity-and-inclusion/equality-diversity-and-inclusion-documents/.

Examples of key highlights for 2022/23 include:

- A well-established Menopause Café for staff which has seen additional sessions provided by specialists on Menopause Yoga, Diet and the Menopause and a Q&A session with our Specialist Menopause Consultant. The menopause team also provided an information session targeted at our male staff to educate them about the menopause and how they can offer support to those around them

- New staff network for staff with a disability recognising staff with physical and neurodiversity needs.
- Our ENFYS LGBTQ+ Staff Network has been revived following the pandemic and network members have represented the health board at several Pride events across South and West Wales. Network members have been joined by staff from sexual health, smoking cessation, immunisations and vaccinations and workforce and organisational development at these events to engage with the public, offer advice on our healthcare services and promote recruitment opportunities.
- The Black, Asian and Minority Ethnic Staff Network continues to grow in popularity and is meeting regularly to discuss issues in the workplace. The network reports activity to the health board's Black, Asian and Minority Ethnic Advisory Group and network members are working with the Workforce Experience and Culture team to develop an action plan as part of a Bullying and Harassment Task and Finish Group. Social events have also been arranged for the network members, aimed particularly at new overseas staff who are looking to settle into the area after joining the health board. In addition to informal events, a buddying network is also in place to support this programme and has proved invaluable to those new staff joining the health board. A successful Diwali event was held in October 2022 and network members took part in a multi-faith Christmas Service in December.
- Our community team originally set to work with communities who were reluctant to take up COVID vaccines have expanded into other areas of health behaviours and focussing on reducing health inequalities in a number of areas.
- 85 equality, diversity, and inclusion (EDI) training sessions have been offered to staff throughout 2022/23 on a range of topics. These have taken the form of formal training delivered by external training providers, webinars, and in-house training by health board staff. The Diversity and Inclusion team have been working with the Learning and Development team to develop EDI training modules for Managers which will be rolled out in 2023 as part of the new LEAP programme. The aim of these modules will be to equip staff in leadership roles with the skills and knowledge to implement best practice and demonstrate respectful and non-discriminative values.
- Plans are underway to review our Strategic Equality Plan and Objectives for 2024-2028. This work is being undertaken in partnership with the Local Authorities, Dyfed Powys Police, Mid and West Wales Fire and Rescue, Local Universities and National Parks, to develop a new set of objectives to promote inclusivity and eliminate discrimination in all areas of its work.
- 101 Equality Impact Assessments have been undertaken during 2022/23. We remain committed to conducting appropriate equality impact assessments, closely linked with our commitment towards continuous engagement.
- The Arts and Health team has uncovered opportunities for the arts to improve people's health and wellbeing across the health board and is in the process of co-creating a vision and plan for arts and health for Hywel Dda and has been engaging with health professionals right across the health board, the arts sector and listening, learning, and trialling activities. A public engagement campaign inviting people to help shape the vision for arts and health at Hywel Dda has also been launched.

## NHS pension scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions, and payments into the scheme are in accordance with the scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the regulations. The health board confirms that it acts strictly in compliance with the regulations and instructions laid down by the NHS Pensions Scheme and that control measures are in place about all employer obligations. This includes the deduction from salary for employees, employer contributions and the payment of monies. Records are accurately updated both by local submission (Pensions On-Line) and from the interface with the Electronic Staff Record (ESR). Any error records reported by the NHS Pension Scheme which arise are dealt with in a timely manner in accordance with Data Cleanse requirements.

## Carbon reduction delivery plans

We have undertaken risk assessments and carbon reduction delivery plans to demonstrate compliance with the requirements of the emergency preparedness and civil contingency elements of the UKCIP (UK climate Impacts Programme) 2009 weather projections to ensure that the organisation's obligation under the climate change Act and the Adaptation Reporting.

From a climate change viewpoint, we recognise the impact of climate change in the work we do around severe weather planning and highlight this within the Dyfed Powys Local Resilience Forum (LRF) Severe Weather Arrangements. These arrangements cover four elements: flooding, severe winter weather, heatwave, and drought. The arrangements cover elements such as risk, alerting mechanisms, multi-agency command and control structures, warning and informing and training/exercising.

## Data security

We have adopted and implemented a robust procedure for managing personal data breaches across the organisation, that ensures incidents are reported in line with statutory requirements and lessons are learnt to improve future practice. We have had contact with the Information Commissioner's Office (ICO) in relation to five incidents during the year (self-reported by the health board). Incidents involved access to medical records by unauthorised individuals, and records storage being compromised.

Two incidents have been closed by the ICO with no further action required and three incidents are still being investigated by the ICO.

Additionally, the Cyber Security team continues to provide security architecture advice, ensuring designs follow security best practice and follow the requirements of the Network and Information Systems Regulations (NISR). The Cyber Security team has also made progress with the tools and capabilities available to Hywel Dda. NISR is designed to

protect critical national infrastructure against cyber-attacks. This regulation applies to all parts of the UK and EU and came into force in May 2018, alongside the GDPR/Data Protection Act. As part of NHS Wales, the health board is an Operator of Essential Services and has a legal obligation to comply with NISR.

## Quality of data

We make every attempt to ensure the quality and robustness of our data and have regular checks in place to assure the accuracy of information relied upon. However, the multiplicity of systems and data inputters across the organisation means that there is always the potential for variations in quality, and therefore always scope for improvement. We have an ongoing data quality improvement plan which routinely assesses the quality of our data across key clinical systems.

Good quality clinically coded data plays a fundamental role in the management of hospitals and services. Coded data underpins much of the day-to-day management information used within the NHS and is used to support healthcare planning, resource allocation, cost analysis, assessments of treatment effectiveness and can be an invaluable starting point for many clinical audits. The Clinical Coding Development Plan has taken root and we are now regularly achieving 95% completion within one month of discharge.

Work continues to be undertaken to drive towards reducing the reliance on physical case notes and pushing the use of electronic documentation in line with the development of the Clinical Record Keeping Policy. This will further support the improvement of the clinical coding data and its uses.

## Ministerial Directions

The WG has issued a number of Non-Statutory Instruments during 2022/23. Details of these and a record of any Ministerial Direction given is available on the following link: https://gov.wales/publications.

A schedule of the directions, outlining the actions required and our response to implementing these was presented to the ARAC as an integral element of the suite of documents evidencing governance of the organisation for the year. From this work it was evidenced that we were not impeded by any significant issues in implementing the actions required as has been the situation in previous years. All directions issued have been fully considered by the Sustainable Resources Committee, on behalf of the board, and where appropriate, implemented (See Appendix 3).

In accordance with a Ministerial Direction issued on 18 December 2019, WG has taken action to support circumstances where pensions tax rules are impacting upon clinical staff who want to work additional hours, and have determined that clinical staff who are members of the NHS Pension Scheme and who, as a result of work undertaken in the 2019/20 tax year, face a tax charge on the growth of their NHS pension benefits, may opt

to have this charge paid by the NHS Pension Scheme, with their pension reduced on retirement.

The WG, on behalf of the health board, will pay the members who opt for reimbursement of their pension, a corresponding amount on retirement, ensuring that they are fully compensated for the effect of the deduction.

A Scheme Pays provision of £604k has been included in the 2022/23 Annual Accounts.

## Welsh Health Circulars (WHCs)

Welsh Health Circulars (WHCs) are published by the WG to provide a streamlined, transparent, and traceable method of communication between NHS Wales and NHS organisations. WHCs relate to different areas such as policy, performance and delivery, planning, legislation, workforce, finance, quality and safety, governance, information technology, science, research, public health, and letters to health professionals. Details of WHCs is available on the following link: Health circulars | GOV.WALES

Following receipt, these are assigned to a lead director who is responsible for the implementation of required actions. The board has designated oversight of this process to board level committees, with an end-of-year report provided to the ARAC which can be found here.

## Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. The review of the system of internal control is informed by the work of the Internal Auditors, and the Executive Officers within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports.

The board and committees rely on a number of sources of internal and external assurances which demonstrate the effectiveness of the health board's system of internal control and advise where there are areas of improvement. These include:

- Feedback from WG and the specific statements issued by the Minister for Health and Social Services;
- Local Counter-Fraud and Post Payment Verification Activity;
- Inspections by Healthcare Inspectorate Wales;
- Delivery of audit plans and reports by external and internal auditors;
- Feedback from statutory Commissioners;
- Feedback from staff, patients, service users and members of the public
- Patient Safety Walkabouts;
- Engagement visits by Independent Members;
- Assurance provided by ARAC and other committees of the board;
- AW Structured Assessment.

## Internal Audit (IA)

IA provide me as Accountable Officer and the board through the Audit Committee with a flow of assurance on the system of internal control. I have commissioned a programme of audit work which has been delivered in accordance with public sector internal audit standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the Audit Committee and is focussed on significant risk areas and local improvement priorities.

The overall opinion by the Head of Internal Audit on governance, risk management and control, is a function of this risk-based audit programme and contributes to the picture of assurance available to the board in reviewing effectiveness and supporting our drive for continuous improvement.

The internal audit plan has needed to be agile and responsive to ensure that key developing risks are covered. As a result of this approach and with the support of officers and Independent Members across the health board, the plan has been delivered substantially in accordance with the agreed schedule and changes required during the year. The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period to provide the Head of Internal Audit Annual Opinion. In forming the opinion, the Head of Internal Audit has considered the impact of the audits that have not been fully completed.

Throughout 2022/23, the Head of Internal Audit has met weekly with the Director of Corporate Governance/Board Secretary and when required, the Director of Finance to discuss and consider any changes to the Internal Audit plan, either to accommodate fluctuations in operational demand or changing priorities.

## Head of Internal Audit Opinion

Although changes have been made to the plan during the year, sufficient audit work has been undertaken during the year to be able to provide an overall opinion in line with the requirements of the Public Sector Internal Audit Standards.

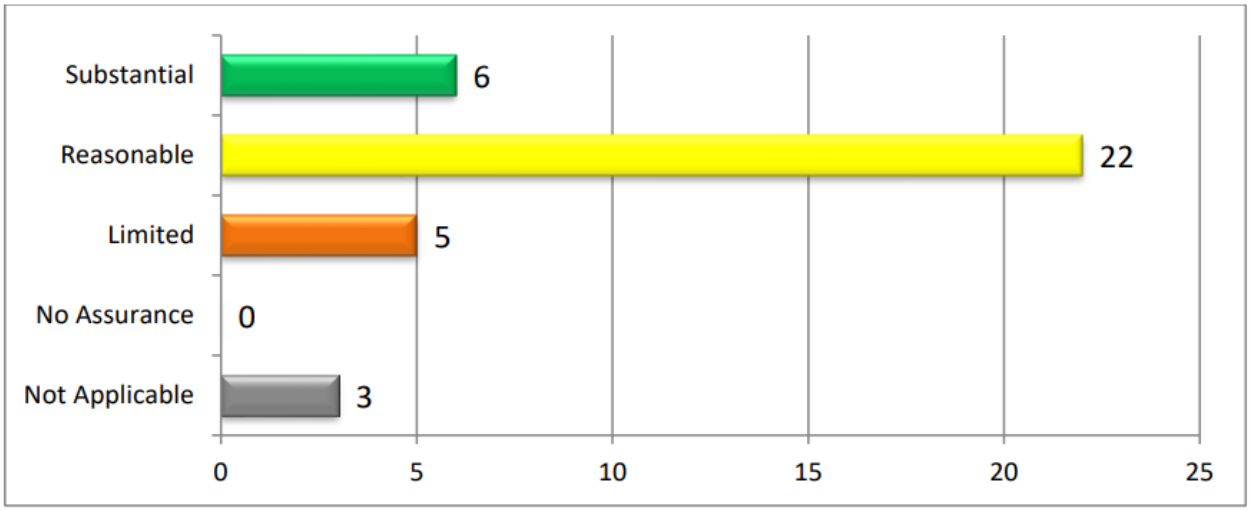
The Head of Internal Audit has concluded for 2022/23:

| | | |
|---|---|---|
| **Reasonable assurance** | | The board can take **Reasonable Assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved. |

The audit coverage in the plan agreed with management has been deliberately focused on key strategic and operational risk areas; the outcome of these audit reviews may therefore highlight control weaknesses that impact on the overall assurance opinion.

During 2022/23, the health board has received positive audit opinions in a number of governance-related audits, including reviews on its Public Inquiry Preparedness (Substantial), Quality and Safety Governance Framework (Reasonable), Financial Management (Reasonable), Strategic Transformation Programme Governance (Limited), Fire Governance (Substantial), Regional Integrated Fund (Reasonable), Safety Indicators (Reasonable), and Patient Experience (Reasonable). In addition to this, two Directorate Reviews were undertaken in Glangwili Hospital and Withybush Hospital which all provided Reasonable Assurance.

This opinion is based on the following opinions issued during the year:




Overall, IA have provided the following assurances to the Board that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively in the areas in the table below.

Summary of Audits 2022/23:

| Substantial Assurance | Reasonable Assurance |
|---|---|
| • **Public Inquiry Preparedness**<br>• **Cyber**<br>• **Fire Governance**<br>• **Blackline Financial System**<br>• **IT WPAS (Welsh Patient Administration System) Follow up**<br>• **Tritech Governance follow up** | • **Quality & Safety Governance**<br>• **Service Reset & Recovery**<br>• **Continuing Health Care**<br>• **Directorate Governance Withybush**<br>• **Directorate Governance Glangwili**<br>• **Individual Patient Funding Requests**<br>• **Safety Indicators**<br>• **Patient Experience**<br>• **Falls Prevention & Management** |

| | |
|---|---|
| | • IT Infrastructure<br>• Regional Integration Fund<br>• Glangwili Hospital Women & Children Development<br>• Glangwili Fire Precautions Phase 1<br>• Withybush Hospital Fire Precautions: Phase 1<br>• Welsh Language Follow up<br>• Non-Clinical Temporary Staffing Follow up<br>• Prevention of Self Harm Follow up<br>• Overpayment of Salary Follow up<br>• Withybush Fire Enforcement Works Phase 1 –<br>• Lessons Learned initial draft<br>• Financial Management<br>• Agency & Rostering |
| **Limited Assurance** | **Advisory/Non-Opinion** |
| • Overpayment of Salary<br>• Job Planning<br>• Records Digitisation<br>• Theatre Loan Trays<br>• Strategic Transformation Programme Governance | • Fitness for Digital<br>• Decarbonisation<br>• A Healthier Mid & West Wales Programme Forward Look Governance |
| **No Assurance** | |
| **N/A** | |

Whilst there were no audited areas that resulted in 'no assurance' the following audit reports were issued with a conclusion of limited assurance:

- **Overpayment of Salary**

  This review assessed the adequacy of internal controls and process to identify and ascertain the reason for overpayments and the actions taken to reduce the risk of overpayments. Key matters arising included the requirement for the revised policy on underpayment and overpayment of salaries to be formally communicated to line managers, overpayments were not being analysed to identify themes and trends not investigated to establish and address root causes, the decline in the use of ESR Manager Self Service which enables timely and efficient processing of changes to payroll data, and the lack of monitoring and reporting of overpayments at an appropriate Workforce and OD forum.

  The follow up, which resulted in 'reasonable assurance' and recognised that considerable progress has been made in addressing the four matters arising from the previous internal audit, with three confirmed as implemented.

- **Job Planning**

This review highlighted two high priority matters relating to the lack of service outcomes on job plans, and the inaccurate reconciliation of session figures between the job plans and ESR. An additional medium priority matter was also raised in relation to compliance with job plans. This review will be followed up in 2023/24 to ensure all matters have been addressed.

- **Records digitalisation**

This review considered the progress made, and governance arrangements in place for the Records Digitisation Project. The significant matters identified in the report related to developing programme governance and defining and establishing a benefits realisation process. Further matters arising concerning areas for refinement and further development included cost benefit analysis and user acceptance testing. This review will be followed up in 2023/24 to ensure all matters have been addressed.

- **Theatre Loan Trays**

This review considered the arrangements and processes in place for the decontamination of theatre trays loaned to and reprocessed for private healthcare providers' use, and the issue of single use consumables for use within private facilities. Six significant matters were raised which included unused theatre trays returned by the private healthcare facility not decontaminated, no central record of trays issued to the private facility, no visibility of patient traceability records for procedures using loaned trays at the private facility, loss of income from the private facility only charged for trays actually used instead of all trays loaned, consumables such as implants and prostheses are not controlled, and are loaned to the private facility under an informal arrangement in exchange for like-for-like replacements rather than payment. Four medium and one low priority matters arising were also identified as part of the review. This review will be followed up in 2023/24 to ensure all matters have been addressed.

- **Strategic Transformation Programme Governance**

This was a high-level review of the governance arrangements in place to ensure that identified schemes are achievable and managed as formal strategic change programmes with appropriate assurance reporting mechanisms in place. There were two significant matters raised in the review which include a lack of evidence to demonstrate that strategic programmes of change have been subject to appropriate scrutiny and approval prior to recognition as formal programmes, with some programmes more aptly considered as operational workstreams rather than strategic programmes of change. The other significant matter was related to the lack of evidence to demonstrate formal programme governance arrangements, including the absence of approved programme plans, inconsistent operational resource, and insufficient programme management support. This review will be followed up in 2023/24 to ensure all matters have been addressed.

All limited assurance reports are subject to follow up reviews, and these will form part of the 2023/24 Internal Audit plan, if they have not already been followed up.

Management responses that detail the actions to address gaps in control were included in all final IA reports presented to ARAC. The delivery of these actions is tracked via the health board's audit tracker which is overseen by the ARAC. The minutes and all final IA reports can be found within the ARAC section of the website https://hduhb.nhs.wales/about-us/governance-arrangements/statutory-committees/audit-and-risk-assurance-committee-arac/.

Where audit assignments planned this year did not proceed to full audits following preliminary planning work, these were either removed from the plan, removed from the plan and replaced with another audit, or deferred until a future audit year. The following audits were deferred.

| Review Title | Reason |
|---|---|
| Workforce Strategies | Ongoing work with the health board regarding workforce Site Stabilisation. |
| Discharge Management | Work still ongoing with the health board to address this area along with work being undertaken by other review bodies. |
| Records Management | Some aspects covered in another audit, with a full review in a future year. |
| Accelerated Cluster Development | In order for arrangements to become established with the health board. |
| Public Health | Deferred due to operational service pressures and change in Executive Director |
| Healthier Mid and West Wales Programme | Programme had progressed as per original timeline. A governance forward look is being covered under the major programme review. |
| Transforming Urgent and Emergency Care | Some aspects covered in another audit. Need to include an additional audit at a later stage in the year. |
| Mental Health Commissioning | The review became a review of the governance of wider transformation programmes. |

## Audit Wales (AW) structured assessment

The AW Structured Assessment is a process that looks at whether we have made proper arrangements to secure economy, efficiency, and effectiveness in our use of resources.

The Structured Assessment 2022 focused on our corporate arrangements for ensuring that resources are used efficiently, effectively, and economically. The overall assessment concluded that: '*the health board has good governance arrangements in place at a corporate level, with a clear strategic vision, improving systems of assurance, and a strong focus on staff and patients. But the health board has been unable to produce a WG*

*approvable Integrated Medium-Term Plan and is on track to deliver a significant financial deficit at the end of 2022-23. Further work is needed to streamline the health board's operational structure and performance management arrangements to support delivery*.' The full report can be accessed on the health board website here.

AW noted that *'the health board generally has good governance arrangements in place at a corporate level, supported by a robust Board Assurance Framework and improving sources of assurance. However, further opportunities exist to refine operational structures and performance management arrangements to support the health board address the significant challenges and risks it faces.'* Other key messages in the report relating to governance arrangements included:

- We have robust corporate arrangements to support good governance and enable the board and its committees to conduct business effectively and transparently;
- Our executive team works well, but further work needed and planned to revise operational structures to support the organisation address challenges and risks;
- An effective BAF continues to be in place, and sources of assurance are improving with scope to streamline performance management arrangements at an operational level.

In respect of strategic planning arrangements, AW found that: *'the health board has a clear strategic intent supported by good stakeholder engagement and mechanisms for monitoring delivery, but it is not yet able to translate the longer-term vision into a WG approvable operational plan.'* Key messages in the report include:

- We continue to have a clear vision for the provision of healthcare for West Wales, supported by clear strategic objectives and plans;
- We have been unable to produce a WG approvable IMTP and Annual Plan;
- We have robust arrangements for ensuring plans are aligned, embedding value-based healthcare, and ensuring appropriate stakeholder engagement;
- We have robust processes for monitoring and scrutinising delivery of its strategic and three-year plan. Planned work to refine planning objectives will help to better articulate expected outcomes, although more work is needed to ensure strategies are underpinned by clear and robust implementation plans.

In respect of managing its financial resources, AW found that: *'despite having appropriate financial controls and robust reporting, monitoring and scrutiny mechanisms in place, the health board's ability to stay within budget remains challenging.'* Key messages in the report included:

- We were unable to meet our financial duties for revenue in 2021/22, and will also fail to meet them in 2022/23, with a need to refresh our long-term financial plan, in line with our strategy;

- We have appropriate arrangements for financial management and controls, but ongoing pressures are resulting in overspends;
- We continue to have robust arrangements for monitoring and scrutinising its financial position.

AW noted in terms of managing the workforce, digital resources, the estate, and other physical assets that*: 'the health board has robust arrangements to support staff well-being and manage its estate and physical assets. There are clear strategies for digital and estates, but limited capital funding is a significant challenge.'* Other key messages included:

- We have robust arrangements in place to support and oversee staff well-being;
- We have a clear vision for digital, however the limited availability of funding is significantly impairing delivery;
- We have a clear vision for our estate and have robust arrangements for maintaining oversight and scrutiny, however funding is a significant challenge.

AW reviewed our progress against recommendations made in previous reports and issued six new recommendations in Structured Assessment 2022. These related to the public transparency of Board business, operational structures, operational performance management arrangements, expected outcomes, implementation plans to support strategies and financial sustainability plan. The management response can be accessed in the ARAC papers here.

During 2022/23, AW also undertook a number of national reports on national programmes, including 'Tackling the Planned Care Backlog in Wales', which set out the findings from the Auditor General's review of how NHS Wales is tackling the backlog of patients waiting for treatment, and responding to the challenges facing planned care, with a focus on referral to treatment (RTT) targets as set by WG. A national report on the Welsh Community Care Information System (WCCIS) was also published, providing detail on the challenges being faced in the roll-out of this system.

## Conclusion

At the time of preparing this Governance Statement, the challenges facing our health and care systems are at historic levels as we and society contend with multiple, simultaneous events impacting on our way of life. The last 12 months has seen significant challenges for us as a health board as we have responded to service pressures in the wake of the pandemic, continued to manage the direct risks of the changing variants and successive waves of COVID, responded to the wider impact the last three years has had on our population, and develop plans which move us towards a more sustainable health system. It has however provided an opportunity to show that we can be flexible, can move quickly to change, and can anticipate and respond to situations as they arise.

This year has seen increasing demand across our urgent care and our planned care systems, increased pressure on primary care services, high walk-in demand at our emergency departments, significant pressures in social care resulting in significant numbers of patients who are medically optimised being unable to be discharged, and higher levels of sickness than normally experienced across our workforce. Alongside these challenges, we have restarted many routine services despite continued constraints on capacity.

As Accountable Officer, based on the review process outlined above, I have reviewed the relevant evidence and assurances in respect of internal control. Notwithstanding our increased escalation status to 'targeted intervention for finance and planning, I have taken into account the evidence detailed in this Statement, from AW via their Structured Assessment and from Internal Audit's assurance assessment, and concluded that overall, the health board's systems of internal control have not been materially affected and am assured that our internal control and governance systems have operated satisfactorily during 2022/23.

Whilst it is disappointing that we have been escalated to 'targeted intervention' for finance and planning, we remained at 'enhanced monitoring for quality issues related to performance resulting in long waiting times and poor patient experience. We continue to work at pace to address the underlying issues and have made a number of improvements in a relatively short space of time (see Escalation and intervention arrangements for further detail on these). We are committed to reducing our status to 'routine monitoring' by addressing this challenge and recognise that there is currently a 'gap' in the organisation's medium-term planning and that while there is a focus upon both its Annual Plan and its Ten-Year plan, further detail is required in terms of the steps to be taken to enable the health board to achieve the goals of its long-term plan, and to be de-escalated to routine monitoring status.

The premise of the 2023/24 Annual Plan, namely one of stabilisation, with the foundations set out in 2022/23 providing the catalyst and anchoring point to continue to build on many of our successes. Following WG feedback that our plan was not supported or accepted, we are undertaking further work to set out an improvement in the position on delivery of all Ministerial priorities, and an improvement in our financial assessment by 31 May 2023.

For a third consecutive year, AW have provided positive feedback on our corporate arrangements for ensuring that resources are used efficiently, effectively, and economically during 2022, notwithstanding the six new recommendations that were issued in relation to the public transparency of Board business, operational structures, operational performance management arrangements, expected outcomes, implementation plans to support strategies and financial sustainability plan.  It was pleasing to note that AW concluded that we have good governance arrangements in place at a corporate level, with a clear strategic vision, improving systems of assurance, and a strong focus on staff and patients, whilst recognising that we were unable to produce a WG approvable Integrated Medium-Term Plan and were on track to deliver a significant financial deficit at

the end of 2022/23. The full report can be accessed on the AW website here. We are however fully cognisant of the need to build on this feedback and streamline our operational structure and strengthen our performance management arrangements through the next year.

AW also reported that the health board continues to face significant financial challenges, it has maintained appropriate financial controls and monitoring, and reporting is robust. Gaining financial sustainability is a key ambition for the health board.

During 2022/23, we have proactively identified areas requiring improvement and requested IA undertake targeted reviews to improve our internal control. As expected, these have identified areas of improvement that will be addressed by management action. IA's focus on our governance arrangements included reviews into our Public Inquiry preparedness, quality and safety governance framework, financial management, fire governance, regional integrated fund, safety indicators, patient experience. and two directorate reviews undertaken in Glangwili hospital and Withybush hospitals, providing the board with assurance in these areas.

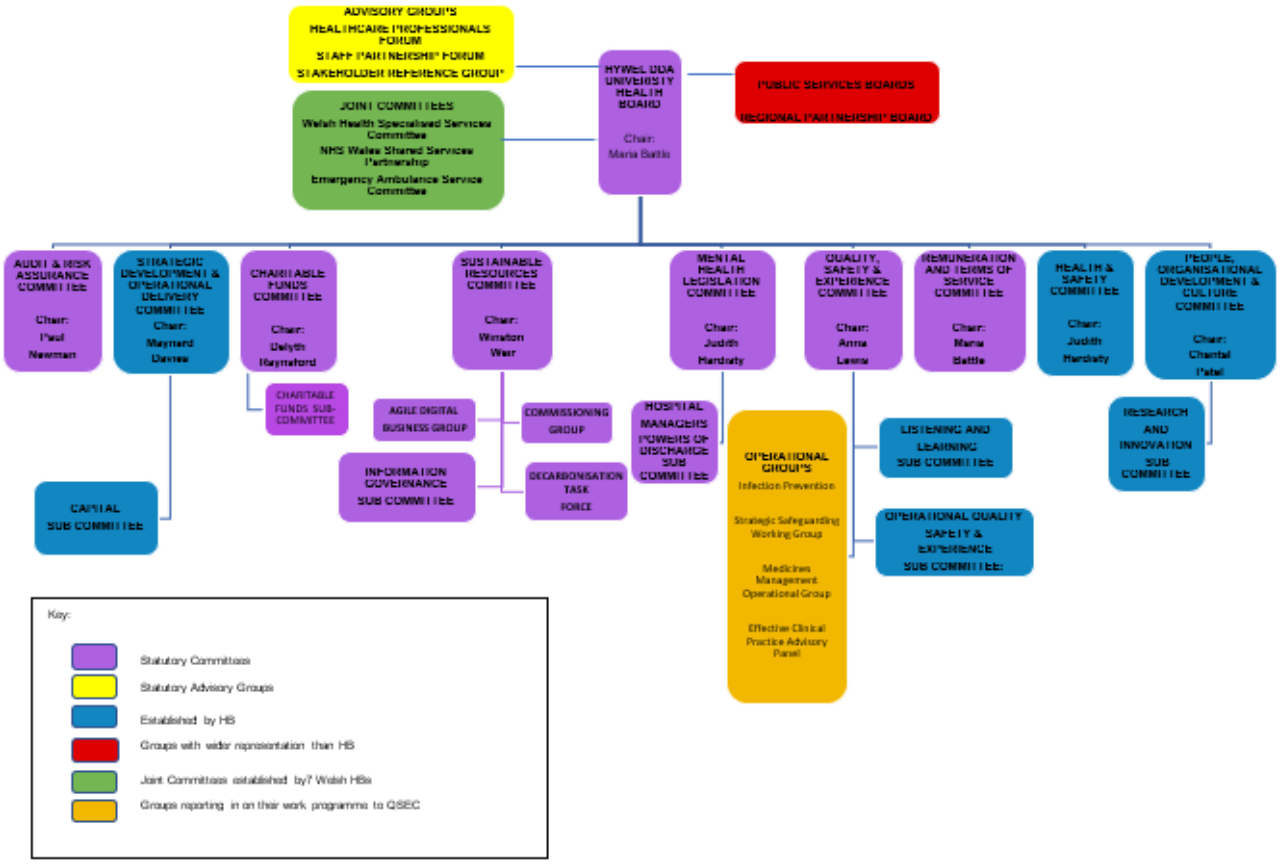
As a board, we have continued to deliver against our strategic objectives and have made substantial developments over the last year. These have included developing a longer-term sustainable model to support a wide range of services, revising A4C Job description and Person Specification templates, expanding staff networks (including the recently launched RespectAbility network, Enfys, BAME, Staff Carers, Armed Forces), introducing Wagestream to enable more flexible and timely access to salaries for staff, increasing research funding, introducing our Science Platform performing advanced analytics, developing local wellbeing plans with regional partners, including Arts and Health, and developing a new Continuous Engagement Plan, finalising our Market Stability Statement, establishing Integrated Locality Planning Groups in all three Counties, using a Social Value Portal to record target and actual improvements in social value in respect of new contract activity and developing a decarbonisation delivery plan.

As indicated throughout this statement and the Annual Report, the response to the COVID-19 pandemic has had a significant impact on the organisation, wider NHS, and society as a whole. We will continue to respond to the varied challenges we face in the wake of the pandemic and the task of recovering and improving the health and health care for our communities across Mid and West Wales, whilst still being flexible enough to deal with the spikes in COVID we will undoubtedly continue to face. I will ensure our Governance Framework continues to consider and respond to this need.

**Signed by:** **Steve Moore** **Date: 27 July 2023**

**Steve Moore,**
**Chief Executive Officer**

# Appendix 1 – Board and Committee structure



# Appendix 2 – A summary of key items considered by committees in 2022/23

## Audit and Risk Assurance Committee (ARAC)

The role of the Audit Committee is to advise and assure the board, and the Accountable Officer, on whether effective arrangements are in place to support them in their decision taking and in discharging their accountabilities in accordance with the standards of good governance determined for the NHS in Wales. Items considered:

- IA Plans were submitted to each meeting providing details relating to outcomes, key findings, and conclusions
- AW reports on current and planned audits
- Internal & External Audit Tracking Reports
- Post Payment Verification Reports
- Counter Fraud Reports
- Annual Accounts, Accountability and Remuneration Reports for 2020/21
- Financial Assurance Reports including single tender actions, special losses, and payments
- Audit, Inspectorate and Regulator Tracker Reports
- Clinical Audit Reports
- Board Committee Assurance Reports
- Declarations of Interest Report
- Capital Governance Arrangements Internal Review

## Charitable Funds Committee (CFC)

The CFC is charged with providing assurance to the Board in its role as corporate trustees of the charitable funds (CF) held and administered by the health board. It makes and monitors arrangements for the control and management of the board's charitable funds within the budget, priorities and spending criteria determined by the board and consistent with the legislative framework. Items considered:

- CF Sub Committee Update Reports
- CF Risk Reports
- Presentations on the impact of recent charitable funds expenditure
- Approval of CF Expenditure and Decisions made through Chair's Action
- Charities Performance Reports
- CF Annual Accounts Reports for 2021/22
- Planning Objective Update Reports
- Investment Advisor Performance Updates (biannual)
- Evaluation Reports of expenditure approved by the CFC

## Health and Safety Committee (HSC)

The HSC provides assurance on the arrangements for ensuring the health, safety, welfare, and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers, contractors etc. It provides advice on compliance with all aspects of health and safety legislation, as well as advises and assures the board on whether effective arrangements are in place to ensure organisational wide compliance of the health board's health and safety policy, approves and monitors delivery against the Health and Safety Priority Improvement Plan and ensures compliance with the relevant Standards for Health Services in Wales. It also provides assurance on the health board's Emergency Management Plan. Items considered:

- Health and Safety Dashboard Performance Report
- Health and Safety Update Reports
- Health and Safety Regulations: Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR) Reports
- Health and Safety Regulations: Estates Low Voltage & High Voltage (LV, HV) Electricity Compliance
- Health and Safety Regulations: Control of Asbestos Regulations 2012 Report
- Health and Safety Regulations: Display Screen Equipment Report
- Health and Safety Regulations: Contractor Control Regulations Reports
- Health and Safety Regulations – Control of Vibration at Work Regulations 2005 Report
- Health and Safety Regulations: Violence and Aggression Report
- Workplace Health and Safety Regulations Deep Dive
- Lifting Operations and Lifting Equipment Regulations (LOLER) - Hoist Compliance Status in Hywel Dda
- Fire Safety Update Reports
- Annual Fire Safety Audit System Report 2021/22
- Prevent and Contest Update Reports
- Bariatric Equipment Update Report
- Major Incident Plan
- Security Review Report
- Health and Safety related policies for approval
- Corporate and Operational Risk Reports
- Planning Objective Update Reports

## Mental Health Legislation Committee (MHLC)

The MHLC assures the board that those functions of the Mental Health Act 1983, as amended, which have been delegated to officers and staff are being carried out correctly; and that the wider operation of the 1983 Act in relation to the health board's area is operating properly, the provisions of the Mental Health (Wales) Measure 2010 are implemented and exercised reasonably, fairly and lawfully, the health board's

responsibilities as hospital managers is being discharged effectively and lawfully, and that the health board is compliant with the Mental Health Act Code of Practice for Wales. The MHLC also advises the board of any areas of concern in relation to compliance with mental health legislation and agrees issues to be escalated to the board with recommendations for action. Items considered:

- Review of the Mental Health Act 1983 – Draft Mental Health Bill
  S-CAMHS Update Report for CYSUR
- Mental Health Act Measure 2010 Quarterly Performance Reports
- Mental Health Act 1983 Quarterly Performance Reports
- Updates from Power of Discharge Sub-Committee
- Updates from the Mental Health Legislation Scrutiny Group
- Mental Health Legislation related policies and procedures for approval
- Risk Report

## People, Organisational Development and Culture Committee (PODCC)

PODCC was established to receive an assurance on all relevant planning objectives falling in the main under Strategic Objective 1 (Putting people at the heart of everything we do), Objective 2 (Working together to be the best we can be), and Objective 3 (Striving to deliver and develop excellent services). The committee has a focus on education and development of staff, recruitment, retention and talent management, becoming an employer of choice, performance and quality management systems, business intelligence capabilities and improvement training, patient experience, engagement and empowerment, workforce related policies, diversity and inclusion, carers support, regulatory and professional bodies compliance, arrangements to support ongoing transformation and board assurance framework development and research, development and innovation planning/deliver. Items considered:

- Staff Stories relating to feedback following long term sickness, organisational development, and life-long learning fund
- Staff Experience: Transforming Staff Feedback into Positive Change Progress Report
- Staff Wellbeing Plan
- Staff Value and Appreciation Report
- Performance, Appraisal & Development Review (PADR) and Mandatory Performance Reports
- Workforce Plan incorporating Health Education & Improvement Wales (HEIW)
- Workforce Efficiency Report
- Workforce Planning Model for Health Visitors
- Research & Innovation Sub Committee Update Reports
- Research & Innovation Sub Committee Annual Report 2021/22
- Tritech Business Plan

- Outcome of Advisory Appointments Committee Reports
- Integrated Education Plan
- Medical Staff Recruitment Final Audit Report
- Job Planning Report
- Strategic People Planning and Education Group (SPPEG)
- Anti-Racist Wales Action Plan
- BAME Advisory Group Terms of Reference
- BAME Advisory Group - Bullying and Harassment Report/Action Plan
- BAME Bullying and Harassment Task and Finish Group Update
- Strategic Equality Plan Annual Report
- Stonewall Assessment Update Report
- Cultural Progress Update Reports
- Annual Equality Report and Pay Gap Reports
- Welsh Language Strategy
- Welsh Language and Culture Discovery Report – Remit
- Welsh Language Annual Report 2021/22
- Welsh Language and Culture Discovery Report (Draft)
- Bilingual Skills Policy Compliance Report
- Primary and Community Workforce & OD Planning update
- Structured Assessment 2022: Phase 2 – Corporate Governance and Financial Management Arrangements - Engagement Plan
- Hywel Dda Health Hub - Single Point of Contact
- Carers Update Report
- Succession Planning and Development Update
- Contractual and Legislative Changes Update Report
- Policy Approval Schedule Report
- Corporate and employment policies for approval
- Integrated Performance Assurance Reports
- Welsh Health Circulars Bi-annual Reports
- Ministerial Directions Reports
- Corporate and Operational Risk Reports
- Planning Objective Update Reports
- Planning Objective Deep Dive Reports

## Quality and Safety Experience Committee (QSEC)

The QSEC is responsible for providing evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities about the quality and safety of health care and services provided and secured by the health board. It provides assurance to the board in relation to the organisation's arrangements for safeguarding vulnerable people, children and young people and improving the quality and safety of health care to meet the requirement and standards determined for the NHS in Wales. Items considered:

- Quality Governance Arrangements Recommendations Update
- Nurse Staffing Levels (Wales) Act: Annual Report 2021/22
- Patient Stories from Paediatrics, Waiting List Support Service, Unscheduled Urgent and Emergency Care.
- Maternity Services Improvement Plan Update following the HIW maternity services inspections across Wales
- Swansea Bay University Health Board Progress Report on the Review of Cardiac Services Improvement Plan
- Welsh Health Specialised Services Committee (WHSCC) Update on the CAMHS (Children and Adolescent Mental Health Service) Tier 4 Pathway
- WHSCC Chair's Report: Quality and Patient Safety
- GIRFT (Getting It Right First Time) Outcome report for Orthopaedics Services
- De-escalation of health board COVID-19 IPC (Infection Prevention and Control) Measures
- Stroke Services Pathway Update
- Commissioning for Quality Outcomes Report
- Public Health Update
- Quality & Engagement (Wales) Act Update
- Nursing Assurance Annual Audit
- Clinical Audit Update
- Health Visiting Service Update on Staffing Levels
- Winter Planning Update 2022/23
- Personalised Contact for Patients Waiting for Elective Care Update
- An Update on access to General Medical Services
- Health board Managed Practices Update
- How To Improve/ Improvement Cymru Service Visits
- Infection Prevention Control Update
- Alternative Care Unit Pilot Glangwili Hospital
- Real Time Demand and Capacity Roll Out Plan
- Implementation of the Quality Management System
- QSEC Outcome of Self-Assessment 2021/22
- Risk on Harm and Experience Due to the Operational Pressures
- Safety Dashboard Update
- Quality Improvement Framework
- Quality and Safety Assurance Reports
- Clinical Audit Reports
- Operational Quality, Safety and Experience Sub-Committee Update Report
- Listening and Learning Sub-Committee Update Reports
- Infection Prevention Strategic Steering Group Update Reports
- Strategic Safeguarding Working Group Update Reports
- Effective Clinical Practice Advisory Panel Update Reports
- Medicines Management Operational Group Update Reports
- Corporate Risk Reports assigned to QSEC Report

- Deep Dive Reports into Cancer Services, Critical Care, Therapies Waiting List, Community Paediatrics, Epilepsy and Neurology, Unscheduled and Emergency Care, School Nurse, and Safeguarding Services
- Quality and Safety policies for approval
- Planning Objectives Update Reports
- Welsh Health Circulars Bi-annual Reports
- Planning Objective Update Reports
- Planning Objective Deep Dive Reports

## Strategy Development and Organisational Delivery Committee (SDODC)

SDODC was established to receive an assurance on all relevant planning objectives falling in the main under Strategic Objective 4 (The best health and well-being for our individuals, families, and our communities) and Strategic Objective 5 (Safe, sustainable, accessible, and kind care). The Committee has a focus on NHS Delivery Framework requirements, public health, health inequalities and screening services, Transformation Fund, Delivery of the 'A Healthier Mid and West Wales' and Bronglais Hospital plan, Transforming MH (Mental Health) and Transforming LD plan, integrated locality plans, children's and young people plan, out-of-hours care, national clinical audits compliance, fragile services plans, care home/domiciliary care market support and development. Items considered:

- Risk Management Strategy and Risk Management Framework
- Planned Care Recovery Reports
- Developing the IMTP 2022/23 -2024/25 Reports
- Annual Plan 2023/24
- WG Submission – Hywel Dda University Health Board Three Year Plan 2022/25
- A Healthier Mid and West Wales Programme Business Case Reports
- A Healthier Mid and West Wales Communications Plan Update
- Cross Hands Health and Wellbeing Centre Report
- Transforming Access to Medicines (TRAMS)
- Pentre Awel (Llanelli Wellness Centre) Update Reports
- Health Improvement and Wellbeing Centre Report
- Discretionary Capital Programme Update Reports
- Capital Governance Update Reports and Review
- Aseptic Business Justification Case
- Bronglais Hospital Programme Business Case – Fire Safety and Fire Precaution Works
- Continuing NHS Healthcare: The National Framework for Implementation in Wales, July 2021 (amended February 2022 for implementation in April 2022)
- Capital Sub-Committee Update Reports and Annual Report 2022/23
- Stroke Services Redesign Report and Strategy Update
- COVID-19 Mass Vaccination Programme: Delivery Plan Autumn Booster 2022/23

- ARCH (A Regional Collaboration for Health) Update Reports
- Influenza Season: End of Season 2021/22 and 202/23: Impact, Vaccine Uptake and Emerging Priorities for the Forthcoming Season
- Winter Respiratory Vaccination Programme Delivery Plan 2022/23
- Winter Plan: Evaluation of Winter Plan 2021/22 and 2023/23 Plan
- Pharmaceutical Needs Assessment Report
- Mental Health and Learning Disability Indicators Report
- Planned Care Waiting List Overview
- Service Changes in Swansea Bay University Health Board
- South West Cancer Centre Report
- Major Infrastructure Programme Business Case Report
- Targeted Intervention Report
- Recovery and Rehabilitation Service Report
- Palliative Care Strategy
- Dementia Strategy
- Integrated Executive Group/Advocacy Strategy
- Public Service Boards Well-Being Assessment (WBFGA)
- Regional Integration Fund Update
- Quarterly Annual Plan Monitoring Reports
- Integrated Performance Assurance Reports
- Policies for approval
- Welsh Health Circulars
- Ministerial Directions Reports
- Corporate and Operational Risk Reports
- Planning Objective Update Reports
- Planning Objective Deep Dive Reports

## Sustainable Resources Committee (SRC)

SRC was established to receive an assurance on all relevant planning objectives falling in the main under Strategic Objective 6 (Sustainable use of resources), with a focus on financial plans and delivery of the route map to financial recovery, improving value, PROMS/FROMS roll out and impact, carbon reduction and green health initiatives, foundational economy work, national IT programmes delivery, and budget setting. Items considered:

- Financial Performance and Forecast Reports
- Capital Financial Management Reports
- Plan Development
- Long Term Agreement (LTA) Contact Process 2023/24
- Monthly Monitoring Returns and Commentary Reports
- Draft Annual Accounts 2020/21
- Year End Debrief
- Balance Sheet Analysis Reports

- Healthcare Contracting Reports
- Value Based Health Care Update Reports
- Regional Integrated Fund (RIF) Plans Report
- Primary Care Recovery Plan Update Report
- Financial Recovery Report
- Assurance over Delivery of the Strategic Programmes of Change Reports
- A Healthier Mid and West Wales – Programme Resources Report
- NWSSP Procurement Services Energy Contract Ratification Report
- Digital Inclusion Report
- Digital Health Record Programme: Scanning Update Report
- Cyber Security Reports
- Value Based Health Care Update Report
- Decarbonisation of Inhalers Report
- NHS Wales Shared Services Partnership (NWSSP) Plan Briefing and Feedback
- Use of Consultancies Report
- Award of NHS Primary Care Personal Dental Services Report
- Consultancy Tax Reclamation Contract Report
- NWSSP Performance Quarterly Reports
- Commissioning Group Update Reports
- Agile Digital Business Group Update Reports
- Information Governance Sub-Committee Update Reports
- Procurement Update Report
- Decarbonisation Task & Finish Group Update Reports
- Financial Procedures for approval
- Integrated Performance Assurance Reports
- Welsh Health Circulars
- Ministerial Directions Reports
- Corporate and Operational Risk Reports
- Planning Objective Update Reports
- Planning Objective Deep Dive Reports

All Committees considered the following during 2022/23:

- Self-Assessment of Committee Effectiveness – process, outcome six-monthly review reports
- Committee Annual Reports 2021/22
- Annual review of Terms of Reference

# Appendix 3 – Ministerial Directions

| Ministerial Directions (MDs) | Date/Year of Adoption | Action to demonstrate implementation/response |
|---|---|---|
| 2021. No.59 – The Directions to Local Health Boards and NHS Trusts in Wales on the Delivery of Autism Services 2021 | July 2021 | This Direction is currently being implemented. There is an Integrated Autism Service (IAS) established which is an integrated health and social care service, and a dedicated Neurodevelopmental Disorder (ASD) service for children and young people. The health board continues to work with the Regional Partnership Board in the development and delivery of the Code of Practice. The health board also collaborates with partner agencies in the delivery of the 3-year Improvement Plan. WG has commissioned an independent Evaluation of the Code of Practice for 2023 and has made funding available as part of the 3-year Improvement Plan. |
| 2022. No.16 – The Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Amendment) Directions 2022 | April 2022 | This Ministerial Direction has been enacted. |
| 2022. No.17 – The Directions to Local Health Boards as to the General Dental Services Statement of Financial Entitlements (Amendment) Directions 2022 | April 2022 | This Ministerial Direction has been enacted. |
| 2022. No.24 – The Primary Care (Contracted Services: Outpatient Waiting List Scheme) Directions 2022 | August 2022 | This Ministerial Direction has been enacted. |
| 2022. No.25 – Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2022 | June 2022 | This Ministerial Direction has been enacted. |
| 2022. No.31 – The Primary Medical Services (Influenza and Pneumococcal Immunisation Scheme) (Directed Enhanced Service) (Wales) (No. 2) (Amendment) Directions 2022 | August 2022 | This Ministerial Direction has been enacted. |

| | | |
|---|---|---|
| 2022. No.32 – The Pharmaceutical Services (Advanced Services (Appliances) (Wales) (Amendment) Directions 2022 | July 2022 | This Ministerial Direction has been enacted. |
| 2022. No.37 – The Primary Care (Contracted Services: Immunisations) (Amendment) (No. 2) Directions 2022 | August 2022 | This Ministerial Direction has been enacted. |
| 2022. No.44 – The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2022 | November 2022 | This Ministerial Direction has been enacted. |
| 2022. No.46 – The Wales Infected Blood Support Scheme (Amendment) (No. 2) Directions 2022 | December 2022 | N/A – for action by Velindre University NHS Trust. |
| 2023. No.1 – The Directions to Local Health Boards as to the General Dental Services Statement of Financial Entitlements (Amendment) Directions 2023 | January 2023 | This Ministerial Direction has been enacted. |
| 2023. No.2 – The Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Amendment) Directions 2023 | January 2023 | This Ministerial Direction has been enacted. |
| 2023. No.7 – Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2023 | February 2023 | Part 1 of this Ministerial Direction has been enacted. The second part applies from October 2023 and will be processed when required. |
| 2023. No.8 – Local health boards and NHS Trusts reporting on the introduction of new medicines into the National Health Service in Wales Directions 2023 | March 2023 | The Ministerial Direction has been recently received, with the Clinical Director of Pharmacy & Medicines Management contacted for update on progress. |

# Part 2 - Remuneration and Staff Report

## Remuneration Report

## Introduction

The HM Treasury's Government Financial Reporting Manual (FReM) requires that a Remuneration Report shall be prepared by NHS bodies providing information under the headings in SI 2008 No 410 https://www.legislation.gov.uk/uksi/2008/410/contents made to the extent that they are relevant. The Remuneration Report contains information about senior manager's remuneration. The definition of 'Senior Managers' is:

> *"Those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments."*

This section of the Accountability Report meets these requirements. The following disclosures are subject to audit:

- Single total figure of remuneration for each director;
- Cash Equivalent transfer Value (CETV) disclosures for each director;
- Payments to past directors, if relevant;
- Payments for loss of office, if relevant;
- Fair pay disclosures (Included in Annual Accounts) note 9.6;
- Exit packages, (Included in Annual Accounts) if relevant note 9.5; and
- Analysis of staff numbers.

## The Remuneration and Terms of Service Committee (RTSC)

The RTSC will comment specifically upon the following:

- The remuneration and terms of service for the Chief Executive, Executive Directors, other Very Senior Managers (VSMs) and others not covered by Agenda for Change; ensuring that the policies on remuneration and terms of service as determined from time to time by WG are applied consistently;
- The objectives for Executive Directors and other VSMs and their performance assessment;
- The performance management systems in place for those in the positions mentioned above and its application;
- The proposals to make additional payments to medical Consultants outside of normal terms and conditions;
- The proposals regarding termination arrangements, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant WG guidance;

- The consideration and ratification of Voluntary Early Release (VER) scheme applications and severance payments in respect of Executive Director posts, in line with Standing Orders and extant WG guidance. The Committee will be advised also of all VER scheme applications and severance payments; and
- The approval of the health board's honours submission recommendations.

The membership of the RTSC Committee during 2022/23 was as follows:

| Name | Position | Role on RTSC |
|---|---|---|
| Maria Battle | Chair | Chair |
| Paul Newman | Independent Member and Chair of Audit and Risk Assurance Committee (ARAC) | Vice Chair |
| Professor John Gammon to 31 July 2022 | Independent Member and Chair of People, Organisational Development and Culture Committee (PODCC) | Member |
| Maynard Davies from 1 August 2022 | Independent Member and Chair of Strategic Development and Operational Delivery Committee (SDODC) | Member |
| Anna Lewis | Independent Member and Chair of Quality, Safety and Experience Assurance Committee (QSEC) | Member |

### Independent Members' remuneration

Remuneration and tenures of appointment for Independent Members is decided by the WG.

### Senior Managers' remuneration

The remuneration of Senior Managers who are paid on the Very Senior Managers Pay Scale is determined by WG and the health board pays in accordance with these regulations. For the purpose of clarity, these are posts which operate at board level and hold either statutory or non-statutory positions. In accordance with the regulations, the health board can award incremental uplift within the pay scale and, should an increase be considered outside the range, a job description is submitted to WG for job evaluation. There are clear guidelines in place with regards to the awarding of additional increments and during the year there have not been any additional payments agreed. No changes to pay have been considered by the Committee outside these arrangements. The health board does not have a system for performance related pay for its Very Senior Managers
.

The health board can confirm that it has not made any payment to past Directors as detailed within the guidance.

The health board issues All Wales Executive Director contracts which determine the terms and conditions for all Very Senior Managers. The health board has not deviated from this. In rare circumstances where interim arrangements are to be put in place a decision is

made by the Committee with regards to the length of the interim post, whilst substantive appointments can be made.

Any termination payments would be discussed and agreed by the Committee in advance and where appropriate WG approval would be made. During the year 2022/23, one termination payment of £27,998 was made to Ros Jervis, the Executive Director of Public Health in respect of a payment in lieu of notice.

## Service contract details for senior managers

| Name | Position | Date of Contract | Date of Expiration | Compensation for early termination |
|---|---|---|---|---|
| Steve Moore | Chief Executive Officer | 05/01/2015 | N/A | N/A |
| Lisa Gostling | Executive Director of Workforce and Organisational Development | 09/01/2015 | N/A | N/A |
| Phil Kloer | Executive Medical Director/Deputy Chief Executive | 25/06/2015 | N/A | N/A |
| Mandy Rayani | Executive Director of Nursing, Quality and Patient Experience | 19/06/2017 | N/A | N/A |
| Ros Jervis | Executive Director of Public Health | 17/07/2017 | 01/04/2022 | N/A |
| Alison Shakeshaft | Executive Director of Therapies and Health Science | 01/01/2018 | N/A | N/A |
| Huw Thomas | Executive Director of Finance | 10/12/2018 | N/A | N/A |
| Andrew Carruthers | Executive Director of Operations | 01/12/2019 | N/A | N/A |
| Lee Davies | Executive Director of Strategic Development and Operational Planning | 26/04/2021 | N/A | N/A |
| Joanne Wilson | Director of Corporate Governance/Board Secretary | 01/01/2018 | N/A | N/A |
| Jill Paterson | Director of Primary Care, Community & Long-Term Care | 19/01/2018 | N/A | N/A |

## Changes to Board membership in 2022/23

During 2022/23, there were the following changes to Board membership
:

- **Ros Jervis**, Executive Director of Public Health left on 1 April 2022. We were unable to appoint a new Director of Public Health during 2022/23, however in the interim, the portfolio has been reviewed and divided between the Director of Therapies and Health Sciences, the Director of Workforce and OD and the Director of Operations. An appointment has subsequently been made with the new Director of Public Health commencing in August 2023. The Deputy Director of Public Health continues to be the professional public health voice within the health board.
- **Professor John Gammon**, Independent Member (University) left the board on 31 July 2022 however is contracted as a Strategic Advisor for Workforce and OD. Chantal Patel, Independent Member (University) joined the health board on 1 August 2022.
- **Cllr Gareth John**, Independent Member (Local Authority) left on 14 June 2022 and was replaced by Cllr Rhodri Evans, Independent Member (Local Authority) on 15 November 2022.
- **Paul Newman**, Independent Member (Community) left on 31 March 2023. A recruitment process is underway to appoint an Independent Member (Legal) to replace this post.

## Single total figure of remuneration

The amount of pension benefits for the year which contributes to the single total figure is calculated similar to the method used to derive pension values for tax purposes and is based on information received from the NHS BSA Pensions Agency. The value of pension benefit is calculated as follows: (real increase in pension x 20) + (the real increase in any lump sum) – (contributions made by member).

The real increase in pension is not an amount which has been paid to an individual by the health board during the year, it is a calculation which uses information from the pension benefit table. These figures can be influenced by many factors such as changes in a person's salary, whether or not they choose to make additional contributions to the pension scheme from their pay, and other valuation factors affecting the pension scheme as a whole.

## 2022/23

| Name and title | Full year equivalent salary (Bands of £5k) | Salary (Bands of £5k) | Bonus payments (Bands of £5k) | Benefits in kind (To the nearest £100) | Pension benefits (To the nearest £1k) | Other remun-eration (£000) | Total (Bands of £5k) |
|---|---|---|---|---|---|---|---|
| | £000's | £000's | £000's | £'s | £000's | £000's | £000's |
| **Executive Members and Directors** | | | | | | | |
| Steve Moore, Chief Executive Officer | 205-210 | 205-210 | 0 | 0 | 34 | 0 | 240–245 |
| Mandy Rayani, Executive Director of Nursing, Quality and Patient Experience | 140-145 | 140-145 | 0 | 0 | 0 | 0 | 140–145 |
| Lee Davies, Executive Director of Strategic Development and Operational Planning | 130-135 | 130-135 | 0 | 0 | 7 | 0 | 135–140 |
| Lisa Gostling, Executive Director of Workforce and Organisational Development | 140-145 | 140-145 | 0 | 0 | 19 | 0 | 155-160 |
| Phil Kloer, Executive Medical Director/ Deputy Chief Executive | 185-190 | 185-190 | 0 | 0 | 53 | 0 | 235-240 |
| Andrew Carruthers, Executive Director of Operations | 140-145 | 140–145 | 0 | 0 | 0 | 0 | 140-145 |

| Name and title | Full year equivalent salary (Bands of £5k) | Salary (Bands of £5k) | Bonus payments (Bands of £5k) | Benefits in kind (To the nearest £100) | Pension benefits (To the nearest £1k) | Other remun-eration (£000) | Total (Bands of £5k) |
|---|---|---|---|---|---|---|---|
| | £000's | £000's | £000's | £'s | £000's | £000's | £000's |
| Alison Shakeshaft, Executive Director of Therapies and Health Science | 130-135 | 130–135 | 0 | 0 | 14 | 0 | 145-150 |
| Ros Jervis, Executive Director of Public Health (to 01/04/2022) | 120-125 | 25-30 | 0 | 0 | 0 | 0 | 25-30 |
| Huw Thomas, Executive Director of Finance | 155-160 | 155-160 | 0 | 0 | 55 | 0 | 210-215 |
| Jill Paterson, Director of Primary, Community and Long-Term Care | 130-135 | 130-135 | 0 | 8,200 | 19 | 0 | 155-160 |
| Joanne Wilson, Director of Corporate Governance/ Board Secretary | 110-115 | 110-115 | 0 | 0 | 22 | 0 | 135-140 |
| **Independent Members** | | | | | | | |
| Maria Battle, Chair | 55-60 | 55-60 | 0 | 0 | 0 | 0 | 55–60 |
| Judith Hardisty, Vice Chair | 45-50 | 45-50 | 0 | 0 | 0 | 0 | 45–50 |
| Professor John Gammon (to 31/07/22) | 10-15 | 0-5 | 0 | 0 | 0 | 0 | 0-5 |
| Paul Newman (to 31/03/23) | 10-15 | 10-15 | 0 | 0 | 0 | 0 | 10-15 |

| Name and title | Full year equivalent salary (Bands of £5k) | Salary (Bands of £5k) | Bonus payments (Bands of £5k) | Benefits in kind (To the nearest £100) | Pension benefits (To the nearest £1k) | Other remun-eration (£000) | Total (Bands of £5k) |
|---|---|---|---|---|---|---|---|
| | £000's | £000's | £000's | £'s | £000's | £000's | £000's |
| Delyth Raynsford | 10-15 | 10-15 | 0 | 0 | 0 | 0 | 10-15 |
| Anna Lewis | 10-15 | 10-15 | 0 | 0 | 0 | 0 | 10-15 |
| Maynard Davies | 10-15 | 10-15 | 0 | 0 | 0 | 0 | 10-15 |
| Ann Murphy | 5-10 | 5-10 | 0 | 0 | 0 | 0 | 5-10 |
| Cllr Gareth John (to 14/06/22) | 10-15 | 0-5 | 0 | 0 | 0 | 0 | 0-5 |
| Iwan Thomas | 10-15 | 10-15 | 0 | 0 | 0 | 0 | 10-15 |
| Winston Weir | 10-15 | 10-15 | 0 | 0 | 0 | 0 | 10-15 |
| Chantal Patel (from 01/08/22) | 10-15 | 5-10 | 0 | 0 | 0 | 0 | 5-10 |
| Cllr Rhodri Evans (from 15/11/22) | 10-15 | 5-10 | 0 | 0 | 0 | 0 | 5-10 |

Steve Moore, Lee Davies, Andrew Carruthers, and Huw Thomas participated in a salary sacrifice scheme available to all employees whereby an element of an employee's salary is 'swapped' for the use of a car. In the Single Total Figure of Remuneration table, salary is stated gross, before the deduction of sacrificed salary. Resulting taxable benefits-in-kind (to the nearest £100) arising as a result of these employees' participation in the scheme are as follows:

- Steve Moore £1,700
- Lee Davies £900
- Andrew Carruthers £1,000
- Huw Thomas £1,000

Included within Salary for Ros Jervis is a payment in lieu of notice of £27,998.

## 2021/22

| Name and title | Full year equivalent salary (Bands of £5k) | Salary (Bands of £5k) | Bonus payments (Bands of £5k) | Benefits in kind (to the nearest £100) | Pension benefits (to the nearest £1k) | Other remun-eration (£000) | Total (Bands of £5k) |
|---|---|---|---|---|---|---|---|
| | £000's | £000's | £000's | £'s | £000's | £000's | £000's |
| **Executive Members and Directors** | | | | | | | |
| Steve Moore, Chief Executive Officer | 200-205 | 200-205 | 0 | 0 | 81 | 0 | 280-285 |
| Mandy Rayani, Executive Director of Nursing, Quality and Patient Experience | 135-140 | 135-140 | 0 | 0 | 57 | 0 | 195-200 |
| Lee Davies, Executive Director of Strategic Development and Operational Planning (from 26/04/21) * | 125-130 | 115-120 | 0 | 0 | 101 | 0 | 215-220 |
| Lisa Gostling, Executive Director of Workforce and Organisational Development | 135-140 | 135-140 | 0 | 0 | 56 | 0 | 190-195 |
| Phil Kloer, Executive Medical Director/ Deputy Chief Executive | 180-185 | 180-185 | 0 | 0 | 61 | 0 | 240-245 |
| Andrew Carruthers, Executive Director of Operations ** | 145-150 | 145-150 | 0 | 0 | 48 | 0 | 195-200 |

| Name and title | Full year equivalent salary (Bands of £5k) | Salary (Bands of £5k) | Bonus payments (Bands of £5k) | Benefits in kind (to the nearest £100) | Pension benefits (to the nearest £1k) | Other remun-eration (£000) | Total (Bands of £5k) |
|---|---|---|---|---|---|---|---|
| | £000's | £000's | £000's | £'s | £000's | £000's | £000's |
| Alison Shakeshaft, Executive Director of Therapies and Health Science | 120-125 | 120-125 | 0 | 0 | 54 | 0 | 175-180 |
| Ros Jervis, Executive Director of Public Health | 120-125 | 120-125 | 0 | 0 | 40 | 0 | 160-165 |
| Huw Thomas, Executive Director of Finance *** | 145-150 | 145-150 | 0 | 0 | 1 | 0 | 145-150 |
| Jill Paterson, Director of Primary, Community and Long-Term Care | 125-130 | 125-130 | 0 | 8200 | 44 | 0 | 175-180 |
| Joanne Wilson, Board Secretary | 105-110 | 105-110 | 0 | 0 | 62 | 0 | 170-175 |
| **Independent Members** | | | | | | | |
| Maria Battle, Chair | 55–60 | 55-60 | 0 | 0 | 0 | 0 | 55-60 |
| Judith Hardisty, Vice Chair | 45-50 | 45-50 | 0 | 0 | 0 | 0 | 45-50 |
| Professor John Gammon | 10-15 | 10-15 | 0 | 0 | 0 | 0 | 10-15 |
| Paul Newman | 10-15 | 10-15 | 0 | 0 | 0 | 0 | 10-15 |
| Delyth Raynsford | 10–15 | 10-15 | 0 | 0 | 0 | 0 | 10-15 |
| Anna Lewis | 10-15 | 10-15 | 0 | 0 | 0 | 0 | 10-15 |

| Name and title | Full year equivalent salary (Bands of £5k) | Salary (Bands of £5k) | Bonus payments (Bands of £5k) | Benefits in kind (to the nearest £100) | Pension benefits (to the nearest £1k) | Other remun-eration (£000) | Total (Bands of £5k) |
|---|---|---|---|---|---|---|---|
| | £000's | £000's | £000's | £'s | £000's | £000's | £000's |
| Owen Burt (to 30/04/21) | 10-15 | 0-5 | 0 | 0 | 0 | 0 | 0-5 |
| Maynard Davies | 10-15 | 10-15 | 0 | 0 | 0 | 0 | 10-15 |
| Ann Murphy | 5-10 | 5-10 | 0 | 0 | 0 | 0 | 5-10 |
| Cllr Gareth John (from 01/04/21) | 10-15 | 10-15 | 0 | 0 | 0 | 0 | 10-15 |
| Iwan Thomas (from 01/05/21) | 10-15 | 10-15 | 0 | 0 | 0 | 0 | 10-15 |
| Winston Weir (from 01/04/21) | 10-15 | 10-15 | 0 | 0 | 0 | 0 | 10-15 |

** Lee Davies full year salary £123k*
*** Andrew Carruthers salary includes £8k paid for relocation expenses*
**** The value for pension benefits in respect of Mr Huw Thomas has been restated further to revised information supplied by the NHS Business Services Authority.*

Associate Members are not included in the above tables as they attend Board meetings on an ex-officio basis, and do not have any voting rights.

## Remuneration relationship

The details of the remuneration relationship are reported in the Financial Statements in Section 9.6.

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The 2022/23 financial year is the second year that disclosures in respect of:

- the 25th percentile pay ratio and 75th percentile pay ratio are required including the requirements for prior year comparatives
- the percentage change in the remuneration of the highest paid director or minister and the percentage change in the remuneration of the employees of the entity taken as a whole are required.

The banded remuneration of the highest-paid director in the health board in the financial year 2022/23 was £205,000 - £210,000 (2021/22, £200,000 - £205,000). This was seven

times (2021/22: six times) the median remuneration of the workforce, which was £29,180 (2021/22, £31,533).

In 2022/23, 41 (2021/22, 29) employees received remuneration in excess of the highest-paid director. Remuneration for staff ranged from £20,758 to £367,923 (2021/22, £18,545 to £334,158). The staff who received remuneration greater than the highest paid director are all medical and dental who have assumed additional responsibilities to their standard job plan commitments and in some cases medical managerial roles, necessitating extra payment.

| | 2022/23 | 2021/22 |
|---|---|---|
| Band of Highest Paid Director's Total Remuneration £000 | 205 - 210 | 200 - 205 |
| Median Total Remuneration £000 | 29 | 32 |
| Median Ratio | 7.17 | 6.34 |
| 25th percentile pay £000 | 23 | 20 |
| 25th percentile pay ratio | 9.04 | 10.15 |
| 75th percentile pay £000 | 43 | 39 |
| 75th percentile pay ratio | 4.84 | 5.21 |

** As disclosed in the health board's Annual Accounts Note 9.6.*

Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

## Pension benefits disclosure

| Name and title | Total accrued pension at pension age at 31 March 2023 (bands of £5,000) £000 | Lump sum related to accrued pension at 31 March 2023 (bands of £5,000) £000 | Real increase in pension at pension age (bands of £2,500) £000 | Real increase in lump sum related to pension at pension age (bands of £2,500) £000 | Cash Equivalent Transfer Value at 31 March 2023 £000 | Cash Equivalent Transfer Value at 31 March 2022 £000 | Real increase in Cash Equivalent Transfer Value £000 | Employer's contribution to stakeholder pension £000 |
|---|---|---|---|---|---|---|---|---|
| Steve Moore, Chief Executive Officer | 65-70 | 140-145 | 2.5 - 5 | (2.5) – 0 | 1,250 | 1,153 | 35 | 0 |
| Mandy Rayani, Executive Director of Nursing, Quality and Patient Experience | 70-75 | 205-210 | 0 – 2.5 | (5) – (2.5) | 1,695 | 1,601 | 25 | 0 |
| Lee Davies, Executive Director of Strategic Development and Operational Planning | 30-35 | 55-60 | 0 – 2.5 | (5) – (2.5) | 469 | 439 | 0 | 0 |
| Lisa Gostling, Executive Director of Workforce and Organisational Development | 55-60 | 110-115 | 0 – 2.5 | (2.5) – 0 | 1,113 | 1,036 | 25 | 0 |
| Phil Kloer, Executive Medical Director/ Deputy Chief Executive | 70-75 | 125-130 | 2.5 - 5 | 0 - 2.5 | 1,250 | 1,137 | 52 | 0 |
| Andrew Carruthers, Executive Director of Operations | 40-45 | 65-70 | 0 - 2.5 | (7.5) – (5) | 595 | 570 | 0 | 0 |
| Alison Shakeshaft, Executive Director of Therapies and Health Science | 55-60 | 120-125 | 0 - 2.5 | (2.5) – 0 | 1,215 | 1,135 | 26 | 0 |
| Ros Jervis, Executive Director of Public Health (to 01/04/2022) | 0 | 0 | 0 | 0 | 0 | 530 | 0 | 0 |
| Huw Thomas, Executive Director of Finance | 25-30 | 0-5 | 2.5 - 5 | 0 – 2.5 | 317 | 264 | 25 | 0 |
| Jill Paterson, Director of Primary, Community and Long-Term Care | 50-55 | 150-155 | 0 - 2.5 | (2.5) – 0 | 42 | 0 | 24 | 0 |

| Name and title | Total accrued pension at pension age at 31 March 2023 (bands of £5,000) £000 | Lump sum related to accrued pension at 31 March 2023 (bands of £5,000) £000 | Real increase in pension at pension age (bands of £2,500) £000 | Real increase in lump sum related to pension at pension age (bands of £2,500) £000 | Cash Equivalent Transfer Value at 31 March 2023 £000 | Cash Equivalent Transfer Value at 31 March 2022 £000 | Real increase in Cash Equivalent Transfer Value £000 | Employer's contribution to stakeholder pension £000 |
|---|---|---|---|---|---|---|---|---|
| Joanne Wilson, Director of Corporate Governance/Board Secretary | 35-40 | 55-60 | 0 - 2.5 | (2.5) – 0 | 514 | 469 | 16 | 0 |

The Cash Equivalent Transfer Value at 31 March 2022 in respect of Mr Huw Thomas has been restated further to revised information supplied by the NHS Business Services Authority.

# Staff Report

## Staff numbers

As of 31 March 2023, the health board employed 13,143 staff including bank and locum staff; this equated to 10,111.43 Full Time Equivalent (FTE). The numbers (headcount) of female and male Board Members and employees are as follows:

| | Female | Male | Total |
|---|---|---|---|
| **Board Members** | **12** | **10** | **22** |
| **Employees** | **10,275** | **2,846** | **13,121** |
| **Total** | **10,287** | **2,856** | **13,143** |

*Included in the Board Members figures is one additional director and the Director of Corporate Governance/Board Secretary (both non-voting) who are members of the Executive Team and attend Board meetings.

| | Female | | Male | | Total | |
|---|---|---|---|---|---|---|
| | FTE | Head count | FTE | Head count | FTE | Head count |
| **Executive Team** | **6.00** | **6** | **5.00** | **5** | **11.00** | **11** |
| **Independent Members** | **6.00** | **6** | **5.00** | **5** | **11.00** | **11** |
| **Total** | **12.00** | **12** | **10.00** | **10** | **22.00** | **22** |

## Staff composition as at 31 March 2023

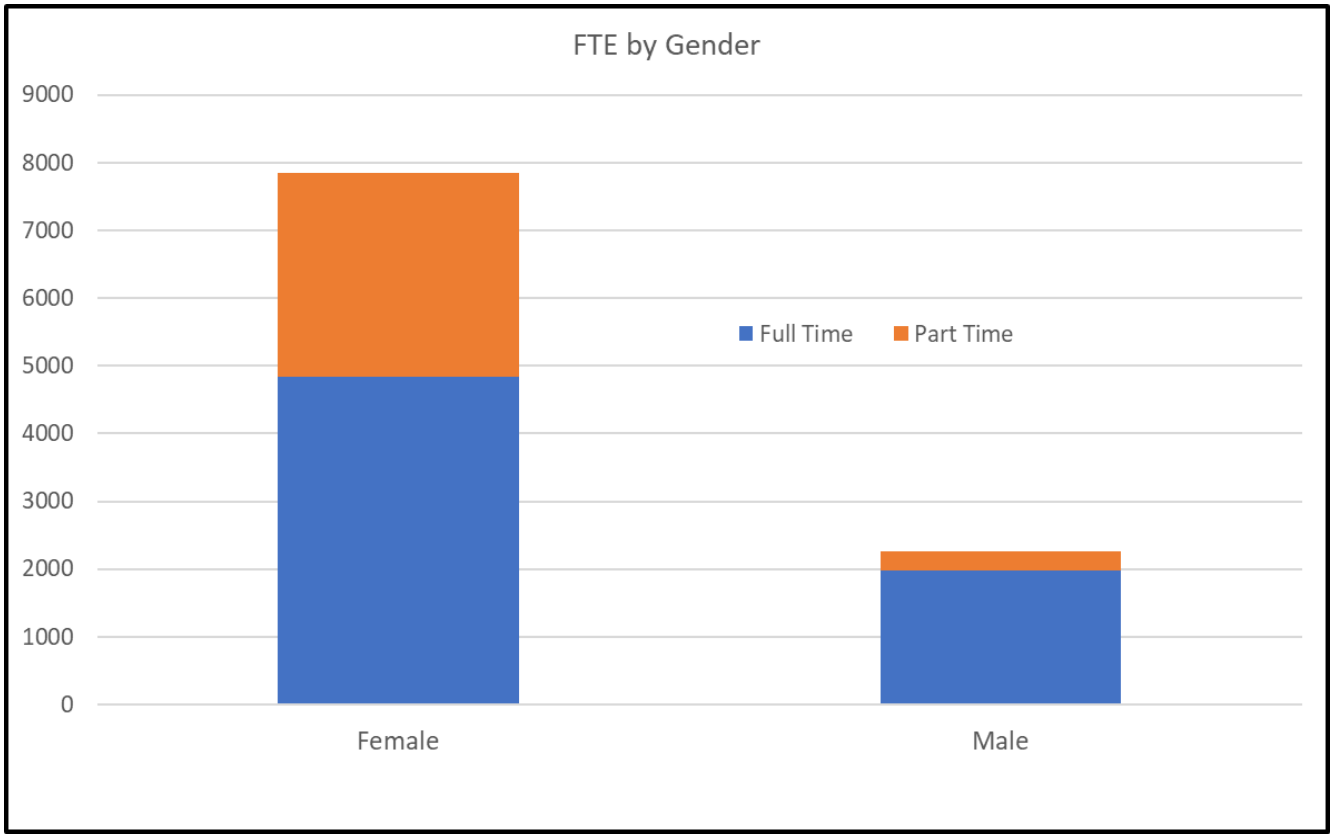
| | Female | | Male | | Total | |
|---|---|---|---|---|---|---|
| | FTE | Head count | FTE | Head count | FTE | Head count |
| **Add Prof Scientific and Technic** | **275.75** | **321** | **80.89** | **95** | **356.64** | **416** |
| **Additional Clinical Services** | **1,865.78** | **2,763** | **400.40** | **504** | **2,266.18** | **3,267** |
| **Administrative and Clerical** | **1,746.02** | **2,031** | **428.85** | **455** | **2,174.87** | **2,486** |
| **Allied Health Professionals** | **534.67** | **639** | **150.46** | **179** | **685.13** | **818** |
| **Estates and Ancillary** | **392.17** | **673** | **443.56** | **578** | **835.73** | **1,251** |
| **Healthcare Scientists** | **110.00** | **122** | **84.10** | **89** | **194.10** | **211** |
| **Medical and Dental** | **205.15** | **354** | **433.15** | **680** | **638.30** | **1,034** |
| **Nursing and Midwifery Registered** | **2,717.81** | **3,384** | **242.59** | **276** | **2,960.39** | **3,660** |
| **Total** | **7,847.35** | **10,287** | **2,263.99** | **2,856** | **10,111.34** | **13,143** |

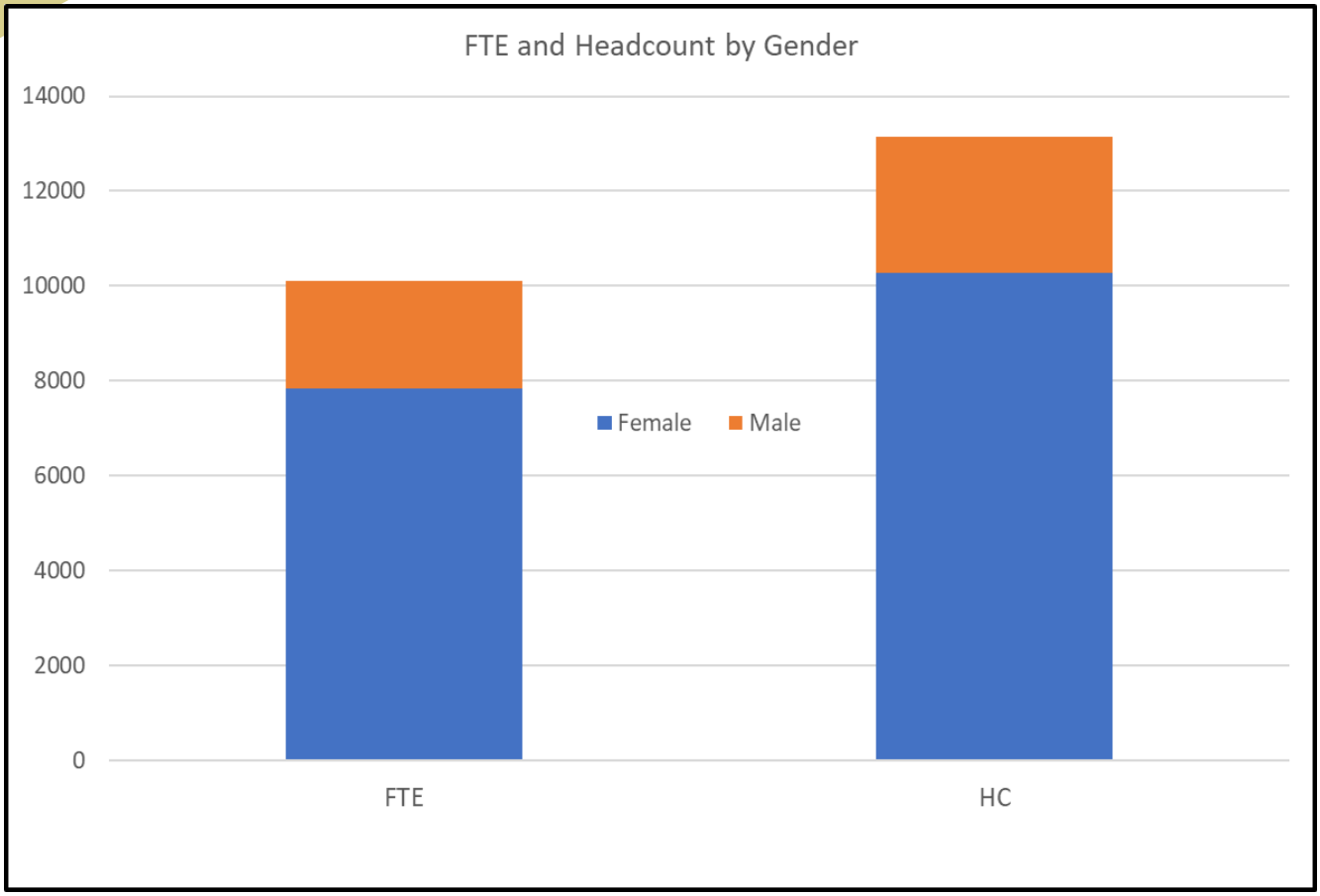
At the end of March 2023, the health board employed 13,143 staff including bank and locum staff; this equated to 10,111.34 FTE. 78% of the workforce was female by FTE and 22% male. The staff covered a wide range of professional, technical and support staff groups. Over 50% (by headcount) were within the Nursing and Midwifery and Additional Clinical Services staff groups. Senior Manager (Band 8a and above) were 1.75% of the workforce - 61% of these by FTE were female and 39% male.

Senior Managers are administrative and clerical staff (Bands 8a to 9)

| | Female | | Male | | Total | |
|---|---|---|---|---|---|---|
| | FTE | Head count | FTE | Head count | FTE | Head count |
| Band 8a | 59.18 | 62 | 37.45 | 37 | 96.63 | 99 |
| Band 8b | 47.80 | 49 | 20.00 | 20 | 67.80 | 69 |
| Band 8c | 16.80 | 17 | 19.00 | 19 | 35.80 | 36 |
| Band 8d | 7.60 | 8 | 3.61 | 4 | 11.21 | 12 |
| Band 9 | 4.00 | 4 | 9.45 | 10 | 13.45 | 14 |
| Total | 135.38 | 140 | 89.52 | 90 | 224.90 | 230 |

The Board does not have any issue with its staff composition.






## Staff sickness data

The following table provides information on the number of days lost due to sickness:

| | 2022/23 | 2021/22 |
|---|---|---|
| **Days lost (long term)** | **143,859** | **172,366** |
| **Days lost (short term)** | **88,982** | **80,935** |
| **Total days lost** | **232,840** | **253,301** |
| **Total Staff Years as of 31 March** | **9,812.60** | **9,493.62** |
| **Average Working Days Lost** | **14.87** | **13.62** |
| **Total Staff employed as of 31 March (headcount)** | **13,140** | **12,750** |
| **Total Staff employed in period with no absence (headcount)** | **4,005** | **3,353** |
| **Percentage of staff with no sick leave** | **32.98%** | **33.13%** |

The health board has again witnessed high sickness rates in the post pandemic period as the prevalence of COVID has remained throughout the year. All health boards in Wales have similarly reported higher levels of absence although Hywel Dda has once again returned the lowest sickness rates of all of the major health boards in Wales. The most up to date data for 2022/23 indicates that the all-Wales average was 7.1%, which includes COVID, whereas Hywel Dda rates were 6.6%. The Workforce team, which includes Operational Workforce, Occupational Health and the Wellbeing teams have continued to provide support for individuals and managers in managing sickness absence and helping people to remain in or return to work.

## Staff policies

The Operational Workforce team have completely changed the approach to policy review and formation throughout the last twelve months. The new approach focuses on the individual at the centre of the matter, aligns with health board strategic priorities and ensures a far more widespread engagement exercise in both the review and formulation of new policies. The programme of policy review is cyclical over a three-year period. Throughout the last year, 34 local policies and one All Wales policy have been revised and or drafted as new. A further 12 local and four all Wales policies are progressing through the approvals process or are under review. The trade union representatives have indicated their support for the new process and have also been integral to it.

## Trade union relationships

We have continued to build on the good work over the last couple of years with our trade union colleagues. Senior workforce representatives meet regularly with trade union leads on a weekly basis in addition to the formal Partnership Forum meeting structure. As referenced above, our trade union colleagues have been integral to the revised policy review process and their contribution is critical.

## Supporting research, innovation and improvement

### Regional Innovation Coordination Hub

The Ideas Hub was launched in December 2022. This online portal is accessible for anyone working in health and social care to submit ideas for innovation. 13 new ideas have been submitted to date and project proposals are being developed to progress these further.

The West Wales region has held a successful track record in taking part in the Bevan Commission's Exemplar programme, and for this year, 10 projects have been awarded Bevan Exemplar status. We are extremely pleased that out of 49 projects that applied for Cohort 8 Exemplar Programme from across Wales, 40 applications have been accepted by the Commission onto the Exemplar Programme, with West Wales projects representing 25% of this total.

## Learning and Development

### Joint apprenticeship programme

The Joint Health and Social Care Apprenticeship Programme is a collaboration between Hywel Dda University Health Board and Pembrokeshire County Council. This is the first programme in Wales to give the opportunity to provide development opportunities in both health and social care settings. The collaborative programme brings several learning programmes together into one and gives a direct pathway into employment in health and social care. The aim is for two thirds of the apprentices leave the programme to take up roles in social care and home-based care positions providing much needed support with the shortfall in recruitment in this area. The project is funded by the Regional Investment Fund and supports apprentices to have a rotational placement experience, these include adult social care, joint discharge team, residential care homes, day centres and with the care at home team. As part of this programme for the first time nine joint apprentices

attended the new Joint Community, Primary & social care skills to care induction during Nov 2022 and Jan – March 2023.

### CIPD Wales award winner best apprenticeship scheme

In March 2023, the Apprenticeship Academy won the CIPD Wales award for Best Apprenticeship Scheme. CIPD recognised Hywel Dda as the first health board in Wales to allow individuals to join the organisation with no qualification with the opportunity to progress to become a nurse, increasing the number of under 25-year-old employees within the health board, but also supporting men into nursing.

### Stepping into employment (Pathway 4)

This programme is a supported internship and collaborative project between Hywel Dda, Coleg Sir Gar and Elite. The programme was developed to support Independent Living Skills learners to achieve sustainable paid employment via work experience opportunities. The programme is situated within Prince Philip Hospital and the focus is to equip learners with the relevant skills and qualifications to support employment in their chosen area. Learners on the programme are typically between 16 and 25 and have a diagnosis of a learning disability or difficulty and/or autism. Most of the learners have progressed through Pathway 2 and 3 and this internship forms part of their final year to support them into paid employment. This programme won the HPMA Highly Commended Award for supporting those with ALN or disabilities into work (February 2023).

### The new corporate induction programme

Since its launch in August 2022, the new Corporate Induction Program has been well received. New starters attend a range of face-to-face and online sessions. Feedback has been very positive, with an average of 4.78 out of 5 stars for engaging resources and activities. The Corporate Induction programme is available in English and Welsh. Corporate Induction commences with the ‘Hywel Dda Welcome’ which focuses on the key principles of Hywel Dda, such as the Values and Behaviour Framework, A Healthier Mid and West Wales strategy, as well as key information all new employees need to know. Information is hosted on our intranet providing a central and consistent source for information. This provides signposting to other departments including Payroll, Pensions, Training, Chaplaincy and Spiritual Care. The Learning and Development Department regularly contacts new employees to check their onboarding progress and invite them to additional development opportunities including the person-centred care webinar and equality diversity and inclusion training. This helps to broaden their professional development and support them in reaching their potential.

### Clinical education induction

The new joint community skills to care induction programme for Acute and community/ Primary / Social care is being delivered working in partnership with Carmarthenshire, Pembrokeshire, and Ceredigion Social Services. There are plans to ensure links with the new primary care academy to cascade this opportunity for health care support workers in primary care. 55 Managers attended briefing events to raise awareness of the joint induction, the managers were from local authority and the independent provider care sector.

### Clinical education – Agored qualifications

Delivering work-based clinical qualifications via Agored Cymru Centre, the Agored team continues to support delivery of Level 3 occupational therapy, physiotherapy, rehabilitation, perioperative support, ophthalmology and speech and language therapy roles. Two units of accredited learning have been delivered to 12 'Grow your Own' students with the aim of supporting students with the requirements for accreditation prior to starting their nursing degree.

### New Level 4 therapy assistant practitioner diploma

Delivering the first Level 4 qualification for therapies staff in Wales, the Clinical Education team have led the way developing and rolling out a collaborative delivery of this course,15 learners are progressing through this semester. The course was supported via HEIW funding in partnership with UWTSD (University of Wales Trinity Saint David). Other health boards are accessing this course using a partnership agreement via virtual learning.

### Clinical education support for overseas nurses

The Clinical Education team has set up a whole new Objective Structured Clinical Examination (OSCE) training team and centre for overseas nurses. The new centre is equipped to support cohorts of up to 20 overseas nurses while they prepare to take their OSCE. To date, 87 Nurses have been trained in the centre. The Clinical Education team recently won the Chairs Commendation award for Compassion- going above and beyond supporting and training our new nurses.

### Grow your own route into nursing

The Grow your Own programme supports health care support workers to start their career journey towards becoming a qualified nurse. The Clinical Education team have developed new intranet pages to support widening access to applications, have conducted preselection support and are part of the interview panels.

The team worked in partnership with Swansea University to support student progress and are a point of contact for placement issues across cohorts. As our nursing route apprentices reach this stage, the team will work closely to support them with their nursing qualifications.

### Lifelong Learning Fund

Launched in April, the Lifelong Learning Fund enables staff to access up to a maximum of £100 per person to learn a new skill/craft/hobby. The funds can be used to access any form of learning or self-development, which will support new skills that will help them to recover from the experience of the pandemic and support the restoration of their well-being. The benefits of lifelong learning on health and well-being include boosting self-esteem and confidence and satisfaction from personal achievement, which in turn increases motivation and progression. This initiative is now live, supporting the rest and recovery of our workforce. Almost £20,000 has been accessed by staff from across the organisation. The Lifelong Learning Fund was also shortlisted as a finalist for the CIPD Wales Best Learning and Development Initiative.

### Interprofessional education & simulation-based education

We are committed to developing career progression opportunities for all that want them and ensuring that people have appropriate development opportunities to be the best they can be in their role. By learning together, health professionals work more effectively together and thereby improve the quality of care for patients, and families through improved team and system performance. During 2022/23, the health board has been successful in gaining approval of our Interprofessional Education Plan which covers primary, community, and secondary care. We have also been successful in developing our approach in relation to Simulation Based Education, a learning tool that supports development through experiential learning by creating or replicating a particular set of conditions which resemble real life situations. Working in Partnership with Swansea University we aim to equip our people with the knowledge, tools, and techniques appropriate for their current and future roles to help us deliver excellence in patient care.

### Mandatory training

The Learning and Development Department has put in place a range of support designed to remove barriers and improve compliance with mandatory training. This has seen a marked improvement with the health board achieving 85% of staff meeting compliance requirements of the Core Skills Training Framework. This is the benchmark set on a national level.

### Management Skills Programme

A management training campaign was launched to generate interest in development opportunities amongst junior and middle management. A new management development intranet page has launched. This provides a holding area for further resources, information, and signposting.

The Learning and Development Department has provided 12 vocationally relevant qualifications accredited by the Institute of Leadership Management and Chartered Management Institute, all of which were externally fully funded. 245 managers expressed an interest in achieving these qualifications and are in the process of attending virtual open days to gather more information on the courses available.

We have also worked to improve the interest and take up of internally run training opportunities, some of which have seen a 194% increase in bookings. Additionally, a core content programme is being scoped out to improve underpinning knowledge and develop management skills. This programme will act as a natural conduit for the Senior Leadership Programme by providing complimentary content.

### Leadership development

Developing leaders with the right skills and the right values is recognised as a key priority to enable the sustainable delivery of health services across Hywel Dda University Health Board. During 2022/23, the health board developed and delivered a number of leadership development programmes across all staff groups.

The Leadership Development team has continued to offer valuable opportunities for leaders across our organisation to support their leadership growth and development. In

addition to our internal leadership development opportunities, we continue to work in partnership with external partners and organisations such as HEIW, Academi Wales, NHS Leadership Academy and other health boards such as Cardiff and Vale. This partnership approach means we are able to increase our offer to leaders ensuring the best development opportunities are available from a range of sources.

We have run three cohorts of STAR with 37 participants in attendance. Our last STAR cohort (C3) completed in March 2022. Cohort four commences on the 20 June 2023 with 16 participants.

Our internal opportunities have included:

### Behavioural Insights in Practice

Behavioural Insights in Practice examines human behaviour and choices and explores the hidden forces that shape how we think and decide, and the influence of context and culture, including beliefs, decision-making and preferences. Programme participants were shown how to apply the key principles of behavioural science in practice working on group projects linked to the health board's strategic objectives, these were both staff and patient focused and resulted in positive and improved outcomes. The learning from this programme was extensive and fed back to Board:

- *'Having time and space out of the everyday helps thoughts to be proactive rather than reactive (able to do things differently)'*
- *'Looking at things differently and using the right nudge can achieve a different reaction or outcome'*
- *'This has been an excellent way to improve areas with patient feedback. The form is very easy to fill in, in a short time and has had lots of positive feedback and small things we can change for our patients'*
- *When opportunities arise, I will utilise the scope of the Nudge theory to promote small but might change!'*

### Leadership Engagement with Awesome People (LEAP)

Time has been spent during this year to research, create and develop this programme. LEAP was launched in January 2023 with the aim of equipping leaders to meet current and future challenges. It will:

- Challenge and create critical awareness of individual leadership approach and to encourage leaders to think and do things differently through taking practical and achievable actions
- Strengthen collaborative working, resource management and strategic decision making
- Build a shared leadership culture by establishing shared leadership behaviours, qualities, and actions

### Leadership talent management & succession planning

We are refreshing our approach to leadership talent management and succession planning to understand the talent pipelines more effectively, identifying where posts may be harder to fill so that appropriate action can be taken and to ensure a future pipeline of outstanding leaders across the health board.

Work continues to create and finalise the leadership framework and development centres for leadership talent management and succession planning which is due to be launched early summer 2023.

### Reverse mentoring for equality, diversity, and inclusion programme

The Reverse Mentoring for Equality, Diversity and Inclusion programme concluded in 2022. Reverse mentoring is where senior leaders are mentored by younger or more junior employees, exchanging knowledge, skills and understanding. Evaluations and reflections indicate that the programme was incredibly valuable for mentees, mentors, and the organisation as a whole.

### Flexible working case study - an opportunity to do things differently?

Our Organisational Development Relationship Managers have continued to help enable more good days at work in Hywel Dda Health Board. One of our case studies focused on supporting an experienced Midwife to work more flexibly to enable them to balance work and family commitments. This not only supported their needs but enabled the health board to retain a member of staff with valuable skills and experience.

### Coaching

In organisations and leadership settings, coaching is an invaluable tool for developing people, to realise their potential, enabling them to adapt and feel supported. Coaching can help build a strong talent pipeline, foster a culture of collaboration and innovation, and enhance performance in turbulent times. It reinforces the need to pause, reflect and learn before taking the next right step in a context which may be changing and uncertain.

Coaching links and underpins our leadership development portfolio and will further support our leaders as it is strongly aligned to the health boards organisational values and many aspects of the OD strategy. Coaching is fully embraced within the health board with the growth of our internal network currently having 22 qualified with a further 48 undertaking their coaching qualification.

The first coaching graduation will take place in April 2023 to celebrate the wonderful achievements of those who are newly qualified and also celebrate and appreciate the support our experienced coaches have offered over the last two years. Coaching has a positive impact of staff who have stated in their feedback:

- ‘this prompted me to self-reflect and be more aware of my feelings, thoughts, and behaviours and how they play out in my newly identified personal values’
- ‘I knew I needed a safe space to discover more about myself and where I could grow as a person’
- ‘these sessions have been instrumental in supporting me with settling down into a new job and helped me to address the confidence issues that I had been struggling with’
- ‘most important here is that it has genuinely helped me to cope through a very challenging period of my career, both professionally and personally’
- ‘it helped me to build my self-esteem as a person and challenged me to face difficult situations that I may have once avoided’

To further enhance our leadership offering, the leadership development team have created a 'Leadership Matters' portal which will provide support, resources, learning, engagement, networking and more to our leaders both current and aspiring.

## Expenditure on consultancy and temporary staff

Consultancy services are a provision for management to receive objective advice and assistance relating to strategy, structure, management or operations of an organisation in pursuant of its purposes and objectives. During the year the health board spent £1,628,603 on consultancy services as follows:

| | |
|---|---|
| **Transforming clinical services** | **£412,226** |
| **Estates Planning Advice regarding new hospital site** | **£610,362** |
| **IT consultancy** | **£499,240** |
| **Other service reviews/advice** | **£106,775** |

Expenditure on temporary staff during 2022/23 amounted to £34,678,791, including £33,833,456 in respect of registered nurses.

### Tax assurance for off-payroll appointees

In response to the WG's review of the tax arrangements of public sector appointees, which highlighted the possibility for artificial arrangements to enable tax avoidance, WG has taken a zero tolerance approach and produced a policy that has been communicated and implemented. Tax assurance evidence has been sought and scrutinised to ensure it is sufficient from all off-payroll appointees. Details of these off-payroll arrangements will be published on the health board's website following publication of the Annual Report.

**Table 1: Highly paid off-payroll worker engagements as at 31 March 2023, earning £245 per day or greater.**

| **Number (No.) of existing engagements as of 31 March 2023** | **3** |
|---|---|
| **Of which, no. that existed:** | |
| for less than 1 year | 1 |
| for between 1 and 2 years | 2 |
| for between 2 and 3 years | 0 |
| for between 3 and 4 years | 0 |
| for 4 or more years | 0 |

All existing off-payroll engagements, outlined above, have been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax, and where necessary, that assurance has been sought.

**Table 2: All highly paid off-payroll workers engaged at any point during the year ended 31 March 2023, earning £245 per day or greater**

| **No. of temporary off-payroll workers engaged during the year ended 31 March 2023** | **19** |
|---|---|
| **Of which...** | |
| Not subject to off-payroll legislation | 10 |
| Subject to off-payroll legislation and determined as in-scope of IR35 | 1 |
| Subject to off-payroll legislation and determined as out-of-scope of IR35 | 8 |
| No. of engagements reassessed for compliance or assurance purposes during the year | 0 |
| Of which: No. of engagements that saw a change to IR35 status following review | 0 |

**Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2022 and 31 March 2023**

| | |
|---|---|
| No. of off-payroll engagements of board members, and /or, senior officials with significant financial responsibility, during the financial year. | 0 |
| Total no. of individuals on payroll and off-payroll that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure should include both on payroll and off- payroll engagements. | 24 |

## Exit packages

There have not been any costs associated with redundancy in the last year. Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS). £50,634 exit costs were paid in 2022/23 in relation to settlement claims, the year of departure (2021/22 £2,500). The exit costs detailed below are accounted for in full in the year of departure on a cash basis as specified in EPN 380 Annex 13C.

Where the health board has agreed voluntary early retirement, the additional costs are met by the health board and not by the NHS pension scheme. Ill-health retirement costs are met by the NHS pension scheme and are not included in the table below. This disclosure reports the number and value of exit packages taken by staff leaving in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

The health board receives a full business case in respect of each application supported by the line manager. The Executive Director of Finance and Executive Director of Workforce and Organisational Development approve all applications prior to them being processed.

Any payments over an agreed threshold are also submitted to WG for approval prior to health board approval. Details of exit packages and severance payments are as follows:

| Exit packages cost band (including any special payment element) | **2022/23** Number of compulsory redundancies Number | **2022/23** Number of other departures Number | **2022/23** Total number of exit packages Number | **2022/23** Number of departures where special payments have been made Number | **2021/22** Total number of exit packages Number |
|---|---|---|---|---|---|
| less than £10,000 | 0 | 1 | 1 | 0 | 1 |
| £10,000 to £25,000 | 0 | 0 | 0 | 0 | 0 |
| £25,000 to £50,000 | 0 | 1 | 1 | 0 | 0 |
| £50,000 to £100,000 | 0 | 0 | 0 | 0 | 0 |
| £100,000 to £150,000 | 0 | 0 | 0 | 0 | 0 |
| £150,000 to £200,000 | 0 | 0 | 0 | 0 | 0 |
| more than £200,000 | 0 | 0 | 0 | 0 | 0 |
| **Total** | **0** | **2** | **2** | **0** | **1** |

| Exit packages cost band (including any special payment element) | **2022/23** Cost of compulsory redundancies £'s | **2022/23** Cost of other departures £'s | **2022/23** Total cost of exit packages £'s | **2022/23** Cost of special element included in exit packages £'s | **2021/22** Total cost of exit packages £'s |
|---|---|---|---|---|---|
| less than £10,000 | 0 | 1,295 | 1,295 | 0 | 2,500 |
| £10,000 to £25,000 | 0 | 0 | 0 | 0 | 0 |
| £25,000 to £50,000 | 0 | 49,338 | 49,338 | 0 | 0 |
| £50,000 to £100,000 | 0 | 0 | 0 | 0 | 0 |
| £100,000 to £150,000 | 0 | 0 | 0 | 0 | 0 |
| £150,000 to £200,000 | 0 | 0 | 0 | 0 | 0 |
| more than £200,000 | 0 | 0 | 0 | 0 | 0 |
| **Total** | **0** | **50,633** | **50,633** | **0** | **2,500** |

# Part 3 – Senedd Cymru/Welsh Parliament Accountability and Audit Report

## Regularity of Expenditure

Common with the public sector in general the health board continued to face exceptional challenges in 2022/23. The health board has a financial duty to break even over a three-year period, but it has not been able to deliver this balanced position. The expenditure of £109m which it has incurred in excess of its resource limit over that three-year period is deemed to be irregular, as is the 2022/23 expenditure in excess of its resource limit, which amounted to £59m. The health board will continue to identify efficiency and cost reduction measures in order to mitigate against future cost and service pressures and to establish financial balance in due course.

## Fees and Charges

The health board levies charges or fees on its patients in a number of areas. Where the health board makes such charges or fees, it does so in accordance with relevant Welsh Health Circulars and charging guidance. Charges are generally made on a full cost basis. None of the items for which charges are made are by themselves material to the health board, however details of some of the larger items (Dental Fees, Private and Overseas Patient income) are disclosed within Note 4 of the Annual Accounts.

## Managing Public Money

This is the required Statement for Public Sector Information Holders. In line with other Welsh NHS bodies, the health board has developed Standing Financial Instructions which enforce the principles outlined in HM Treasury on Managing Public Money. As a result, the health board confirms it has complied with cost allocation and the charging requirements set out in HM Treasury guidance during the year.

## Material Remote Contingent Liabilities

Remote contingent liabilities are those liabilities which due to the unlikelihood of a resultant charge against the health board are therefore not recognised as an expense nor as a contingent liability. Detailed below are the remote contingent liabilities as of 31 March 2023:

| | 2022/23 | 2021/22 |
|---|---|---|
| | £000's | £000's |
| Guarantees | 0 | 0 |
| Indemnities* | 1,147 | 1,427 |
| Letters of Comfort | 0 | 0 |
| Total | 1,147 | 1,427 |

** Indemnities include clinical negligence and personal injury claims against the health board.*

# The Certificate and report of the Auditor General for Wales to the Senedd

## Opinion on financial statements

I certify that I have audited the financial statements of Hywel Dda University Health Board (the LHB) for the year ended 31 March 2023 under Section 61 of the Public Audit (Wales) Act 2004.

These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Taxpayers' Equity and related notes, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion, in all material respects, the financial statements:

- give a true and fair view of the state of affairs of Hywel Dda University Health Board as at 31 March 2023 and of its net operating costs for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

## Opinion on regularity

In my opinion, except for the matter described in the Basis for Qualified Regularity Opinion on regularity section of my report, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

## Basis for Qualified Opinion on regularity

I have qualified my opinion on the regularity of the Hywel Dda University Health Board's financial statements because the Health Board has breached its revenue resource limit by spending £108.95 million over the £3,199.59 million that it was authorised to spend in the three-year period 2020-2021 to 2022-23. This spend constitutes irregular expenditure.

Further detail is set out in my Report on page 279.

## Basis for opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my certificate.

My staff and I are independent of the Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

## Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.
Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for Hywel Dda University Health Board is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

## Other information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

## Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the parts of the Accountability Report subject to audit have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Minsters' directions; and;
- the information given in the Performance and Accountability Reports for the financial year for which the financial statements are prepared is consistent with the financial statements and is in accordance with Welsh Ministers' guidance.

### Matters on which I report by exception

In the light of the knowledge and understanding of the Health Board and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report and Accountability Report.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- I have not received all the information and explanations I require for my audit;
- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Accountability Report are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed;
- certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual are not made or parts of the Remuneration Report to be audited are not in agreement with the accounting records and returns; or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

### Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities on pages 181 and 182, the Directors and the Chief Executive are responsible for:

- maintaining adequate accounting records
- the preparation of financial statements and annual report in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- ensuring that the annual report and financial statements as a whole are fair, balanced and understandable;
- ensuring the regularity of financial transactions;
- internal controls as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; and
- assessing the Health Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors and Chief Executive anticipate that the services provided by the Health Board will not continue to be provided in the future.

## Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the National Health Service (Wales) Act 2006.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the Head of Internal Audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Health Board's policies and procedures concerned with:
    - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
    - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
    - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in management override and unusual journals;
- obtaining an understanding of Health Board's framework of authority as well as other legal and regulatory frameworks that the Health Board operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the Health Board; and
- obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, the Audit and Risk Assurance Committee and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board; and

- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Health Board controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

**Other auditor's responsibilities**

I am also required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

**Report**

Please see my Report on page 279.

Adrian Crompton
Auditor General for Wales
28 July 2023

1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

# Report of the Auditor General to the Senedd

## Introduction

Under the Public Audit Wales Act 2004, I am responsible for auditing, certifying and reporting on Hywel Dda University Local Health Board's (the LHB's) financial statements. I am reporting on these financial statements for the year ended 31 March 2023 to draw attention to two key matters for my audit. These are the failure against the first financial duty and consequential qualification of my 'regularity' opinion and the failure of the second financial duty. I have not qualified my 'true and fair' opinion in respect of any of these matters.

## Financial duties

Local Health Boards are required to meet two statutory financial duties – known as the first and second financial duties. For 2022-23, Hywel Dda University Local Health Board failed to meet both the first and the second financial duty.

## Failure of the first financial duty

The **first financial duty** gives additional flexibility to LHBs by allowing them to balance their income with their expenditure over a three-year rolling period. The three-year period being measured under this duty this year is 2020-21 to 2022-23.

As shown in Note 2.1 to the Financial Statements, the LHB did not manage its revenue expenditure within its resource allocation over this three-year period, exceeding its cumulative revenue resource limit of £3,199.59 million by £108.95 million.

Where an LHB does not balance its books over a rolling three-year period, any expenditure over the resource allocation (i.e. spending limit) for those three years exceeds the LHB's authority to spend and is therefore 'irregular'. In such circumstances, I am required to qualify my 'regularity opinion' irrespective of the value of the excess spend.

## Failure of the second financial duty

The second financial duty requires LHBs to prepare and have approved by the Welsh Ministers a rolling three-year integrated medium-term plan. This duty is an essential foundation to the delivery of sustainable quality health services. An LHB will be deemed to have met this duty for 2022-23 if it submitted a 2022-23 to 2024-25 plan approved by its Board to the Welsh Ministers, who were required to review and consider approval of the plan.

As shown in Note 2.3 to the Financial Statements, the LHB did not meet its second financial duty to have an approved three-year integrated medium-term plan in place for the period 2022-23 to 2024-25.

**Adrian Crompton**
**Auditor General for Wales**
**28 July 2023**

# Chapter 3

# Financial Accounts 2022/23

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

# HYWEL DDA UNIVERSITY HEALTH BOARD

## FOREWORD

These accounts have been prepared by the Local Health Board under schedule 9 section 178 Para 3(1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers have, with the approval of the Treasury, directed.

**Statutory background**

The Local Health Board was established on 1st June 2009 and became operational on 1st October 2009 and comprises the former organisations of Hywel Dda NHS Trust and Carmarthenshire, Ceredigion and Pembrokeshire Local Health Boards.

**Performance Management and Financial Results**

Welsh Health Circular WHC/2016/054 replaces WHC/2015/014 'Statutory and Administrative Financial Duties of NHS Trusts and Local Health Boards' and further clarifies the statutory financial duties of NHS Wales bodies and is effective for 2022-23. The annual financial duty has been revoked and the statutory breakeven duty has reverted to a three year duty, with the first assessment of this duty in 2016-17.

Local Health Boards in Wales must comply fully with the Treasury's Financial Reporting Manual to the extent that it is applicable to them. As a result, the Primary Statement of in-year income and expenditure is the Statement of Comprehensive Net Expenditure, which shows the net operating cost incurred by the LHB which is funded by the Welsh Government. This funding is allocated on receipt directly to the General Fund in the Statement of Financial Position.

Under the National Health Services Finance (Wales) Act 2014, the annual requirement to achieve balance against Resource Limits has been replaced with a duty to ensure, in a rolling 3 year period, that its aggregate expenditure does not exceed its aggregate approved limits.

The Act came into effect from 1 April 2014 and under the Act the first assessment of the 3 year rolling financial duty took place at the end of 2016-17.

## Statement of Comprehensive Net Expenditure for the year ended 31 March 2023

| | Note | 2022-23 £000 | 2021-22 £000 |
|---|---|---|---|
| Expenditure on Primary Healthcare Services | 3.1 | **217,876** | 204,170 |
| Expenditure on healthcare from other providers | 3.2 | **259,628** | 250,710 |
| Expenditure on Hospital and Community Health Services | 3.3 | **748,787** | 708,966 |
| | | **1,226,291** | 1,163,846 |
| Less: Miscellaneous Income | 4 | **(71,422)** | (70,370) |
| **LHB net operating costs before interest and other gains and losses** | | **1,154,869** | 1,093,476 |
| Investment Revenue | 5 | **0** | 0 |
| Other (Gains) / Losses | 6 | **(17)** | (28) |
| Finance costs | 7 | **140** | (39) |
| **Net operating costs for the financial year** | | **1,154,992** | **1,093,409** |

See note 2 on page 26 for details of performance against Revenue and Capital allocations.

The notes on pages 8 to 73 form part of these accounts.

## Other Comprehensive Net Expenditure

| | 2022-23 £000 | 2021-22 £000 |
|---|---|---|
| Net (gain) / loss on revaluation of property, plant and equipment | **(27,943)** | (7,383) |
| Net gain/(loss) on revaluation of right of use assets | **0** | |
| Net (gain) / loss on revaluation of intangibles | **0** | 0 |
| (Gain) / loss on other reserves | **0** | 0 |
| Net (gain)/ loss on revaluation of PPE & Intangible assets held for sale | **0** | 0 |
| Net (gain)/loss on revaluation of financial assets held for sale | **0** | 0 |
| Impairment and reversals | **0** | 0 |
| Transfers between reserves | **0** | 0 |
| Transfers to / (from) other bodies within the Resource Accounting Boundary | **(582)** | 0 |
| Reclassification adjustment on disposal of available for sale financial assets | **0** | 0 |
| Other comprehensive net expenditure for the year | **(28,525)** | (7,383) |
| **Total comprehensive net expenditure for the year** | **1,126,467** | 1,086,026 |

The notes on pages 8 to 73 form part of these accounts.

## Statement of Financial Position as at 31 March 2023

| | Notes | 31 March 2023 £000 | 31 March 2022 £000 |
|---|---|---|---|
| **Non-current assets** | | | |
| Property, plant and equipment | 11 | **358,516** | 331,552 |
| Right of Use Assets | 11.3 | **9,285** | |
| Intangible assets | 12 | **2,096** | 2,784 |
| Trade and other receivables | 15 | **77,539** | 68,904 |
| Other financial assets | 16 | **1,121** | 0 |
| **Total non-current assets** | | **448,557** | 403,240 |
| **Current assets** | | | |
| Inventories | 14 | **11,542** | 10,399 |
| Trade and other receivables | 15 | **57,188** | 53,285 |
| Other financial assets | 16 | **145** | 0 |
| Cash and cash equivalents | 17 | **3,944** | 1,565 |
| | | **72,819** | 65,249 |
| Non-current assets classified as "Held for Sale" | 11 | **0** | 0 |
| **Total current assets** | | **72,819** | 65,249 |
| **Total assets** | | **521,376** | 468,489 |
| **Current liabilities** | | | |
| Trade and other payables | 18 | **(186,627)** | (175,380) |
| Other financial liabilities | 19 | **0** | 0 |
| Provisions | 20 | **(14,923)** | (22,400) |
| **Total current liabilities** | | **(201,550)** | (197,780) |
| **Net current assets/ (liabilities)** | | **(128,731)** | (132,531) |
| **Non-current liabilities** | | | |
| Trade and other payables | 18 | **(8,401)** | 0 |
| Other financial liabilities | 19 | **0** | 0 |
| Provisions | 20 | **(78,359)** | (70,059) |
| **Total non-current liabilities** | | **(86,760)** | (70,059) |
| **Total assets employed** | | **233,066** | 200,650 |
| | | | |
| **Financed by :** | | | |
| **Taxpayers' equity** | | | |
| General Fund | | **174,600** | 168,450 |
| Revaluation reserve | | **58,466** | 32,200 |
| **Total taxpayers' equity** | | **233,066** | 200,650 |

The financial statements on pages 2 to 7 were approved by the Board on 27 July 2023 and signed on its behalf by:

Chief Executive and Accountable Officer …Steve Moore…….. Date: 27 July 2023

The notes on pages 8 to 73 form part of these accounts.

## Statement of Changes in Taxpayers' Equity
## For the year ended 31 March 2023

| | General Fund | Revaluation Reserve | Total Reserves |
|---|---|---|---|
| | £000 | £000 | £000 |
| **Changes in taxpayers' equity for 2022-23** | | | |
| Balance as at 31 March 2022 | 168,450 | 32,200 | **200,650** |
| NHS Wales Transfer | 0 | 0 | **0** |
| RoU Asset Transitioning Adjustment | 187 | 0 | **187** |
| **Balance at 1 April 2022** | 168,637 | 32,200 | **200,837** |
| Net operating cost for the year | (1,154,992) | | **(1,154,992)** |
| Net gain/(loss) on revaluation of property, plant and equipment | 0 | 27,943 | **27,943** |
| Net gain/(loss) on revaluation of right of use assets | 0 | 0 | **0** |
| Net gain/(loss) on revaluation of intangible assets | 0 | 0 | **0** |
| Net gain/(loss) on revaluation of financial assets | 0 | 0 | **0** |
| Net gain/(loss) on revaluation of assets held for sale | 0 | 0 | **0** |
| Impairments and reversals | 0 | 0 | **0** |
| Other Reserve Movement | 0 | 0 | **0** |
| Transfers between reserves | 1,677 | (1,677) | **0** |
| Release of reserves to SoCNE | 0 | 0 | **0** |
| Transfers to/from LHBs | 582 | 0 | **582** |
| **Total recognised income and expense for 2022-23** | (1,152,733) | 26,266 | **(1,126,467)** |
| Net Welsh Government funding | 1,136,697 | | **1,136,697** |
| Notional Welsh Government Funding | 21,999 | | **21,999** |
| **Balance at 31 March 2023** | 174,600 | 58,466 | **233,066** |

The notes on pages 8 to 73 form part of these accounts.

## Statement of Changes in Taxpayers' Equity
## For the year ended 31 March 2022

| | General Fund £000 | Revaluation Reserve £000 | Total Reserves £000 |
|---|---|---|---|
| **Changes in taxpayers' equity for 2021-22** | | | |
| **Balance at 31 March 2021** | 140,985 | 29,415 | **170,400** |
| NHS Wales Transfer | 0 | 0 | **0** |
| RoU Asset Transitioning Adjustment | | | |
| **Balance at 1 April 2021** | 140,985 | 29,415 | **170,400** |
| Net operating cost for the year | (1,093,409) | | **(1,093,409)** |
| Net gain/(loss) on revaluation of property, plant and equipment | 0 | 7,383 | **7,383** |
| Net gain/(loss) on revaluation of right of use assets | | | |
| Net gain/(loss) on revaluation of intangible assets | 0 | 0 | **0** |
| Net gain/(loss) on revaluation of financial assets | 0 | 0 | **0** |
| Net gain/(loss) on revaluation of assets held for sale | 0 | 0 | **0** |
| Impairments and reversals | 0 | 0 | **0** |
| Other reserve movement | 0 | 0 | **0** |
| Transfers between reserves | 4,598 | (4,598) | **0** |
| Release of reserves to SoCNE | 0 | 0 | **0** |
| Transfers to/from LHBs | 0 | 0 | **0** |
| **Total recognised income and expense for 2021-22** | (1,088,811) | 2,785 | **(1,086,026)** |
| Net Welsh Government funding | 1,095,811 | | **1,095,811** |
| Notional Welsh Government Funding | 20,465 | | **20,465** |
| **Balance at 31 March 2022** | 168,450 | 32,200 | **200,650** |

The notes on pages 8 to 73 form part of these accounts.

## Statement of Cash Flows for year ended 31 March 2023

| | Notes | 2022-23 £000 | 2021-22 £000 |
|---|---|---|---|
| **Cash Flows from operating activities** | | | |
| Net operating cost for the financial year | | **(1,154,992)** | (1,093,409) |
| Movements in Working Capital | 27 | **539** | (11,868) |
| Other cash flow adjustments | 28 | **78,580** | 71,739 |
| Provisions utilised | 20 | **(12,736)** | (12,854) |
| **Net cash outflow from operating activities** | | **(1,088,609)** | (1,046,392) |
| **Cash Flows from investing activities** | | | |
| Purchase of property, plant and equipment | | **(38,569)** | (50,669) |
| Proceeds from disposal of property, plant and equipment | | **213** | 581 |
| Purchase of intangible assets | | **(872)** | (1,152) |
| Proceeds from disposal of intangible assets | | **0** | 0 |
| Payment for other financial assets | | **0** | 0 |
| Proceeds from disposal of other financial assets | | **0** | 0 |
| Payment for other assets | | **0** | 0 |
| Proceeds from disposal of other assets | | **0** | 0 |
| **Net cash inflow/(outflow) from investing activities** | | **(39,228)** | (51,240) |
| **Net cash inflow/(outflow) before financing** | | **(1,127,837)** | (1,097,632) |
| **Cash Flows from financing activities** | | | |
| Welsh Government funding (including capital) | | **1,136,697** | 1,095,811 |
| Capital receipts surrendered | | **0** | 0 |
| Capital grants received | | **0** | 1,073 |
| Capital element of payments in respect of finance leases and on-SoFP PFI Schemes | | **0** | 0 |
| Capital element of payments in respect of on-SoFP PFI | | **0** | 0 |
| Capital element of payments in respect of Right of Use Assets | | **(1,893)** | |
| Cash transferred (to)/ from other NHS bodies | | **0** | 0 |
| **Net financing** | | **1,134,804** | 1,096,884 |
| **Net increase/(decrease) in cash and cash equivalents** | | **6,967** | (748) |
| **Cash and cash equivalents (and bank overdrafts) at 1 April 2022** | | **1,565** | 2,313 |
| **Cash and cash equivalents (and bank overdrafts) at 31 March 2023** | | **8,532** | 1,565 |

The notes on pages 8 to 73 form part of these accounts.

## Notes to the Accounts

### 1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of Local Health Boards (LHB) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2022-23 Manual for Accounts. The accounting policies contained in that manual follow the 2022-23 Financial Reporting Manual (FReM) in accordance with international accounting standards in conformity with the requirements of the Companies Act 2006, to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the LHB Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the LHB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the LHB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

### 1.1. Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

### 1.2. Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

### 1.3. Income and funding

The main source of funding for the LHBs are allocations (Welsh Government funding) from the Welsh Government within an approved cash limit, which is credited to the General Fund of the LHB. Welsh Government funding is recognised in the financial period in which the cash is received.

Non-discretionary funding outside the Revenue Resource Limit is allocated to match actual expenditure incurred for the provision of specific pharmaceutical, or ophthalmic services identified by the Welsh Government. Non-discretionary expenditure is disclosed in the accounts and deducted from operating costs charged against the Revenue Resource Limit.

Funding for the acquisition of fixed assets received from the Welsh Government is credited to the General Fund.

Miscellaneous income is income which relates directly to the operating activities of the LHB and is not funded directly by the Welsh Government. This includes payment for services uniquely provided by the LHB for the Welsh Government such as funding provided to agencies and non-activity costs incurred by the LHB in its provider role. Income received from LHBs transacting with other LHBs is always treated as miscellaneous income.

From 2018-19, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FREM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. The potential amendments identified as a result of the adoption of IFRS 15 are significantly below materiality levels.

Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income had been received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred.

Only non-NHS R&D income may be deferred.

### 1.4. Employee benefits

#### 1.4.1. Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

#### 1.4.2. Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The latest NHS Pension Scheme valuation results indicated that an increase in benefit required a 6.3% increase (14.38% to 20.68%) which was implemented from 1 April 2019.

As an organisation within the full funding scope, the joint (in NHS England and NHS Wales) transitional arrangement operated from 2019-20 where employers in the Scheme would continue to pay 14.38% employer contributions under their normal monthly payment process, in Wales the additional 6.3% being funded by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency).

However, NHS Wales' organisations are required to account for **their staff** employer contributions of 20.68% in full and on a gross basis, in their annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see Other Note within these accounts.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the NHS Wales organisation commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the NHS Wales organisation's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

### 1.4.3. NEST Pension Scheme

An alternative pensions scheme for employees not eligible to join the NHS Pensions scheme has to be offered. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

### 1.5. Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

### 1.6. Property, plant and equipment

### 1.6.1. Recognition

Property, plant and equipment is capitalised if:

● it is held for use in delivering services or for administrative purposes;

● it is probable that future economic benefits will flow to, or service potential will be supplied to, the NHS Wales organisation;

● it is expected to be used for more than one financial year;

● the cost of the item can be measured reliably; and

● the item has cost of at least £5,000; or

● Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or

● Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

### 1.6.2. Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

● Land and non-specialised buildings – market value for existing use

● Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. NHS Wales' organisations have applied these new valuation requirements from 1 April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

In 2022-23 a formal revaluation exercise was applied to land and properties. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Net Expenditure (SoCNE).

From 2015-16, IFRS 13 Fair Value Measurement must be complied with in full. However, IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the NHS organisation or the asset which would prevent access to the market at the reporting date. If the NHS organisation could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

### 1.6.3. Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCNE. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This dictates that to ensure that asset carrying values are not materially overstated. For All Wales Capital Schemes that are completed in a financial year, NHS Wales organisations are required to obtain a revaluation during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs so identified are then charged to operating expenses.

## 1.7. Intangible assets

### 1.7.1. Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Wales organisation; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use.
- the intention to complete the intangible asset and use it.
- the ability to use the intangible asset.
- how the intangible asset will generate probable future economic benefits.
- the availability of adequate technical, financial and other resources to complete the intangible asset and use it.
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

**Measurement**

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

### 1.8. Depreciation, amortisation and impairments

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the NHS Wales Organisation expects to obtain economic benefits or service potential from the asset. This is specific to the NHS Wales organisation and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the NHS Wales organisation checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCNE. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCNE. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings.

### 1.9. Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits there from can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCNE on a systematic basis over the period expected to benefit from the project.

### 1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale,

within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SoCNE. On disposal, the balance for the asset on the revaluation reserve, is transferred to the General Fund.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

### 1.11 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration.

IFRS 16 leases is effective across public sector from 1 April 2022. The transition to IFRS 16 has been completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the standard have been employed. These are as follows: Hywel Dda UHB has applied the practical expedient offered in the standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 leases and IFRIC 4 determining whether an arrangement contains a lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application Hywel Dda UHB has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the standard.
The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application has been employed per paragraph C10 (c) of IFRS 16.
Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 2022 will be assessed under the requirements of IFRS 16.
There are further expedients or election that have been employed by Hywel Dda UHB in applying IFRS 16.

These include:

- the measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16
- the measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16

Hywel Dda UHB will not apply IFRS 16 to any new leases of in tangible assets applying the treatment described in section 1.14 instead.

Hywel Dda UHB is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16 Hywel Dda UHB has assessed that in all other respects these arrangements meet the definition of a lease under the standard.

The entity is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

**1.11.1 Hywel Dda UHB as lessee**

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. Hywel Dda UHB employs a revaluation model for the subsequent measurement of its right of use assets unless cost is considered to be an appropriate proxy for current value in existing use or fair value in line with the accounting policy for owned assets. Where consideration exchanged is identified as below market value, cost is not considered to be an appropriate proxy to value the right of use asset.

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the lease liability and consequently the value of the right of use asset.

The incremental borrowing rate of 0.95% has been applied to the lease liabilities recognised at the date of initial application of IFRS 16.

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are remeasured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset Hywel Dda UHB applies a revised rate to the remaining lease liability.

Where existing leases are modified Hywel Dda UHB must determine whether the arrangement constitutes a separate lease and apply the standard accordingly.

Lease payments are recognised as an expense on a straight-line or another systematic basis over the lease term, where the lease term is in substance 12 months or less, or is elected as a lease containing low value underlying asset by Hywel Dda UHB.

**1.11.2 Hywel Dda UHB as lessor**

A lessor shall classify each of its leases as an operating or finance lease. A lease is classified as finance lease when the lease substantially transfers all the risks and rewards incidental to ownership of an underlying asset. Where substantially all the risks and rewards are not transferred, a lease is classified as an operating lease.

Amounts due from lessees under finance leases are recorded as receivables at the amount of Hywel Dda UHB's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on Hywel Dda UHB's net investment outstanding in respect of the leases.

Income from operating leases is recognised on a straight-line or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Where Hywel Dda UHB is an intermediate lessor, being a lessor and a lessee regarding the same underlying asset, classification of the sublease is required to be made by the intermediate lessor considering the term of the arrangement and the nature of the right of use asset arising from the head lease.

On transition Hywel Dda UHB has reassessed the classification of all of its continuing subleasing arrangements to include peppercorn leases.

### 1.12. Inventories

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

### 1.13. Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

### 1.14. Provisions

Provisions are recognised when the NHS Wales organisation has a present legal or constructive obligation as a result of a past event, it is probable that the NHS Wales organisation will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the NHS Wales organisation has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the NHS Wales organisation has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

#### 1.14.1. Clinical negligence and personal injury costs

The Welsh Risk Pool Services (WRPS) operates a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participative NHS Wales bodies. The risk sharing option was implemented in both 2022-23 and 2021-22. The WRP is hosted by Velindre NHS University Trust.

### 1.14.2. Future Liability Scheme (FLS) - General Medical Practice Indemnity (GMPI)

The FLS is a state backed scheme to provide clinical negligence General Medical Practice Indemnity (GMPI) for providers of GMP services in Wales.

In March 2019, the Minister issued a Direction to Velindre NHS Trust to enable Legal and Risk Services to operate the Scheme. The GMPI is underpinned by new secondary legislation, The NHS (Clinical Negligence Scheme) (Wales) Regulations 2019 which came into force on 1 April 2019.

GMP Service Providers are not direct members of the GMPI FLS, their qualifying liabilities are the subject of an arrangement between them and their relevant LHB, which is a member of the scheme. The qualifying reimbursements to the LHB are not subject to the £25,000 excess.

### 1.15. Financial Instruments

From 2018-19 IFRS 9 Financial Instruments has applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by NHS Wales' organisations, was to change the calculation basis for bad debt provisions, changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

All entities applying the FReM recognised the difference between previous carrying amount and the carrying amount at the beginning of the annual reporting period that included the date of initial application in the opening general fund within Taxpayer's equity.

### 1.16. Financial assets

Financial assets are recognised on the SoFP when the NHS Wales organisation becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses. All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

### 1.16.1. Financial assets are initially recognised at fair value

Financial assets are classified into the following categories: financial assets 'at fair value through SoCNE'; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

### 1.16.2. Financial assets at fair value through SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCNE. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

### 1.16.3 Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

### 1.16.4. Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCNE on de-recognition.

### 1.16.5. Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the SOFP date, the NHS Wales organisation assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the SoCNE and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the SoCNE to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

### 1.17. Financial liabilities

Financial liabilities are recognised on the SOFP when the NHS Wales organisation becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

### 1.17.1. Financial liabilities are initially recognised at fair value

Financial liabilities are classified as either financial liabilities at fair value through the SoCNE or other financial liabilities.

### 1.17.2. Financial liabilities at fair value through the SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

### 1.17.3. Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

### 1.18. Value Added Tax (VAT)

Most of the activities of the NHS Wales organisation are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

### 1.19. Foreign currencies

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the SoCNE. At the SoFP date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

### 1.20. Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Wales organisation has no beneficial interest in them. Details of third party assets are given in the Notes to the accounts.

### 1.21. Losses and Special Payments

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCNE on an accruals basis, including losses which would have been made good through insurance cover had the NHS Wales organisation not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

The NHS Wales organisation accounts for all losses and special payments gross (including assistance from the WRP).

The NHS Wales organisation accrues or provides for the best estimate of future pay-outs for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5- 50%, the liability is disclosed as a contingent liability.

**1.22. Pooled budget**

The NHS Wales organisation has entered into pooled budgets with Local Authorities. Under the arrangements funds are pooled in accordance with section 33 of the NHS (Wales) Act 2006 for specific activities defined in the Pooled budget Note.

The pool budget is hosted by one NHS Wales's organisation. Payments for services provided are accounted for as miscellaneous income. The NHS Wales organisation accounts for its share of the assets, liabilities, income and expenditure from the activities of the pooled budget, in accordance with the pooled budget arrangement.

**1.23. Critical Accounting Judgements and key sources of estimation uncertainty**

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

**1.24. Key sources of estimation uncertainty**

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the SoFP date, that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Significant estimations are made in relation to on-going clinical negligence and personal injury claims. Assumptions as to the likely outcome, the potential liabilities and the timings of these litigation claims are provided by independent legal advisors. Any material changes in liabilities associated with these claims would be recoverable through the Welsh Risk Pool.

Significant estimations are also made for continuing care costs resulting from claims post 1 April 2003. An assessment of likely outcomes, potential liabilities and timings of these claims are made on a case by case basis. Material changes associated with these claims would be adjusted in the period in which they are revised.

Estimates are also made for contracted primary care services. These estimates are based on the latest payment levels. Changes associated with these liabilities are adjusted in the following reporting period.

**1.24.1. Provisions**

The NHS Wales organisation provides for legal or constructive obligations for clinical negligence, personal injury and defence costs that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation.

Claims are funded via the Welsh Risk Pool Services (WRPS) which receives an annual allocation from Welsh Government to cover the cost of reimbursement requests submitted to the bi-monthly WRPS Committee. Following settlement to individual claimants by the NHS Wales organisation, the full cost is recognised in year and matched to income (less a £25K excess) via a WRPS debtor, until reimbursement has been received from the WRPS Committee.

**1.24.2. Probable & Certain Cases – Accounting Treatment**

A provision for these cases is calculated in accordance with IAS 37. Cases are assessed and divided into four categories according to their probability of settlement;

| | | |
|---|---|---|
| **Remote** | Probability of Settlement | 0 – 5% |
| | Accounting Treatment | Remote Contingent Liability. |
| **Possible** | Probability of Settlement | 6% - 49% |
| | Accounting Treatment | Defence Fee - Provision |
| | Contingent Liability for all other estimated expenditure. | |
| **Probable** | Probability of Settlement | 50% - 94% |
| | Accounting Treatment | Full Provision |
| **Certain** | Probability of Settlement | 95% - 100% |
| | Accounting Treatment | Full Provision |

The provision for probable and certain cases is based on case estimates of individual reported claims received by Legal & Risk Services within NHS Wales Shared Services Partnership.

The solicitor will estimate the case value including defence fees, using professional judgement and from obtaining counsel advice. Valuations are then discounted for the future loss elements using individual life expectancies and the Government Actuary's Department actuarial tables (Ogden tables) and Personal Injury Discount Rate of minus 0.25%.

Future liabilities for certain & probable cases with a probability of 95%-100% and 50%- 94% respectively are held as a provision on the balance sheet. Cases typically take a number of years to settle, particularly for high value cases where a period of development is necessary to establish the full extent of the injury caused.

**1.24.3 Annual leave accrual**

Pre Covid 19 allowances for carry forward of annual leave have been reinstated. The individual approved requests from staff to carry forward leave have been used to derive the 2022/23 provision.

**1.24.4 Primary Care Expenditure**

As in previous years, there are a number of estimates due to the way practices are reimbursed for their services through claim forms sent to NWSSP. Therefore, primary care expenditure disclosed contains significant estimates where the value of the actual liabilities were not available prior to the date for accounts submission. Claims for a service could be paid a month or a quarter in arrears, therefore for these claims, accruals are based on a rolling three-month average. This is the case for General Medical Services (GMS), Dental and Community Pharmacy, with the exceptions being:

a) PADMs (Prescribing and Dispensing GPs) within the GMS contract - accruals were based on April to September rather than a three month average as the flu vaccination programme in the period October to December has a large effect on the run rate and would not be a suitable enough period to base an accrual for February and March on, when the flu programme has ended.

b) The Quality Access standards within the GMS contracts - accruals have remained in place for 2022-23 therefore the assumption has been made in calculating the year end accrual that there will be full achievement for 2022-23. Payment of this annual cost will be realised in June.

### 1.24.4 Primary Care Expenditure (continued)

In terms of prescribing costs for 2022-23, the Health Board has used the accrual methodology consistent with previous years.

The cost per item for all items excluding Vaccinations, Immunisations and Stoma (Net Prescribing Audit Reports - PARS) was derived by using the cost per item as detailed in the Health Board's January 2023 PAR, taking into consideration the impact of the Category M changes, effective for Q4 FY23.

The number of items used to calculate net PARS items was derived from the following methodology:

Total item growth over 10 years

10 years

Growth in reported item numbers over the past 6 months has been factored in to prescribing costs to bring item numbers in line with the average item numbers prescribed per day over the last 6 months, as published in PARS (August-January 2023).

Vaccination and Immunisation costs were calculated by applying the prior year percentage of spend to January 2022 to the YTD spend to January 2023.

Stoma costs were calculated on a straight-line basis based on the YTD cost to January 2023.

### 1.25 Discount Rates

Where discount is applied, a disclosure detailing the impact of the discounting on liabilities to be included for the relevant notes. The disclosure should include where possible undiscounted values to demonstrate the impact. An explanation of the source of the discount rate or how the discount rate has been determined to be included.

**1.26 Private Finance Initiative (PFI) transactions - Hywel Dda UHB has no PFI transactions**

### 1.27. Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.
Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

### 1.28. Absorption accounting - not applicable

### 1.29. Accounting standards that have been issued but not yet been adopted

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM

IFRS14 Regulatory Deferral Accounts
Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

IFRS 17 Insurance Contracts, Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

### 1.30. Accounting standards issued that have been adopted early

During 2022-23 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

### 1.31. Charities

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the Hywel Dda UHB has established that as it is the corporate trustee of the Hywel Dda University LHB NHS Charitable Fund, it is considered for accounting standards compliance to have control of the Hywel Dda University LHB NHS Charitable Fund as a subsidiary and therefore is required to consolidate the results of the Hywel Dda University LHB NHS Charitable Fund within the statutory accounts of the NHS Wales organisation.

The determination of control is an accounting standard test of control and there has been no change to the operation of the Hywel Dda University LHB NHS Charitable Fund or its independence in its management of charitable funds.

However, the Hywel Dda UHB has with the agreement of the Welsh Government adopted the IAS 27 (10) exemption to consolidate. Welsh Government as the ultimate parent of the Local Health Boards will disclose the Charitable Accounts of Local Health Boards in the Welsh Government Consolidated Accounts. Details of the transactions with the charity are included in the related parties' notes.

## 2. Financial Duties Performance

The National Health Service Finance (Wales) Act 2014 came into effect from 1 April 2014. The Act amended the financial duties of Local Health Boards under section 175 of the National Health Service (Wales) Act 2006. From 1 April 2014 section 175 of the National Health Service (Wales) Act places two financial duties on Local Health Boards:

- A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years
- A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, to sec ure compliance with the duty under section 175 (1) while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

The first assessment of performance against the 3 year statutory duty under section 175 (1) was at the end of 2016-17, being the first 3 year period of assessment.

Welsh Health Circular WHC/2016/054 "Statutory and Financial Duties of Local Health Boards and NHS Trusts" clarifies the statutory financial duties of NHS Wales bodies effective from 2016-17.

### 2.1 Revenue Resource Performance

**Annual financial performance**

| | 2020-21 | 2021-22 | 2022-23 | **Total** |
|---|---|---|---|---|
| | £000 | £000 | £000 | **£000** |
| **Net operating costs for the year** | 1,054,279 | 1,093,409 | 1,154,992 | **3,302,680** |
| Less general ophthalmic services expenditure and other non-cash limited expenditure | 1,889 | 1,547 | 2,431 | **5,867** |
| Less unfunded revenue consequences of bringing PFI schemes onto SoFP | 0 | 0 | 0 | **0** |
| Less unfunded revenue consequences of bringing RoU Leases onto SoFP | 0 | 0 | 0 | **0** |
| Total operating expenses | 1,056,168 | 1,094,956 | 1,157,423 | **3,308,547** |
| Revenue Resource Allocation | 1,031,258 | 1,069,956 | 1,098,379 | **3,199,593** |
| **Under /(over) spend against Allocation** | (24,910) | (25,000) | (59,044) | **(108,954)** |

Hywel Dda University LHB has not met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2020-21 to 2022-23.

The health board received non-repayable strategic cash support of £52.3m in 2022-23.

### 2.2 Capital Resource Performance

| | 2020-21 | 2021-22 | 2022-23 | **Total** |
|---|---|---|---|---|
| | £000 | £000 | £000 | **£000** |
| **Gross capital expenditure** | 35,483 | 62,677 | 34,256 | **132,416** |
| Add: Losses on disposal of donated assets | 0 | 0 | 0 | **0** |
| Less NBV of property, plant and equipment and intangible assets disposed | (455) | (553) | (196) | **(1,204)** |
| Less capital grants received | 0 | 0 | 0 | **0** |
| Less donations received | (637) | (1,073) | (476) | **(2,186)** |
| Less **initial recognition** of RoU Asset Dilapidations | 0 | 0 | 0 | **0** |
| Add: recognition of RoU Assets Dilapidations **on crystallisation** | 0 | 0 | 0 | **0** |
| Charge against Capital Resource Allocation | 34,391 | 61,051 | 33,584 | **129,026** |
| Capital Resource Allocation | 34,451 | 61,113 | 33,653 | **129,217** |
| **(Over) / Underspend against Capital Resource Allocation** | 60 | 62 | 69 | **191** |

Hywel Dda University LHB **has met** its financial duty to break-even against its Capital Resource Limit over the 3 years 2020-21 to 2022-23.

**2.3 Duty to prepare a 3 year integrated plan**

The NHS Wales Planning Framework for the period 2022-2025 issued to LHBs placed a requirement upon them to prepare and submit Integrated Medium Term Plans to the Welsh Government (WG).

Hywel Dda UHB wrote to WG, to formally notify them through an accountability letter that, unfortunately, we would not be in a position to submit a financially balanced IMTP by 31 March 2022. Instead, the Health Board submitted a draft Three-Year Plan 2022-2025, with a focus on 2022/23 actions, which we intended would set the foundations for an IMTP to be submitted in the summer.

This was based on the premise that the Health Board's underlying deficit has worsened over the last two financial years following the gaps in delivery of recurrent savings in 2020/21 and 2021/22.

Following submission of the Plan, the Chief Executive of NHS Wales wrote to the Health Board in May 2022, noting that, given our financial situation we would not be in a position to have our Plan sent to the Minister for approval. The letter also noted areas which needed review.

During the course of the work to further develop the Plan which included discussion with the Board the Health Board concluded that it would not be in a position to submit a balanced financial plan during 2022/23 and therefore the updated Plan remained an annual plan set in a three year context, rather than an IMTP. The updated plan was submitted to WG in July 2022.

WG wrote to the Health Board on 29 September 2022 to advise: “The Minister has accepted the recommendation of Welsh Government officials that the escalation status of Hywel Dda University Health Board be raised to ‘targeted intervention’ for planning and finance but will remain at ‘enhanced monitoring’ for quality issues related to performance resulting in long waiting times and poor patient experience. The reason for increasing the escalation level to targeted intervention for finance and planning is because the health board has been unable to produce an approvable three-year IMTP, or a finalised annual plan and the growing financial deficit being noted”.

The Minister for Health and Social Services extant approval

| | |
|---|---|
| **Status** | **Not Approved** |
| **Date** | |

The LHB **has not** therefore met its statutory duty to have an approved financial plan for the period 2022-2025.

**2.4 Creditor payment**

The LHB is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The LHB has achieved the following results:

| | **2022-23** | 2021-22 |
|---|---|---|
| Total number of non-NHS bills paid | **282,778** | 240,786 |
| Total number of non-NHS bills paid within target | **270,188** | 229,189 |
| Percentage of non-NHS bills paid within target | 95.5% | 95.2% |

**The LHB has met the target.**

## 3. Analysis of gross operating costs

### 3.1 Expenditure on Primary Healthcare Services

| | Cash limited £000 | Non-cash limited £000 | 2022-23 Total £000 | 2021-22 Total £000 |
|---|---|---|---|---|
| General Medical Services | 79,855 | | 79,855 | 76,935 |
| Pharmaceutical Services | 21,114 | (6,277) | 14,837 | 14,292 |
| General Dental Services | 23,308 | | 23,308 | 21,738 |
| General Ophthalmic Services | 1,360 | 3,846 | 5,206 | 5,778 |
| Other Primary Health Care expenditure | 7,972 | | 7,972 | 6,449 |
| Prescribed drugs and appliances | 86,698 | | 86,698 | 78,978 |
| **Total** | **220,307** | **(2,431)** | **217,876** | 204,170 |

GMS includes £6.595m for managed practice staff costs
.

### 3.2 Expenditure on healthcare from other providers

| | 2022-23 £000 | 2021-22 £000 |
|---|---|---|
| Goods and services from other NHS Wales Health Boards | **47,949** | 44,776 |
| Goods and services from other NHS Wales Trusts | **9,423** | 9,497 |
| Goods and services from Welsh Special Health Authorities | **0** | 2,363 |
| Goods and services from other non Welsh NHS bodies | **1,612** | 1,712 |
| Goods and services from WHSSC / EASC | **121,541** | 109,290 |
| Local Authorities | **20,059** | 19,655 |
| Voluntary organisations | **4,003** | 2,735 |
| NHS Funded Nursing Care | **3,325** | 2,888 |
| Continuing Care | **49,203** | 48,638 |
| Private providers | **2,473** | 9,131 |
| Specific projects funded by the Welsh Government | **0** | 0 |
| Other | **40** | 25 |
| **Total** | 259,628 | 250,710 |

### 3.3 Expenditure on Hospital and Community Health Services

| | 2022-23 | 2021-22 |
|---|---|---|
| | £000 | £000 |
| Directors' costs | 2,351 | 2,392 |
| Operational Staff costs | 552,152 | 520,279 |
| Single lead employer Staff Trainee Cost | 14,882 | 9,672 |
| Collaborative Bank Staff Cost | 0 | 0 |
| Supplies and services - clinical | 92,113 | 91,417 |
| Supplies and services - general | 7,160 | 10,363 |
| Consultancy Services | 1,629 | 1,741 |
| Establishment | 8,631 | 15,783 |
| Transport | 1,410 | 1,357 |
| Premises | 28,108 | 23,657 |
| External Contractors | 498 | 1,885 |
| Depreciation | 23,000 | 21,640 |
| Depreciation (Right of Use assets RoU) | 1,932 | |
| Amortisation | 750 | 472 |
| Fixed asset impairments and reversals (Property, plant & equipment) | 11,973 | 5,436 |
| Fixed asset impairments and reversals (RoU Assets) | 0 | |
| Fixed asset impairments and reversals (Intangible assets) | 0 | 0 |
| Impairments & reversals of financial assets | 0 | 0 |
| Impairments & reversals of non-current assets held for sale | 0 | 11 |
| Audit fees | 412 | 360 |
| Other auditors' remuneration | 0 | 0 |
| Losses, special payments and irrecoverable debts | 1,030 | 1,617 |
| Research and Development | 0 | 0 |
| Expense related to short-term leases | 178 | |
| Expense related to low-value asset leases (excluding short-term leases) | 583 | |
| Other operating expenses | (5) | 884 |
| **Total** | **748,787** | 708,966 |

### 3.4 Losses, special payments and irrecoverable debts: charges to operating expenses

| | 2022-23 | 2021-22 |
|---|---|---|
| **Increase/(decrease) in provision for future payments:** | **£000** | £000 |
| Clinical negligence; | | |
| Secondary care | 22,475 | 21,967 |
| Primary care | 161 | 0 |
| Redress Secondary Care | 189 | 244 |
| Redress Primary Care | 0 | 0 |
| Personal injury | (159) | 195 |
| All other losses and special payments | 468 | 342 |
| Defence legal fees and other administrative costs | 1,057 | 839 |
| Gross increase/(decrease) in provision for future payments | **24,191** | **23,587** |
| Contribution to Welsh Risk Pool | 0 | 0 |
| Premium for other insurance arrangements | 0 | 0 |
| Irrecoverable debts | 147 | 109 |
| **Less:** income received/due from Welsh Risk Pool | (23,308) | (22,079) |
| **Total** | **1,030** | 1,617 |

| | 2022-23 | 2021-22 |
|---|---|---|
| | £ | £ |
| Permanent injury included within personal injury £: | (609,907) | 75,652 |

The negative figure for permanent injury is due to the change in the interest rate from a negative rate to a positive rate.

## 4. Miscellaneous Income

| | 2022-23 £000 | 2021-22 £000 |
|---|---|---|
| Local Health Boards | 22,605 | 20,680 |
| Welsh Health Specialised Services Committee (WHSSC)/Emergency Ambulance Services Committee (EASC) | 3,079 | 2,697 |
| NHS Wales trusts | 8,587 | 8,732 |
| Welsh Special Health Authorities | 4,540 | 3,670 |
| Foundation Trusts | 0 | 0 |
| Other NHS England bodies | 4,289 | 3,737 |
| Other NHS Bodies | 148 | 0 |
| Local authorities | 5,603 | 7,815 |
| Welsh Government | 2,623 | 3,680 |
| Welsh Government Hosted bodies | 0 | 0 |
| Non NHS: | | |
| Prescription charge income | 2 | 3 |
| Dental fee income | 1,813 | 1,734 |
| Private patient income | 24 | 20 |
| Overseas patients (non-reciprocal) | 145 | 169 |
| Injury Costs Recovery (ICR) Scheme | 701 | 623 |
| Other income from activities | 513 | 614 |
| Patient transport services | 0 | 0 |
| Education, training and research | 8,235 | 7,633 |
| Charitable and other contributions to expenditure | 1,266 | 998 |
| Receipt of NWSSP Covid centrally purchased assets | 0 | 0 |
| Receipt of Covid centrally purchased assets from other organisations | 0 | 0 |
| Receipt of donated assets | 476 | 213 |
| Receipt of Government granted assets | 0 | 860 |
| Right of Use Grant (Peppercorn Lease) | 0 | |
| Non-patient care income generation schemes | 517 | 448 |
| NHS Wales Shared Services Partnership (NWSSP) | 0 | 0 |
| Deferred income released to revenue | 619 | 193 |
| Right of Use Asset Sub-leasing rental income | 0 | |
| Contingent rental income from finance leases | 0 | 0 |
| Rental income from operating leases | 345 | 514 |
| Other income: | | |
| Provision of laundry, pathology, payroll services | 190 | 147 |
| Accommodation and catering charges | 1,290 | 1,343 |
| Mortuary fees | 195 | 180 |
| Staff payments for use of cars | 209 | 217 |
| Business Unit | 0 | 0 |
| Scheme Pays Reimbursement Notional | (319) | 923 |
| Other | 3,727 | 2,527 |
| **Total** | **71,422** | 70,370 |

| | | |
|---|---|---|
| Other ' other' income Includes; | | |
| Creche Fees | 161 | 178 |
| Design Fees Recharge | 482 | 411 |
| Drugs Rebate | 662 | 612 |
| Contribution from Ty Bryngwyn Hospice | 207 | 207 |
| Werndale Recharge of CSSD packs | 140 | 137 |
| Energy performance contract | 578 | |
| **Total** | **2,230** | 1,545 |

Injury Cost Recovery (ICR) Scheme income

| | 2022-23 % | 2021-22 % |
|---|---|---|
| To reflect expected rates of collection ICR income is subject to a provision for impairment of: | 23.76 | 23.76 |

## 5. Investment Revenue

| | 2022-23 | 2021-22 |
|---|---|---|
| | £000 | £000 |
| **Rental revenue :** | | |
| PFI Finance lease income | | |
| planned | 0 | 0 |
| contingent | 0 | 0 |
| Other finance lease revenue | 0 | 0 |
| **Interest revenue :** | | |
| Bank accounts | 0 | 0 |
| Other loans and receivables | 0 | 0 |
| Impaired financial assets | 0 | 0 |
| Other financial assets | 0 | 0 |
| **Total** | 0 | 0 |

## 6. Other gains and losses

| | 2022-23 | 2021-22 |
|---|---|---|
| | £000 | £000 |
| Gain/(loss) on disposal of property, plant and equipment | 17 | 28 |
| Gain/(loss) on disposal of intangible assets | 0 | 0 |
| Gain/(loss) on disposal of assets held for sale | 0 | 0 |
| Gain/(loss) on disposal of financial assets | 0 | 0 |
| Change on foreign exchange | 0 | 0 |
| Change in fair value of financial assets at fair value through SoCNE | 0 | 0 |
| Change in fair value of financial liabilities at fair value through SoCNE | 0 | 0 |
| Recycling of gain/(loss) from equity on disposal of financial assets held for sale | 0 | 0 |
| **Total** | 17 | 28 |

## 7. Finance costs

| | 2022-23 | 2021-22 |
|---|---|---|
| | £000 | £000 |
| Interest on loans and overdrafts | 0 | 0 |
| Interest on obligations under finance leases | 12 | 0 |
| Interest on obligations under Right of Use Leases | 92 | |
| Interest on obligations under PFI contracts; | | |
| main finance cost | 0 | 0 |
| contingent finance cost | 0 | 0 |
| Interest on late payment of commercial debt | 0 | 0 |
| Other interest expense | 0 | 0 |
| **Total interest expense** | 104 | 0 |
| Provisions unwinding of discount | 36 | (39) |
| Other finance costs | 0 | 0 |
| **Total** | 140 | (39) |

## 8. Future change to SoCNE/Operating Leases

**LHB as lessee**

As at 31 March 2023 the LHB had 579 operating leases agreements.

| | Post Implementation of IFRS 16 | | Pre implementation of IFRS 16 |
|---|---|---|---|
| | Low Value & Short Term | Other | |
| **Payments recognised as an expense** | **2022-23** | **2022-23** | 2021-22 |
| | **£000** | **£000** | £000 |
| Minimum lease payments | **760** | **2,153** | 3,101 |
| Contingent rents | **0** | **0** | 0 |
| Sub-lease payments | **0** | **0** | 0 |
| **Total** | **760** | **2,153** | 3,101 |

| | | | |
|---|---|---|---|
| **Total future minimum lease payments** | | | |
| **Payable** | **£000** | **£000** | £000 |
| Not later than one year | **89** | **1,429** | 2,132 |
| Between one and five years | **152** | **1,509** | 4,459 |
| After 5 years | **0** | **0** | 1,577 |
| **Total** | **241** | **2,938** | 8,168 |

As a result of the implementation of IFRS 16 the current year operating lease figures relate to low value and short term leases only. Previously reported Expenditure £3.101m and Minimum lease Payments £2.637m transitioned to the balance sheet as right of use assets.

**LHB as lessor**

| | Post Implementation of IFRS 16 | Pre implementation of IFRS 16 |
|---|---|---|
| **Rental revenue** | **£000** | £000 |
| Rent | **292** | 436 |
| Contingent rents | **0** | 0 |
| **Total revenue rental** | **292** | 436 |

| | | |
|---|---|---|
| **Total future minimum lease payments** | | |
| **Receivable** | **£000** | £000 |
| Not later than one year | **292** | 386 |
| Between one and five years | **1,461** | 2,251 |
| After 5 years | **561** | 0 |
| **Total** | **2,314** | 2,637 |

## 9. Employee benefits and staff numbers

### 9.1 Employee costs

| | Permanent Staff | Staff on Inward Secondment | Agency Staff | Specialist Trainee (SLE) | Collaborative Bank Staff | Other | Total | 2021-22 |
|---|---|---|---|---|---|---|---|---|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Salaries and wages | 409,199 | 2,735 | 34,679 | 12,378 | 0 | 8,549 | 467,540 | 436,997 |
| Social security costs | 42,942 | 0 | 0 | 1,467 | 0 | 745 | 45,154 | 40,670 |
| Employer contributions to NHS Pension Scheme | 71,160 | 0 | 0 | 1,492 | 0 | 0 | 72,652 | 66,946 |
| Other pension costs | 319 | 0 | 0 | 0 | 0 | 0 | 319 | 265 |
| Other employment benefits | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Termination benefits | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total** | 523,620 | 2,735 | 34,679 | 15,337 | 0 | 9,294 | 585,665 | 544,878 |

| | | |
|---|---|---|
| Charged to capital | 835 | 662 |
| Charged to revenue | 584,830 | 544,216 |
| | 585,665 | 544,878 |
| Net movement in accrued employee benefits (untaken staff leave) | (11,969) | 511 |

'Other' employee costs include the following:

Medacs - Medical & Dental
Medacs - Additional Healthcare Professionals
Scheme Pay Payment Provision (PAACCS)

### 9.2 Average number of employees

| | Permanent Staff | Staff on Inward Secondment | Agency Staff | Specialist Trainee (SLE) | Collaborative Bank Staff | Other | Total | 2021-22 |
|---|---|---|---|---|---|---|---|---|
| | Number | Number | Number | Number | Number | Number | Number | Number |
| Administrative, clerical and board members | 2,163 | 2 | 1 | 0 | 0 | 0 | 2,166 | 2,028 |
| Medical and dental | 638 | 2 | 2 | 218 | 0 | 29 | 889 | 808 |
| Nursing, midwifery registered | 2,960 | 2 | 456 | 0 | 0 | 0 | 3,418 | 3,141 |
| Professional, Scientific, and technical staff | 357 | 1 | 0 | 0 | 0 | 0 | 358 | 327 |
| Additional Clinical Services | 2,266 | 0 | 2 | 0 | 0 | 0 | 2,268 | 2,099 |
| Allied Health Professions | 685 | 0 | 0 | 0 | 0 | 21 | 706 | 679 |
| Healthcare Scientists | 194 | 1 | 0 | 0 | 0 | 0 | 195 | 196 |
| Estates and Ancilliary | 836 | 0 | 9 | 0 | 0 | 0 | 845 | 891 |
| Students | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total** | 10,099 | 8 | 470 | 218 | 0 | 50 | 10,845 | 10,169 |

### 9.3. Retirements due to ill-health

| | 2022-23 | 2021-22 |
|---|---|---|
| Number | 10 | 12 |
| Estimated additional pension costs £ | 555,270 | 438,633 |

The estimated additional pension costs of these ill-health retirements have been calculated on an average basis and are borne by the NHS Pension Scheme.

### 9.4 Employee benefits

The Health Board has no employee benefits.

### 9.5 Reporting of other compensation schemes - exit packages

| Exit packages cost band (including any special payment element) | 2022-23 Number of compulsory redundancies | 2022-23 Number of other departures | 2022-23 Total number of exit packages | 2022-23 Number of departures where special payments have been made | 2021-22 Total number of exit packages |
|---|---|---|---|---|---|
| | Whole numbers only | Whole numbers only | Whole numbers only | Whole numbers only | Whole numbers only |
| less than £10,000 | 0 | 1 | 1 | 0 | 1 |
| £10,000 to £25,000 | 0 | 0 | 0 | 0 | 0 |
| £25,000 to £50,000 | 0 | 1 | 1 | 0 | 0 |
| £50,000 to £100,000 | 0 | 0 | 0 | 0 | 0 |
| £100,000 to £150,000 | 0 | 0 | 0 | 0 | 0 |
| £150,000 to £200,000 | 0 | 0 | 0 | 0 | 0 |
| more than £200,000 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 2 | 2 | 0 | 1 |

| Exit packages cost band (including any special payment element) | 2022-23 Cost of compulsory redundancies | 2022-23 Cost of other departures | 2022-23 Total cost of exit packages | 2022-23 Cost of special element included in exit packages | 2021-22 Total cost of exit packages |
|---|---|---|---|---|---|
| | £ | £ | £ | £ | £ |
| less than £10,000 | 0 | 1,295 | 1,295 | 0 | 2,500 |
| £10,000 to £25,000 | 0 | 0 | 0 | 0 | 0 |
| £25,000 to £50,000 | 0 | 49,338 | 49,338 | 0 | 0 |
| £50,000 to £100,000 | 0 | 0 | 0 | 0 | 0 |
| £100,000 to £150,000 | 0 | 0 | 0 | 0 | 0 |
| £150,000 to £200,000 | 0 | 0 | 0 | 0 | 0 |
| more than £200,000 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 50,633 | 50,633 | 0 | 2,500 |

| Exit costs paid in year of departure | Total paid in year 2022-23 | Total paid in year 2021-22 |
|---|---|---|
| | £ | £ |
| Exit costs paid in year | 50,633 | 0 |
| **Total** | 50,633 | 0 |

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS). Where the LHB has agreed early retirements, the additional costs are met by the LHB and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

**9.6 Fair Pay disclosures**

**9.6.1 Remuneration Relationship**

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director/employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce.

| | **2022-23** | **2022-23** | **2022-23** | 2021-22 | 2021-22 | 2021-22 |
|---|---|---|---|---|---|---|
| | **£000** | **£000** | **£000** | £000 | £000 | £000 |
| **Total pay and benefits** | **Chief Executive** | **Employee** | **Ratio** | Chief Executive | Employee | Ratio |
| 25th percentile pay ratio | **208** | **23** | **9.04** | 203 | 20 | 10.15 |
| Median pay | **208** | **29** | **7.17** | 203 | 32 | 6.34 |
| 75th percentile pay ratio | **208** | **43** | **4.84** | 203 | 39 | 5.21 |
| **Salary component of total pay and benefits** | | | | | | |
| 25th percentile pay ratio | **208** | **23** | **9.04** | 203 | 20 | 10.15 |
| Median pay | **208** | **29** | **7.17** | 203 | 32 | 6.34 |
| 75th percentile pay ratio | **208** | **43** | **4.84** | 203 | 39 | 5.21 |

In 2022-23, 41 (2021-22, 29) employees received remuneration in excess of the highest-paid director.

Remuneration for all staff ranged from £20,758 to £367,923 (2021-22, £18,545 to £334,158).

The all staff range includes directors (including the highest paid director) and excludes pension benefits of all employees.

The Chief Executive is the highest paid Director.

**Financial year summary**

The median pay of the workforce has remained consistent year on year.

| **9.6.2 Percentage Changes** | **2021-22 to 2022-23** | 2020-21 to 2021-22 |
|---|---|---|
| % Change from previous financial year in respect of Chief Executive | **%** | **%** |
| Salary and allowances | **2** | 2 |
| Performance pay and bonuses | **0** | 0 |
| Average % Change from previous financial year in respect of employees takes as a whole | | |
| Salary and allowances | **0** | 1 |
| Performance pay and bonuses | **0** | 0 |

### 9.7 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

**a) Accounting valuation**
A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

**b) Full actuarial (funding) valuation**
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

**c) National Employment Savings Trust (NEST)**

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,240 and £50,270 for the 2022-2023 tax year (2021-2022 £6,240 and £50,270).

Restrictions on the annual contribution limits were removed on 1st April 2017.

## 10. Public Sector Payment Policy - Measure of Compliance

### 10.1 Prompt payment code - measure of compliance

The Welsh Government requires that Health Boards pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the Health Board financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery.

| | **2022-23** | **2022-23** | 2021-22 | 2021-22 |
|---|---|---|---|---|
| **NHS** | **Number** | **£000** | Number | £000 |
| Total bills paid | 3,776 | 316,452 | 3,303 | 286,827 |
| Total bills paid within target | 3,610 | 315,273 | 3,162 | 283,597 |
| Percentage of bills paid within target | **95.6%** | **99.6%** | 95.7% | 98.9% |
| | | | | |
| **Non-NHS** | | | | |
| Total bills paid | 282,778 | 616,240 | 240,786 | 454,040 |
| Total bills paid within target | 270,188 | 603,658 | 229,189 | 438,209 |
| Percentage of bills paid within target | **95.5%** | **98.0%** | 95.2% | 96.5% |
| | | | | |
| **Total** | | | | |
| Total bills paid | **286,554** | **932,692** | 244,089 | 740,867 |
| Total bills paid within target | **273,798** | **918,931** | 232,351 | 721,806 |
| Percentage of bills paid within target | **95.5%** | **98.5%** | 95.2% | 97.4% |

### 10.2 The Late Payment of Commercial Debts (Interest) Act 1998

| | **2022-23** | 2021-22 |
|---|---|---|
| | **£** | £ |
| Amounts included within finance costs (note 7) from claims made under this legislation | **0** | 0 |
| Compensation paid to cover debt recovery costs under this legislation | **0** | 0 |
| **Total** | **0** | **0** |

## 11.1 Property, plant and equipment

| | Land £000 | Buildings, excluding dwellings £000 | Dwellings £000 | Assets under construction & payments on account £000 | Plant and machinery £000 | Transport equipment £000 | Information technology £000 | Furniture & fittings £000 | Total £000 |
|---|---|---|---|---|---|---|---|---|---|
| Cost at 31 March bf | 25,456 | 253,270 | 8,424 | 37,369 | 95,575 | 129 | 33,137 | 12,567 | 465,927 |
| NHS Wales Transfers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Prepayments | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Transfer of Finance Leases to ROU Asset Note | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Cost or valuation at 1 April 2022** | **25,456** | **253,270** | **8,424** | **37,369** | **95,575** | **129** | **33,137** | **12,567** | **465,927** |
| Indexation | **(468)** | **6,269** | **391** | **0** | **0** | **0** | **0** | **0** | **6,192** |
| Additions | | | | | | | | | |
| - purchased | **0** | **3,198** | **0** | **23,551** | **3,289** | **136** | **1,735** | **1,223** | **33,132** |
| - donated | **0** | **0** | **0** | **0** | **445** | **0** | **6** | **25** | **476** |
| - government granted | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| Transfer from/into other NHS bodies | **0** | **0** | **0** | **0** | **582** | **0** | **0** | **0** | **582** |
| Reclassifications | **0** | **30,359** | **0** | **(30,405)** | **46** | **0** | **0** | **0** | **0** |
| Revaluations | **326** | **(5,242)** | **(186)** | **0** | **0** | **0** | **0** | **0** | **(5,102)** |
| Reversal of impairments | **8** | **(1,652)** | **0** | **0** | **0** | **0** | **0** | **0** | **(1,644)** |
| Impairments | **(493)** | **(22,139)** | **0** | **(2,649)** | **0** | **0** | **0** | **0** | **(25,281)** |
| Reclassified as held for sale | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| Disposals | **0** | **0** | **0** | **0** | **(5,383)** | **0** | **0** | **0** | **(5,383)** |
| **At 31 March 2023** | **24,829** | **264,063** | **8,629** | **27,866** | **94,554** | **265** | **34,878** | **13,815** | **468,899** |
| | | | | | | | | | |
| Depreciation at 31 March bf | 0 | 39,270 | 1,882 | 0 | 63,661 | 95 | 21,411 | 8,056 | **134,375** |
| NHS Wales Transfers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Transfer of Finance Leases to ROU Asset Note | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| **Depreciation at 1 April 2022** | **0** | **39,270** | **1,882** | **0** | **63,661** | **95** | **21,411** | **8,056** | **134,375** |
| Indexation | **0** | **(2)** | **2** | **0** | **0** | **0** | **0** | **0** | **0** |
| Transfer from/into other NHS bodies | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| Reclassifications | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| Revaluations | **0** | **(24,794)** | **(1,878)** | **0** | **(181)** | **0** | **0** | **0** | **(26,853)** |
| Reversal of impairments | **0** | **(13,027)** | **0** | **0** | **0** | **0** | **0** | **0** | **(13,027)** |
| Impairments | **0** | **(1,925)** | **0** | **0** | **0** | **0** | **0** | **0** | **(1,925)** |
| Reclassified as held for sale | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| Disposals | **0** | **0** | **0** | **0** | **(5,187)** | **0** | **0** | **0** | **(5,187)** |
| Provided during the year | **0** | **9,689** | **458** | **0** | **7,577** | **7** | **3,827** | **1,442** | **23,000** |
| **At 31 March 2023** | **0** | **9,211** | **464** | **0** | **65,870** | **102** | **25,238** | **9,498** | **110,383** |
| | | | | | | | | | |
| **Net book value at 1 April 2022** | **25,456** | **214,000** | **6,542** | **37,369** | **31,914** | **34** | **11,726** | **4,511** | **331,552** |
| | | | | | | | | | |
| **Net book value at 31 March 2023** | **24,829** | **254,852** | **8,165** | **27,866** | **28,684** | **163** | **9,640** | **4,317** | **358,516** |
| | | | | | | | | | |
| **Net book value at 31 March 2023 comprises :** | | | | | | | | | |
| Purchased | **24,615** | **250,133** | **8,165** | **27,866** | **26,963** | **163** | **9,563** | **4,224** | **351,692** |
| Donated | **214** | **4,719** | **0** | **0** | **879** | **0** | **70** | **93** | **5,975** |
| Government Granted | **0** | **0** | **0** | **0** | **842** | **0** | **7** | **0** | **849** |
| **At 31 March 2023** | **24,829** | **254,852** | **8,165** | **27,866** | **28,684** | **163** | **9,640** | **4,317** | **358,516** |
| **Asset financing :** | | | | | | | | | |
| Owned | **24,829** | **254,852** | **8,165** | **27,866** | **28,684** | **163** | **9,640** | **4,317** | **358,516** |
| Held on finance lease | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| On-SoFP PFI contracts | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| PFI residual interests | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **At 31 March 2023** | **24,829** | **254,852** | **8,165** | **27,866** | **28,684** | **163** | **9,640** | **4,317** | **358,516** |

**The net book value of land, buildings and dwellings at 31 March 2023 comprises :**

| | £000 |
|---|---|
| Freehold | **284,900** |
| Long Leasehold | **2,946** |
| Short Leasehold | **0** |
| | **287,846** |

Valuers 'material uncertainty', in valuation. The disclosure relates to the materiality in the valuation report not that of the underlying account. **0**

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1 April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. LHBs are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

During 2022-23 there were some equipment transfers from the National Equipment Reserve & NHS Regional Leads network. The legal transfer of these did not take place during 2022/23 due to late notification of transfer. The total estimated value of these are £25,000.

## 11.1 Property, plant and equipment

| | Land £000 | Buildings, excluding dwellings £000 | Dwellings £000 | Assets under construction & payments on account £000 | Plant and machinery £000 | Transport equipment £000 | Information technology £000 | Furniture & fittings £000 | Total £000 |
|---|---|---|---|---|---|---|---|---|---|
| **Cost or valuation at 1 April 2021** | 24,952 | 236,937 | 7,944 | 12,430 | 82,428 | 93 | 29,495 | 12,001 | 406,280 |
| Indexation | 299 | 7,821 | 375 | 0 | 0 | 0 | 0 | 0 | 8,495 |
| Additions | | | | | | | | | |
| - purchased | 0 | 1,005 | 0 | 38,714 | 15,784 | 36 | 3,601 | 569 | 59,709 |
| - donated | 0 | 0 | 0 | 0 | 212 | 0 | 0 | 0 | 212 |
| - government granted | 0 | 0 | 0 | 27 | 821 | 0 | 0 | 0 | 848 |
| Transfer from/into other NHS bodies | 0 | 0 | 0 | 0 | (456) | 0 | 0 | 0 | (456) |
| Reclassifications | 0 | 13,656 | 105 | (13,802) | 0 | 0 | 41 | 0 | 0 |
| Revaluations | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Reversal of impairments | 205 | 2,608 | 0 | 0 | 0 | 0 | 0 | 0 | 2,813 |
| Impairments | 0 | (8,757) | 0 | 0 | (541) | 0 | 0 | 0 | (9,298) |
| Reclassified as held for sale | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Disposals | 0 | 0 | 0 | 0 | (2,673) | 0 | 0 | (3) | (2,676) |
| **At 31 March 2022** | 25,456 | 253,270 | 8,424 | 37,369 | 95,575 | 129 | 33,137 | 12,567 | 465,927 |
| | | | | | | | | | |
| **Depreciation at 1 April 2021** | 0 | 29,489 | 1,443 | 0 | 60,437 | 93 | 17,491 | 6,679 | 115,632 |
| Indexation | 0 | 1,124 | 68 | 0 | 0 | 0 | 0 | 0 | 1,192 |
| Transfer from/into other NHS bodies | 0 | 0 | 0 | 0 | (364) | 0 | 0 | 0 | (364) |
| Reclassifications | 0 | (2) | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| Revaluations | 0 | 0 | 0 | 0 | (72) | 0 | 0 | 0 | (72) |
| Reversal of impairments | 0 | (573) | 0 | 0 | 0 | 0 | 0 | 0 | (573) |
| Impairments | 0 | (386) | 0 | 0 | (90) | 0 | 0 | 0 | (476) |
| Reclassified as held for sale | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Disposals | 0 | 0 | 0 | 0 | (2,601) | 0 | 0 | (3) | (2,604) |
| Provided during the year | 0 | 9,618 | 369 | 0 | 6,351 | 2 | 3,920 | 1,380 | 21,640 |
| **At 31 March 2022** | 0 | 39,270 | 1,882 | 0 | 63,661 | 95 | 21,411 | 8,056 | 134,375 |
| | | | | | | | | | |
| **Net book value at 1 April 2021** | 24,952 | 207,448 | 6,501 | 12,430 | 21,991 | 0 | 12,004 | 5,322 | 290,648 |
| | | | | | | | | | |
| **Net book value at 31 March 2022** | 25,456 | 214,000 | 6,542 | 37,369 | 31,914 | 34 | 11,726 | 4,511 | 331,552 |
| | | | | | | | | | |
| **Net book value at 31 March 2022 comprises :** | | | | | | | | | |
| Purchased | 25,203 | 209,795 | 6,542 | 37,369 | 30,145 | 34 | 11,612 | 4,388 | 325,088 |
| Donated | 253 | 4,181 | 0 | 0 | 758 | 0 | 103 | 123 | 5,418 |
| Government Granted | 0 | 24 | 0 | 0 | 1,011 | 0 | 11 | 0 | 1,046 |
| **At 31 March 2022** | 25,456 | 214,000 | 6,542 | 37,369 | 31,914 | 34 | 11,726 | 4,511 | 331,552 |
| **Asset financing :** | | | | | | | | | |
| Owned | 25,456 | 214,000 | 6,542 | 37,369 | 31,914 | 34 | 11,726 | 4,511 | 331,552 |
| Held on finance lease | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| On-SoFP PFI contracts | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PFI residual interests | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **At 31 March 2022** | 25,456 | 214,000 | 6,542 | 37,369 | 31,914 | 34 | 11,726 | 4,511 | 331,552 |

**The net book value of land, buildings and dwellings at 31 March 2022 comprises :**

| | £000 |
|---|---|
| Freehold | 329,869 |
| Long Leasehold | 1,683 |
| Short Leasehold | 0 |
| | 331,552 |

Valuers 'material uncertainty', in valuation. The disclosure relates to the materiality in the valuation report not that of the underlying account. **0**

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1 April 2017. The valuation has been prepared in accordance with the terms of the Royal Institute of Chartered Surveyors Valuation Standards, 6th Edition . LHB s are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

**11. Property, plant and equipment (continued)**

**Disclosures:**

**i) Donated Assets**
Hywel Dda LHB has received the following donated assets during the year:

| | |
|---|---|
| Hywel Dda General Fund Charity (1147683) Plant and Machinery | £470,291 |
| Other Contributions | £5,944 |
| Total Donated Assets | 476,235 |

**ii) Valuations**
The LHBs land and Buildings were revalued by the Valuation Office Agency with an effective date of 1 April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards.
The LHB is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in operation.

**iii) Asset Lives**
Depreciated as follows:
- Land is not depreciated.
- Buildings as determined by the Valuation Office Agency.
- Equipment 5-15 years.

**iv) Compensation**
There has been no compensation received from third parties for assets impaired, lost or given up, that is included in the income statement.

**v) Write Downs**
There have been no write downs.

**vi)** The LHB does not hold any property where the value is materially different from its open market value.

**vii) Assets Held for Sale or sold in the period.**
There are not assets held for sale or sold in the period other than surplus Plant and Machinery.

**viii) Reinforced Autoclaved Aerated Concrete (RAAC)**
RAAC has been identified within the Health Board Estate. The detailed extent and condition of the NHS Wales organisations identified as having RAAC has yet to be completed. Thus to make an informed assessment to determine the remaining life assessment of the buildings further work is required. This work is being undertaken at present across all of the NHS Estate (which will hopefully be completed by late summer 2023) which will enable such an assessment to be made for the 23-24 financial year.

## 11. Property, plant and equipment

### 11.2 Non-current assets held for sale

| | Land | Buildings, including dwelling | Other property, plant and equipment | Intangible assets | Other assets | Total |
|---|---|---|---|---|---|---|
| | £000 | £000 | £000 | £000 | £000 | £000 |
| **Balance brought forward 1 April 2022** | 0 | 0 | 0 | 0 | 0 | **0** |
| Plus assets classified as held for sale in the year | 0 | 0 | 0 | 0 | 0 | **0** |
| Revaluation | 0 | 0 | 0 | 0 | 0 | **0** |
| Less assets sold in the year | 0 | 0 | 0 | 0 | 0 | **0** |
| Add reversal of impairment of assets held for sale | 0 | 0 | 0 | 0 | 0 | **0** |
| Less impairment of assets held for sale | 0 | 0 | 0 | 0 | 0 | **0** |
| Less assets no longer classified as held for sale, for reasons other than disposal by sale | 0 | 0 | 0 | 0 | 0 | **0** |
| **Balance carried forward 31 March 2023** | 0 | 0 | 0 | 0 | 0 | **0** |
| | | | | | | |
| **Balance brought forward 1 April 2021** | 196 | 196 | 0 | 0 | 0 | **392** |
| Plus assets classified as held for sale in the year | 0 | 0 | 0 | 0 | 0 | **0** |
| Revaluation | 8 | 0 | 0 | 0 | 0 | **8** |
| Less assets sold in the year | (193) | (196) | 0 | 0 | 0 | **(389)** |
| Add reversal of impairment of assets held for sale | 0 | 0 | 0 | 0 | 0 | **0** |
| Less impairment of assets held for sale | (11) | 0 | 0 | 0 | 0 | **(11)** |
| Less assets no longer classified as held for sale, for reasons other than disposal by sale | 0 | 0 | 0 | 0 | 0 | **0** |
| **Balance carried forward 31 March 2022** | 0 | 0 | 0 | 0 | 0 | **0** |

### 11.3 Right of Use Assets

The organisation's right of use asset leases are disclosed across the relevant headings below. Most are individually insignificant, however, one is significant in its own right: Equipment provided under the Managed Services Contract for Pathology - NBV at 31 March 2023 £1.605m.

| 2022-23 | Land £000 | Land & buildings £000 | Buildings £000 | Dwellings £000 | Plant and machinery £000 | Transport equipment £000 | Information technology £000 | Furniture & fittings £000 | Total £000 |
|---|---|---|---|---|---|---|---|---|---|
| **Cost or valuation at 31 March** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lease prepayments in relation to RoU Assets | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Transfer of Finance Leases from PPE Note | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Operating Leases Transitioning | 182 | 7617 | 0 | 0 | 2048 | 288 | 496 | 0 | 10631 |
| **Cost or valuation at 1 April** | **182** | **7617** | **0** | **0** | **2048** | **288** | **496** | **0** | **10631** |
| Additions | 41 | 87 | 0 | 0 | 201 | 257 | 0 | 0 | 586 |
| Transfer from/into other NHS bodies | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Reclassifications | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Revaluations | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Reversal of impairments | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Impairments | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| De-recognition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **At 31 March** | **223** | **7704** | **0** | **0** | **2249** | **545** | **496** | **0** | **11217** |
| **Depreciation at 31 March** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Transfer of Finance Leases from PPE Note | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Operating Leases Transitioning | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Depreciation at 1 April** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| Recognition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Transfers from/into other NHS bodies | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Reclassifications | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Revaluations | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Reversal of impairments | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Impairments | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| De-recognition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Provided during the year | 11 | 1199 | 0 | 0 | 317 | 228 | 177 | 0 | 1932 |
| **At 31 March** | **11** | **1199** | **0** | **0** | **317** | **228** | **177** | **0** | **1932** |
| **Net book value at 1 April** | **182** | **7617** | **0** | **0** | **2048** | **288** | **496** | **0** | **10631** |
| **Net book value at 31 March** | **212** | **6505** | **0** | **0** | **1932** | **317** | **319** | **0** | **9285** |

| RoU Asset Total Value Split by Lessor Lessor | Land £000 | Land & buildings £000 | Buildings £000 | Dwellings £000 | Plant and machinery £000 | Transport equipment £000 | Information technology £000 | Furniture & fittings £000 | Total £000 |
|---|---|---|---|---|---|---|---|---|---|
| NHS Wales Peppercorn Leases | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| NHS Wales Market Value Leases | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Public Sector Peppercorn Leases | 177 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 177 |
| Other Public Sector Market Value Leases | 0 | 1792 | 0 | 0 | 0 | 0 | 0 | 0 | 1792 |
| Private Sector Peppercorn Leases | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Private Sector Market Value Leases | 35 | 4709 | 0 | 0 | 1932 | 317 | 319 | 0 | 7312 |
| **Total** | 212 | 6505 | 0 | 0 | 1932 | 317 | 319 | 0 | 9285 |

## 11.3 Right of Use Assets continued

### Quantitative disclosures

| Maturity analysis<br>**Contractual undiscounted cash flows relating to lease liabilities** | **£000** |
|---|---|
| Less than 1 year | 1,935 |
| 2-5 years | 5,258 |
| > 5 years | 2,237 |
| **Total** | **9,430** |

| **Lease Liabilities (net of irrecoverable VAT)** | **£000** |
|---|---|
| Current | 1,856 |
| Non-Current | 7,280 |
| **Total** | **9,136** |

| **Amounts Recognised in Statement of Comprehensive Net Expenditure** | **£000** |
|---|---|
| Depreciation | 1,932 |
| Impairment | 0 |
| Variable lease payments not included in lease liabilities - Interest expense | 92 |
| Sub-leasing income | 0 |
| Expense related to short-term leases | 178 |
| Expense related to low-value asset leases (excluding short-term leases) | 583 |

| **Amounts Recognised in Statement of Cashflows (net of irrecoverable VAT )** | **£000** |
|---|---|
| Interest expense | 92 |
| Repayments of principal on leases | 1,893 |
| **Total** | **1,985** |

## 12. Intangible non-current assets

**2022-23**

| | Software (purchased) | Software (internally generated) | Licences and trademarks | Patents | Development expenditure-internally generated | Assets under Construction | Total |
|---|---|---|---|---|---|---|---|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Cost or valuation at 1 April 2022 | 5,947 | 0 | 77 | 0 | 0 | 0 | 6,024 |
| Revaluation | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Reclassifications | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Reversal of impairments | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Impairments | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Additions- purchased | 62 | 0 | 0 | 0 | 0 | 0 | 62 |
| Additions- internally generated | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Additions- donated | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Additions- government granted | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Reclassified as held for sale | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Transfers | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Disposals | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Gross cost at 31 March 2023** | 6,009 | 0 | 77 | 0 | 0 | 0 | 6,086 |
| Amortisation at 1 April 2022 | 3,163 | 0 | 77 | 0 | 0 | 0 | 3,240 |
| Revaluation | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Reclassifications | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Reversal of impairments | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Impairment | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Provided during the year | 750 | 0 | 0 | 0 | 0 | 0 | 750 |
| Reclassified as held for sale | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Transfers | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Disposals | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Amortisation at 31 March 2023** | 3,913 | 0 | 77 | 0 | 0 | 0 | 3,990 |
| **Net book value at 1 April 2022** | 2,784 | 0 | 0 | 0 | 0 | 0 | 2,784 |
| **Net book value at 31 March 2023** | 2,096 | 0 | 0 | 0 | 0 | 0 | 2,096 |
| **NBV at 31 March 2023** | | | | | | | |
| Purchased | 2,088 | 0 | 0 | 0 | 0 | 0 | 2,088 |
| Donated | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Government Granted | 8 | 0 | 0 | 0 | 0 | 0 | 8 |
| Internally generated | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total at 31 March 2023** | 2,096 | 0 | 0 | 0 | 0 | 0 | 2,096 |

## 12. Intangible non-current assets
**2021-22**

| | Software (purchased) | Software (internally generated) | Licences and trademarks | Patents | Development expenditure- internally generated | Assets under Construction | **Total** |
|---|---|---|---|---|---|---|---|
| | £000 | £000 | £000 | £000 | £000 | £000 | **£000** |
| **Cost or valuation at 1 April 2021** | 4,040 | 0 | 77 | 0 | 0 | 0 | 4,117 |
| Revaluation | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Reclassifications | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Reversal of impairments | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Impairments | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Additions- purchased | 1,895 | 0 | 0 | 0 | 0 | 0 | **1,895** |
| Additions- internally generated | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Additions- donated | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Additions- government granted | 12 | 0 | 0 | 0 | 0 | 0 | **12** |
| Reclassified as held for sale | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Transfers | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Disposals | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| **Gross cost at 31 March 2022** | **5,947** | **0** | **77** | **0** | **0** | **0** | **6,024** |
| **Amortisation at 1 April 2021** | **2,691** | **0** | 77 | 0 | 0 | 0 | **2,768** |
| Revaluation | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Reclassifications | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Reversal of impairments | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Impairment | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Provided during the year | 472 | 0 | 0 | 0 | 0 | 0 | **472** |
| Reclassified as held for sale | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Transfers | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Disposals | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| **Amortisation at 31 March 2022** | **3,163** | **0** | **77** | **0** | **0** | **0** | **3,240** |
| **Net book value at 1 April 2021** | **1,349** | **0** | **0** | **0** | **0** | **0** | **1,349** |
| **Net book value at 31 March 2022** | **2,784** | **0** | **0** | **0** | **0** | **0** | **2,784** |
| **NBV at 31 March 2022** | | | | | | | |
| Purchased | 2,774 | 0 | 0 | 0 | 0 | 0 | **2,774** |
| Donated | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Government Granted | 10 | 0 | 0 | 0 | 0 | 0 | **10** |
| Internally generated | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| **Total at 31 March 2022** | **2,784** | **0** | **0** | **0** | **0** | **0** | **2,784** |

**Additional Disclosures re Intangible Assets**

Computer Software & Licences are capitalised at their purchased price.
Computer Software & Licences are not indexed as IT assets and are not subject to indexation.
The assets are amortised monthly over their expected life.
The gross carrying amount of fully amortised intangible assets still in use as at 31 March 2023 was £2,489,883.

## 13 . Impairments

| | 2022-23 Property, plant & equipment £000 | 2022-23 Right of Use Assets £000 | 2022-23 Intangible assets £000 | 2021-22 Property, plant & equipment £000 | 2021-22 Right of Use Assets £000 | 2021-22 Intangible assets £000 |
|---|---|---|---|---|---|---|
| Impairments arising from : | | | | | | |
| Loss or damage from normal operations | 0 | 0 | 0 | 0 | | 0 |
| Abandonment in the course of construction | 0 | 0 | 0 | 0 | | 0 |
| Over specification of assets (Gold Plating) | 0 | 0 | 0 | 0 | | 0 |
| Loss as a result of a catastrophe | 0 | 0 | 0 | 0 | | 0 |
| Unforeseen obsolescence | 0 | 0 | 0 | 0 | | 0 |
| Changes in market price | 0 | 0 | 0 | 0 | | 0 |
| Others (specify) | 24,176 | 0 | 0 | 8,834 | | 0 |
| Reversal of Impairments | (11,383) | 0 | 0 | (3,386) | | 0 |
| **Total of all impairments** | **12,793** | **0** | **0** | 5,448 | | 0 |
| **Analysis of impairments charged to reserves in year :** | | | | | | |
| Charged to the Statement of Comprehensive Net Expenditure | 11,973 | 0 | 0 | 5,448 | | 0 |
| Charged to Revaluation Reserve | 820 | 0 | 0 | 0 | | 0 |
| **Total** | **12,793** | **0** | **0** | 5,448 | | 0 |

| Other includes: | |
|---|---|
| 5 yearly revaluation of estate | 10,770 |
| Revaluation of schemes on compleition of major projects: | |
| Prince Philip Hospital Day Surgery Unit | 11,970 |
| Prince Philip Hospital CT Installation works | 890 |
| Withubush Hospital CT Insallation works | 546 |
| Total | 24,176 |

## 14.1 Inventories

| | **31 March 2023 £000** | 31 March 2022 £000 |
|---|---|---|
| Drugs | **5,843** | 5,052 |
| Consumables | **5,442** | 5,014 |
| Energy | **257** | 333 |
| Work in progress | **0** | 0 |
| Other | **0** | 0 |
| **Total** | **11,542** | 10,399 |
| Of which held at realisable value | **0** | 0 |

## 14.2 Inventories recognised in expenses

| | **31 March 2023 £000** | 31 March 2022 £000 |
|---|---|---|
| Inventories recognised as an expense in the period | **0** | 0 |
| Write-down of inventories (including losses) | **0** | 0 |
| Reversal of write-downs that reduced the expense | **0** | 0 |
| **Total** | **0** | **0** |

## 15. Trade and other Receivables

| **Current** | **31 March 2023 £000** | 31 March 2022 £000 |
|---|---|---|
| Welsh Government | **166** | 2,857 |
| WHSSC / EASC | **728** | 2,079 |
| Welsh Health Boards | **2,301** | 535 |
| Welsh NHS Trusts | **1,907** | 3,319 |
| Welsh Special Health Authorities | **653** | 266 |
| Non - Welsh Trusts | **39** | 40 |
| Other NHS | **829** | 327 |
| 2019-20 Scheme Pays - Welsh Government Reimbursement | **604** | 923 |
| **Welsh Risk Pool Claim reimbursement** | | |
| NHS Wales Secondary Health Sector | **29,662** | 28,672 |
| NHS Wales Primary Sector FLS Reimbursement | **182** | 4 |
| NHS Wales Redress | **1,268** | 1,390 |
| Other | **0** | 0 |
| Local Authorities | **1,469** | 2,135 |
| Capital debtors - Tangible | **0** | 0 |
| Capital debtors - Intangible | **0** | 0 |
| Other debtors | **12,618** | 6,886 |
| Provision for irrecoverable debts | **(930)** | (1,077) |
| Pension Prepayments NHS Pensions | **0** | 0 |
| Pension Prepayments NEST | **0** | 0 |
| Other prepayments | **5,692** | 4,929 |
| Other accrued income | **0** | 0 |
| **Sub total** | **57,188** | 53,285 |
| **Non-current** | | |
| Welsh Government | **0** | 0 |
| WHSSC / EASC | **0** | 0 |
| Welsh Health Boards | **0** | 0 |
| Welsh NHS Trusts | **0** | 0 |
| Welsh Special Health Authorities | **0** | 0 |
| Non - Welsh Trusts | **0** | 0 |
| Other NHS | **0** | 0 |
| 2019-20 Scheme Pays - Welsh Government Reimbursement | **0** | 0 |
| **Welsh Risk Pool Claim reimbursement;** | | |
| NHS Wales Secondary Health Sector | **77,539** | 68,904 |
| NHS Wales Primary Sector FLS Reimbursement | **0** | 0 |
| NHS Wales Redress | **0** | 0 |
| Other | **0** | 0 |
| Local Authorities | **0** | 0 |
| Capital debtors - Tangible | **0** | 0 |
| Capital debtors - Intangible | **0** | 0 |
| Other debtors | **0** | 0 |
| Provision for irrecoverable debts | **0** | 0 |
| Pension Prepayments NHS Pensions | **0** | 0 |
| Pension Prepayments NEST | **0** | 0 |
| Other prepayments | **0** | 0 |
| Other accrued income | **0** | 0 |
| **Sub total** | **77,539** | 68,904 |
| **Total** | **134,727** | 122,189 |

## 15. Trade and other Receivables (continued)

**Receivables past their due date but not impaired**

| | 31 March 2023 £000 | 31 March 2022 £000 |
|---|---|---|
| By up to three months | **764** | 195 |
| By three to six months | **78** | 26 |
| By more than six months | **116** | 48 |
| | **958** | 269 |

**Expected Credit Losses (ECL) / Provision for impairment of receivables**

| | | |
|---|---|---|
| Balance at 1 April | **(1,077)** | (967) |
| Transfer to other NHS Wales body | **0** | 0 |
| Amount written off during the year | **80** | 0 |
| Amount recovered during the year | **0** | 0 |
| (Increase) / decrease in receivables impaired | **67** | (110) |
| Bad debts recovered during year | **0** | 0 |
| Balance at 31 March | **(930)** | (1,077) |

In determining whether a debt is impaired consideration is given to the age of the debt and the results of actions taken to recover the debt, including reference to credit agencies.

**Receivables VAT**

| | | |
|---|---|---|
| Trade receivables | **658** | 889 |
| Other | **0** | 0 |
| Total | **658** | 889 |

## 16. Other Financial Assets

| | Current | | Non-current | |
|---|---|---|---|---|
| | **31 March 2023** | 31 March 2022 | **31 March 2023** | 31 March 2022 |
| | **£000** | £000 | **£000** | £000 |
| **Financial assets** | | | | |
| Shares and equity type investments | | | | |
| Held to maturity investments at amortised costs | **0** | 0 | **0** | 0 |
| At fair value through SOCNE | **0** | 0 | **0** | 0 |
| Available for sale at FV | **0** | 0 | **0** | 0 |
| Deposits | **0** | 0 | **0** | 0 |
| Loans | **0** | 0 | **0** | 0 |
| Derivatives | **0** | 0 | **0** | 0 |
| Other (Specify) | | | | |
| Right of Use Asset Finance Sublease | **145** | | **1,121** | |
| Held to maturity investments at amortised costs | **0** | 0 | **0** | 0 |
| At fair value through SOCNE | **0** | 0 | **0** | 0 |
| Available for sale at FV | **0** | 0 | **0** | 0 |
| **Total** | **145** | **0** | **1,121** | **0** |

## 17. Cash and cash equivalents

| | **2022-23** | 2021-22 |
|---|---|---|
| | **£000** | £000 |
| Balance at 1 April | **1,565** | 2,313 |
| Net change in cash and cash equivalent balances | **2,379** | (748) |
| Balance at 31 March | **3,944** | 1,565 |
| | | |
| Made up of: | | |
| Cash held at GBS | **3,680** | 1,385 |
| Commercial banks | **245** | 160 |
| Cash in hand | **19** | 20 |
| **Cash and cash equivalents as in Statement of Financial Position** | **3,944** | 1,565 |
| Bank overdraft - GBS | **0** | 0 |
| Bank overdraft - Commercial banks | **0** | 0 |
| **Cash and cash equivalents as in Statement of Cash Flows** | **3,944** | 1,565 |

The movement relates to cash, no comparative information is required by IAS 7 in 2022-23.

## 18. Trade and other payables

| **Current** | **31 March 2023** | 31 March 2022 |
|---|---|---|
| | **£000** | £000 |
| Welsh Government | **19** | 0 |
| WHSSC / EASC | **2,533** | 910 |
| Welsh Health Boards | **1,941** | 693 |
| Welsh NHS Trusts | **2,480** | 1,770 |
| Welsh Special Health Authorities | **58** | 94 |
| Other NHS | **9,268** | 8,950 |
| Taxation and social security payable / refunds | **6,530** | 4,692 |
| Refunds of taxation by HMRC | **0** | 0 |
| VAT payable to HMRC | **0** | 0 |
| Other taxes payable to HMRC | **0** | 0 |
| NI contributions payable to HMRC | **6,850** | 5,817 |
| Non-NHS payables - Revenue | **30,547** | 27,040 |
| Local Authorities | **12,256** | 10,642 |
| Capital payables- Tangible | **14,030** | 19,467 |
| Capital payables- Intangible | **227** | 1,037 |
| Overdraft | **0** | 0 |
| Rentals due under operating leases | **0** | 0 |
| RoU Lease Liability | **2,001** | |
| Obligations under finance leases, HP contracts | | 0 |
| Imputed finance lease element of on SoFP PFI contracts | **0** | 0 |
| Pensions: staff | **0** | 0 |
| Non NHS Accruals | **80,436** | 83,649 |
| Deferred Income: | | |
| Deferred Income brought forward | **620** | 237 |
| Deferred Income Additions | **1,030** | 576 |
| Transfer to / from current/non current deferred income | **0** | 0 |
| Released to SoCNE | **(619)** | (193) |
| Other creditors | **16,420** | 9,999 |
| PFI assets –deferred credits | **0** | 0 |
| Payments on account | **0** | 0 |
| **Sub Total** | **186,627** | 175,380 |
| | | |
| **Non-current** | | |
| Welsh Government | **0** | 0 |
| WHSSC / EASC | **0** | 0 |
| Welsh Health Boards | **0** | 0 |
| Welsh NHS Trusts | **0** | 0 |
| Welsh Special Health Authorities | **0** | 0 |
| Other NHS | **0** | 0 |
| Taxation and social security payable / refunds | **0** | 0 |
| Refunds of taxation by HMRC | **0** | 0 |
| VAT payable to HMRC | **0** | 0 |
| Other taxes payable to HMRC | **0** | 0 |
| NI contributions payable to HMRC | **0** | 0 |
| Non-NHS payables - Revenue | **0** | 0 |
| Local Authorities | **0** | 0 |
| Capital payables- Tangible | **0** | 0 |
| Capital payables- Intangible | **0** | 0 |
| Overdraft | **0** | 0 |
| Rentals due under operating leases | **0** | 0 |
| RoU Lease Liability | **8,401** | |
| Obligations under finance leases, HP contracts | | 0 |
| Imputed finance lease element of on SoFP PFI contracts | **0** | 0 |
| Pensions: staff | **0** | 0 |
| Non NHS Accruals | **0** | 0 |
| Deferred Income : | | |
| Deferred Income brought forward | **0** | 0 |
| Deferred Income Additions | **0** | 0 |
| Transfer to / from current/non current deferred income | **0** | 0 |
| Released to SoCNE | **0** | 0 |
| Other creditors | **0** | 0 |
| PFI assets –deferred credits | **0** | 0 |
| Payments on account | **0** | 0 |
| **Sub Total** | **8,401** | 0 |
| **Total** | **195,028** | 175,380 |

It is intended to pay all invoices within the 30 day period directed by the Welsh Government.

The value below relates to all IFRS16 liabilities.

| **RoU Lease Liability Transitioning & Transferring** | **£000** |
|---|---|
| RoU liability as at 31 March 2022 | **0** |
| Transfer of Finance Leases from PPE Note | **0** |
| Operating Leases Transitioning | **10,402** |
| RoU Lease liability as at 1 April 2022 | **10,402** |

## 18. Trade and other payables (continued).

| Amounts falling due more than one year are expected to be settled as follows: | 31 March 2023 £000 | 31 March 2022 £000 |
|---|---|---|
| Between one and two years | 1,830 | 0 |
| Between two and five years | 3,860 | 0 |
| In five years or more | 2,711 | 0 |
| Sub-total | 8,401 | 0 |

## 19. Other financial liabilities

| | Current | | Non-current | |
|---|---|---|---|---|
| **Financial liabilities** | **31 March 2023 £000** | 31 March 2022 £000 | **31 March 2023 £000** | 31 March 2022 £000 |
| Financial Guarantees: | | | | |
| At amortised cost | 0 | 0 | 0 | 0 |
| At fair value through SoCNE | 0 | 0 | 0 | 0 |
| Derivatives at fair value through SoCNE | 0 | 0 | 0 | 0 |
| Other: | | | | |
| At amortised cost | 0 | 0 | 0 | 0 |
| At fair value through SoCNE | 0 | 0 | 0 | 0 |
| **Total** | **0** | 0 | **0** | 0 |

## 20. Provisions

| | At 1 April 2022 | Structured settlement cases transferred to Risk Pool | Transfer of provisions to creditors | Transfer between current and non-current | Arising during the year | Utilised during the year | Reversed unused | Unwinding of discount | At 31 March 2023 |
|---|---|---|---|---|---|---|---|---|---|
| **Current** | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Clinical negligence:- | | | | | | | | | |
| Secondary care | 15,323 | 0 | (10,126) | (527) | 14,642 | 648 | (11,004) | 0 | 8,956 |
| Primary care | 0 | 0 | 0 | 0 | 161 | 0 | 0 | 0 | 161 |
| Redress Secondary care | 939 | 0 | (10) | 0 | 638 | (105) | (449) | 0 | 1,013 |
| Redress Primary care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Personal injury | 4,592 | 0 | 0 | 18 | 580 | (686) | (739) | 36 | 3,801 |
| All other losses and special payments | 0 | 0 | 0 | 0 | 468 | (468) | 0 | 0 | 0 |
| Defence legal fees and other administration | 811 | 0 | 0 | 103 | 1,009 | (615) | (473) | | 835 |
| Pensions relating to former directors | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 |
| Pensions relating to other staff | 11 | | | 0 | 11 | (16) | 0 | 0 | 6 |
| 2019-20 Scheme Pays - Reimbursement | 18 | | | 2 | 0 | (11) | 0 | 0 | 9 |
| Restructuring | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 |
| RoU Asset Dilapidations CAME | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Capital Provisions | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 706 | | (53) | 0 | 248 | (329) | (430) | | 142 |
| **Total** | 22,400 | 0 | (10,189) | (404) | 17,757 | (1,582) | (13,095) | 36 | 14,923 |
| **Non Current** | | | | | | | | | |
| Clinical negligence:- | | | | | | | | | |
| Secondary care | 68,496 | 0 | 0 | 527 | 27,775 | (10,872) | (8,938) | 0 | 76,988 |
| Primary care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Redress Secondary care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Redress Primary care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Personal injury | 18 | 0 | 0 | (18) | 0 | 0 | 0 | 0 | 0 |
| All other losses and special payments | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Defence legal fees and other administration | 640 | 0 | 0 | (103) | 586 | (282) | (65) | | 776 |
| Pensions relating to former directors | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 |
| Pensions relating to other staff | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 |
| 2019-20 Scheme Pays - Reimbursement | 905 | | | (2) | 0 | 0 | (308) | 0 | 595 |
| Restructuring | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 |
| RoU Asset Dilapidations CAME | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Capital Provisions | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 0 | | 0 | 0 | 0 | 0 | 0 | | 0 |
| **Total** | 70,059 | 0 | 0 | 404 | 28,361 | (11,154) | (9,311) | 0 | 78,359 |
| **TOTAL** | | | | | | | | | |
| Clinical negligence:- | | | | | | | | | |
| Secondary care | 83,819 | 0 | (10,126) | 0 | 42,417 | (10,224) | (19,942) | 0 | 85,944 |
| Primary care | 0 | 0 | 0 | 0 | 161 | 0 | 0 | 0 | 161 |
| Redress Secondary care | 939 | 0 | (10) | 0 | 638 | (105) | (449) | 0 | 1,013 |
| Redress Primary care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Personal injury | 4,610 | 0 | 0 | 0 | 580 | (686) | (739) | 36 | 3,801 |
| All other losses and special payments | 0 | 0 | 0 | 0 | 468 | (468) | 0 | 0 | 0 |
| Defence legal fees and other administration | 1,451 | 0 | 0 | 0 | 1,595 | (897) | (538) | | 1,611 |
| Pensions relating to former directors | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 |
| Pensions relating to other staff | 11 | | | 0 | 11 | (16) | 0 | 0 | 6 |
| 2019-20 Scheme Pays - Reimbursement | 923 | | | 0 | 0 | (11) | (308) | 0 | 604 |
| Restructuring | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 |
| RoU Asset Dilapidations CAME | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Capital Provisions | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 706 | | (53) | 0 | 248 | (329) | (430) | | 142 |
| **Total** | 92,459 | 0 | (10,189) | 0 | 46,118 | (12,736) | (22,406) | 36 | 93,282 |

**Expected timing of cash flows:**

| | In year to 31 March 2024 | Between 1 April 2024 31 March 2028 | Thereafter | Total |
|---|---|---|---|---|
| | | | | £000 |
| Clinical negligence:- | | | | |
| Secondary care | 8,956 | 76,988 | 0 | 85,944 |
| Primary care | 161 | 0 | 0 | 161 |
| Redress Secondary care | 1,013 | 0 | 0 | 1,013 |
| Redress Primary care | 0 | 0 | 0 | 0 |
| Personal injury | 3,801 | 0 | 0 | 3,801 |
| All other losses and special payments | 0 | 0 | 0 | 0 |
| Defence legal fees and other administration | 835 | 776 | 0 | 1,611 |
| Pensions relating to former directors | 0 | 0 | 0 | 0 |
| Pensions relating to other staff | 6 | 0 | 0 | 6 |
| 2019-20 Scheme Pays - Reimbursement | 9 | 17 | 578 | 604 |
| Restructuring | 0 | 0 | 0 | 0 |
| RoU Asset Dilapidations CAME | 0 | 0 | 0 | 0 |
| Other Capital Provisions | 0 | 0 | 0 | 0 |
| Other | 142 | 0 | 0 | 142 |
| **Total** | 14,923 | 77,781 | 578 | 93,282 |

## 20. Provisions (continued)

| | At 1 April 2021 | Structured settlement cases transferred to Risk Pool | Transfer of provisions to creditors | Transfer between current and non-current | Arising during the year | Utilised during the year | Reversed unused | Unwinding of discount | At 31 March 2022 |
|---|---|---|---|---|---|---|---|---|---|
| **Current** | **£000** | **£000** | **£000** | **£000** | **£000** | **£000** | **£000** | **£000** | **£000** |
| Clinical negligence:- | | | | | | | | | |
| Secondary care | 11,051 | 0 | 375 | 4,916 | 18,819 | (8,027) | (11,811) | 0 | **15,323** |
| Primary care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Redress Secondary care | 893 | 0 | 41 | 0 | 597 | (239) | (353) | 0 | **939** |
| Redress Primary care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Personal injury | 4,894 | 0 | 77 | 0 | 263 | (518) | (86) | (38) | **4,592** |
| All other losses and special payments | 0 | 0 | 0 | 0 | 346 | (342) | (4) | 0 | **0** |
| Defence legal fees and other administration | 824 | 0 | 0 | 156 | 1,031 | (692) | (508) | | **811** |
| Pensions relating to former directors | 0 | | | 0 | 0 | 0 | 0 | 0 | **0** |
| Pensions relating to other staff | 20 | | | 0 | 9 | (18) | 0 | 0 | **11** |
| 2019-20 Scheme Pays - Reimbursement | 0 | | | 0 | 18 | 0 | 0 | 0 | **18** |
| Restructuring | 0 | | | 0 | 0 | 0 | 0 | 0 | **0** |
| Other | 3,434 | | (474) | 0 | 580 | (2,570) | (264) | | **706** |
| **Total** | **21,116** | **0** | **19** | **5,072** | **21,663** | **(12,406)** | **(13,026)** | **(38)** | **22,400** |
| **Non Current** | | | | | | | | | |
| Clinical negligence:- | | | | | | | | | |
| Secondary care | 58,702 | 0 | 0 | (4,916) | 15,429 | (249) | (470) | 0 | **68,496** |
| Primary care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Redress Secondary care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Redress Primary care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Personal injury | 0 | 0 | 0 | 0 | 18 | 0 | 0 | 0 | **18** |
| All other losses and special payments | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Defence legal fees and other administration | 679 | 0 | 0 | (156) | 368 | (199) | (52) | | **640** |
| Pensions relating to former directors | 0 | | | 0 | 0 | 0 | 0 | 0 | **0** |
| Pensions relating to other staff | 0 | | | 0 | 0 | 0 | 0 | 0 | **0** |
| 2019-20 Scheme Pays - Reimbursement | 0 | | | 0 | 905 | 0 | 0 | 0 | **905** |
| Restructuring | 0 | | | 0 | 0 | 0 | 0 | 0 | **0** |
| Other | 0 | | 0 | 0 | 0 | 0 | 0 | | **0** |
| **Total** | **59,381** | **0** | **0** | **(5,072)** | **16,720** | **(448)** | **(522)** | **0** | **70,059** |
| **TOTAL** | | | | | | | | | |
| Clinical negligence:- | | | | | | | | | |
| Secondary care | 69,753 | 0 | 375 | 0 | 34,248 | (8,276) | (12,281) | 0 | **83,819** |
| Primary care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Redress Secondary care | 893 | 0 | 41 | 0 | 597 | (239) | (353) | 0 | **939** |
| Redress Primary care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Personal injury | 4,894 | 0 | 77 | 0 | 281 | (518) | (86) | (38) | **4,610** |
| All other losses and special payments | 0 | 0 | 0 | 0 | 346 | (342) | (4) | 0 | **0** |
| Defence legal fees and other administration | 1,503 | 0 | 0 | 0 | 1,399 | (891) | (560) | | **1,451** |
| Pensions relating to former directors | 0 | | | 0 | 0 | 0 | 0 | 0 | **0** |
| Pensions relating to other staff | 20 | | | 0 | 9 | (18) | 0 | 0 | **11** |
| 2019-20 Scheme Pays - Reimbursement | 0 | | | 0 | 923 | 0 | 0 | 0 | **923** |
| Restructuring | 0 | | | 0 | 0 | 0 | 0 | 0 | **0** |
| Other | 3,434 | | (474) | 0 | 580 | (2,570) | (264) | | **706** |
| **Total** | **80,497** | **0** | **19** | **0** | **38,383** | **(12,854)** | **(13,548)** | **(38)** | **92,459** |

## 21. Contingencies

### 21.1 Contingent liabilities

| Provisions have not been made in these accounts for the following amounts : | 2022-23 £'000 | 2021-22 £'000 |
|---|---|---|
| Legal claims for alleged medical or employer negligence:- | | |
| Secondary care | 91,824 | 108,513 |
| Primary care | 1,175 | 155 |
| Redress Secondary care | 0 | 0 |
| Redress Primary care | 0 | 0 |
| Doubtful debts | 0 | 0 |
| Equal Pay costs | 0 | 0 |
| Defence costs | 1,817 | 2,112 |
| Continuing Health Care costs | 494 | 481 |
| Other | 0 | 0 |
| Total value of disputed claims | 95,310 | 111,261 |
| Amounts (recovered) in the event of claims being successful | (92,479) | (107,945) |
| **Net contingent liability** | 2,831 | 3,316 |

Contingent Liability - Reinforced Autoclaved Aerated Concrete (RAAC)

An issue has been identified with RAAC within the Health Board Estate and investigative work and surveys are ongoing to ascertain the extent and financial impact of any remedial work. Given the uncertainties surrounding the timing of the conclusion to the investigative work and its findings to be known, it is not possible to estimate the financial effect.

## 21.2 Remote Contingent liabilities

| | 2022-23 £000 | 2021-22 £000 |
|---|---|---|
| Guarantees | 0 | 0 |
| Indemnities | 1,147 | 1,427 |
| Letters of Comfort | 0 | 0 |
| **Total** | **1,147** | **1,427** |

## 21.3 Contingent assets

| | 2022-23 £000 | 2021-22 £000 |
|---|---|---|
| | 0 | 0 |
| | 0 | 0 |
| | 0 | 0 |
| **Total** | **0** | 0 |

## 22. Capital commitments

**Contracted capital commitments at 31 March**

The disclosure of future capital commitments not already disclosed as liabilities in the accounts.

| | 2022-23 £000 | 2021-22 £000 |
|---|---|---|
| Property, plant and equipment | 11,663 | 14,182 |
| Right of Use Assets | 0 | |
| Intangible assets | 0 | 0 |
| **Total** | **11,663** | 14,182 |

## 23. Losses and special payments

Losses and special payments are charged to the Statement of Comprehensive Net Expenditure in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore, this note is prepared on a cash basis.

**Gross loss to the Exchequer**

Number of cases and associated amounts paid out during the financial year

| | Amounts paid out during period to 31 March 2023 | |
|---|---|---|
| | Number | £ |
| Clinical negligence | 63 | 10,223,664 |
| Personal injury | 29 | 686,221 |
| All other losses and special payments | 200 | 573,622 |
| **Total** | 292 | 11,483,507 |

**Analysis of cases in excess of £300,000**

| | Case Type | In year claims in excess of £300,000 | | Cumulative claims in excess o £300,000 | |
|---|---|---|---|---|---|
| | | Number | £ | Number | £ |
| **Cases in excess of £300,000:** | | | | | |
| 12RYNMN0077 | Clinical Negligence | 0 | 0 | 1 | 9,354,500 |
| 17RYNMN0094 | Clinical Negligence | 1 | 46,831 | 1 | 3,916,459 |
| 12RYNMN0056 | Clinical Negligence | 0 | 0 | 1 | 3,003,661 |
| 15RYNMN0034 | Clinical Negligence | 1 | 1,190,000 | 1 | 2,262,345 |
| 16RYNMN0070 | Clinical Negligence | 0 | 0 | 1 | 1,930,000 |
| 13RYNMN0041 | Clinical Negligence | 1 | 720,000 | 1 | 1,870,000 |
| 17RYNMN0070 | Clinical Negligence | 1 | 1,600,125 | 1 | 1,856,189 |
| 18RYNMN0076 | Clinical Negligence | 1 | 1,810,000 | 1 | 1,810,000 |
| 17RYNMN0072 | Clinical Negligence | 1 | 900,000 | 1 | 925,000 |
| 16RYNMN0026 | Clinical Negligence | 1 | 55,000 | 1 | 830,000 |
| 21RYNMN0008 | Clinical Negligence | 0 | 0 | 1 | 795,000 |
| 06RR6MN0026 | Clinical Negligence | 0 | 0 | 1 | 665,465 |
| 19RYNMN0013 | Clinical Negligence | 1 | 556,000 | 1 | 556,000 |
| 14RYNMN0075 | Clinical Negligence | 1 | 130,000 | 1 | 480,000 |
| 18RYNMN0022 | Clinical Negligence | 0 | 0 | 1 | 415,585 |
| 16RYNMN0015 | Clinical Negligence | 0 | 0 | 1 | 400,000 |
| 18RYNPI0016 | Clinical Negligence | 0 | 0 | 1 | 390,856 |
| 20RYNPI0010 | Clinical Negligence | 1 | 377,000 | 1 | 377,000 |
| 17RYNMN0048 | Clinical Negligence | 1 | 76,000 | 1 | 346,000 |
| 18RYNMN0070 | Personal Injury | 1 | 316,000 | 1 | 330,000 |
| 11RYNMN0026 | Personal Injury | 0 | 0 | 1 | 311,499 |
| 18RYNMN0042 | Clinical Negligence | 1 | 70,000 | 1 | 310,000 |
| 15RYNPI0017 | Clinical Negligence | 1 | 24,143 | 1 | 307,280 |
| **Sub-total** | | **14** | **7,871,099** | **23** | **33,442,839** |
| **All other cases** | | 278 | 3,612,408 | 336 | 10,340,250 |
| **Total cases** | | **292** | **11,483,507** | **359** | **43,783,089** |

## 24. Right of Use / Finance leases obligations

### 24.1 Obligations (as lessee)

The Local Health Board has two finance leases payable as a lessee, following the implementation of IFRS 16.

| Amounts payable under right of use asset / finance leases: | Post Implementation of IFRS 16 (RoU) | Pre implementation of IFRS 16 (FL) |
|---|---|---|
| **Land** | **31 March 2023** | 31 March 2022 |
| | **£000** | £000 |
| **Minimum lease payments** | | |
| Within one year | **9** | 0 |
| Between one and five years | **27** | 0 |
| After five years | **0** | 0 |
| Less finance charges allocated to future periods | **(1)** | 0 |
| Minimum lease payments | **35** | 0 |
| | | |
| Included in: | | |
| Current borrowings | **9** | 0 |
| Non-current borrowings | **26** | 0 |
| | **35** | 0 |
| | | |
| **Present value of minimum lease payments** | | |
| Within one year | **9** | 0 |
| Between one and five years | **26** | 0 |
| After five years | **0** | 0 |
| Present value of minimum lease payments | **35** | 0 |
| | | |
| Included in: | | |
| Current borrowings | **9** | 0 |
| Non-current borrowings | **26** | 0 |
| | **35** | 0 |

## 24.1 Right of Use / Finance leases obligations

| Buildings | Post Implementation of IFRS 16 (RoU) | Pre implementation of IFRS 16 (FL) |
|---|---|---|
| | **31 March 2023** | 31 March 2022 |
| **Minimum lease payments** | **£000** | £000 |
| Within one year | **1,393** | 0 |
| Between one and five years | **4,340** | 0 |
| After five years | **2,321** | 0 |
| Less finance charges allocated to future periods | **(270)** | 0 |
| Minimum lease payments | **7,784** | 0 |
| Included in: | | |
| Current borrowings | **1,328** | 0 |
| Non-current borrowings | **6,455** | 0 |
| | **7,783** | 0 |
| **Present value of minimum lease payments** | | |
| Within one year | **1,375** | 0 |
| Between one and five years | **4,195** | 0 |
| After five years | **2,139** | 0 |
| Present value of minimum lease payments | **7,709** | 0 |
| Included in: | | |
| Current borrowings | **1,375** | 0 |
| Non-current borrowings | **6,334** | 0 |
| | **7,709** | 0 |

| Other- Non property | Post Implementation of IFRS 16 (RoU) | Pre implementation of IFRS 16 (FL) |
|---|---|---|
| | **31 March 2023** | 31 March 2022 |
| **Minimum lease payments** | **£000** | £000 |
| Within one year | **689** | 0 |
| Between one and five years | **1,518** | 0 |
| After five years | **451** | 0 |
| Less finance charges allocated to future periods | **(74)** | 0 |
| Minimum lease payments | **2,584** | 0 |
| Included in: | | |
| Current borrowings | **665** | 0 |
| Non-current borrowings | **1,919** | 0 |
| | **2,584** | 0 |
| **Present value of minimum lease payments** | | |
| Within one year | **679** | 0 |
| Between one and five years | **1,461** | 0 |
| After five years | **421** | 0 |
| Present value of minimum lease payments | **2,561** | 0 |
| Included in: | | |
| Current borrowings | **679** | 0 |
| Non-current borrowings | **1,882** | 0 |
| | **2,561** | 0 |

## 24.2 Right of Use Assets / Finance lease receivables (as lessor)

The Local Health Board has two finance leases receivable as a lessor.

| Amounts receivable under right of use assets / finance leases: | Post Implementation of IFRS 16 (RoU) | Pre implementation of IFRS 16 (FL) |
|---|---|---|
| | 31 March 2023 | 31 March 2022 |
| **Gross Investment in leases** | £000 | £000 |
| Within one year | 157 | 0 |
| Between one and five years | 626 | 0 |
| After five years | 535 | 0 |
| Less finance charges allocated to future periods | (51) | 0 |
| Minimum lease payments | 1,267 | 0 |
| Included in: | | |
| Current financial assets | 145 | 0 |
| Non-current financial assets | 1,121 | 0 |
| | 1,266 | 0 |
| **Present value of minimum lease payments** | | |
| Within one year | 154 | 0 |
| Between one and five years | 603 | 0 |
| After five years | 497 | 0 |
| Less finance charges allocated to future periods | 0 | 0 |
| Present value of minimum lease payments | 1,254 | 0 |
| Included in: | | |
| Current financial assets | 154 | 0 |
| Non-current financial assets | 1,100 | 0 |
| | 1,254 | 0 |

## 25. Private Finance Initiative contracts - Hywel Dda UHB has no PFI contracts

### 25.1 PFI schemes off-Statement of Financial Position

The LHB has no PFI Schemes off-statement of financial position.

| **Commitments under off-SoFP PFI contracts** | **Off-SoFP PFI contracts** | Off-SoFP PFI contracts |
|---|---|---|
| | **31 March 2023** | 31 March 2022 |
| | **£000** | £000 |
| Total payments due within one year | **0** | 0 |
| Total payments due between 1 and 5 years | **0** | 0 |
| Total payments due thereafter | **0** | 0 |
| Total future payments in relation to PFI contracts | **0** | 0 |
| Total estimated capital value of off-SoFP PFI contracts | **0** | 0 |

### 25.2 PFI schemes on-Statement of Financial Position

| **Capital value of scheme included in Fixed Assets Note 11** | **£000** |
|---|---|
| | **0** |
| **Contract start date:** | |
| **Contract end date:** | |

**Total obligations for on-Statement of Financial Position PFI contracts due:**

| | **On SoFP PFI Capital element 31 March 2023** | **On SoFP PFI Imputed interest 31 March 2023** | **On SoFP PFI Service charges 31 March 2023** |
|---|---|---|---|
| | **£000** | **£000** | **£000** |
| Total payments due within one year | **0** | **0** | **0** |
| Total payments due between 1 and 5 years | **0** | **0** | **0** |
| Total payments due thereafter | **0** | **0** | **0** |
| Total future payments in relation to PFI contracts | **0** | **0** | **0** |

| | On SoFP PFI Capital element 31 March 2022 | On SoFP PFI Imputed interest 31 March 2022 | On SoFP PFI Service charges 31 March 2022 |
|---|---|---|---|
| | £000 | £000 | £000 |
| Total payments due within one year | 0 | 0 | 0 |
| Total payments due between 1 and 5 years | 0 | 0 | 0 |
| Total payments due thereafter | 0 | 0 | 0 |
| Total future payments in relation to PFI contracts | 0 | 0 | 0 |

| | **31/03/2023** |
|---|---|
| | **£000** |
| Total present value of obligations for on-SoFP PFI contracts | **0** |

| 25.3 Charges to expenditure | 2022-23 | 2021-22 |
|---|---|---|
| | £000 | £000 |
| Service charges for On Statement of Financial Position PFI contracts (excl interest costs) | 0 | 0 |
| Total expense for Off Statement of Financial Position PFI contracts | 0 | 0 |
| The total charged in the year to expenditure in respect of PFI contracts | 0 | 0 |

The LHB is committed to the following annual charges

| PFI scheme expiry date: | £000 | £000 |
|---|---|---|
| Not later than one year | 0 | 0 |
| Later than one year, not later than five years | 0 | 0 |
| Later than five years | 0 | 0 |
| **Total** | 0 | 0 |

The estimated annual payments in future years will vary from those which the LHB is committed to make during the next year by the impact of movement in the Retail Prices Index.

**25.4 Number of PFI contracts**

| | Number of on SoFP PFI contracts | Number of off SoFP PFI contracts |
|---|---|---|
| Number of PFI contracts | 0 | 0 |
| Number of PFI contracts which individually have a total commitment > £500m | 0 | 0 |

| PFI Contract | On / Off-statement of financial position |
|---|---|
| Number of PFI contracts which individually have a total commitment > £500m | 0 |

**PFI Contract**

**25.5 The LHB has no Public Private Partnerships**

**26. Financial risk management**

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. The LHB is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which these standards mainly apply. The LHB has limited powers to invest and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the LHB in undertaking its activities.

**Currency risk**

The LHB is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The LHB has no overseas operations. The LHB therefore has low exposure to currency rate fluctuations.

**Interest rate risk**

LHBs are not permitted to borrow. The LHB therefore has low exposure to interest rate fluctuations.

**Credit risk**

Because the majority of the LHB's funding derives from funds voted by the Welsh Government the LHB has low exposure to credit risk.

**Liquidity risk**

The LHB is required to operate within cash limits set by the Welsh Government for the financial year and draws down funds from the Welsh Government as the requirement arises. The LHB is not, therefore, exposed to significant liquidity risks.

## 27. Movements in working capital

| | 2022-23 £000 | 2021-22 £000 |
|---|---|---|
| (Increase)/decrease in inventories | (1,143) | (1,370) |
| (Increase)/decrease in trade and other receivables - non-current | (9,756) | (9,880) |
| (Increase)/decrease in trade and other receivables - current | (4,048) | (11,078) |
| Increase/(decrease) in trade and other payables - non-current | 8,401 | (1,123) |
| Increase/(decrease) in trade and other payables - current | 11,247 | 22,438 |
| **Total** | 4,701 | (1,013) |
| Adjustment for accrual movements in fixed assets - creditors | (4,155) | (10,843) |
| Adjustment for accrual movements in fixed assets - debtors | 0 | 0 |
| Other adjustments | (7) | (12) |
| | 539 | (11,868) |

## 28. Other cash flow adjustments

| | 2022-23 £000 | 2021-22 £000 |
|---|---|---|
| Depreciation | 23,000 | 21,640 |
| Amortisation | 750 | 472 |
| (Gains)/Loss on Disposal | (17) | (28) |
| Impairments and reversals | 11,973 | 5,447 |
| Release of PFI deferred credits | 0 | 0 |
| NWSSP Covid assets issued debited to expenditure but non-cash | 0 | 0 |
| Covid assets received credited to revenue but non-cash | 0 | 0 |
| Donated assets received credited to revenue but non-cash | (476) | (213) |
| Government Grant assets received credited to revenue but non-cash | 0 | (860) |
| Right of Use Grant (Peppercorn Lease) credited to revenue but non cash | 0 | |
| Non-cash movements in provisions | 18,147 | 24,816 |
| Other movements | 25,203 | 20,465 |
| **Total** | 78,580 | 71,739 |

## 29. Events after the Reporting Period

**NHS Wales Recovery payment 2022-23**
NHS Wales bodies were notified in a pay circular letter issued on 25 May 2023 by the Welsh Government, of the additional pay arrangements for employees covered by the Agenda for Change terms and conditions in Wales for 2022-23, which will be funded by the Welsh Government.

NHS Wales bodies will make a one off non-consolidated, prorated “recovery payment” for staff employed on the Agenda for Change terms and conditions (this includes most NHS staff including nursing staff but excludes medical staff).

## 30. Related Party Transactions

**A number of the UHB's Board members have interests in related parties as follows:**

| Name | Details | Interests |
|---|---|---|
| Ann Murphy | Independent Member | Member of Royal College of Nursing (RCN) |
| Chantal Patel (started 1 August 2022) | Independent Member | Associate Professor, Swansea University |
| Gareth John (left 14 June 2022) | Independent Member | County Councillor, Carmarthenshire<br>Member of Delta Wellbeing Governance Group, Carmarthen Town Council |
| Hazel Lloyd-Lubran | Associate Member, Chair, Stakeholder Reference Group | Ceredigion Association of Voluntary Organisations (CAVO) |
| Huw Thomas | Director of Finance | Partner working in Carmarthenshire County Council<br>Honorary Professor in Aberystwyth University |
| John Gammon (left 31 July 2022) | Independent Member | Independent Member on Pembrokeshire College Board |
| Iwan Thomas | Independent Member | Independent Board Member on Pembrokeshire College Board (Chair)<br>Chief Executive of PLANED |
| Judith Hardisty | Independent Member | Assessor for the Corporate Health Standard under auspices of A2 Consultancy who are instructed by Welsh Government |
| Lisa Gostling | Director of Workforce & OD | Independent Board Member on Pembrokeshire College Board |
| Maynard Davies | Independent Member | Member of the Information Governance Review Panel for the SAIL Databank run by Swansea University |
| Mohammed Nazemi | Associate Member, Chair Healthcare Professionals Forum | Director & Shareholder & Ownership in Magawell Ltd<br>Shareholder & Ownership in Jamo Group Ltd<br>Board member of Community Pharmacy Wales<br>Close family member is a Director and shareholder in Jamo Group Ltd |
| Philip Kloer | Medical Director | Honorary Professor in Swansea University<br>Trustee of the Faculty of Medical Leadership & Management (FMLM) and FMLM Wales Lead |
| Rhodri Evans (started 15 November 2022) | Independent Member | Ceredigion County Councillor |
| Steve Moore | Chief Executive | Honorary Professor in University of Wales Trinity St David |
| Winston Weir | Independent Member | Non-Executive Director - Birmingham & Solihull Mental Health Foundation NHS Trust |

Total value of transactions with entities at which Board members and key senior staff have influential interests in 2022-23:

| | Expenditure to related party £000 | Income from related party £000 | Amounts owed to related party £000 | Amounts due from related party £000 |
|---|---|---|---|---|
| Aberystwyth University | 53 | | 1 | |
| Birmingham & Solihull MH NHS Trust | 1 | 251 | | 10 |
| Carmarthenshire County Council | 16,821 | 3,638 | 7,581 | 155 |
| CAVO | 83 | | | |
| Ceredigion County Council | 9,920 | 646 | 988 | 95 |
| Community Pharmacy Wales | 138 | | | |
| Jamo Group Ltd | 7 | | | |
| Magawell Ltd | 6,274 | | | |
| Pembrokeshire College | 86 | 43 | 0 | |
| Pembrokeshire Local Action Network for Enterprise and Development LTD TA (PLANED) | 5 | | | |
| Royal College of Nursing | 4 | | | |
| RCN Welsh Board | 6 | | | |
| Swansea University | 682 | 3,361 | 33 | 90 |
| University of Wales Trinity St David | 313 | 63 | 20 | |
| | **34,393** | **8,002** | **8,623** | **350** |

The Welsh Government is regarded as a related party. During the year the LHB has had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body, namely

| Related Party | Expenditure to related party £000 | Income from related party £000 | Amounts owed to related party £000 | Amounts due from related party £000 |
|---|---|---|---|---|
| Welsh Government | 20 | 1,141,159 | 19 | 166 |
| Aneurin Bevan University Health Board | 327 | 1,250 | 12 | 273 |
| Betsi Cadwaladr University Health Board | 658 | 5,301 | 83 | 123 |
| Cardiff & Vale University Health Board | 7,551 | 664 | 657 | 125 |
| Cwm Taf Morgannwg University Health Board | 843 | 635 | 92 | 83 |
| Digital Health & Care Wales (DHCW) | 5,033 | 667 | 55 | 210 |
| Powys Teaching Health Board | 227 | 10,049 | 22 | 859 |
| Public Health Wales NHS Trust | 2,648 | 3,155 | 229 | 388 |
| Swansea Bay University Health Board | 41,551 | 4,706 | 1,051 | 838 |
| Velindre NHS Trust | 28,595 | 5,336 | 2,199 | 1,510 |
| Welsh Ambulance Services Trust | 1,745 | 96 | 37 | 9 |
| Welsh Health Specialised Services Committee | 121,557 | 3,079 | 2,533 | 728 |
| Health Education & Improvement Wales (HEIW) | 3 | 9,678 | 3 | 443 |
| | **210,758** | **1,185,775** | **6,992** | **5,755** |

## 31. Third Party assets

The LHB held £1,277,138 cash at bank and in hand at 31 March 2023 (31 March 2022, £1,391,087) which relates to monies held by the LHB on behalf of patients. Cash held in patient Investment Accounts amounted to £960,305 at 31 March 2023 (31 March 2022, £1,017,369). This has been excluded from the Cash and Cash equivalents figure reported in the accounts.

## 32. Pooled budgets

The Health Board has entered into a pooled budget with Carmarthenshire County Council on the 1 October 2009. Under the arrangement funds are pooled under section 33 of the NHS (Wales) Act 2006 for the provision of an integrated community joint equipment store. The pool is hosted by Carmarthenshire County Council and a memorandum note to the final accounts will provide details of the joint income and expenditure. The financial operation of the pool is governed by a pooled budget agreement between Carmarthenshire County Council and the Health Board. Payments for services provided by Carmarthenshire County Council in the sum of £408,940 are accounted for as expenditure in the accounts of the Health Board. The Health Board accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

The Health Board has entered into an agreement with Carmarthenshire County Council on the 3 March 2011 under section 33 of the NHS (Wales) Act 2006 for the provision of Carmarthenshire Community Health and Social Care services. The section 33 agreement itself will initially only provide the framework for taking forward future schedules and therefore references all community based health, social care (adults & children) and related housing and public protection services so that if any future developments are considered a separate agreement will not have to be prepared. There are currently no pooled budgets related to this agreement.

The Health Board has entered into a pooled budget with Ceredigion County Council on the 1 April 2009. Under the arrangement funds are pooled under section 33 of the NHS (Wales) Act 2006 for the provision of an integrated community joint equipment store. The pool is hosted by Ceredigion County Council and a memorandum note to the final accounts will provide details of the joint income and expenditure. The financial operation of the pool is governed by a pooled budget agreement between Ceredigion County Council and the Health Board. Payments for services provided by Ceredigion County Council in the sum of £399,000 are accounted for as expenditure in the accounts of the Health Board. The Health Board accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

The Health Board has entered into an agreement with Pembrokeshire County Council on the 31 March 2011 under section 33 of the NHS (Wales) Act 2006 for the provision of an integrated community joint equipment store and from 1 October 2012 the agreement has operated as a pooled fund. The pool is hosted by Pembrokeshire County Council and a memorandum note to the final accounts will provide details of the joint income and expenditure. The financial operation of the pool is governed by a pooled budget agreement between Pembrokeshire County Council and the Health Board. The Health Board accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement and the sum of £304,081 has been accounted for as expenditure in the accounts of the Health Board.

## 33. Operating segments

IFRS 8 requires bodies to report information about each of its operating segments.

The Health Board has no operating segments.

## 34. Other Information

### 34.1. 6.3% Staff Employer Pension Contributions - Notional Element

The value of notional transactions is based on estimated costs for the twelve month period 1 April 2022 to 31 March 2023. This has been calculated from actual Welsh Government expenditure for the 6.3% staff employer pension contributions between April 2022 and February 2023 alongside Health Board data for March 2023.

Transactions include notional expenditure in relation to the 6.3% paid to NHS BSA by Welsh Government and notional funding to cover that expenditure as follows:

| | 2022-23 |
|---|---|
| **Statement of Comprehensive Net Expenditure for the year ended 31 March 2023** | **£000** |
| Expenditure on Primary Healthcare Services | **285** |
| Expenditure on Hospital and Community Health Services | **21,714** |
| **Statement of Changes in Taxpayers' Equity For the year ended 31 March 2023** | |
| Net operating cost for the year | **21,999** |
| Notional Welsh Government Funding | **21,999** |
| **Statement of Cash Flows for year ended 31 March 2023** | |
| Net operating cost for the financial year | **21,999** |
| Other cash flow adjustments | **21,999** |
| **2.1 Revenue Resource Performance** | |
| Revenue Resource Allocation | **21,999** |
| **3. Analysis of gross operating costs** | |
| **3.1 Expenditure on Primary Healthcare Services** | |
| General Medical Services | **224** |
| **3.3 Expenditure on Hospital and Community Health Services** | |
| Directors' costs | **224** |
| Staff costs | **21,320** |
| Single Lead Employer staff trainee costs | **455** |
| **9.1 Employee costs** | |
| **Permanent Staff** | |
| Employer contributions to NHS Pension Scheme | **21,999** |
| Charged to capital | **68** |
| Charged to revenue | **21,931** |
| **18. Trade and other payables** | |
| **Current** | |
| Pensions: staff | **0** |
| **28. Other cash flow adjustments** | |
| Other movements | **21,999** |

## 34. Other Information

### 34.2 Welsh Government Covid 19 Funding

Details of Covid 19 Pandemic Welsh Government funding amounts provided to NHS Wales bodies:

| | 2022-23 £000 | 2021-22 £000 |
|---|---|---|
| **Capital** | | |
| Capital Funding Field Hospitals | | 0 |
| Capital Funding Equipment & Works | | 23,065 |
| Capital Funding other (Specify) | | 0 |
| **Welsh Government Covid 19 Capital Funding** | **0** | **23,065** |

2022-23 There was no Covid Recovery Capital Funding.

| | | |
|---|---|---|
| **Revenue** | | |
| Stability Funding | 0 | 63,991 |
| Covid Recovery | 0 | 19,232 |
| Cleaning Standards | 0 | 1,435 |
| PPE (including All Wales Equipment via NWSSP) | 1,689 | 2,646 |
| Testing / TTP- Testing & Sampling - Pay & Non Pay | 1,108 | 2,132 |
| Tracing / TTP - NHS & LA Tracing - Pay & Non Pay | 2,917 | 6,740 |
| Extended Flu Vaccination / Vaccination - Extended Flu Programme | 943 | 837 |
| Mass Covid-19 Vaccination / Vaccination - COVID-19 | 6,782 | 8,630 |
| Annual Leave Accrual - Increase due to Covid | | 510 |
| Urgent & Emergency Care | 0 | 2,536 |
| Private Providers Adult Care / Support for Adult Social Care Providers | 6,946 | 2,001 |
| Hospices | 0 | 0 |
| Other Mental Health / Mental Health | | 0 |
| Other Primary Care | | 0 |
| Social Care | | 1,583 |
| Dental Patient charges | 1,089 | 0 |
| Nosocomial C19 Funding | 492 | 0 |
| Other | 358 | 153 |
| **Welsh Government Covid 19 Revenue Funding** | **22,324** | **112,426** |

2021-22 Other category includes COVID Therapeutic Medicines (Treatment)
2022-23 Other category relates to C19 Long Covid 19

## THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH SCHEDULE 9 SECTION 178 PARA 3(1) OF THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY

### LOCAL HEALTH BOARDS

1. Welsh Ministers direct that an account shall be prepared for the financial year ended 31 March 2011 and subsequent financial years in respect of the Local Health Boards (LHB)1, in the form specified in paragraphs [2] to [7] below.

### BASIS OF PREPARATION

2. The account of the LHB shall comply with:

(a) the accounting guidance of the Government Financial Reporting Manual (FReM), which is in force for the financial year in which the accounts are being prepared, and has been applied by the Welsh Government and detailed in the NHS Wales LHB Manual for Accounts;

(b) any other specific guidance or disclosures required by the Welsh Government.

### FORM AND CONTENT

3. The account of the LHB for the year ended 31 March 2011 and subsequent years shall comprise a statement of comprehensive net expenditure, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers' equity as long as these statements are required by the FReM and applied by the Welsh Assembly Government, including such notes as are necessary to ensure a proper understanding of the accounts.

4. For the financial year ended 31 March 2011 and subsequent years, the account of the LHB shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, changes in taxpayers' equity and cash flows during the year.

5. The account shall be signed and dated by the Chief Executive of the LHB.

### MISCELLANEOUS

6. The direction shall be reproduced as an appendix to the published accounts.

7. The notes to the accounts shall, inter alia, include details of the accounting policies adopted.

Signed by the authority of Welsh Ministers

Signed : Chris Hurst Dated :

1. Please see regulation 3 of the 2009 No.1559 (W.154); NATIONAL HEALTH SERVICE, WALES; The Local Health Boards (Transfer of Staff, Property, Rights and Liabilities) (Wales) Order 2009.