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| **Enw'r Pwyllgor / Name of Committee** | Strategic Development and Operational Delivery Committee (SDODC) |
| **Cadeirydd y Pwyllgor/ Chair of Committee:** | Mr Maynard Davies, Independent Member |
| **Cyfnod Adrodd/ Reporting Period:** | Meeting held on 23 February 2023 |

**Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:**

- **Planning Objective (PO) 5H: Integrated Localities**: The Committee noted that the first year has seen the alignment of the national programme with regional and Health Board strategic aims and objectives, with the development of Integrated Locality Planning (ILP) groups bringing together Clusters, working collaboratively: health, social, third sector, professional groups and partners, across the health and care system. Going forward, it will be 'business as usual' with Pan Cluster Planning Groups (PCPG) embedded into the Health Board's planning and delivery structure, aligning to the Annual Plan, 3-Year Plan and Integrated Medium-Term Plan (IMTP). ILP groups will operate with a level of devolved budgeting and accounting through the Regional Integrated Fund (RIF) and Cluster funding. Structure and governance will be provided by a national template and model Terms of Reference which are currently being considered by national groups. For the future, the strategy will reflect primary and community care with aims and objectives aligned to the national strategy which is dependent on services being delivered under contract, management/leadership structures aligned to the Health Board, local authority and other partnerships and resource to support development and sustainability. The aim is to provide preventative and proactive care and the strategy will also closely align to the inequalities agenda and support this work by providing interventions to address requirements as demonstrated by the population needs assessment. It was acknowledged that the intended approach and future development is subject to Executive discussion and agreement on resource allocation. Measured data is required, including an expenditure profile and detail around plans at Pan Cluster level, to ensure performance is measured against target aspirations and Ministerial priorities. This presents a challenge in terms of the metrics used and requires approval at national level with regard to data sharing.
- **Integrated Executive Group Advocacy Strategy**: The Committee noted that the Advocacy Strategy has been part of an extended period of engagement relating to the population needs assessment and provides the opportunity to build on the work that has been undertaken to develop and shape advocacy services collectively across the health and social care systems in order that the three local authorities meet their statutory obligation on the provision of advocacy services. It is important to ensure that all individuals have a voice or have someone to advocate on their behalf and that systems must be in place to enable those vulnerable groups to be heard in terms of their care and the services available to them. The Committee endorsed Regional Adult Advocacy Strategy.
- **Operational Risks**: The Committee noted that the Women and Children Phase 2 project, which has previously been reported through SDODC, had again been raised as a risk. For assurance, the risk identified has also been raised to the Audit, Risk and Assurance Committee (ARAC).

- **Targeted Intervention and Annual Plan Update**: The Committee noted that a significant amount of work has been undertaken on the development of the Annual Plan which would be discussed in detail at the Board Seminar on 1 March 2023 and again at the Board meeting on 30 March 2023.

  In terms of Targeted Intervention a draft action plan has been developed along with a maturity matrix to provide assessment. Members received clarification that the Peer Review of planning and the Clinical Services Review have been commissioned. The Peer Review has commenced and The Clinical Services Review is expected to be undertaken in May 2023, both will be funded by Welsh Government (WG) with work undertaken on the action plan and other internal work being absorbed within the planning team. It was noted further that the actions and outcomes of the Clinical Services Plan will align with the Health Board's financial trajectory which will be addressed within the Annual Plan and 3-Year Plan, recognising any investments made and the need to shift resources to provide better services as an outcome.

- **Service Changes in Swansea Bay University Health Board**: The changes in services provided jointly by HDdUHB and with Swansea Bay University Health Board (SBUHB), were noted, particularly the changes taking place at Singleton and Morriston Hospitals and the tertiary services they provide in, for example cardiology and vascular. Phase 1 of the Acute Medical Services re-design went live in December 2022 with Morriston Hospital taking the 999 emergency service and Singleton Hospital providing the GP emergency intake; the whole service merged on 1 February 2023 to operate from one location at Morriston Hospital. Scheduled care remains challenging and it is intended that a fit for purpose ward structure is re-introduced at Morriston Hospital, with specialty-based wards for surgery. An Acute Medical Assessment Unit has been created with 45 bed, trolley and chair spaces and a recruitment campaign is required to be able to provide a fully staffed and therefore, fully functional model. A separate Surgical Assessment Unit will be created and capacity to the virtual ward has been increased; initial findings suggest that the availability of the virtual ward has reduced the number of patients presenting to the Acute Medical Unit. A fracture discharge service will be established for non-surgical patients and patients on orthopaedic wards will be discharged as early as possible into the virtual ward. Work is being undertaken with Local Authority colleagues to ensure domiciliary services are available with as much virtual consultation as possible.

  Members were advised that maintaining tertiary services has been a challenge since the COVID-19 pandemic, however recent months have seen success in respect of the cardiology pathway. SBUHB work with A Regional Collaboration for Health (ARCH) on the Acute Coronary Syndrome (ACS) and cardiology pathways in particular. A specific cardiology ward has been created to accommodate lab patients and it is intended that this will become a seven day service. Patients outside of the Morriston Hospital area will be repatriated into a 'local' hospital as soon as they are able to step down from the tertiary level service. It was noted that there are approximately 300 patients in Morriston Hospital who are either medically fit for discharge or should be transferred or repatriated elsewhere.

- **Deep Dive PO5F: Bronglais Hospital Strategy**: The strategy had been impacted by the COVID-19 pandemic and it was estimated that only 30% of the strategy has been achieved rather than circa 80% had the pandemic not intervened. Recovery plans are in place including hybrid and agile working and circumstances are now better placed to review the PO and the strategy with some urgency.

  The commissioning arrangements in place for Bronglais Hospital align closely with the AHMWW Strategy and are subject to agreement from Betsi Cadwaladr University Health Board (BCUHB), Powys Teaching Health Board (PTHB) and HDdUHB, together with local authorities across the catchment area. Bronglais Hospital is strategically important

from and Accident and Emergency (A&E) viewpoint and for this to be successful, an infrastructure of support services are required to maintain patients whilst further, ongoing treatment is delivered elsewhere in specialist centres or on the Bronglais Hospital site; the Mid-Wales Joint Committee has already commenced joint discussions regarding commissioning services in the area. The Bronglais Hospital Strategy fits the overall Programme Business Case (PBC) and the Health Board's strategic direction which is multifaceted incorporating many Health Board-wide services including laboratory and therapy services, community rehabilitation services, urology, pre-habilitation services. Workforce challenges exist around Acute Medical Services; specifically the need for a respiratory consultant, clinical nurse specialist and expert practitioners, there is also a need for a consultant rheumatologist. A review of recruitment will be undertaken and a campaign will cover roles across all areas and specialties. In respect of nursing, discussions are taking place regarding new ways of working to create capacity and shared posts within the area as well as staff retention. It was noted that Aberystwyth University will provide the first cohort of nurses in 2023 and it is hoped many will remain to work within the area. Discussions are underway with Aberystwyth University and the Health Education and Improvement Wales (HEIW) with a view to increasing the number of student places on the nurse education course. Recruitment of key staff is undertaken with a view to sharing capacity within the area.

In terms of risks, project management is required to monitor progress and maintain momentum, particularly to ensure the alignment of recovery programmes across the three Health Boards and the catchment areas they cover. Recruitment of permanent nursing staff is required, rather than using agency nurses, which is the greatest area of spend. The estates review is a key piece of work to ensure essential building maintenance is undertaken, to determine on-site clinical services and relocate non-clinical services to review buildings and utilisation to ensure they are fit for purpose and to repurpose some in order to align estates matters with the overall strategic direction.

Members noted that Bronglais Hospital is currently predicting a £3m deficit in 2022/23 which is not projected to improve in 2023/24 and a risk has been identified in terms of sustainability; the strategy will be updated to address financial matters in terms of assurance and sustainability.

- **Bronglais Hospital Programme Business Case:** The Committee received the Programme Business Case (PBC) for fire improvements at Bronglais Hospital noting that it represents the next stage of investment within the overall Fire Investment Programme, as agreed with Mid and West Wales Fire and Rescue Service (MWWFRS). This is a significant element of the Health Board's wider fire safety strategy which is fully supported by the MWWFRS and is fully briefed to WG. The PBC highlighted the detail of the work to be undertaken and associated capital costs which will be explored further, following WG endorsement, within a Business Justification Case (BJC) which would be provided circa April/May 2024. Costs will be explored in detail at survey stage with a view to identifying savings wherever possible, including aligning with other investments at the time of the build. The Committee supported the PBC for Fire Improvements at Bronglais Hospital which is within the overall HDdUHB Fire Investment Programme.
- **Integrated Performance Assurance Report**: Members received clarification on conversion rates and acknowledged that variances occur that differ to the original forecasting position which in turn affects the predicted trajectory. Whilst the move to the single cancer pathway will provide data that will be closely observed; it was noted that metrics and modelling assumptions may require adjustment to accommodate new reporting measures which become evident in order to demand and need.

  Members noted that the 28-day Mental Health Act assessment target has steadily declined and acknowledged that the trajectory and recovery plans are currently being reviewed; conversations are ongoing with WG as part of the Enhanced Monitoring

process. The recent improvement in the Urgent and Emergency Care Ambulance Handover times was noted. Capacity issues have impacted therapy services, particularly the recent industrial action with staff being relocated to other services and sites. It was acknowledged that there has been a reduction of the 52 and 104-week waiting lists and that this was due to detailed waiting list management and considerable effort by the Scheduled Care Team to balance the length of time waited and clinical priority.

- **Capital Governance Review – Assurance against Action Plan**: The Committee received assurance that all actions have been completed and the report can now be closed. The process will be refined for the 2023/26 period; lessons learned have been captured and shared across the various teams involved in capital projects.
- **Report on the Discretionary Capital Programme 2022/23 and 2023/24**: The Committee noted that:
  - There is circa £13m expenditure to progress before the end of March 2023 and that processes are in place in estates and finance to ensure delivery and manage underspends.
  - The Health Board has received an allocation to progress the Children and Young People Mental Health services which will be delivered in 2022/23 and 2023/24.
  - The capital programme for 2023/24 has been developed by the Capital Planning Group and was approved by the Capital Sub-Committee at its January 2023 meeting and the Executive Team at its meeting on 15 February 2023.
  - Circa £6.9m is allocated to priority areas, however, there remains a long list of equipment that cannot be funded unless additional resource becomes available. Risks will be identified as a result of equipment not being replaced as a result, which will be escalated to the Executive Risk Group and incorporated into the Risk Register.
  - The Women and Children Scheme Theatre 2 has been handed over, albeit with a slight delay. The overall completion date is July 2023.
  - A major review is being undertaken on the fire enforcement work at Withybush Hospital which is due to complete in March/April 2023. A targeted financial outcome report will be submitted to the Capital Sub-Committee.
  - The additional allocations over £0.500m in 2022/23 and 2023/24 for onward ratification to the Board.

  The Committee endorsed the Capital Programme for 2023/24 for onward ratification to Board.
- **Capital Sub-Committee Report:** The Committee received the Capital Sub-Committee Report noting the key items referred to in the report on the Discretionary Capital Programme 2022/23.
- **Quarterly Annual Plan Monitoring Returns and Planning Objectives Update Q3 2022/23 (to February 2023)**: The Committee noted that seven POs were behind schedule; and that one has been completed. Two actions from the 2022/23 Annual Plan were also noted as being behind schedule, however, mitigations are in place to ensure completion in quarter 4. The Committee were advised that all POs are currently being revised and re-aligned to the Health Board's Annual Plan and received assurance that POs are closely tracked and monitored.
- **PO 3A: Improving Together Framework**: The Committee noted that the framework has been adopted for the Directorate Improving Together sessions. Committee approved the Improving Together Framework for onward submission to Board.
- **PO 4K: Health Inequalities**: The Committee noted that the Health Inequalities report has been updated to incorporate suggestions made at the previous SDODC meeting regarding the Census and digital inclusion. It was noted that the timescale has slipped

slightly in order to facilitate further discussions and would be discussed in detail at the Board Seminar in April 2023.

- **PO 5C: Business Case – A Healthier Mid and West Wales**: The Committee received the report regarding PO5C: Business Case for a Healthier Mid and West Wales and noted that the land consultation commenced on 23 February 2023.
- **PO 5N: ARCH Update**: The Committee noted that discussions continue with ARCH and SBUHB around service areas and regional coverage recognising that the resource available will need to support services in key areas that align to Ministerial priorities. For assurance, any related workforce planning discussions will be aligned with PODCC.
- **Public Service Board (PSB) Wellbeing Plans**: The Committee received the Wellbeing assessments which were undertaken by each PSB in 2022, leading to development of draft Wellbeing Plans in Ceredigion, Pembrokeshire and Carmarthenshire. HDdUHB has been part of developing these plans, which were subject to public consultation and Members noted that the plans will require approval by Board on 30 March 2023 and also by each PSB.

**Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:**

- Integrated Executive Group Advocacy Strategy (attached at Annex 1)
- Programme Business Case for fire improvements at Bronglais Hospital (separate agenda item; Item 5.1)
- Allocations over £0.500m in 2022/23 and 2023/24 (attached at Annex 2)
- Capital Programme 2023/24 (attached at Annex 2)
- Improving Together Framework (attached at Annex 3)
- Public Service Board Wellbeing Plans (separate agenda item; Item 7.2.1)

**Risgiau Allweddol a Materion Pryder /Key Risks and Issues/ Matters of Concern:**

- To note the capital position and associated risks.
- To note that the Chief Executive has requested work to be undertaken to assess risks in areas where capital funding will not be prioritised in order that these can be incorporated into the Risk Register, if they are not already.
- The Committee noted that all actions are complete with regard to the Capital Governance Review and received assurance that the report can now be closed. This review was originally commissioned by the Board following concerns raised by the Audit and Risk Assurance Committee and is therefore pleasing to report to the Board that all recommendations have been implemented. The Integrated Localities programme is at the stage that the Cluster development can now become 'business as usual'

**Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:**

**Adrodd yn y Dyfodol / Future Reporting:**

In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified at the previous Committee meeting will be undertaken.

**Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:**

27 April 2023

2023 - 2027

# Our West Wales Adult Advocacy Strategy



wwcp
West Wales Care Partnership
Partneriaeth Gofal Gorllewin Cymru

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

Cyngor Sir Gâr
Carmarthenshire
County Council

## Foreword

Advocacy is recognised, in all recent health and social care legislation, as being fundamentally important in situations within which individuals and marginalised groups need support to have their voices heard and their rights respected. Advocacy is designed and delivered to facilitate participation by individuals and groups within the decisions and processes that affect their lives.

This Adult Advocacy Strategy seeks to shape the commissioning arrangements of Hywel Dda University Health Board, Carmarthenshire County Council, Ceredigion County Council and Pembrokeshire County Council in order to meet their statutory duties. However, more importantly it seeks to ensure that good quality advocacy is readily and equitably available to those who want, or need it, in the West Wales region of Ceredigion, Carmarthenshire and Pembrokeshire.

Increasingly, it is recognised that significant numbers of people who require health or social care services also need forms of support that allow them to have an equal voice and control of how these services are planned and provided. The range of advocacy provision in our region looks to address this key support need and also encourages the development of individuals' confidence and skills to participate and express their own voices and choices through self-advocacy.

There are certain groups within our communities who need a significant level of support to be able to have their voice heard and their rights and entitlements fully met. This includes people with specific difficulties expressing their wishes and preferences, for example but not restricted to, people with learning disabilities, people with autism, people with dementia, people with complex mental health issues, some people with multiple or sensory impairments and some carers. It is to those groups which this strategy sets out to shape our future commissioning and provision of advocacy.

We intend that, through working in partnership with our communities and stakeholders, we will, in the next five years, be able to shape, through our commissioning arrangements, how the most appropriate forms of advocacy in the region will meet the range of advocacy needs. We intend to build upon what is already a solid base of existing provision whilst looking to develop advocacy provision in areas that require development. We intend to prioritise advocacy support to those individuals and groups who most need it.

We look forward to meeting these important challenges to ensure that access to, and the quality of, advocacy provision in our region is of the highest possible standard and reflects what our communities need from advocacy provision.

Judith Hardisty
Chair, West Wales Regional Partnership Board

## CONTENTS

# BACKGROUND & CONTEXT

To set the overall context in which the Adult Advocacy strategy for West Wales will operate we undertook a review of Welsh legislation that impacts this area.

## Social Services and wellbeing act

The Social Services and Wellbeing Act (2014) requires that the three regional Local Authorities must commission statutory Independent Professional Advocacy services and for the Local Authorities to promote access to the spectrum of advocacy provision.

> **Advocacy should be considered as an inherent part of the Act to focus social care around people and their well-being. Advocacy helps people to understand how they can be involved, how they can contribute and take part and whenever possible, to lead or direct the process.** Social Services and Well-Being (Wales) Act Advocacy Code of Practice p.8

The Social Services and Wellbeing Act (2014) places a lot of emphasis on voice and control for people who need care and support, and carers who need support.

> **Advocacy has an important role to play in relation to voice and control and underpinning the wider requirements of the Act in terms of well-being, safeguarding and prevention. It can greatly assist people to express their views and make informed choices, thereby ensuring they have access to relevant services.**
> Social Services and Well-Being (Wales) Act Advocacy Code of Practice p.2

## National Outcomes Framework & Wellbeing of future generations

The National Outcomes Framework (Social Services) and the Well-being of Future Generations Act place the concept of individual voice and participation at the centre of the approach to achieving well-being in Wales.

> **My voice is heard and listened to.**
> **My individual circumstances are considered. I speak for myself and contribute to the decisions that affect my life or have someone who can do it for me.**
> National Outcomes Framework statement relating to achieving personal well-being.p.5

## Mental Health Act & Mental Capacity Act

There are similar requirements in the Mental Health Act and the Mental Capacity Act for the Hywel Dda University Health Board to commission Independent Mental Capacity Advocate and Independent Mental Health Advocate services across the region.

## West Wales Population Needs Assessment & Area Plan

Effective commissioning needs to draw upon the information ascertained through co-production and the demographic data in the West Wales Area Plan 2018-23 and the West Wales Population Needs Assessment.

## What Is Advocacy and Who Needs It?

A widely accepted definition of advocacy is set out below:

'**Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice.'** National Development Team for Inclusion Advocacy Charter 2018


The diagram above, produced by the Golden Thread Advocacy Project, illustrates the spectrum of advocacy provision. Each form has particular benefits:

| Type | Description |
|---|---|
| Self-Advocacy | When individuals represent and speak up for themselves |
| Informal Advocacy | When family, friends or neighbours supporting an individual in having their views wishes and feelings heard which may include speaking on their behalf. |
| Peer Advocacy | One individual acting as an advocate for others who shares a common experience/ background. |
| Collective Advocacy | Involves groups of individuals with common experiences, being empowered to have a voice and influence change and promote social justice. |
| Citizen Advocacy | Involves a one-to-one long-term partnership between a trained or supported volunteer citizen advocate and an individual. |
| Independent Volunteer Advocacy | Involves an independent and unpaid advocate who works on a short term, or issue led basis, with one or more individuals. |
| Formal Advocacy | May refer to the advocacy role of staff in health, social care and other settings where professionals are required as part of their role to consider the wishes and feelings of the individual and to help ensure that they are addressed properly. |
| Independent Mental Health Advocacy (Statutory) | Specially trained advocates who support people to speak up and have their voices heard around their mental health care and treatment. It is a type of statutory advocacy. |
| Independent Mental Capacity Advocacy (Statutory) | An Independent Mental Capacity Advocate (IMCA) helps people who lack capacity so that they can be involved in decisions that are being made on their behalf. It is for people who have been assessed as lacking the mental capacity to make a decision for themselves. |
| Independent Professional | Involves a professional, trained advocate working in a one-to-one partnership with an individual to ensure that their views |

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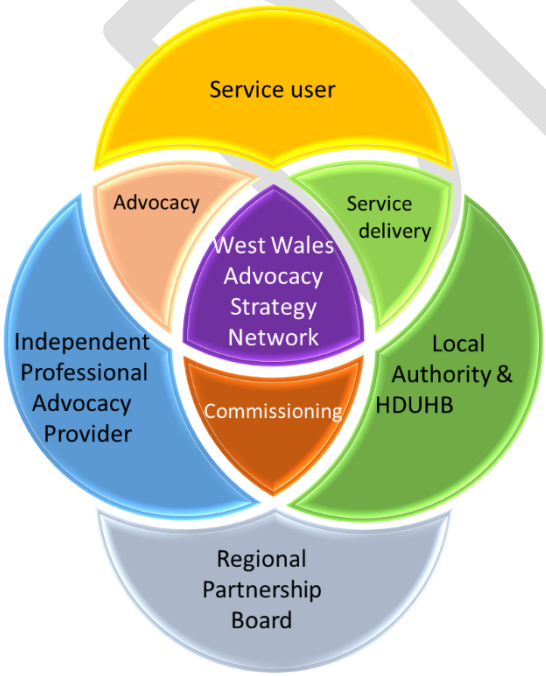
|---|---|
| Advocacy (Statutory) | are accurately conveyed and their rights upheld. This might be for a single issue or multiple issues. |

There is an important distinction to be made between instructed and non-instructed advocacy. Instructed advocacy is when advocates are instructed by the individual, even if the latter didn't refer themselves to the advocacy services. Together, they are able to establish a relationship and identify the advocacy issues, goals and intended outcomes in accordance with the wishes/preference of the service user.

The non-instructed form of advocacy may be needed when matters of communication and capacity mean that instruction and expression of choices and concerns are not apparent. This would involve taking affirmative action with or on behalf of a person who is unable to give clear indication of their views or wishes in a specific situation. Non-instructed advocates seeks to uphold the persons right, ensure fair and equal treatment, ensure access to services, and make certain that decisions are taken with due consideration for their unique preferences and perspectives (Social Services and Well-being (Wales) Act 2014)

## West Wales Position Statement

Key Stakeholders



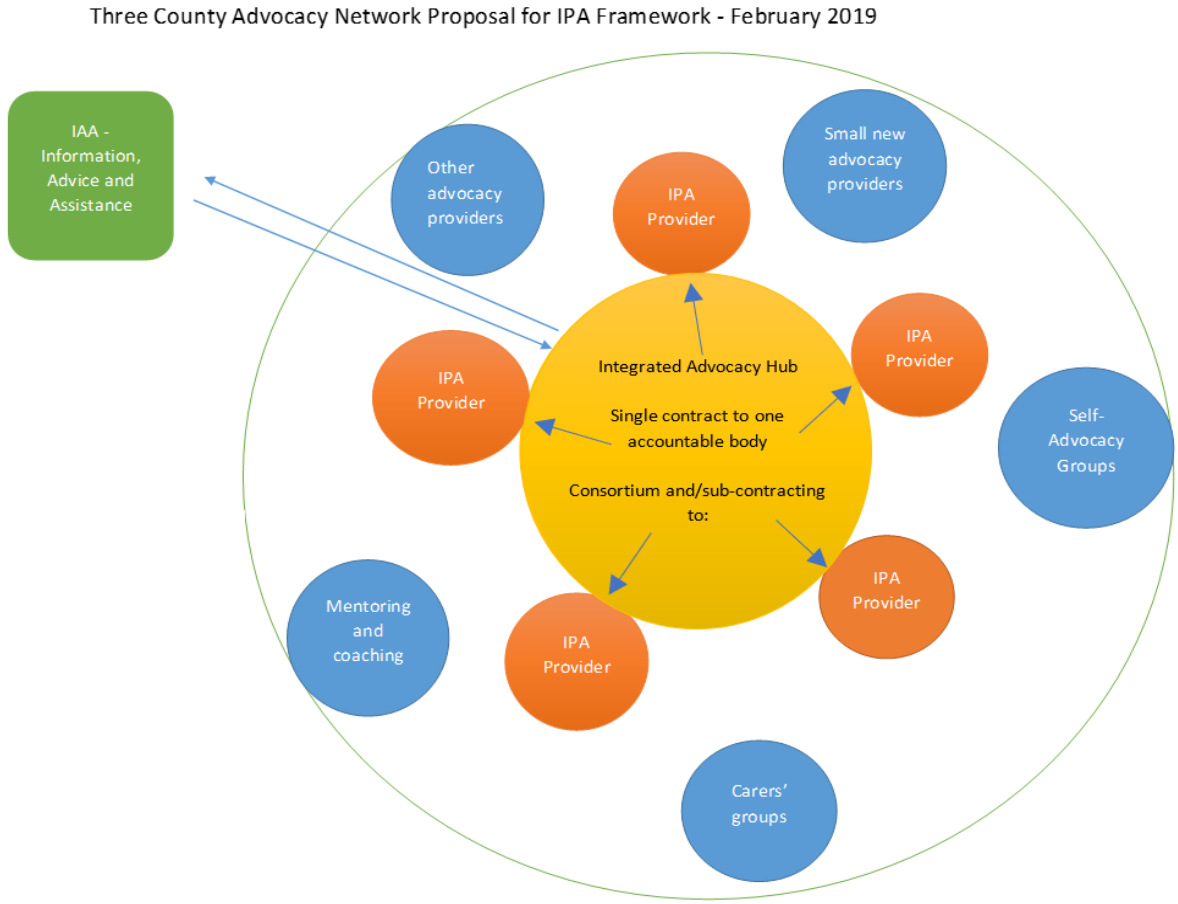

There has been a coordinated focus on advocacy in West Wales for a number of years, with the Three Counties Advocacy Network having been in existence for over 12 years. Representing providers of both statutory and non-statutory advocacy services across Carmarthenshire, Ceredigion and Pembrokeshire, the Network's aim is to improve, promote, and develop advocacy services whilst providing training opportunities for those services. This sits alongside an Advocacy Working Group which brings together the commissioners of advocacy services across West Wales, which include Carmarthenshire County Council, Ceredigion County Council and Pembrokeshire County Council. These relationships are demonstrated in the adjacent Venn diagram.

Regional Review

The original proposal was developed through a co-productive approach, as proposed by the Golden Thread Advocacy Programme.

In 2017, the Three Counties Advocacy Network was awarded funding to undertake engagement work following a self-assessment exercise which identified areas for potential to improve practice, as part of the Golden Thread Advocacy Programme. Engagement work, supported by the West Wales Care Partnership. was undertaken with individuals, professionals, and other stakeholders from across the region, which included a survey (142 responses), five county events and one regional event.

This work, and the resultant report, culminated in the definition of and design of the proposed regional service model - key features include what was told to be important to those involved in the engagement: a single point of contract; local delivery; the continued recognition of specialisms (child protection, carers, learning disabilities); and the importance of linking with information, advice and assistance (IAA) services. The service model recognises the crucial role of IPA within a wider support context of non-statutory forms of advocacy. The so-called 'fried egg' model is presented below.



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|---|---|
|  | Supported groups or organisations in the wider network. Some may be working towards becoming IPA providers |
|  | Generic and Specialist IA providers across the area meeting required standards for IPA |
|  | Wider advocacy network including the Advocacy Strategy Network |

Commissioning of Independent Professional Advocacy Services

In responding to the review, the local authorities in the Region agreed to jointly commission a single IPA service for adults (separate and distinct arrangements exist for children). This was influenced in part by the West Wales Care Partnership's commitment to regional commissioning, under Part 9 of SSWBA, and it was proposed that the service be supported by an associated pooled fund arrangement – made up of existing spend devoted to advocacy.

Whereas both Carmarthenshire and Pembrokeshire had existing contractual arrangements for the supply of advocacy, Ceredigion was providing ad hoc IPA on a 'spot-purchase' basis. The absence of existing contracts meant that arrangements for Ceredigion were a priority; and due to the risk of destabilising the market elsewhere, it was agreed to pilot the intended regional approach in Ceredigion initially, prior to wider rollout. The pilot approach also had an advantage in being an opportunity to assess (as then, unquantified) demand for IPA, versus other types of advocacy.

The Ceredigion pilot commenced 1st October 2019, with the intention that subject to evaluation, a regional commissioning exercise would follow in 2020. However, the COVID pandemic which started in March 2020, has resulted in regional commissioning plans for the IPA service being delayed in to 2022

Commissioning of Independent Mental Health Advocacy and Independent Mental Capacity Advocacy

The Independent Mental Capacity Advocate (IMCA) service is a statutory role created under the Mental Capacity Act 2005. The IMCA service provides a safeguard for people who lack capacity to make important decisions. The IMCA role is to support and represent the person in the decision-making process. Essentially, they make sure that the Mental Capacity Act 2005 is being followed, when a decision needs to be made about a long-term change in accommodation or serious medical treatment.

The Act placed a duty on professionals. (Social Workers and/or Medical Staff) to appoint an IMCA for anyone who, aged 16 or over, has been deemed as lacking capacity and are unbefriended. IMCAs may also be involved in decisions concerning Care Reviews or Adult Safeguarding Cases. The IMCAs role is to support and represent the person who lacks capacity, therefore IMCAs have the right to see

relevant health and social care records and any reports provided by IMCAs must be considered as part of the decision-making process.

Mental Health Matters Wales provides the IMCA service within the Hywel Dda Health Board region. The IMCA contract sits with the Health Board on behalf of the region and Local Authorities, however work is currently ongoing to create a National All Wales IMCA contract which will be put to tender locally. Tenders should be ready by the summer with winning bidders notified by the autumn and a new contract to commence April 2024.

Commissioning of Community Advocacy Services

Hywel Dda University Health Board are recommissioning Community Advocacy across the West Wales region, with a view to provide Community Advocacy services for those who are experiencing low level Mental Health concerns.

Community Advocacy is to be community focused and is to support individuals to be heard and treated with respect to live within their community, safely, independently and feeling supported.

This type, and level of Advocacy, is to provide early support and early intervention in order to reduce pressures on Primary Care Services as well as reduce escalations of Mental Health concerns and demands on larger advocacy services.

Current regional provision of advocacy services

Across West Wales, advocacy provision can be broadly categorised as statutory and non-statutory provision. Building on work undertaken by the Three Counties Network, and noting the work outlined above, the current provision of advocacy services (June 2021) is as follows:

| Service | Area | Commissioner | Provider (as at April 2021) |
|---|---|---|---|
| Independent Mental Health Advocacy | Carmarthenshire Ceredigion Pembrokeshire | Hywel Dda University Health Board | Advocacy West Wales |
| Independent Mental Capacity Advocacy | Carmarthenshire Ceredigion Pembrokeshire | Hywel Dda University Health Board | Mental Health Matters |
| Independent Professional Advocacy | Carmarthenshire Ceredigion Pembrokeshire | Regionally Commissioned by all 3 Local Authorities | 3CIPA |
| Non-Statutory Advocacy | Carmarthenshire Ceredigion Pembrokeshire | N/A | Advocacy West Wales |

## Working Together – Our Shared Vision

Prior to the pandemic our vision for advocacy was as follows:

**The West Wales Care Partnership will ensure equitable access to high quality advocacy in our area.**

Since the pandemic and since this vision was drafted, a lot of work has been done to ensure equitable access to high quality advocacy in the region. A prime example of this work includes a jointly re-commissioned regional IPA service with a contractual framework.

Members of the Advocacy Working Group felt it was important that we kept this old vision in the final strategy as a means of highlighting distance travelled over the last 2-3 years in terms of regional advocacy provision.

Naturally, this vision is no longer suitable as it doesn't fit the aspirations held for advocacy services. Therefore, a new vision will be developed and will require a co-productive partnership with all key agencies, community forums and stakeholders to ensure that developments reflect the actions needed. This vision is to be agreed in a newly created regional advocacy steering group which will be set up in line with the publishing of this strategy.

All significant planning and development will be agreed within a co-productive regional advocacy steering group, terms of reference and membership to be developed, which will serve as a sub-group of the Commissioning Group which in turn acts on behalf of the West Wales Care Partnership (WWCP). The WWCP will have responsibility for ensuring this strategy meets our agreed aims.

Working with individuals who access care and support services, and their representatives will be central to our approach. The regional Advocacy Strategy Network (ASN), made up of local advocacy organisations, will be a key reference point for developments. It is essential that developments are not only co-produced but also collectively owned by all the different partners, stakeholders and people who use services.

Underpinning these principles is the need for advocacy organisations to have both organisational governance and operational independence.

## NEEDS ANALYSIS

This strategy is based on an extended period of engagement with citizens, especially those who engage with health and social care services, advocacy organisations, health and social care practitioners, statutory commissioners and other relevant stakeholders. This engagement began in 2016 and continued through till 2019 and was led by the national Golden Thread Advocacy Programme (GTAP), a project funded by the Welsh Government, to develop effective Local Authority commissioning of the Independent Professional Advocacy services which are now a requirement under the Social Services and Well-Being Act (Wales).

The strategy will be framed by a set of nationally agreed advocacy principles set out in the Social Services and Well-Being Act (Wales) Advocacy Code of Practice:

Advocacy services should:

- be led by the views and wishes of the individual
- be champions of the individual's rights and needs
- be well publicised and easy to use
- work exclusively for the individual
- be well managed, prompt, responsive and provide value for money
- respect confidentiality
- have effective, accessible Compliments and Complaints procedures
- promote and monitor equality

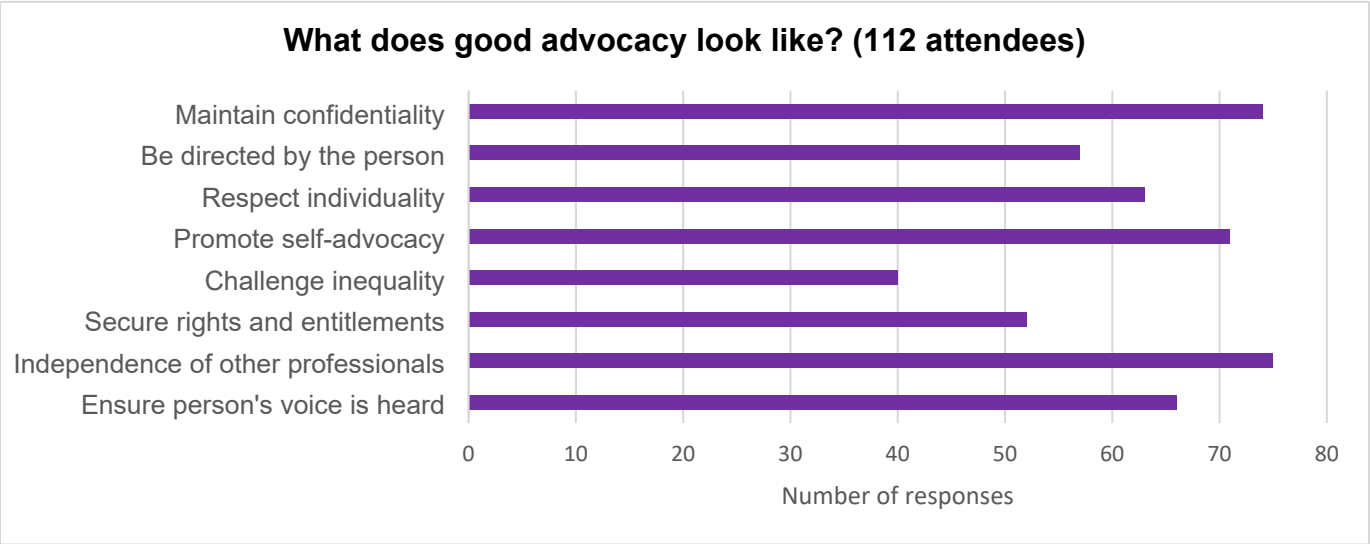
Working together with commissioners and the Three County Network, Golden Thread arranged a series of engagement events across the region and service-user groups which culminated in an Open event in Ceredigion in March 2019.

These events asked two questions:

1. What does good advocacy look like?
2. What is needed in terms of advocacy for West Wales?

What does good advocacy look like?

Recognising that this will mean different things to different people, there was general agreement that good advocacy should support people to have their voice heard, be independent, secure individual's rights and entitlements, challenge inequality, promote self-advocacy, be directed by the person, be respectful of individuality and be confidential.

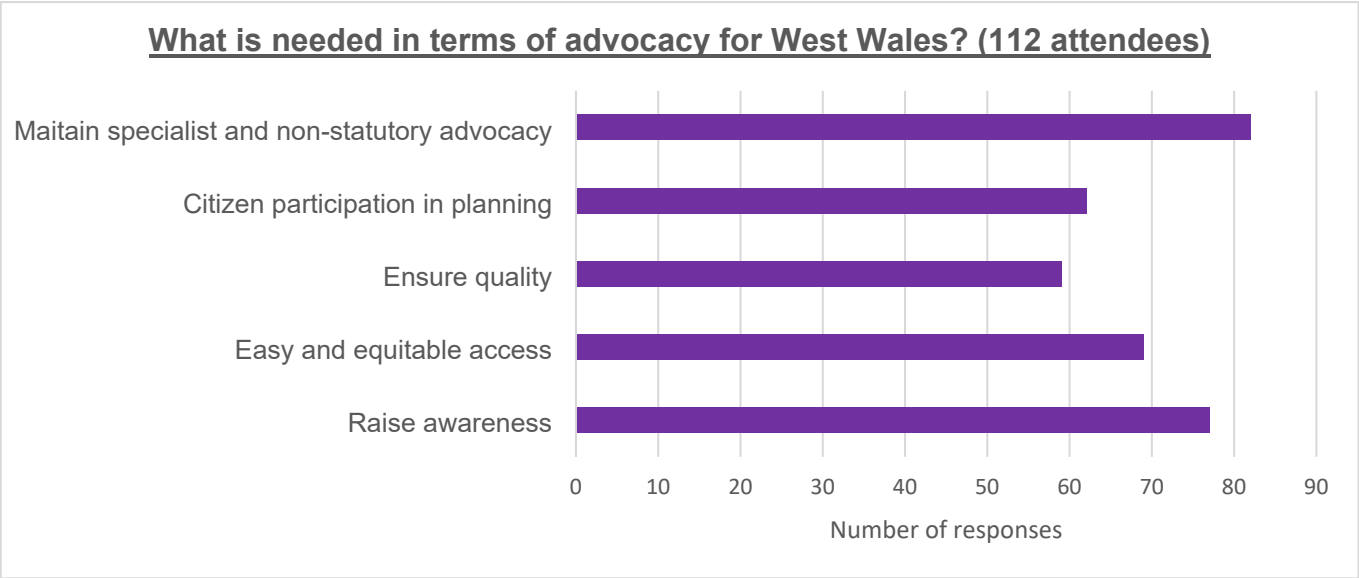



What is needed in terms of advocacy for West Wales?

Responses in relation to what is needed were quite diverse and differing priorities were identified from the different groups involved. However, it was possible to identify some shared themes from these responses which then informed the second phase of co-production engagement:

The need to:

1. Raise awareness amongst professionals and communities about the different forms of advocacy and the potential benefits of each.
2. Be able to access advocacy more easily and to make it equitably available across our region, particularly for individuals and groups who have to date not found it easy to access the right form of advocacy.
3. Ensure that the quality of advocacy services is of a high and consistent standard and that outcomes of advocacy can be effectively evaluated
4. Maintain and develop the full participation of citizens, communities and a range of organisational partners in how advocacy services are developed and delivered.
5. Support specialist and non-statutory forms of advocacy




Through 2020, a Project Lead within the Regional Advocacy Development Project, held a series of individual discussions and focus groups exploring in more detail how these themes could translate into a detailed strategy.

When the COVID pandemic made it difficult to have face to face engagement further surveys and questionnaires were conducted. The WWCP is confident that sufficient information and views have been gathered to inform the strategic priorities. Ongoing co-production action planning will review and refine the strategy implementation as it evolves.

As we emerged from the COVID pandemic the Advocacy Working Group felt it was necessary to conduct further engagement again to not only bolster/supplement existing engagement but also ensure those closest to advocacy services have their voices highlighted prominently within the strategy. These were gathered via a series of virtual focus group events and also by attending existing forums/groups with stakeholders of advocacy provisions.

In this more recent engagement, responses from service-users, carers, organisations delivering advocacy, other stakeholders and health and social care professionals showed a significant level of agreement on key priorities. These aligned closely with the five key findings from the earlier GTAP engagement.

What service-users said there is a need for:

In addition to the GTAP findings, a significant number of service-users expressed the preference to receive advocacy from a family member or close friend. They felt that if there was a need for an independent advocate, they should be allowed sufficient time to develop trust and that this would require a reasonable amount of time.

*"My family help me to explain to Social Workers and Doctors the sort of help I want"*

*- Diane*

*"I need an advocate who takes time to get to know me"*

*- Matthew*

*"I want to speak up for myself most of the time. I only want support on the big decisions in my life"*

*- Gregg*

*What individual organisational stakeholders said was needed.*

In addition to the GTAP findings a significant number of people from organisations felt the strategy needed to reference the need for greater co-operation and collaboration between advocacy organisations and related organisations providing Information, Advice and Assistance as a way of improving outcomes for people.

*"Most advocacy is good but it's not easy for people to find the right advocacy for them"*

*- Mary*

*"People would get better outcomes if advocacy, advice and other forms of support were better joined up"*

*- Paul*

What advocates and their managers said was needed

In addition to the GTAP findings:

More secure and longer term-funding arrangements as a means of sustainable service planning.

The introduction of an 'active offer' approach to accessing advocacy. Active offer is a more facilitative approach taken by professionals when discussing the engagement of advocacy support.

*"If more people were given good and timely information about advocacy, we could provide better advocacy support to those who most need it"*

*- Kelly*

*"I get frustrated that we are not able to make long-term plans to develop our service because our contract is short term and insecure"*

*- Jason*

*"Social Workers should always consider if a person would benefit from advocacy support"*

*- James*

*What professionals working in health and social care said was needed.*

In addition to the GTAP findings:

The ability to deal with the complexity of advocacy need in relation to:

- Having well-resourced services that can cope with increases to demand on services
- Able to be flexible and responsive to deal with specialist and unknown issues arising in the future

*""have we got enough advocates for in advocacy services to actually match? If you like the referrals that are coming in, it's about capacity"*

*- Susan*

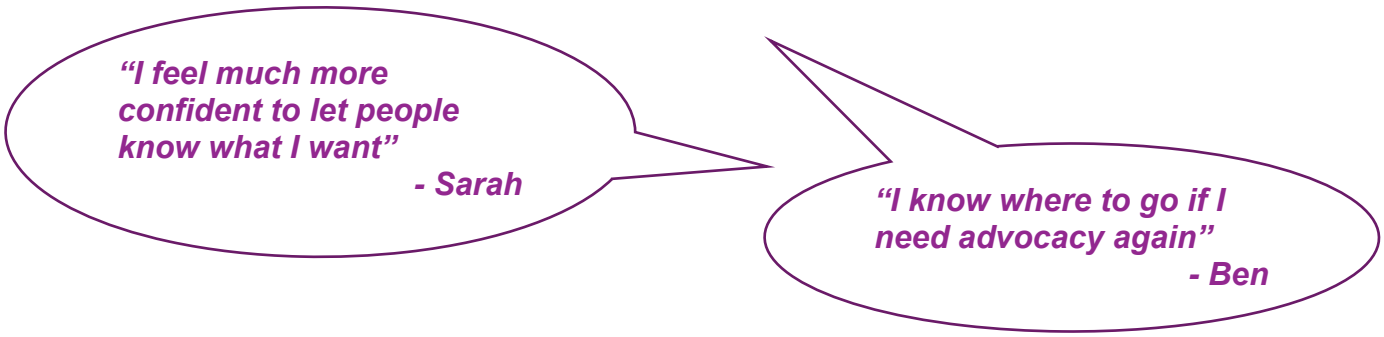
*"Even before COVID, we had issues with things like access to carers assessments and backlog of waiting lists for carers assessments"*

*- Lorraine*

**General view of what is working well and what needs to change**

From those people who had received advocacy support there was a very positive view of the benefits it had delivered. Of the forty-three people who had received advocacy support within our survey, only one said that it was not entirely helpful.

Once they were aware of the availability of advocacy support and how to access it, they felt things worked well. They felt that they would return for further advocacy support when they needed it and were also more confident to self-advocate.




The key challenge individuals felt was gaining initial access to the right type of advocacy support and at the right time. They felt that much more focus on providing information about advocacy and making it easier to access was crucial.

## What Are We Going to Do?

This Adult Advocacy Strategy has five priority areas, all aimed at improving outcomes for people who need advocacy. The priorities have been defined in the light of co-productive activity to date, engagement, the Regional Population Assessment, and in response to legislative requirements.

The strategy will promote and support a shared commitment amongst key partners to implement developments equitably across the region.

Our five key priorities are.

**The need to:**

**Priority 1. Maintain and develop further our co-productive approach**

**Priority 2 Raise awareness of, and understanding of, advocacy.**

**Priority 3. Ensure advocacy is easily accessible and equitably available**

**Priority 4. Ensure advocacy is of a consistently high standard of quality**

**Priority 5. Maintain specialisms and non-statutory forms of advocacy**

### Priority 1. Maintain And Develop Further Our Co-Productive Approach

**Why is it important?**

Co-production is central to the way the Welsh Government requires all health and social care services to be planned, commissioned, and delivered.

Social Care Wales (formerly known as the Care Council for Wales), Planning, Commissioning and co-production Code of Practice defines co-production as **'the concept of genuinely involving people and communities in the design and**

**delivering of public services, appreciating their strengths and tailoring approaches accordingly.'**

Voice, participation and responsibility will each lead to ensuring that action planning will reflect developments that all partners and stakeholders will feel that they have shared and collective control and ownership of.

It is important that those providing advocacy services are fully engaged in the detail of action planning, tendering and commissioning arrangements as they are uniquely placed in terms of their specialist knowledge and experience. Ensuring effective communication, engagement, reflection and learning helps to ensure that commissioning teams are fully informed of the practical application of advocacy and how positive outcomes are best achieved.

Closer collaboration and integration within health and social care planning is considered essential by the Welsh Government in terms of offering better outcomes for individuals and communities.

The WWCP is fully committed to ensure that the development and implementation of this strategy, through its associated action plan, will be maintained and strengthened.

**What is the situation in West Wales?**

The Regional Advocacy Strategy Network, which represents regional advocacy organisations, has established links with the WWCP. The Network has been a key reference point in the development of this strategy and will have a significant ongoing role in action planning decisions. There has been active co-operation between the Network and Regional Commissioners through a process of effective communication, engagement, reflection and learning in the recent tendering of advocacy services which has led to improvements in service specifications, delivery and evaluation.

The Hywel Dda University Health Board (HDUHB)is a key partner in the WWCP. In terms of the strategy, appropriate levels of collaboration and integration between the Board and the three Local Authorities are agreed within the WWCP decision-making framework.

**What will we do?**

We will through co-produced action plans:

1. Ensure the necessary structures will be supported to develop a culture of effective and meaningful co-production ensuring broad representation of stakeholders across the region who can inform and shape decision-making reflecting what matters most

2. Adopt principles of effective communication, engagement, reflection and learning to shape and inform the approach to commissioning and tendering

3. strengthen the link between the WWCP and the Regional Advocacy Strategy Network

4. explore opportunities for closer collaboration and integration in advocacy planning and commissioning arrangements between statutory bodies

**What will success look like?**

- The contributions of citizens, service-users and carers will be acknowledged and valued

- Decision-making within action-planning to implement the strategy will have been significantly informed by citizens, particularly service-user groups and carers

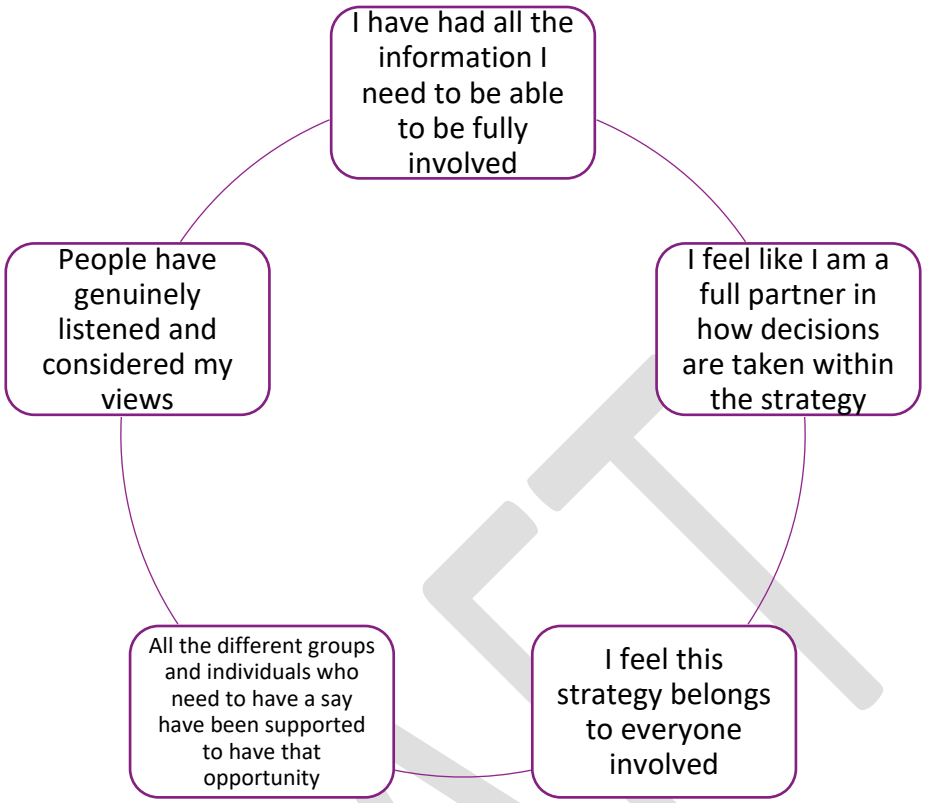
- There will be a flow of relevant information between the different groups and structures within co-production including the Advocacy Strategy Network (ASN), service user groups etc.

- A culture of responsibility and ownership will have been created within the co-production partners.

- There will be regular engagement between the WWCP and the Regional Advocacy Strategy Network

- Building on the new regionally commissioned IPA services by ensuring we are working collaboratively to develop service

**People receiving advocacy will say?**




Priority 2: Raise Awareness Of, And Understanding Of, Advocacy.

**Why is this important?**

Advocacy provides an essential support service allowing people's voice to be heard, their rights protected and their entitlements to be secured. Raising awareness, and understanding of advocacy, will promote improved access to advocacy, especially for those who need it most.

Our engagement clearly evidenced that there is not always awareness and understanding of the different forms of advocacy, their functions and the benefits that each can offer. There is significant scope to develop both awareness and understanding within professional disciplines, service-users and key stakeholders.

This commitment to further develop awareness of, and understanding of advocacy, will offer increased opportunities for individuals, especially those in most need, to access the right form of advocacy and in that way ensure that their voices are heard, their rights respected, and their entitlements secured. It is important to remember the correlation between awareness/promotion of advocacy and the number of referrals a service will receive. Advocacy providers must be supported to create well-resourced services that has the capacity to meet this additional demand.

**What is the situation in West Wales?**

The provision of informational and marketing materials by each advocacy organisation which relates to their own services is apparent but more general awareness and understanding could be further developed.

The rurality of our region presents particular challenges in terms of being able to reach out equitably to isolated individuals, groups and communities in terms of awareness-raising.

There are a range of different advocacy organisations in the region offering different forms of advocacy and this spectrum of advocacy provision does present challenges in terms of understanding and awareness. Service-users and professionals have awareness of advocacy services to which they have familiarity and contact but may be unaware of other provision that could also be appropriate.

There is scope for staff working for care providers, including residential and nursing homes, to have a better understanding of advocacy services.

There is scope for advocacy organisations and organisations providing Information, Advice and Assistance to work more collaboratively to raise awareness and understanding.

**What we will do?**

We will through a co-produced action plan:

1. Agree a shared and structured approach to raising awareness and understanding of advocacy amongst citizens, service-user groups, health and social care professionals, care providers and other relevant stakeholders.

2. Explore opportunities for using creative approaches to awareness-raising, including the range of digital platforms

3. Ensure that commissioned advocacy services provide information in the most accessible formats

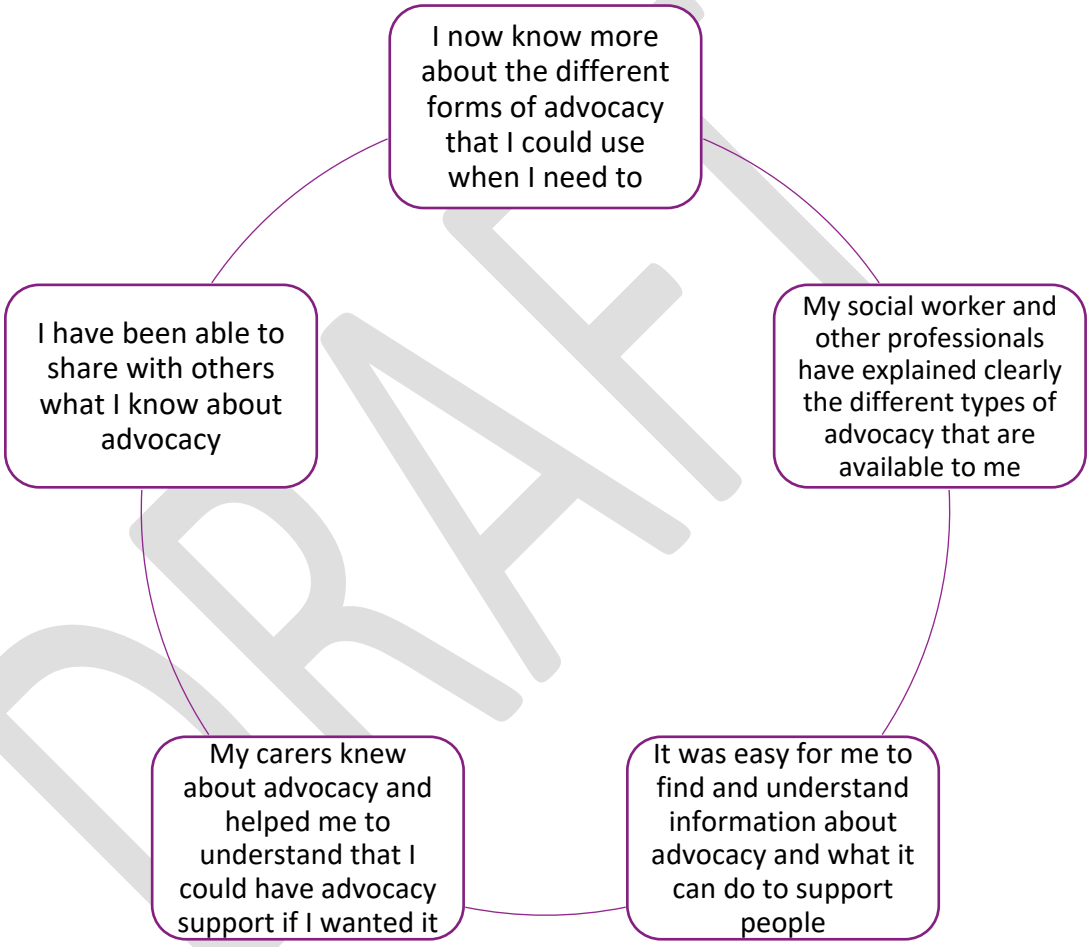
4. Support & promote collaborative arrangements between advocacy organisations and those organisations offering Information, Advice and Assistance

**What will success look like?**

- There will be improved and updated informational materials in a range of accessible formats covering the spectrum of advocacy provision which will be widely distributed.

- Other creative approaches, including digital platforms, will have been further developed
- All relevant professionals will have an awareness and understanding of advocacy provision and its functions
- Those who are eligible to access advocacy support will know what the different types of advocacy can offer

**People receiving advocacy will say?**






## Priority 3: Ensure Advocacy Is Easily Accessible and Equitably Available

**Why is this important?**

For advocacy to be able to provide support to those who need it most, it must be easy to access and equitably available.

Our co-production engagement identified that it was not always easy for people who would benefit from advocacy to get in touch with the most appropriate advocacy

organisation to support them. It was also clear that advocacy services were not always equitably distributed across the region. A more equitable geographical spread of the range of advocacy services, would allow individuals from different service-user groups to access advocacy support more locally.

The various engagement events evidenced that whilst there is a range of provision available, some people find it difficult to navigate to find the service that is right for them.

A key requirement in the Social Services and Well-Being Act Advocacy Code of Practice is for advocacy services to be engaged at an early stage in social care processes as an aspect of the 'preventative agenda'. This requires referrals from professionals being made at the earliest possible time allowing advocacy support to be meaningful and effective by ensuring that an individual's voice is heard when it most matters and to prevent issues escalating.

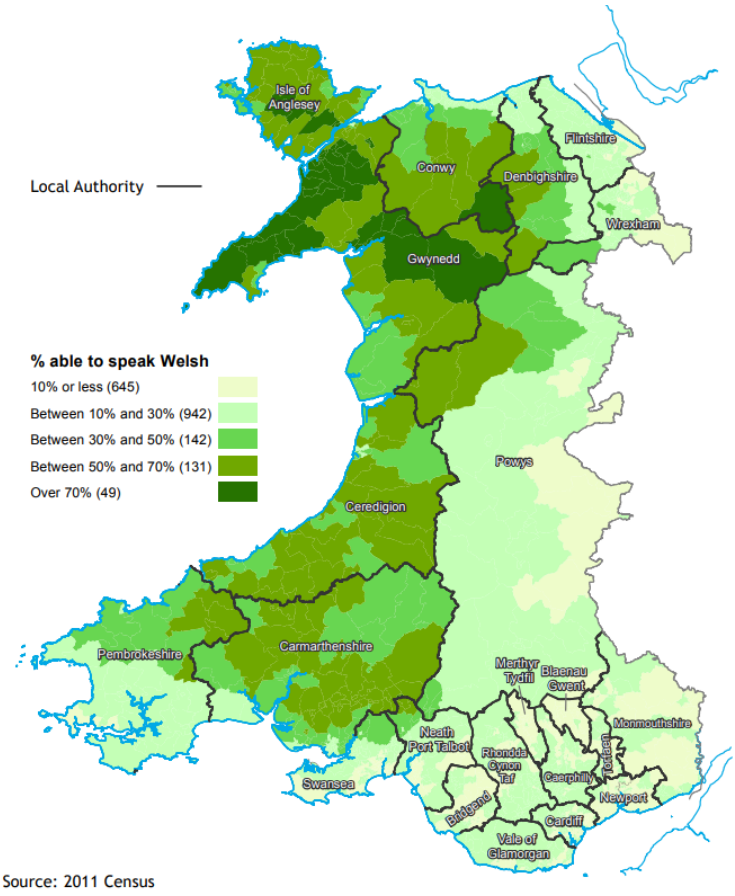
Similarly, the Act stresses the key role of advocacy support in Safeguarding processes and how advocacy referrals need to be made at the early stage of involvement to allow individuals the support they need to fully participate in decision-making and to achieve the most positive person-centred outcomes. A consistent and equitable approach to engaging Independent Professional Advocacy at the right time is essential.

**Situation in West Wales**

Advocacy provision in West Wales is relatively well established in our region, particularly in relation to specialist support for people with learning disabilities and people with mental health needs. For other service-user groups and carers generic IPA services are now in place and becoming established. This means that for most people who require advocacy, services are available.

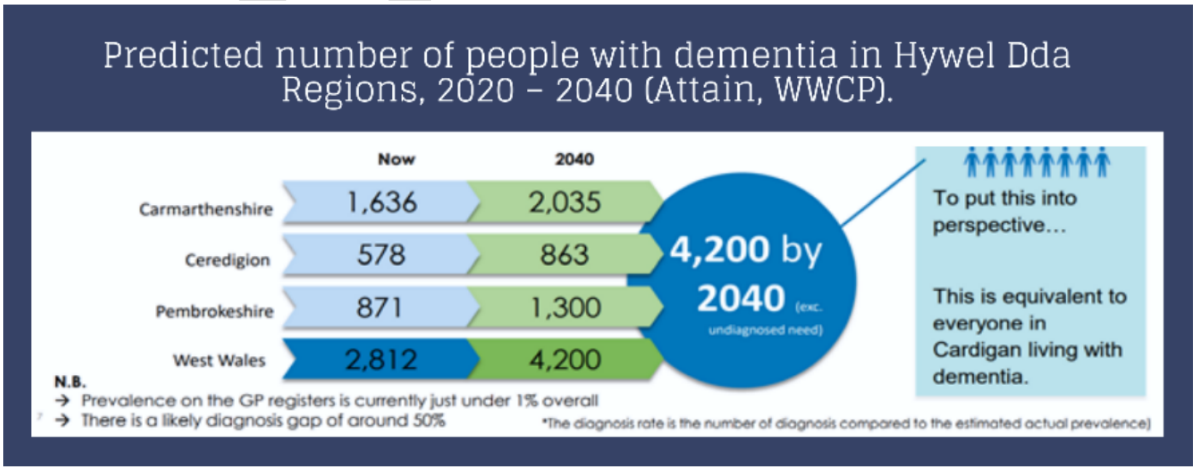
The predominantly rural nature, demography and geography of our region poses some challenges to facilitating physical access to most community-based health and social care services, including advocacy.

Similarly, we have significant numbers of Welsh speakers in our region and for our advocacy services to provide equitable access there is a need to ensure that advocacy services can be accessed through the Welsh language.




% of Welsh Speakers in Wales (Population Census, 2011)

The most significant factor identified in the West Wales Population Assessment is the growing numbers of older people likely to need some level of support services and specifically a sharp increase in the projected number of people with dementia. These demographic changes are most significant in isolated rural areas. These demographic changes will also increase the number of people becoming unpaid carers. These changes are likely to require a greater focus on access to advocacy services for older people and carers in the region and particularly in the more rural areas.




West Wales Population Assessment (2022)

**What we will do?**

We will through a co-produced action plan:

1. Ensure improved access to advocacy provision and ensuring people who need it most can access it in a way suitable for them e.g. In Welsh, in person, online etc.

2. Develop an 'active offer' approach to be employed by professionals which promotes and facilitates contact with an advocate so they can explain the support they can offer

3. Ensure that there will be equitable access to advocacy across our region taking into account the rurality and demography of our region

4. Evaluate the most effective referral 'gateways' that facilitate ease of access

**What will success look like?**

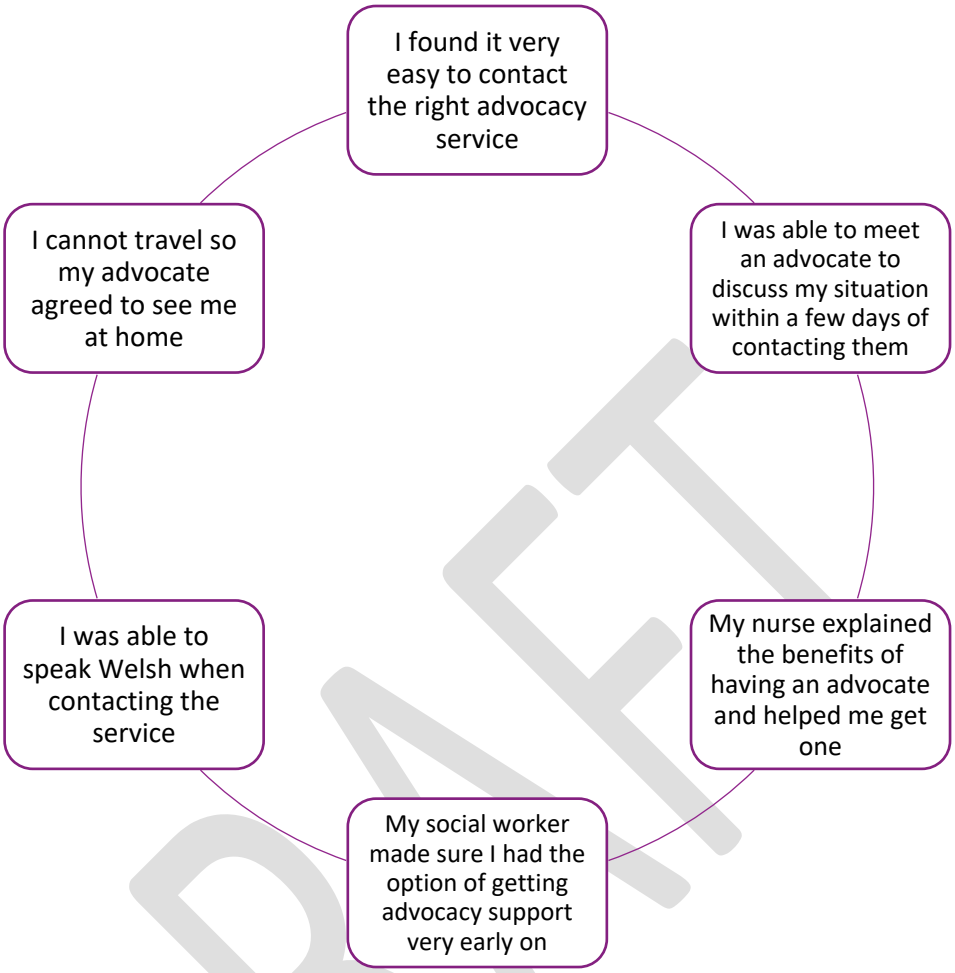
- There will be easy ways by which people can access the form of advocacy that is right for them through the most effective referral 'gateway' or 'gateways'

- Advocacy will be made available at the earliest and most supportive time through the 'active offer' approach

- People who prefer to access advocacy through the medium of Welsh can do so equitably

- People living in rural areas will have easy and equitable access to advocacy

**People receiving advocacy will say?**






Priority 4: Ensure Advocacy Is of a Consistently High Standard of Quality

**Why is it important?**

To achieve consistently positive outcomes for those receiving advocacy support there needs to be consistently high standards of quality in terms of governance and service delivery.

This priority was most significantly highlighted by organisations providing advocacy and other third sector organisations within the engagement process and is also key legal requirement on statutory bodies that commission advocacy services. A number of respondents felt that the quality of advocacy provision in the region was inconsistent and that all advocacy providers should have governance and delivery arrangements that met the highest standards.

Within the independent advocacy sector there has been a long-standing commitment to ensuring the quality of their advocacy. What has emerged over recent years has been the establishment of standards, as defined in the sector's own Advocacy Charter and Code of Practice and more recently the standards set out in the SSWBA Advocacy Code of Practice.

The key tool of quality assurance within independent advocacy is the Quality Performance Mark(QPM) which is independently assessed and awarded by the National Development Team for Inclusion (Advocacy) and this assurance is supported by the vocational advocacy qualification framework for advocates created by Social Care Wales.

It is intended, in the near future, commissioned Independent Professional Advocacy will come within the Regulation and Inspection of Social Care in Wales Act (RISCA), once a framework can be agreed. When legally required this framework will need to be adopted within the strategy.

All forms of advocacy need to be able to evidence quality also need to evidence positive outcomes deriving directly, or indirectly, from their engagement. Outcome's frameworks and indicators vary across services and this does not always present an accurate comparative picture across services. There is scope for development and standardisation of outcomes monitoring and reporting in commissioned advocacy.

Quality in service delivery relies upon a reasonable period of service continuity. This allows for effective service delivery planning. Short term contractual arrangements do not support the development of quality in service delivery or accessibility. Contracts do need to be monitored and reviewed and periodically re-tendered. However, these processes should support the need to maintain quality in service delivery through a considered approach to appropriate continuity.

All advocacy services need to have systems that deal effectively with complaints and comments, as well as compliments. These systems, as a method of service improvement and learning from mistakes and successes, are a necessary aspect of quality.

**The situation in West Wales**

Most currently commissioned independent advocacy services in West Wales have either been awarded the QPM or are registered and working towards an award. Similarly, most also employ advocates who have achieved the appropriate independent advocacy qualification for their particular role, or, are registered and working towards the award. Support has been available through till Spring 2021, through the Advocacy Development Project, for those organisations that intend to register for both the QPM and their advocates for the relevant qualification.

Outcomes monitoring arrangements across commissioned advocacy services are inconsistent and there is scope for some degree of standardisation whilst

recognising that different services do meet different statutory functions and have different service specifications.

Some advocacy organisations have established arrangements for ongoing service improvement but there is some scope for the WWCP to support all advocacy organisations to focus on both quality assurance and service improvement.

There are issues of service continuity, especially in respect of non-statutory and specialist advocacy and there is scope for further consideration of how to balance tendering compliance and service continuity.

The WWCP is committed to ensure that all commissioned Independent Professional Advocacy along with other advocacy provisions in the region will be of a consistently high standard. This will ensure that all people receiving Independent Professional Advocacy support can expect a good quality service, wherever they live in the region

**What will we do?**

We will through co-productive action plans:

1. Commission sustainable independent advocacy services that can evidence and assure the quality of their governance and practice arrangements through recognised external quality assurance and practice competency systems.

2. Introduce the necessary quality assurance within commissioning arrangements required by any future RISCA advocacy framework

3. Support developments in the advocacy sector that progress service improvements in terms of quality and best practice, including in relation to learning from mistakes and complaints.

4. Introduce more standardisation in outcomes monitoring across the region and across comparable advocacy services

**What will success look like?**

- All commissioned independent advocacy will meet recognised quality assurance and practice competency standards.

- A culture of service improvement will be supported across all advocacy services

- Appropriate consideration will be given to service continuity in the tendering and contracting of commissioned advocacy services

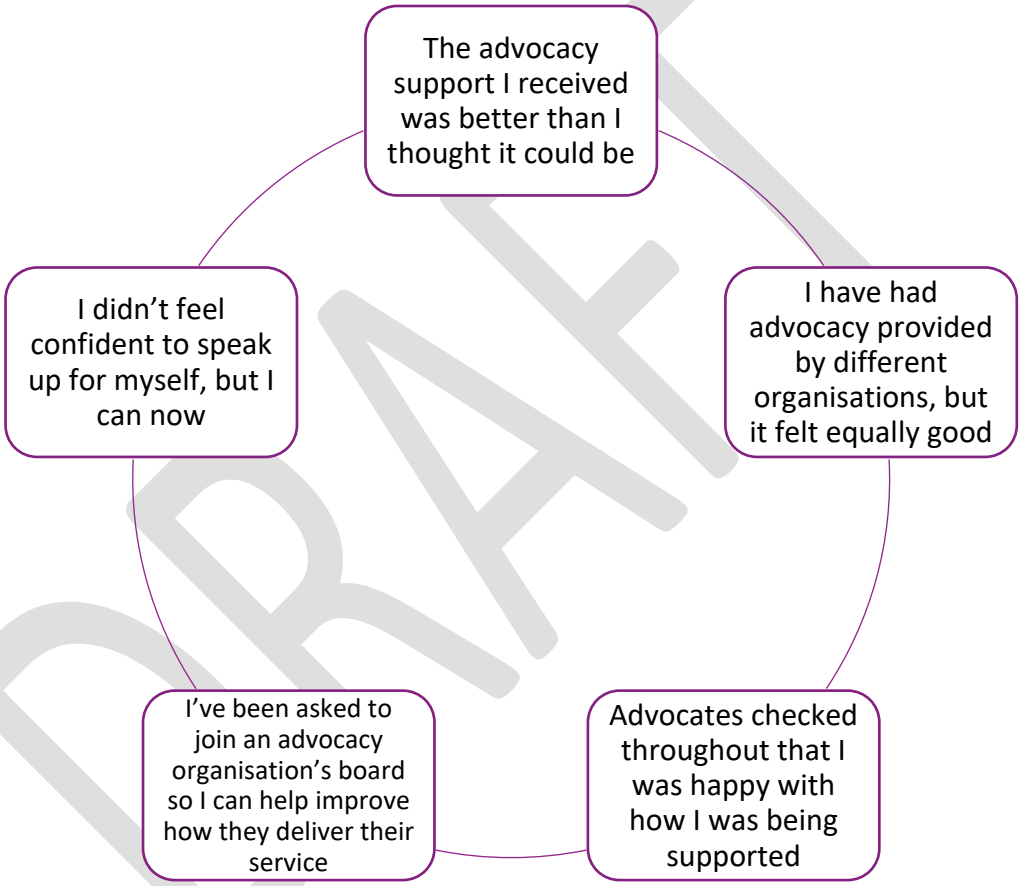
- Any future requirements for advocacy commissioning under RISCA legislation will be fully introduced and embedded.

- A more robust and standardised approach to the outcomes monitoring and reporting of commissioned independent advocacy services will be introduced and embedded.

- All commissioned advocacy services will have effective systems for dealing with complaints and learning from mistakes.

- A high number of trained advocates to cope with high capacity and demand

**People receiving advocacy will say?**



## Priority 5: Maintain Specialisms and Non-Statutory Forms Of Advocacy

This priority has been developed to encompass two issues raised throughout stakeholder engagement. Firstly, recognising the full spectrum of advocacy services and how we need to develop it equitably with partners. Secondly, the importance of collaboration between different providers on the advocacy spectrum to collectively share knowledge, skills, capacity and experience.

### Why is this important?

There are a wide range of circumstances within which people need advocacy support and many of these are not addressed or best met through statutory advocacy provision. Similarly, many individuals and groups get the best outcomes when this is delivered through specialist provision. In delivering advocacy services we must ensure that individuals retain voice, choice and control over as many aspects of their lives as they can, for as long as they can. This can be achieved through a person-centred approach which understands each individual's personal circumstances, their history, future aspirations and what is important to them.

This strategy recognises there needs to be an appropriate balance between generic and specialist advocacy and similarly between statutory and non-statutory advocacy and that service-users should be able to have choice of which service provides their advocacy support.

Co-ordination and collaboration is needed to ensure that people receive the most appropriate form of advocacy to meet their particular needs and offer choice of provision.

Specialisms are particularly important in respect of service-user groups who have different communication needs, such as, people with learning disabilities, autistic people and people from the deaf signing community. Non-statutory mental health advocacy relies upon advocates having very specific knowledge of legal frameworks and services to be able to provide the best quality of advocacy support.

Non-statutory advocacy, both commissioned and grant-funded, is very important as it could provide advocacy support in the aspects of people's lives that statutory advocacy was not directly commissioned to address. It also allows issues to be addressed that prevent escalation in people's issues which then require statutory interventions. Non-statutory independent advocacy is also better placed to provide the enduring advocacy relationships that best facilitate empowerment and the capacity to self-advocate.

Self-advocacy groups, especially for people with learning disabilities, promote and facilitate the ability to self-advocate and as a result allows more participation in decisions impacting on their lives. This allows for more effective co-produced care planning and also promotes the prevention and safeguarding agendas.

Independent Advocacy often provides significant support to parents when engaged in child protection and legal hearing processes. As identified in the consultation exercise with advocates, this specialist work involves having knowledge of safeguarding and legal processes to be able to provide these parents the best possible support at these difficult times in their lives - “not forgetting the huge amount of work that I think all the advocate to do at the moment with child protection cases and parents going through child protection” (Stacey, Advocate)

**What is the situation in West Wales?**

The situation in West Wales offers both specialist and non-statutory advocacy for some service-user groups but not all. This seems to reflect the significant demands for these services from active community groups, such as, the learning disabilities and mental health communities.

The balance between statutory and non-statutory and between specialist and generic is felt by the learning disabilities and mental health communities to be appropriate.

Other service-user communities’ advocacy needs are addressed within generic and statutory services. Our engagement indicates that there needs to be further consideration of this balance, when considering how to shape advocacy services for other service-user groups. These groups are now starting to become more aware of the potential benefits of specialist and non-statutory advocacy. This was most notable amongst carers responses through our engagement, in particular carers of older people with dementia. Projections suggest a significant increase in the demand for dementia services, including advocacy in the lifetime of the strategy.

There are established learning disabilities self-advocacy groups operating in the region but this is not currently equitably available across the region.

Required advocacy support for parents in child protection processes is available but there is an indication that specialist provision would produce better outcomes.

**What will we do?**

We will through co-produced action plans:

1. Ensure an appropriate balance between generic and specialist and statutory and non-statutory advocacy provision across all service-user groups in the region.

2. Ensure that people can access the most appropriate form of advocacy to meet their particular needs and offer choice.

3. Ensure that those with complex communication needs will be provided with the most appropriate form of independent advocacy support

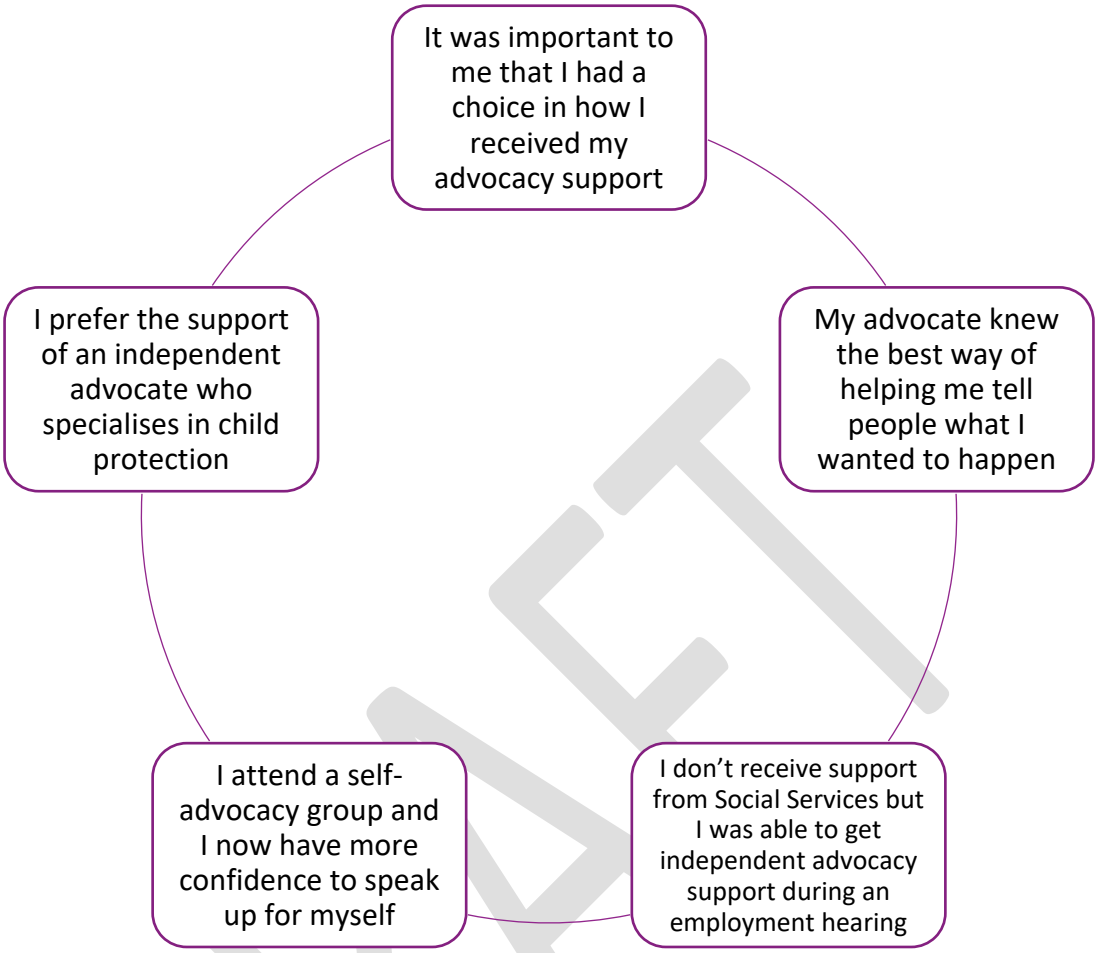
4. Develop and support self-advocacy groups

5. Assess the need for a specialist independent advocacy service to support parents involved in child protection processes that have difficulties understanding key information

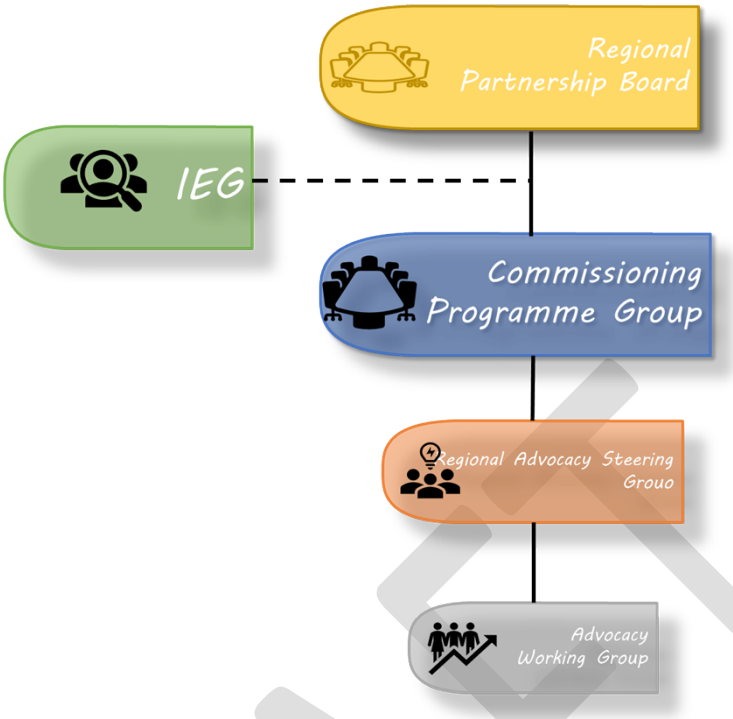
**What will success look like?**

- There will be a range of specialist and generic provision available to reflect differences in individual need and choice.
- Non-statutory advocacy will be maintained and developed as required to best meet community need
- Individuals with complex communication needs will have access to specialist advocacy services that can best meet their communication needs.
- Endeavour to support the full spectrum of advocacy services such as Self-advocacy
- If the needs analysis indicates the need for a specialist advocacy service for parents involved in child protection processes, who need support to understand key information, a service will be commissioned

**People receiving advocacy will say?**



## Reporting Our Progress




In line with this strategy a new regional advocacy steering group will be set up to oversee and scrutinise the progress made against the regional adult advocacy strategy. The group is to design and deliver a comprehensive regional implementation plan with clear and measurable actions to shape and guide regional advocacy in West Wales. The plan should align with the National Outcomes Framework (Social Services), the Regional Outcomes Framework and the Well-being of Future Generations Act.

This action plan will be regularly monitored and revised in the light of progress and new opportunities for improving outcomes for users of advocacy services - as part of an on-going commitment to working co-productively with users and providers.

The new regional advocacy steering group will be directly account to the Commissioning Programme Group who, on behalf of the West Wales Regional Partnership Board, will oversee the implementation of this strategy:

- Receiving and scrutinising regular progress reports from the Advocacy Working Group.
- Ensuring WWCP recognition of successes and issues for resolution.
- Ensuring co-productive contract monitoring arrangements are in place, where providers and users are active participants.
- Ensuring this strategy has the profile and resources for effective implementation.

Reports will be made to Hywel Dda University Health Board and the local authorities of Carmarthenshire, Ceredigion and Pembrokeshire.

## Glossary

| Term | Acronym | Explanation |
|---|---|---|
| ***the Act*** | | Social Services and Well-being (Wales) Act 2014 (SSWBA) |
| ***'Active offer'*** | | the process by which professionals facilitate a meeting between a person and an advocate allowing the advocate to fully explain their role and allow the person to decide if they would want advocacy support. |
| ***Advocacy qualification*** | | the award given to independent advocates that evidences that they are appropriately trained and competent to practise independent advocacy, including any specialist areas, e.g. mental health |
| ***the Code*** | | Part 10 of the Act, Code of Practice (Advocacy) updated 2019, which sets out the requirements on local authorities in relation to advocacy services |
| ***Co-production*** | | the process of enabling citizens and professionals to work together in equal partnership, to share power and responsibility for decision-making and planning. |
| ***Commissioning/commission*** | | the process by which Health Boards and Local Authorities identify needs then plan and review services they want other agencies to provide. |
| ***Golden Thread Advocacy Programme*** | **GTAP** | The Project funded by the Welsh Government and delivered by AgeCymru to support the commissioning of advocacy in Wales and in particular the Independent Professional Advocate services across Wales. |
| ***Independent Professional Advocate*** | **IPA** | a form of independent advocacy defined in the Code and delivered by qualified advocates working within quality assured organisations. There are certain circumstances when Local Authorities should instruct IPAs and others when they must, as set out in the Code. |
| ***Information, Advice and Assistance*** | | services designed to identify the support people can access to prevent |

| | | |
|---|---|---|
| | | them needing a higher level of support in the future. |
| ***Instructed Advocacy*** | | an advocate acts solely on the instruction and direction of the person being supported. |
| ***National Development Team for Inclusion*** | **NDTi** | an organisation that promotes best practice in terms of social inclusion. It administers the Advocacy Quality Performance Mark. |
| ***Non-instructed Advocacy*** | | the person cannot provide instruction and the advocate strives to ensure decisions or actions taken on their behalf respect their rights and entitlements and take account of their known preferences and lifestyles. |
| ***Outcomes monitoring*** | | the processes by which the intended benefits of an action are assessed and reviewed. |
| ***Quality Performance Mark*** | **QPM** | the process by which advocacy organisations evidence that their services operate to a high standard |
| ***Referral 'gateway'*** | | the way that people wanting to access a service are able to make first contact. |
| ***Regional Advocacy Development Project*** | | a Project funded by the WWCP to support the development of advocacy in the region |
| ***Regulation and Inspection of Social Care*** | **RISCA** | the process by which organisations providing social care support are registered to ensure that they are providing quality services |
| ***Self-advocacy*** | | the ability of a person to effectively share with others the things that are important to them and how they wish to receive services. Self-advocacy is promoted within all forms of advocacy but has a specific focus within self-advocacy groups. |
| ***Service-user*** | | a person in receipt of, or eligible for, support or care services |
| ***Safeguarding*** | | the process of protecting children and vulnerable adults from harm, abuse or neglect and an ongoing education process designed to facilitate the identification of the signs and risks relating to abuse. |
| ***Social Inclusion*** | | the process of supporting people and communities to be able to participate in decisions and actions affecting their lives. |

| | | |
|---|---|---|
| ***Social Care Wales*** | | *the social care workforce regulator in Wales who has responsibility for* building confidence in the workforce and leading and supporting improvement in social care. |
| ***Stakeholder*** | | Any person or organisation that have an interest or involvement with an issue, e,g. Carers Forums, Peoples First Groups, etc. |
| ***Statutory*** | | Processes that are required under legal frameworks and arranged and/or delivered by Public Bodies, e.g. Local Authorities, Health Boards, etc. |
| ***Spectrum of advocacy provision*** | | The different types of advocacy including advocacy provided by; family and friends, social care and health professionals, volunteer advocates, collective self-advocacy and paid independent advocates. |
| **West Wales Care Partnership** | **WWCP** | A regional collaboration between the three West Wales Local Authorities, Hywel Dda University Health Board and also third sector, independent sector, service-user and carer representatives. Its role is to implement the transformation and development of health and social care in line with the intentions of the Social Services and Well-Being Act (Wales) 2014 |
| ***West Wales Population Assessment*** | | an overview of the population and demography of the region used to predict the future necessary service changes to meet the future needs of the population |
| **West Wales** | | the three counties of Ceredigion, Pembrokeshire and Carmarthenshire |

## References and Links


Social Services and Well-being (Wales) Act 2014
https://www.legislation.gov.uk/anaw/2014/4/contents
Social Services and Well-being (Wales) Act 2014 – Part 2 Code of Practice (General Functions
part-2-code-of-practice-general-functions.pdf (gov.wales)

Part 10 Advocacy Code of Practice
https://gov.wales/sites/default/files/publications/2019-05/part-10-code-of-practice-advocacy.pdf

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.
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West Wales Population Needs Assessment www.wwcp-data.org.uk.population-needs-assessment

Welsh Language Measures
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National Outcomes Framework https://gov.wales/sites/default/files/publications/2019-05/the-national-outcomes-framework-for-people-who-need-care-and-support-and-carers-who-need-support.pdf

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Statistical Focus in Rural Wales https://gov.wales/sites/default/files/statistics-and-research/2018-12/080515-statistical-focus-rural-wales-08-en.pdf

IMHA Code of Practice(incorporated into Mental Health(Wales) Act Code of Practice Chapter 6)
https://gov.wales/sites/default/files/publications/2019-03/mental-health-act-1983-code-of-practice-mental-health-act-1983-for-wales-review-revised-2016.pdf#:~:text=The%20Mental%20Health%20Act%201983%20Code%20of%20Practice,being%20laid%20before%20the%20National%20Assembly%20for%20Wales.

Code of Practice (incorporated into the Mental Capacity (Wales)Act Code of Practice chapter 10) http://www.wales.nhs.uk/sites3/Documents/744/Code%20of%20Practice%20E.pdf

Planning, Commissioning and Co-production, Care Council for Wales
https://socialcare.wales/cms_assets/hub-downloads/Planning_and_Commissioning_Resource_Guide_-_January_17.pdf

GTAP Commissioning Independent Professional Advocacy for Adults under the Social Services and Well-being (Wales) Act 2014
https://www.ageuk.org.uk/globalassets/age-cymru/documents/golden-thread-advocacy-programme/programme-documents/commissioning-ipa-framework-english-oct-19.pdf

West Wales Area Plan 2018-23
www.wwcp.org.uk › west-wales-area-plan

2023 - 2027

# Strategaeth Eiriolaeth Oedolion Gorllewin Cymru



wwcp
West Wales Care Partnership
Partneriaeth Gofal Gorllewin Cymru

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

Cyngor Sir Gâr Carmarthenshire County Council

Cyngor Sir Penfro - Pembrokeshire County Council

## Rhagair

Mae'r holl ddeddfwriaeth iechyd a gofal cymdeithasol ddiweddar yn cydnabod fod eiriolaeth yn sylfaenol bwysig mewn sefyllfaoedd lle y mae angen i unigolion a grwpiau a ymyleiddiwyd gael cefnogaeth i sicrhau bod eu lleisiau'n cael eu clywed a'u hawliau'n cael eu parchu. Mae eiriolaeth yn cael ei chynllunio a'i chyflwyno er mwyn annog unigolion a grwpiau i gymryd rhan yn y penderfyniadau a'r prosesau sy'n effeithio eu bywydau.

Mae'r Strategaeth Eiriolaeth Oedolion hon yn ceisio llunio trefniadau comisiynu Bwrdd Iechyd Prifysgol Hywel Dda, Cyngor Sir Caerfyrddin, Cyngor Sir Ceredigion a Chyngor Sir Penfro er mwyn iddynt gyflawni eu dyletswyddau statudol. Fodd bynnag, yn bwysicach na hynny mae'n ceisio sicrhau bod eiriolaeth o ansawdd da ar gael yn hwylus ac i bawb sydd ei eisiau, neu ei angen, yn rhanbarth Gorllewin Cymru, sef Ceredigion, Sir Gaerfyrddin a Sir Benfro.

Fwy a mwy, derbynnir fod niferoedd arwyddocaol o bobl sydd angen gwasanaethau iechyd neu ofal cymdeithasol hefyd angen mathau o gefnogaeth sy'n caniatáu iddynt gael llais cyfartal a rheolaeth ar y ffordd y caiff y gwasanaethau hynny eu cynllunio a'u darparu. Mae'r ystod o wasanaeth eiriolaeth yn ein rhanbarth yn ceisio mynd i'r afael â'r angen hwn am gefnogaeth ac mae hefyd yn annog datblygu hyder a sgiliau unigolion i gymryd rhan a lleisio eu lleisiau a'u dewisiadau eu hunain trwy hunan-eiriolaeth.

Mae rhai grwpiau yn ein cymunedau sydd angen lefel arwyddocaol o gefnogaeth er mwyn sicrhau bod eu llais yn cael ei glywed a bod eu hawliau'n cael eu cyflawni'n llawn. Mae hyn yn cynnwys pobl ag anghenion penodol yn lleisio eu dymuniadau a'u dewisiadau, er enghraifft ond heb fod yn gyfyngedig i, bobl ag anableddau dysgu, pobl ag awtistiaeth, pobl â dementia, pobl a chanddynt faterion iechyd meddwl cymhleth, rhai pobl a chanddynt amhariadau niferus neu synhwyraidd, a rhai gofalwyr. Ar gyfer y grwpiau hynny y mae'r strategaeth hon yn ceisio llywio'r gwaith o gomisiynu a darparu eiriolaeth i'r dyfodol.

Ein bwriad, trwy weithio mewn partneriaeth gyda chymunedau a rhanddeiliaid yw y byddwn, yn y pum mlynedd nesaf, yn gallu llunio, trwy ein trefniadau comisiynu, sut fydd y mathau mwyaf priodol o eiriolaeth yn y rhanbarth yn cwrdd â'r ystod o anghenion am eiriolaeth. Bwriadwn adeiladu ar yr hyn sydd eisoes yn sylfaen gadarn o wasanaethau wrth geisio datblygu gwasanaethau eiriolaeth mewn meysydd sydd angen eu datblygu. Bwriadwn flaenoriaethu cefnogaeth eiriolaeth ar gyfer yr unigolion a'r grwpiau hynny sydd ei hangen fwyaf.

Edrychwn ymlaen at gwrdd â'r heriau pwysig hyn er mwyn sicrhau bod mynediad at wasanaethau eiriolaeth yn ein rhanbarth yn cyrraedd y safon uchaf bosib a'i fod yn adlewyrchu'r hyn mae ein cymunedau angen o wasanaethau eiriolaeth.

Judith Hardisty
Cadeirydd, Bwrdd Partneriaeth Ranbarthol Gorllewin Cymru

CONTENTS

# CEFNDIR A CHYD-DESTUN

Er mwyn creu cyd-destun cyffredinol y bydd Strategaeth Eiriolaeth Oedolion Gorllewin Cymru yn gweithredu oddi fewn iddo aethom ati i gynnal adolygiad o ddeddfwriaeth Gymreig sy'n effeithio ar y maes hwn.

## Deddf Gwasanaethau Cymdeithasol a Llesiant

Mae Deddf Gwasanaethau Cymdeithasol a Llesiant (2014) yn mynnu fod rhaid i'r tri Awdurdod Lleol rhanbarthol gomisiynu gwasanaethau Eiriolaeth Broffesiynol Annibynnol statudol a bod rhaid i'r Awdurdodau Lleol hyrwyddo mynediad at y sbectrwm o wasanaethau eiriolaeth.

> **Dylid ystyried eiriolaeth yn elfen gynhenid o'r Ddeddf sy'n sicrhau bod gofal cymdeithasol yn canolbwyntio ar bobl a'u llesiant. Mae eiriolaeth yn helpu pobl i ddeall sut y gallant gyfranogi, cyfrannu a chymryd rhan, a sut y gallant arwain neu gyfarwyddo'r broses os oes modd.**
> Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) Cod Ymarfer Eiriolaeth t.8

Mae Deddf Gwasanaethau Cymdeithasol a Llesiant (2014) yn rhoi llawer o bwyslais ar lais a rheolaeth pobl sydd angen gofal a chefnogaeth, a gofalwyr sydd angen cefnogaeth.

> **Mae gan eiriolaeth rôl bwysig i'w chwarae o ran llais a rheolaeth a chynnal gofynion ehangach y Ddeddf o ran llesiant, diogelu ac atal. Gall gynorthwyo pobl yn fawr i fynegi eu barn a gwneud dewisiadau gwybodus, gan sicrhau eu bod yn gallu derbyn gwasanaethau perthnasol.**
> Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) Cod Ymarfer Eiriolaeth t.2

## Fframwaith Canlyniadau Cenedlaethol a Llesiant Cenedlaethau'r Dyfodol

Mae'r Fframwaith Canlyniadau Cenedlaethol (Gwasanaethau Cymdeithasol) a Deddf Llesiant Cenedlaethau'r Dyfodol yn gosod cysyniad llais a chyfranogiad unigolion ynghanol y dull o gyflawni llesiant yng Nghymru.

> **Mae fy llais yn cael ei glywed ac yn cael gwrandawiad.**
> **Mae fy amgylchiadau unigol yn cael eu hystyried. Rwyf yn siarad drosof fy hun ac yn cyfrannu at y penderfyniadau sy'n effeithio ar fy mywyd neu mae gen i rywun all wneud hynny ar fy rhan.**
> Datganiad yn y Fframwaith Canlyniadau Cenedlaethol ynghylch cyflawni llesiant personol t.5

## Deddf Iechyd Meddwl a Ddeddf Galluedd Meddyliol

Ceir gofynion tebyg yn y Ddeddf Iechyd Meddwl a Ddeddf Galluedd Meddyliol ar gyfer Bwrdd Iechyd Prifysgol Hywel Dda i gomisiynu gwasanaethau Eiriolwr Galluedd Meddyliol Annibynnol ac Eiriolwr Iechyd Meddwl Annibynnol ar draws y rhanbarth.

## Asesiad o Anghenion Poblogaeth Gorllewin Cymru a Chynllun Ardal

Mae angen i gomisiynu effeithiol fanteisio ar y wybodaeth a gasglwyd trwy gydgynhyrchu a'r data demograffig yng Nghynllun Ardal Gorllewin Cymru 2018-23 a'r Asesiad o Anghenion Poblogaeth Gorllewin Cymru.

## Beth yw Eiriolaeth a Phwy Sydd Ei Hangen?

Ceir isod ddiffiniad o eiriolaeth a dderbynnir yn eang:

'**Ystyr eiriolaeth yw gweithredu i helpu pobl i ddweud beth maen nhw ei eisiau, sicrhau eu hawliau, cynrychioli eu buddiannau a chael y gwasanaethau maen nhw eu hangen. Mae eiriolwyr a chynlluniau eiriolaeth yn gweithio mewn partneriaeth gyda'r bobl maen nhw'n eu cefnogi ac yn ochri gyda nhw. Mae eiriolaeth yn hyrwyddo cynhwysiant cymdeithasol, cydraddoldeb a chyfiawnder cymdeithasol.'** Siarter Eiriolaeth 2018 y Tîm Datblygu Cenedlaethol ar gyfer Cynhwysiant


Mae'r diagram uchod, a gynhyrchwyd gan Brosiect Eiriolaeth Edau Euraidd, yn dangos y sbectrwm o wasanaethau eiriolaeth. Mae manteision penodol i bob un o'r gwahanol fathau:

| Math | Disgrifiad |
|---|---|
| Hunan-Eiriolaeth | Pan mae unigolion yn cynrychioli ac yn siarad drostynt eu hunain. |
| Eiriolaeth Anffurfiol | Pan mae teulu, ffrindiau a chymdogion yn cefnogi unigolyn i sicrhau bod eu safbwyntiau dymuniadau a theimladau yn cael eu clywed, a gallai hynny gynnwys siarad ar eu rhan. |
| Eiriolaeth gan Gymheiriaid | Un unigolyn yn gweithredu'n eiriolwr i eraill sy'n rhannu profiad/cefndir cyffredin. |
| Eiriolaeth ar y Cyd | Mae'n cynnwys grwpiau o unigolion a chanddynt brofiadau cyffredin sy'n cael eu grymuso i gael llais a dylanwadu ar newid a hyrwyddo cyfiawnder cymdeithasol. |
| Eiriolaeth Dinasyddion | Mae'n cynnwys partneriaeth un ac un hirdymor rhwng eiriolwr ddinesydd gwirfoddol wedi'i hyfforddi neu ei gefnogi ac unigolyn. |
| Eiriolaeth Wirfoddol Annibynnol | Mae'n cynnwys eiriolwr annibynnol a di-dâl sy'n gweithio trwy drefniant tymor byr, neu ar fater penodol, gydag unigolyn neu unigolion. |
| Eiriolaeth Ffurfiol | Gall gyfeirio at rôl eiriolaeth staff mewn lleoliadau iechyd, gofal cymdeithasol ac eraill lle y mae angen i weithwyr proffesiynol fel rhan o'u rôl ystyried dymuniadau a theimladau'r unigolyn a helpu sicrhau eu bod yn cael sylw priodol. |
| Eiriolaeth Iechyd Meddwl Annibynnol (Statudol) | Eiriolwyr a hyfforddwyd yn arbennig i gefnogi pobl i fynegi barn a sicrhau bod eu lleisiau'n cael eu clywed ynghylch eu gofal a'u triniaeth iechyd meddwl. Mae'n fath o eiriolaeth statudol. |
| Eiriolaeth Galluedd Meddyliol | Mae Eiriolwr Galluedd Meddyliol Annibynnol (IMCA) yn helpu pobl nad yw'r galluedd ganddynt fel y gallant fod yn rhan o benderfyniadau a wneir ar eu rhan. Mae ar gyfer |

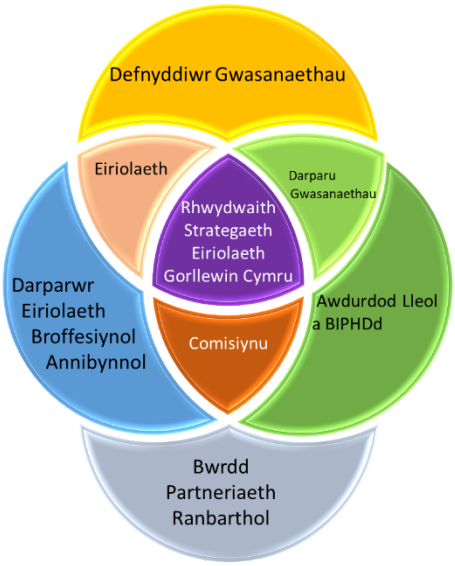
| | |
|---|---|
| Annibynnol (Statudol) | pobl a gafodd asesiad nad oes ganddynt y galluedd meddyliol i wneud penderfyniad drostynt eu hunain. |
| Eiriolaeth Broffesiynol Annibynnol (Statudol) | Mae'n cynnwys eiriolwr proffesiynol, wedi'i hyfforddi yn gweithio mewn partneriaeth un ac un gydag unigolyn i sicrhau bod eu barn yn cael ei chyfleu'n gywir a bod eu hawliau'n cael eu parchu. Gallai hynny fod ar gyfer un mater neu nifer o faterion. |

Mae gwahaniaeth pwysig rhwng eiriolaeth dan gyfarwyddyd ac eiriolaeth heb gyfarwyddyd. Mae eiriolaeth heb gyfarwyddyd yn golygu fod eiriolwyr yn cael eu cyfarwyddo gan yr unigolyn, hyd yn oed os na wnaeth yr unigolyn gyfeirio eu hunain at y gwasanaethau eiriolaeth. Rhyngddynt, gallant sefydlu perthynas ac adnabod y materion eiriolaeth, y nodau a'r canlyniadau a fwriedir yn unol â dymuniadau/dewisiadau defnyddiwr y gwasanaeth.

Efallai y bydd angen y math heb gyfarwyddyd o eiriolaeth pan mae materion cyfathrebu a galluedd yn golygu nad yw cyfarwyddyd a mynegi dewisiadau a phryderon yn amlwg. Byddai hyn yn cynnwys cymryd camau cadarnhaol gyda neu ar ran person sy'n methu rhoi arwydd clir o'u barn neu ddymuniadau mewn sefyllfa benodol. Mae eiriolwyr heb gyfarwyddyd yn ceisio cynnal hawl y person, sicrhau triniaeth deg a chyfartal, sicrhau mynediad at wasanaethau, a gwneud yn siŵr y cymerir penderfyniadau gan roi ystyriaeth ddyladwy i'w dewisiadau a'u safbwyntiau unigryw (Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014)

# Datganiad Safbwynt Gorllewin Cymru

Prif Randdeiliaid



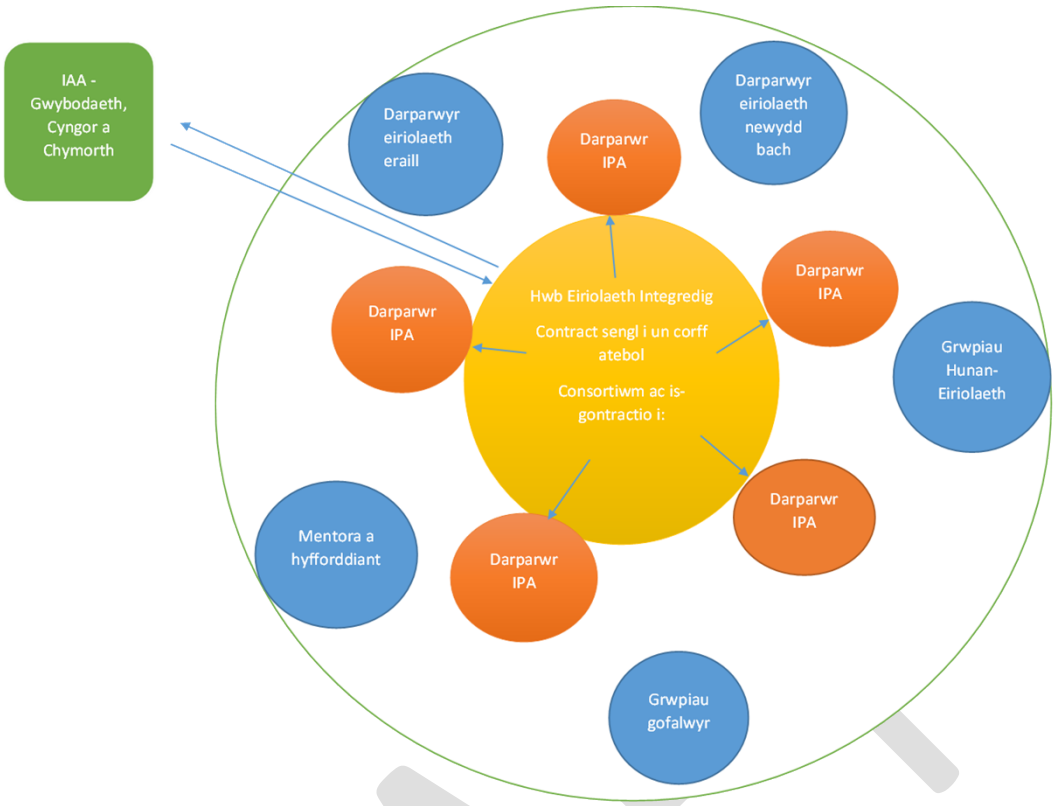

Cafwyd ffocws cydlynol ar eiriolaeth yng Ngorllewin Cymru ers rhai blynyddoedd, a sefydlwyd Rhwydwaith Eiriolaeth y Tair Sir dros 12 mlynedd yn ôl. Nod y Rhwydwaith, sy'n cynrychioli darparwyr gwasanaethau eiriolaeth statudol ac anstatudol ar draws Sir Gaerfyrddin, Ceredigion a Sir Benfro yw gwella, hyrwyddo a datblygu gwasanaethau eiriolaeth a darparu cyfleoedd hyfforddiant ar gyfer y gwasanaethau hynny. Mae'n gweithio'n gyfochrog â Gweithgor Eiriolaeth sy'n cynnull at ei gilydd gomisiynwyr gwasanaethau eiriolaeth ar draws Gorllewin Cymru, sy'n cynnwys Cyngor Sir Caerfyrddin, Cyngor Sir Ceredigion a Chyngor Sir Penfro. Dangosir y perthnasoedd hyn yn y diagram Venn gyferbyn.

Adolygiad Rhanbarthol

Datblygwyd y cynnig gwreiddiol trwy drefn gydgynhyrchu, fel y cynigiwyd gan y Rhaglen Eiriolaeth Edau Euraidd.

Yn 2017, derbyniodd Rhwydwaith Eiriolaeth y Tair Sir arian i wneud gwaith ymgysylltu yn dilyn ymarferiad hunanasesu a amlygodd feysydd lle'r oedd potensial i wella arfer, fel rhan o Raglen Eiriolaeth Edau Euraidd. Gwnaed gwaith ymgysylltu, gyda chefnogaeth Partneriaeth Gofal Gorllewin Cymru, gydag unigolion, gweithwyr proffesiynol a rhanddeiliaid eraill ar draws y rhanbarth, oedd yn cynnwys arolwg (142 ymateb), pum digwyddiad sirol ac un digwyddiad rhanbarthol.

Arweiniodd y gwaith hwn, a'r adroddiad a ddilynodd, at ddiffinio a dylunio'r model gwasanaeth rhanbarthol arfaethedig - roedd y prif nodweddion yn cynnwys yr hyn a ddywedwyd oedd yn bwysig i'r sawl a gymerodd ran yn yr ymgysylltiad: un pwynt cyswllt; darparu lleol; parhau i gydnabod arbenigeddau (diogelu plant, gofalwyr, anableddau dysgu); a phwysigrwydd cysylltu â gwasanaethau gwybodaeth, cyngor a chymorth (IAA). Mae'r model gwasanaeth yn cydnabod rôl allweddol IPA o fewn cyd-destun cymorth ehangach mathau anstatudol o eiriolaeth. Darlunnir y model 'wy wedi'i ffrïo' fel y'i gelwir isod.




| | |
|---|---|
| | Grwpiau neu fudiadau a gefnogir yn y rhwydwaith ehangach. Gall rhai fod yn gweithio tuag at ddod yn ddarparwyr IPA |
| | Darparwyr IA Generig ac Arbenigol ar draws yr ardal sy'n bodloni'r safonau angenrheidiol ar gyfer IPA |
| | Rhwydwaith eiriolaeth ehangach yn cynnwys y Rhwydwaith Strategaeth Eiriolaeth |

Comisiynu Gwasanaethau Eiriolaeth Broffesiynol Annibynnol

Wrth ymateb i'r adolygiad, cytunodd yr awdurdodau lleol yn y Rhanbarth i gyd gomisiynu un gwasanaeth IPA ar gyfer oedolion (ceir trefniadau gwahanol ac ar wahân ar gyfer plant). Cafodd hyn ei ddylanwadu'n rhannol gan ymrwymiad Partneriaeth Gofal Gorllewin Cymru i gomisiynu rhanbarthol, o dan Ran 9 DGCLl, a chynigiwyd y dylai'r gwasanaeth gael ei gefnogi gan drefniant cronfa gyfunol gysylltiedig - sef yr arian a werir yn barod ar eiriolaeth.

Tra bod gan Sir Gaerfyrddin a Sir Benfro drefniadau cytundebol yn barod ar gyfer darparu eiriolaeth, roedd Ceredigion yn darparu IPA ad hoc trwy drefniant 'prynu ar y pryd'. Roedd y ffaith nad oedd contractau yn bod yn barod yn golygu fod trefniadau ar gyfer Ceredigion yn flaenoriaeth; ac oherwydd y risg o ansefydlogi'r farchnad mewn mannau eraill, cytunwyd cynnal peilot o'r cynllun rhanbarthol a fwriadwyd yng Ngheredigion yn y lle cyntaf, cyn ei ehangu ymhellach. Roedd y cynllun peilot yn

cynnig y fantais hefyd o fod yn gyfle i asesu'r galw (oedd heb ei fesur ar y pryd) am IPA, o gymharu â mathau eraill o eiriolaeth.

Cychwynnodd peilot Ceredigion ar 1 Hydref 2019, gyda'r bwriad ar ôl ei werthuso, y byddai ymarferiad comisiynu rhanbarthol yn dilyn yn 2020. Fodd bynnag, mae pandemig COVID a ddechreuodd ym mis Mawrth 2020, wedi golygu fod cynlluniau comisiynu rhanbarthol ar gyfer y gwasanaeth IPA wedi cael eu gohirio tan 2022.

Comsiynu Eiriolaeth Iechyd Meddwl Annibynnol ac Eiriolaeth Galluedd Meddyliol Annibynnol

Comisiynu Gwasanaethau Eiriolaeth Cymunedol

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn ailgomisiynu Eiriolaeth Gymunedol ar draws rhanbarth Gorllewin Cymru, gyda'r bwriad o ddarparu gwasanaethau Eiriolaeth Gymunedol ar gyfer pobl a chanddynt bryderon Iechyd Meddwl lefel isel.

Bydd Eiriolaeth Gymunedol yn gweithio yn y gymuned a bydd yn cefnogi unigolion i gael eu clywed a'u trin gyda pharch i fyw yn eu cymuned, yn ddiogel, yn annibynnol a chan deimlo fod ganddynt gefnogaeth.

Pwrpas y math a'r lefel hon o Eiriolaeth yw darparu cefnogaeth gynnar ac ymyriad cynnar er mwyn lleddfu'r pwysau ar Wasanaethau Gofal Sylfaenol yn ogystal â rhwystro pryderon Iechyd Meddwl a'r galw ar wasanaethau eiriolaeth mwy rhag cynyddu.

Gwasanaethau eiriolaeth a ddarperir yn y rhanbarth ar hyn o bryd

Ar draws Gorllewin Cymru, gellir dosbarthu gwasanaethau eiriolaeth yn fras yn ddarpariaeth statudol ac anstatudol. Gan adeiladu ar waith a wnaed gan Rwydwaith y Tair Sir, a chan nodi'r gwaith a amlinellwyd uchod, mae'r gwasanaethau eiriolaeth a ddarperir ar hyn o bryd (Mehefin 2021) fel a ganlyn:

| Gwasanaeth | Ardal | Comisiynydd | Darparwr (ym mis Ebrill 2021) |
|---|---|---|---|
| Eiriolaeth Iechyd Meddwl Annibynnol | Sir Gaerfyrddin Ceredigion Sir Benfro | Bwrdd Iechyd Prifysgol Hywel Dda | Eiriolaeth Gorllewin Cymru |
| Eiriolaeth Galluedd Meddyliol Annibynnol | Sir Gaerfyrddin Ceredigion Sir Benfro | Bwrdd Iechyd Prifysgol Hywel Dda | Mental Health Matters |
| Eiriolaeth Broffesiynol Annibynnol | Sir Gaerfyrddin Ceredigion Sir Benfro | Comisiynir yn Rhanbarthol gan y 3 Awdurdod Lleol | 3CIPA |
| Eiriolaeth Anstatudol | Sir Gaerfyrddin Ceredigion Sir Benfro | - | Eiriolaeth Gorllewin Cymru |

## Gweithio Gyda'n Gilydd – Ein Gweledigaeth Gyffredin

Cyn y pandemig roedd ein gweledigaeth ar gyfer eiriolaeth fel a ganlyn:

**Bydd Partneriaeth Gofal Gorllewin Cymru yn sicrhau mynediad cyfartal at eiriolaeth o ansawdd uchel yn ein hardal.**

Ers y pandemig ac ers llunio'r weledigaeth hon, cafodd llawer o waith ei wneud i sicrhau mynediad cyfartal at eiriolaeth o ansawdd uchel yn yr ardal. Mae enghraifft dda o'r gwaith hwn yn cynnwys gwasanaeth IPA rhanbarthol a gyd ailgomisiynwyd gyda fframwaith cytundebol.

Roedd aelodau'r Gweithgor Eiriolaeth yn teimlo ei bod yn bwysig inni gadw'r hen weledigaeth hon yn y strategaeth derfynol er mwyn dangos pa mor bell rydym wedi teithio dros y 2-3 blynedd diwethaf o ran gwasanaethau eiriolaeth rhanbarthol.

Yn naturiol, nid yw'r weledigaeth yn addas mwyach gan nad yw'n gydnaws â'r dyheadau ar gyfer gwasanaethau eiriolaeth. Felly, caiff gweledigaeth newydd ei datblygu a bydd angen partneriaeth gydgynhyrchu gyda'r holl brif asiantaethau,

fforymau cymunedol a rhanddeiliaid i sicrhau bod datblygiadau yn adlewyrchu'r gweithredu sydd ei angen. Caiff y weledigaeth hon ei chytuno mewn grŵp llywio eiriolaeth rhanbarthol newydd fydd yn cael ei sefydlu i gyd-fynd â chyhoeddi'r strategaeth hon.

Caiff yr holl gynllunio a datblygu arwyddocaol eu cytuno o fewn grŵp llywio cydgynhyrchu eiriolaeth rhanbarthol, y bydd ei gylch gorchwyl a'i aelodaeth yn cael eu datblygu, fydd yn gwasanaethu'n is-grŵp o'r Grŵp Comisiynu sydd yn ei dro'n gweithredu ar ran Partneriaeth Gofal Gorllewin Cymru (PGGC). Bydd PGGC yn gyfrifol am sicrhau bod y strategaeth hon yn cwrdd â'r nodau a gytunwyd gennym.

Bydd gweithio gydag unigolion sy'n defnyddio gwasanaethau gofal a chefnogaeth,

Caiff y strategaeth ei fframio gan gasgliad o egwyddorion eiriolaeth a gytunwyd yn genedlaethol a amlinellir yng Nghod Ymarfer Eiriolaeth Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru):

Dylai gwasanaethau eiriolaeth:

- gael eu harwain gan farn a dymuniadau'r unigolyn
- ddiogelu a hyrwyddo hawliau ac anghenion yr unigolyn
- gael cyhoeddusrwydd a bod yn hawdd i'w defnyddio
- weithio dros yr unigolyn yn unig
- gael eu rheoli'n dda, yn brydlon, ymatebol a darparu gwerth am arian
- barchu cyfrinachedd
- gynnwys gweithdrefnau Canmol a Chwyno effeithiol a hygyrch
- hyrwyddo a monitro cydraddoldeb

a'u cynrychiolwyr, yn ganolog i'n ffordd o weithio. Bydd y Rhwydwaith Strategaeth Eiriolaeth (ASN), sy'n cynnwys mudiadau eiriolaeth lleol, yn bwynt cyfeiriol allweddol ar gyfer datblygiadau. Mae'n hanfodol fod datblygiadau nid yn unig yn cael eu cydgynhyrchu ond hefyd yn cael eu cyd-berchnogi gan y partneriaid, rhanddeiliaid a phobl wahanol sy'n defnyddio'r gwasanaethau.

Yr hyn sy'n cynnal yr egwyddorion hyn yw'r angen i fudiadau eiriolaeth gael llywodraethu sefydliadol ac annibyniaeth weithredol.

## DADANSODDI ANGHENION

Mae'r strategaeth hon yn seiliedig ar gyfnod estynedig o ymgysylltu â dinasyddion, ac yn enwedig felly'r rhai sy'n ymgysylltu â gwasanaethau iechyd a gofal cymdeithasol, mudiadau eiriolaeth, ymarferwyr iechyd a gofal cymdeithasol,

comisiynwyr statudol a rhanddeiliaid perthnasol eraill. Cychwynnodd yr ymgysylltu hwn yn 2016 a pharhaodd tan 2019 ac roedd dan arweiniad Rhaglen Eiriolaeth Edau Euraidd (GTAP) genedlaethol, prosiect a ariannwyd gan Lywodraeth Cymru, i ddatblygu trefn effeithiol o gomisiynu gwasanaethau Eiriolaeth Broffesiynol Annibynnol gan Awdurdodau Lleol sy'n un o ofynion Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru).

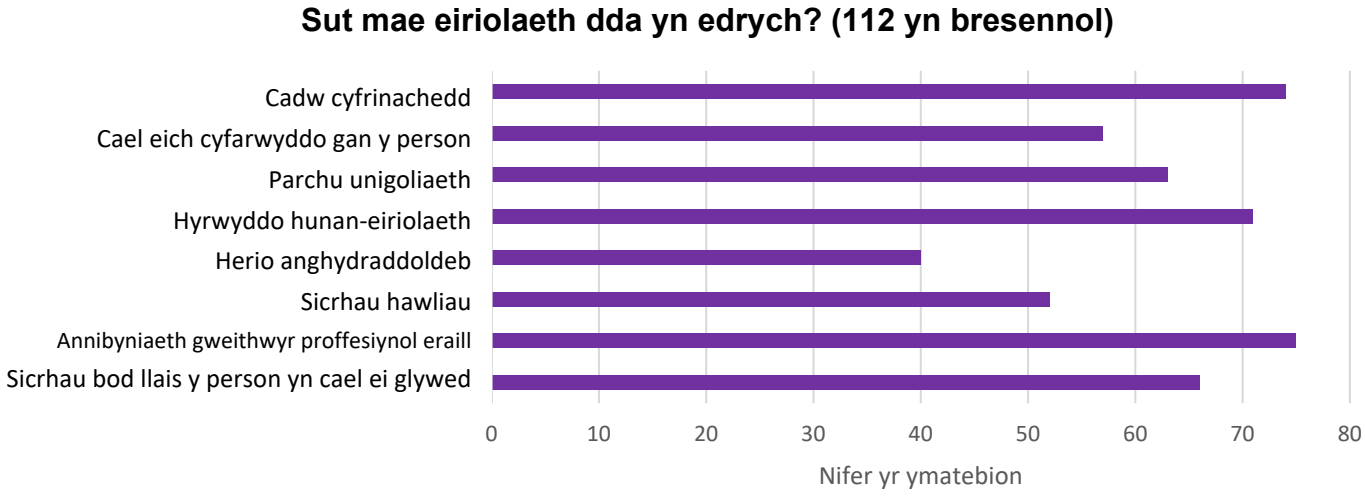
Gan weithio gyda chomisiynwyr a Rhwydwaith y Tair Sir, trefnodd Edau Euraidd gyfres o ddigwyddiadau ymgysylltu ar draws y rhanbarth a grwpiau defnyddwyr gwasanaethau a arweiniodd at ddigwyddiad Agored yng Ngheredigion ym mis Mawrth 2019.

Gofynnodd y digwyddiadau ddau gwestiwn:

1. Sut mae eiriolaeth dda yn edrych?
2. Beth sydd ei angen o ran eiriolaeth ar gyfer Gorllewin Cymru?

Sut mae eiriolaeth dda yn edrych?

Gan gydnabod y bydd hyn yn golygu pethau gwahanol i bobl wahanol, roedd cytundeb cyffredinol y dylai eiriolaeth dda gefnogi pobl i sicrhau bod eu llais yn cael ei glywed, i fod yn annibynnol, sicrhau hawliau unigolyn, herio anghydraddoldeb, hyrwyddo hunan-eiriolaeth, cael eu cyfeirio gan y person, bod yn barchus o unigolyddiaeth a bod yn gyfrinachol.



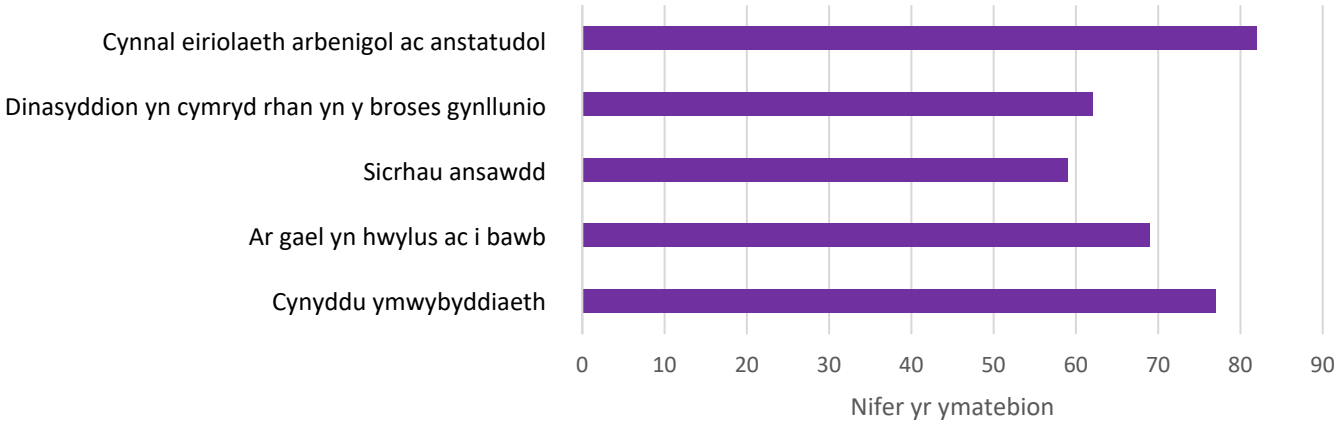

Beth sydd ei angen o ran eiriolaeth ar gyfer Gorllewin Cymru?

Roedd yr ymatebion ynghylch yr hyn oedd ei angen yn ddigon amrywiol ac fe awgrymwyd blaenoriaethau gwahanol gan y grwpiau gwahanol a gymerodd ran. Fodd bynnag, roedd modd adnabod rhai themâu cyffredin o'r ymatebion hyn oedd wedyn yn cyfrannu at ail gam yr ymgysylltu cydgynhyrchu:

Yr angen i:

1. Godi ymwybyddiaeth ymhlith gweithwyr proffesiynol a chymunedau am fathau gwahanol o eiriolaeth a manteision posib pob un ohonynt.
2. Gallu derbyn eiriolaeth yn rhwyddach a sicrhau ei fod ar gael yn gyfartal ar draws ein rhanbarth, yn enwedig felly ar gyfer unigolion a grwpiau nad ydynt hyd yn hyn wedi'i chael yn hawdd dod o hyd i'r math iawn o eiriolaeth.
3. Sicrhau bod ansawdd gwasanaethau eiriolaeth yn gyson uchel ac y gellir gwerthuso canlyniadau eiriolaeth yn effeithiol
4. Cynnal a datblygu cyfranogiad llawn gan ddinasyddion, cymunedau ac ystod o bartneriaid sefydliadol o ran sut mae gwasanaethau eiriolaeth yn cael eu datblygu a'u darparu.
5. Cefnogi mathau arbenigol ac anstatudol o eiriolaeth.

**Beth sydd ei angen o ran eiriolaeth ar gyfer Gorllewin Cymru? (112 yn bresennol)**




Trwy gydol 2020, cynhaliodd Arweinydd Prosiect yn y Prosiect Rhanbarthol ar Ddatblygu Eiriolaeth gyfres o drafodaethau unigol a grwpiau ffocws i edrych yn fanylach ar sut ellid troi'r themâu hyn yn strategaeth fanwl.

Pan wnaeth pandemig COVID hi'n anodd ymgysylltu wyneb yn wyneb cynhaliwyd rhagor o arolygon a holiaduron. Mae PGGC yn hyderus y casglwyd digon o wybodaeth a safbwyntiau i gyfrannu at y blaenoriaethau strategol. Bydd cynllunio gweithredu cydgynhyrchu parhaus yn adolygu a mireinio gweithredu'r strategaeth wrth iddi esblygu.

Wrth inni ddod allan o bandemig COVID roedd y Gweithgor Eiriolaeth yn teimlo fod angen cynnal rhagor o ymgysylltu, nid yn unig i gryfhau/ychwanegu at yr ymgysylltu a ddigwyddodd yn barod, ond i sicrhau hefyd bod lleisiau'r sawl sydd agosaf at wasanaethau eiriolaeth yn cael lle amlwg yn y strategaeth. Fe'u casglwyd trwy gyfres o ddigwyddiadau grwpiau ffocws rhithiol a hefyd trwy fynychu fforymau/grwpiau oedd yn cyfarfod yn barod gyda rhanddeiliaid gwasanaethau eiriolaeth.

Yn yr ymgysylltiad mwy diweddar hwn, dangosodd ymatebion gan ddefnyddwyr gwasanaethau, gofalwyr, mudiadau sy'n darparu eiriolaeth, rhanddeiliaid eraill a gweithwyr iechyd a gofal cymdeithasol fod cryn gytundeb ar y prif flaenoriaethau. Roedd y rhain yn adlewyrchu'n agos y pum canfyddiad allweddol o'r ymgysylltiad GTAP cynharach.

Beth sydd ei angen yn ôl defnyddwyr gwasanaethau:

Yn ogystal â chanfyddiadau'r GTAP, dywedodd nifer arwyddocaol o ddefnyddwyr gwasanaethau y byddai'n well ganddynt gael eiriolaeth gan aelod o'r teulu neu gyfaill agos. Roeddent yn teimlo, os oedd angen eiriolwr annibynnol, y dylid rhoi digon o amser iddynt ddatblygu ymddiriedaeth ac y byddai hynny'n galw am gyfnod rhesymol o amser.

***"Helpodd fy nheulu fi i esbonio i Weithwyr Cymdeithasol a Meddygon pa fath o help rwyf ei eisiau"***
***- Diane***

***"Rwyf angen eiriolwr sy'n cymryd amser i ddod i fy adnabod"***
***- Matthew***

***"Rwyf yn siarad drosof fy hun y rhan fwyaf o'r amser. Nid wyf ond eisiau cefnogaeth ar y penderfyniadau mawr yn fy mywyd"***
***- Gregg***

*Beth sydd ei angen yn ôl rhanddeiliaid sefydliadol unigol*

Yn ogystal â chanfyddiadau'r GTAP, roedd nifer arwyddocaol o bobl o fudiadau yn teimlo fod angen i'r strategaeth gyfeirio at yr angen am fwy o gydweithio a chydweithredu rhwng mudiadau eiriolaeth a mudiadau cysylltiol sy'n darparu Gwybodaeth, Cyngor a Chymorth fel ffordd o wella canlyniadau i bobl.

***"Mae'r rhan fwyaf o eiriolaeth yn dda ond nid yw'n rhwydd i bobl ddod o hyd i'r eiriolaeth iawn iddyn nhw"***
***- Mary***

***"Byddai pobl yn cael gwell canlyniadau pe bai eiriolaeth, cyngor a mathau eraill o gymorth yn gweithio'n well gyda'i gilydd"***
***- Paul***

Beth sydd ei angen yn ôl eiriolwyr a'u rheolwyr

Yn ogystal â chanfyddiadau'r GTAP:

Trefniadau ariannu cadarnach a thros gyfnod hirach o amser er mwyn cynllunio gwasanaethau cynaliadwy.

Cyflwyno dull 'cynnig gweithredol' o dderbyn eiriolaeth. Mae cynnig gweithredol yn agwedd fwy hwylusol a ddefnyddir gan weithwyr proffesiynol wrth drafod defnyddio cymorth eiriolaeth.

***"Pe bai mwy o bobl yn cael gwybodaeth dda ac amserol am eiriolaeth, gallem gynnig gwell cymorth eiriolaeth i'r bobl sydd fwyaf ei angen"***
***- Kelly***

***"Rwyf yn mynd yn rhwystredig nad ydym yn gallu gwneud cynlluniau hirdymor i ddatblygu ein gwasanaeth gan fod ein contract yn un byrdymor ac ansicr"***

***"Dylai Gweithwyr Cymdeithasol ystyried bob tro os byddai person yn elwa o gymorth eiriolaeth"***
***- James***

*Beth sydd ei angen yn ôl gweithwyr proffesiynol yn gweithio ym meysydd iechyd a gofal cymdeithasol.*

Yn ogystal â chanfyddiadau'r GTAP:

Y gallu i ddelio â chymhlethdod anghenion eiriolaeth o ran:

- Cael gwasanaethau a digon o adnoddau all ddygymod â chynnydd yn y galw ar wasanaethau
- Gallu bod yn hyblyg ac ymatebol i ddelio â materion arbenigol ac anhysbys all godi yn y dyfodol

***"a oes gennym ddigon o eiriolwyr ar gyfer y gwasanaethau eiriolaeth? Os mynnwch chi, yr atgyfeiriadau sy'n dod i mewn, mae'n fater o gapasiti"***
***- Susan***

***"Hyd yn oed cyn COVID, roedd gennym broblemau gyda phethau fel cael asesiadau gofalwyr a rhestri aros hir ar gyfer asesiadau gofalwyr"***
***- Lorraine***

**Golwg gyffredinol ar beth sy'n gweithio'n dda a beth sydd angen newid**

O safbwynt y bobl hynny oedd wedi derbyn cymorth eiriolaeth cafwyd ymateb cadarnhaol i'r manteision yr oedd wedi'u cynnig. O blith y pedwar deg tri pherson oedd wedi derbyn cymorth eiriolaeth yn ein harolwg, un yn unig ddywedodd nad oedd yn gyfan gwbl ddefnyddiol.

Unwaith yr oeddent yn gwybod fod cymorth eiriolaeth ar gael a sut i gael gafael arno, roeddent yn teimlo fod pethau wedi gweithio'n dda. Roeddent yn teimlo y byddent yn mynd yn ôl i gael rhagor o gymorth eiriolaeth pan roeddent ei angen, ac roeddent hefyd yn fwy hyderus i hunan-eiriol.

***"Rwyf yn teimlo'n llawer mwy hyderus i roi gwybod i bobl beth rwyf eisiau"***
***- Sarah***

***"Rwy'n gwybod ble i fynd os ydw i angen eiriolaeth eto"***

Yr her fwyaf yr oedd unigolion yn ei theimlo oedd cael gafael ar y math iawn o gymorth eiriolaeth ac ar yr adeg iawn. Roeddent yn teimlo fod cael llawer mwy o ffocws ar ddarparu gwybodaeth am eiriolaeth a'i gwneud yn rhwyddach cael gafael arno yn hollbwysig.

## Beth Ydym Ni'n Mynd i'w Wneud?

Mae gan y Strategaeth Eiriolaeth Oedolion hon bum maes blaenoriaeth, pob un ohonynt yn anelu at wella canlyniadau i bobl sydd angen eiriolaeth. Cafodd y blaenoriaethau eu diffinio yng ngoleuni gweithgarwch cydgynhyrchu hyd yn hyn, ymgysylltu, yr Asesiad Poblogaeth Rhanbarthol ac wrth ymateb i ofynion deddfwriaethol.

Bydd y strategaeth yn hyrwyddo a chefnogi ymrwymiad a rennir gan y prif bartneriaid i gyflwyno datblygiadau yn gyfartal ar draws y rhanbarth.

Ein pum prif flaenoriaeth yw.

**Yr angen i:**

**Blaenoriaeth 1. Cynnal a datblygu ein dull cydgynhyrchu ymhellach**

**Blaenoriaeth 2 Cynyddu Ymwybyddiaeth a Dealltwriaeth o Eiriolaeth.**

**Blaenoriaeth 3. Gofalu fod Eiriolaeth ar Gael yn Hwylus ac i Bawb**

**Blaenoriaeth 4. Gofalu fod Safon Eiriolaeth yn Gyson Uchel**

**Blaenoriaeth 5. Cynnal Arbenigeddau a Mathau Anstatudol o Eiriolaeth**

## Blaenoriaeth 1. Cynnal a Datblygu Ein Dull Cydgynhyrchu Ymhellach

**Pam mae hyn yn bwysig?**

Mae cydgynhyrchu yn ganolog i'r ffordd y mae Llywodraeth Cymru yn disgwyl i'r holl wasanaethau a gofal cymdeithasol gael eu cynllunio, comisiynu a darparu.

Y diffiniad yng Nghod Ymarfer Cynllunio, Comisiynu a chydgynhyrchu Gofal Cymdeithasol Cymru (e elwid ynghynt yn Gyngor Gofal Cymru), o gydgynhyrchu yw **'y cysyniad o fynd ati o ddifrif i gynnwys pobl a chymunedau yn y gwaith o ddylunio a darparu gwasanaethau cyhoeddus, a gwerthfawrogi eu cryfderau a theilwra dulliau gweithredu yn unol â hynny.'**

Bydd llais, cyfranogiad a chyfrifoldeb yn arwain at sicrhau bod cynlluniau gweithredu yn adlewyrchu datblygiadau y bydd pob partner a rhanddeiliad yn teimlo fod ganddynt reolaeth a pherchnogaeth gyffredin ohonynt.

Mae'n bwysig fod y sawl sy'n darparu gwasanaethau eiriolaeth yn cyfrannu'n llawn at fanylion cynlluniau gweithredu, trefniadau tendro a chomisiynu gan eu bod mewn sefyllfa unigryw oherwydd eu gwybodaeth a'u profiad arbenigol. Mae sicrhau cyfathrebu, ymgysylltu, myfyrio a dysgu effeithiol yn helpu sicrhau bod gan dimau comisiynu yr holl wybodaeth sydd ei hangen arnynt am weithredu eiriolaeth a sut orau i gael canlyniadau cadarnhaol.

Mae Llywodraeth Cymru yn credu fod cydweithio ac integreiddio o fewn cynllunio iechyd a gofal cymdeithasol yn hanfodol er mwyn cynnig gwell canlyniadau i unigolion a chymunedau.

Mae PGGC wedi ymrwymo'n llawn i sicrhau y bydd datblygiad a gweithrediad y strategaeth hon, trwy ei chynllun gweithredu cysylltiedig, yn cael eu cynnal a'u cryfhau.

**Beth yw'r sefyllfa yng Ngorllewin Cymru?**

Mae Rhwydwaith Rhanbarthol y Strategaeth Eiriolaeth, sy'n cynrychioli mudiadau eiriolaeth rhanbarthol, wedi sefydlu cysylltiadau gyda PGGC. Bu'r Rhwydwaith yn bwynt cyfeiriol allweddol wrth ddatblygu'r strategaeth hon, a bydd ganddo rôl

barhaus o bwys mewn penderfyniadau ar gynllunio gweithredu. Cafwyd cydweithio parod rhwng y Rhwydwaith a Chomisiynwyr Rhanbarthol trwy broses o gyfathrebu, ymgysylltu, myfyrio a dysgu effeithiol wrth dendro'n ddiweddar am wasanaethau eiriolaeth, ac mae hyn wedi arwain at welliannau o ran manylebau, darparu a gwerthuso gwasanaethau.

Mae Bwrdd Iechyd Prifysgol Hywel Dda (BIPHDd) yn bartner allweddol yn PGGC. O ran y strategaeth, caiff lefelau priodol o gydweithio ac integreiddio rhwng y Bwrdd a'r tri Awdurdod Lleol eu cytuno o fewn fframwaith gwneud penderfyniadau PGGC.

**Beth fyddwn ni'n wneud?**

Byddwn trwy gynlluniau gweithredu a gydgynhyrchwyd yn:

1. Sicrhau y caiff y strwythurau angenrheidiol eu cefnogi i ddatblygu diwylliant o gydgynhyrchu effeithiol ac ystyrlon, gan sicrhau cynrychiolaeth eang o randdeiliaid ar draws y rhanbarth all gyfrannu at a llywio penderfyniadau mewn ffordd sy'n adlewyrchu'r hyn sydd bwysicaf oll

2. Mabwysiadu egwyddorion cyfathrebu, ymgysylltu, myfyrio a dysgu effeithiol er mwyn llywio a chyfrannu at y dulliau comisiynu a thendro

3. Cryfhau'r cysylltiad rhwng PGGC a Rhwydwaith Rhanbarthol y Strategaeth Eiriolaeth

4. Archwilio cyfleoedd ar gyfer cydweithio ac integreiddio agosach wrth gynllunio eiriolaeth ac mewn trefniadau comisiynu rhwng cyrff statudol

**Sut fydd llwyddiant yn edrych?**

- Bydd cyfraniadau dinasyddion, defnyddwyr gwasanaethau a gofalwyr yn cael eu cydnabod a'u gwerthfawrogi.

- Bydd penderfyniadau mewn cynlluniau gweithredu er mwyn gweithredu'r strategaeth wedi elwa o gyfraniad amlwg gan ddinasyddion, yn enwedig felly grwpiau defnyddwyr gwasanaethau a gofalwyr.

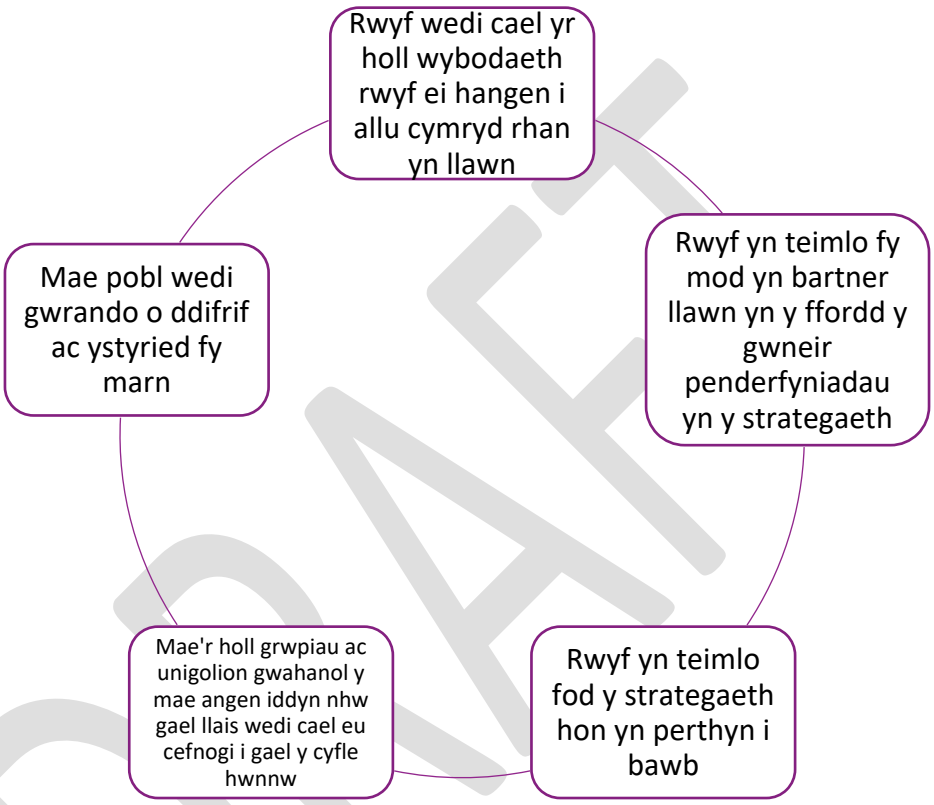
- Fe fydd llif o wybodaeth berthnasol rhwng grwpiau a strwythurau gwahanol o fewn cydgynhyrchu gan gynnwys Rhwydwaith y Strategaeth Eiriolaeth (ASN), grwpiau defnyddwyr gwasanaethau ac ati.

- Bydd diwylliant o gyfrifoldeb a pherchnogaeth wedi cael ei greu ymhlith y partneriaid cydgynhyrchu.

- Fe fydd ymgysylltu rheolaidd rhwng PGGC a Rhwydwaith Rhanbarthol y Strategaeth Eiriolaeth.

- Adeiladu ar y gwasanaethau IPA rhanbarthol newydd a gomisiynwyd gan sicrhau ein bod yn cydweithio i ddatblygu gwasanaethau.

**Beth fydd pobl sy'n derbyn eiriolaeth yn ddweud?**




Blaenoriaeth 2: Cynyddu Ymwybyddiaeth a Dealltwriaeth o Eiriolaeth.

**Pam mae hyn yn bwysig?**

Mae eiriolaeth yn darparu gwasanaeth cymorth hanfodol sy'n golygu fod llais pobl yn cael ei glywed a bod eu hawliau'n cael eu diogelu a'u sicrhau. Bydd codi ymwybyddiaeth a dealltwriaeth o eiriolaeth yn galluogi mwy o bobl i dderbyn eiriolaeth, yn enwedig felly'r bobl sydd ei angen fwyaf.

Dangosodd ein hymgysylltiad yn glir nad oes wastad ymwybyddiaeth a dealltwriaeth o'r gwahanol fathau o eiriolaeth, eu pwrpasau a'r manteision y gall pob un ohonynt eu cynnig. Mae cryn angen datblygu ymwybyddiaeth a dealltwriaeth o fewn disgyblaethau proffesiynol, defnyddwyr gwasanaethau a rhanddeiliaid allweddol.

Bydd yr ymrwymiad hwn i ddatblygu ymhellach yr ymwybyddiaeth a dealltwriaeth o eiriolaeth yn cynnig mwy o gyfleoedd i unigolion, yn enwedig felly'r rhai fwyaf ei hangen, dderbyn y math iawn o eiriolaeth a sicrhau trwy hynny bod eu lleisiau'n cael eu clywed, eu hawliau'n cael eu parchu a'u sicrhau. Mae'n bwysig cofio'r gyfatebiaeth rhwng ymwybyddiaeth o/hyrwyddo eiriolaeth a nifer yr atgyfeiriadau y bydd gwasanaeth yn eu derbyn. Rhaid cefnogi darparwyr eiriolaeth i greu gwasanaethau a chanddynt adnoddau digonol sy'n gallu cwrdd â'r galw cynyddol hwn.

**Beth yw'r sefyllfa yng Ngorllewin Cymru?**

Mae'r deunyddiau gwybodaeth a marchnata a ddarperir gan bob mudiad eiriolaeth ynghylch eu gwasanaethau eu hunain yn hysbys ond gallai ymwybyddiaeth a dealltwriaeth fwy cyffredinol gael eu datblygu ymhellach.

Mae natur wledig ein rhanbarth yn creu heriau arbennig o ran gallu estyn allan mewn ffordd gyfartal at unigolion, grwpiau a chymunedau wedi'u hynysu o ran codi ymwybyddiaeth.

Mae nifer o fudiadau eiriolaeth gwahanol yn y rhanbarth sy'n cynnig gwahanol fathau o eiriolaeth ac mae'r sbectrwm hwn o wasanaethau eiriolaeth yn cynnig heriau o ran ymwybyddiaeth a dealltwriaeth. Mae gan ddefnyddwyr gwasanaethau a gweithwyr proffesiynol ymwybyddiaeth o wasanaethau eiriolaeth y mae ganddynt ddealltwriaeth ohonynt a chysylltiad â nhw, ond efallai nad ydynt yn gyfarwydd â gwasanaethau eraill allai fod yn addas.

Mae lle i staff sy'n gweithio i ddarparwyr gofal, gan gynnwys cartrefi preswyl a nyrsio, gael gwell dealltwriaeth o wasanaethau eiriolaeth.

Mae lle i fudiadau eiriolaeth a mudiadau sy'n darparu Gwybodaeth, Cyngor a Chymorth gydweithio mwy i godi ymwybyddiaeth a dealltwriaeth.

**Beth fyddwn ni'n wneud?**

Byddwn trwy gynllun gweithredu a gydgynhyrchwyd yn:

1. Cytuno ar drefn strwythuredig ac wedi'i rhannu o godi ymwybyddiaeth a dealltwriaeth ymhlith dinasyddion, grwpiau defnyddwyr gwasanaethau, gweithwyr iechyd a gofal cymdeithasol, darparwyr gofal a rhanddeiliaid eraill perthnasol.

2. Archwilio cyfleoedd i ddefnyddio dulliau creadigol o godi ymwybyddiaeth, gan gynnwys nifer o lwyfannau digidol gwahanol

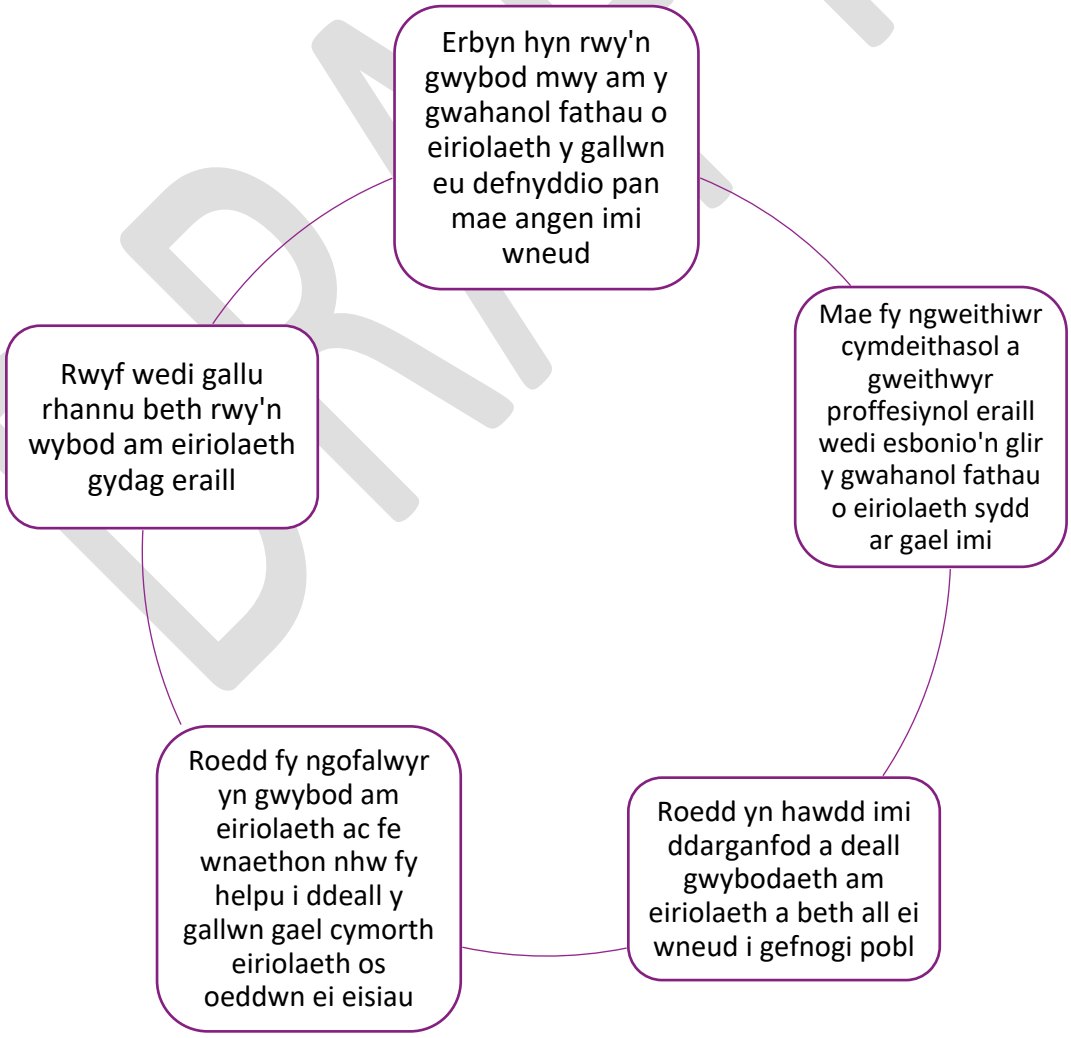
3. Sicrhau bod gwasanaethau eiriolaeth wedi'u comisiynu yn darparu gwybodaeth yn y fformatau mwyaf hygyrch

4. Cefnogi a hyrwyddo trefniadau cydweithredol rhwng mudiadau eiriolaeth a'r rhai sy'n cynnig Gwybodaeth, Cyngor a Chymorth

**Sut fydd llwyddiant yn edrych?**

- Fe fydd deunyddiau gwybodaeth gwell ac wedi'u diweddaru ar gael mewn nifer o fformatau hygyrch yn cwmpasu'r sbectrwm o wasanaethau eiriolaeth a byddant yn cael eu dosbarthu'n eang
- Bydd dulliau creadigol eraill, gan gynnwys llwyfannau digidol, wedi cael eu datblygu ymhellach
- Bydd gan yr holl weithwyr perthnasol ymwybyddiaeth a dealltwriaeth o wasanaethau eiriolaeth a'u pwrpasau
- Bydd y bobl sy'n gymwys i dderbyn cymorth eiriolaeth yn gwybod beth all y gwahanol fathau o eiriolaeth ei gynnig

**Beth fydd pobl sy'n derbyn eiriolaeth yn ddweud?**



**Pam mae hyn yn bwysig?**

Er mwyn i eiriolaeth allu darparu cymorth ar gyfer y sawl sydd ei hangen fwyaf, mae'n rhaid iddi fod ar gael yn rhwydd ac i bawb.

Dangosodd ein hymgysylltiad cydgynhyrchu nad oedd bob tro'n hawdd i bobl fyddai'n elwa o eiriolaeth gysylltu gyda'r mudiad eiriolaeth mwyaf addas i'w cefnogi. Roedd yn amlwg hefyd nad oedd gwasanaethau eiriolaeth bob tro'n cael eu gwasgaru'n gyfartal ar draws y rhanbarth. Byddai gwasgariad daearyddol mwy cyfartal o'r gwahanol fathau o wasanaethau eiriolaeth yn galluogi unigolion o grwpiau defnyddwyr gwasanaethau gwahanol i ddod o hyd i gymorth eiriolaeth yn lleol.

Dangosodd y gwahanol ddigwyddiadau ymgysylltu fod dewis o ddarpariaeth ar gael, ond fod rhai pobl yn cael anhawster i ddod o hyd i'r gwasanaeth sy'n iawn iddyn nhw.

Un o brif ofynion Cod Ymarfer Eiriolaeth y Ddeddf Gwasanaethau Cymdeithasol a Llesiant yw y dylid defnyddio gwasanaethau eiriolaeth yn gynnar mewn prosesau gofal cymdeithasol fel agwedd o'r 'agenda ataliol'. Mae hyn yn golygu fod rhaid i weithwyr proffesiynol wneud atgyfeiriadau cyn gynted ag y bo modd er mwyn i gymorth eiriolaeth fod yn ystyrlon ac effeithiol trwy sicrhau bod llais unigolyn yn cael ei glywed pan mae fwyaf angen hynny ac i rwystro'r sefyllfa rhag gwaethygu.

Yn yr un modd, mae'r Ddeddf yn pwysleisio rôl allweddol cymorth eiriolaeth mewn prosesau Diogelu a sut mae angen gwneud atgyfeiriadau eiriolaeth yn y cyfnodau cynharaf er mwyn i unigolion gael y gefnogaeth maen nhw ei hangen i allu cymryd rhan lawn yn y penderfyniadau a sicrhau'r canlyniadau gorau posib o ran gwneud y person unigol yn ganolog i'r broses. Mae trefn gyson a theg o geisio cael Eiriolaeth Broffesiynol Annibynnol ar yr adeg iawn yn hanfodol.

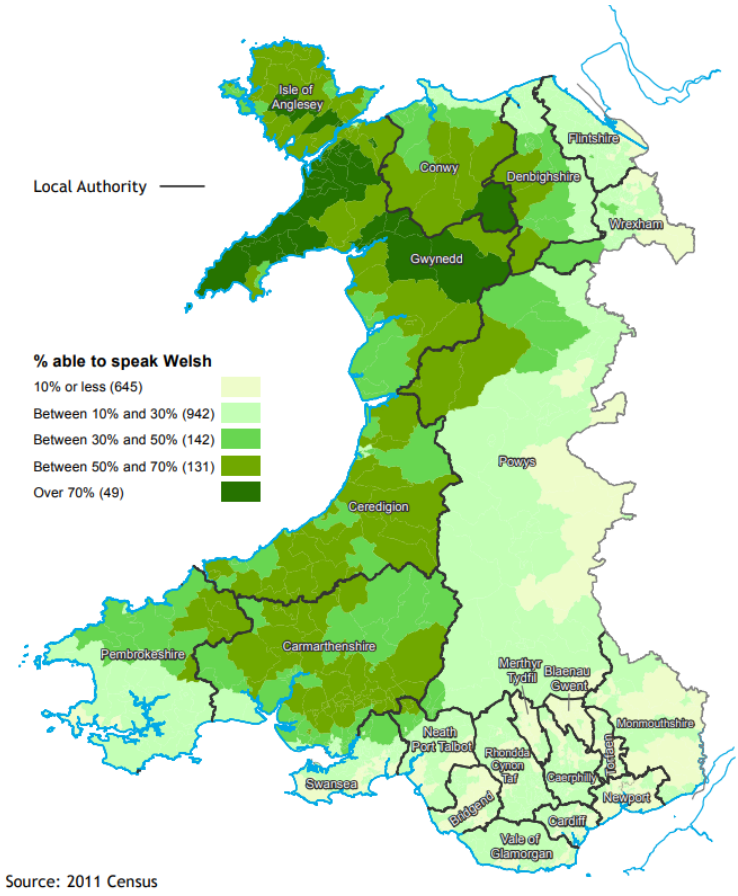
**Y sefyllfa yng Ngorllewin Cymru**

Mae gwasanaethau eiriolaeth ar gael yn y rhan fwyaf o ranbarth Gorllewin Cymru, yn enwedig felly o ran cymorth arbenigol i bobl ag anableddau dysgu a phobl ag anghenion iechyd meddwl. Ar gyfer grwpiau eraill o ddefnyddwyr gwasanaethau a gofalwyr, mae gwasanaethau IPA generig ar gael erbyn hyn ac yn ennill eu plwyf. Golyga hynny fod gwasanaethau eiriolaeth ar gael i'r rhan fwyaf o bobl sydd eu hangen.

Mae natur wledig, demograffeg a daearyddiaeth ein rhanbarth yn creu rhai heriau wrth geisio darparu mynediad ffisegol at y rhan fwyaf o wasanaethau iechyd a gofal cymdeithasol cymunedol, gan gynnwys eiriolaeth.

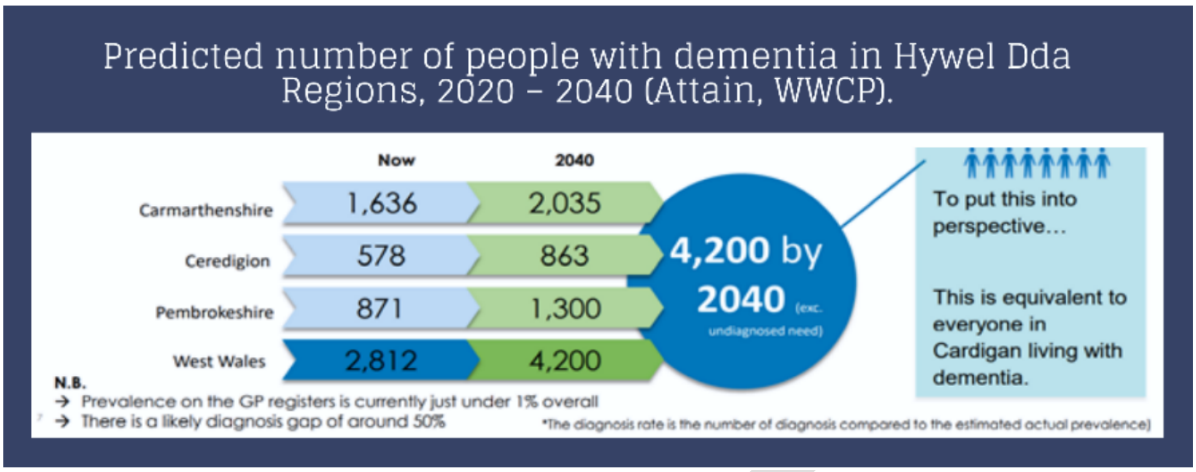
Yn yr un modd, mae gennym niferoedd arwyddocaol o siaradwyr Cymraeg yn ein rhanbarth, ac os yw ein gwasanaethau eiriolaeth yn mynd i ddarparu gwasanaeth

teg mae angen sicrhau bod gwasanaethau eiriolaeth ar gael trwy gyfrwng y Gymraeg.




% o Siaradwyr Cymraeg yng Nghymru (Cyfrifiad Poblogaeth 2011)

Y ffactor fwyaf arwyddocaol a amlygwyd yn yr Asesiad o Boblogaeth Gorllewin Cymru yw'r niferoedd cynyddol o bobl hŷn sy'n debygol o fod angen rhyw lefel o wasanaethau cymorth a chynnydd mawr yn y niferoedd y mae disgwyl iddynt ddatblygu dementia. Mae'r newidiadau demograffig hyn fwyaf arwyddocaol mewn ardaloedd gwledig anghysbell. Bydd y newidiadau demograffig hyn yn arwain hefyd at gynnydd yn nifer y bobl fydd yn dod yn ofalwyr di-dâl. Mae'r newidiadau hyn yn debygol o alw am fwy o ffocws ar alluogi pobl hŷn a gofalwyr yn y rhanbarth i dderbyn gwasanaethau eiriolaeth, ac yn enwedig felly yn yr ardaloedd mwy gwledig.




Asesiad o Boblogaeth Gorllewin Cymru (2022)

**Beth fyddwn ni'n wneud?**

Byddwn trwy gynllun gweithredu a gydgynhyrchwyd yn:

1. Sicrhau bod mwy o bobl yn gallu derbyn gwasanaethau eiriolaeth a sicrhau bod pobl sydd eu hangen fwyaf yn gallu eu cael mewn ffordd sydd fwyaf addas iddyn nhw e.e. yn Gymraeg, wyneb yn wyneb, ar-lein ac ati

2. Datblygu trefn 'cynnig gweithredol' i'w defnyddio gan weithwyr proffesiynol sy'n hyrwyddo a hwyluso cyswllt ag eiriolwr fel y gallant esbonio'r cymorth allant ei gynnig

3. Sicrhau y bydd eiriolaeth ar gael yn deg a chyfartal ar draws ein rhanbarth gan gofio natur wledig a demograffeg ein rhanbarth

4. Gwerthuso'r 'pyrth' atgyfeirio mwyaf effeithiol ar gyfer cael gafael ar y gwasanaeth yn hwylus

**Sut fydd llwyddiant yn edrych?**

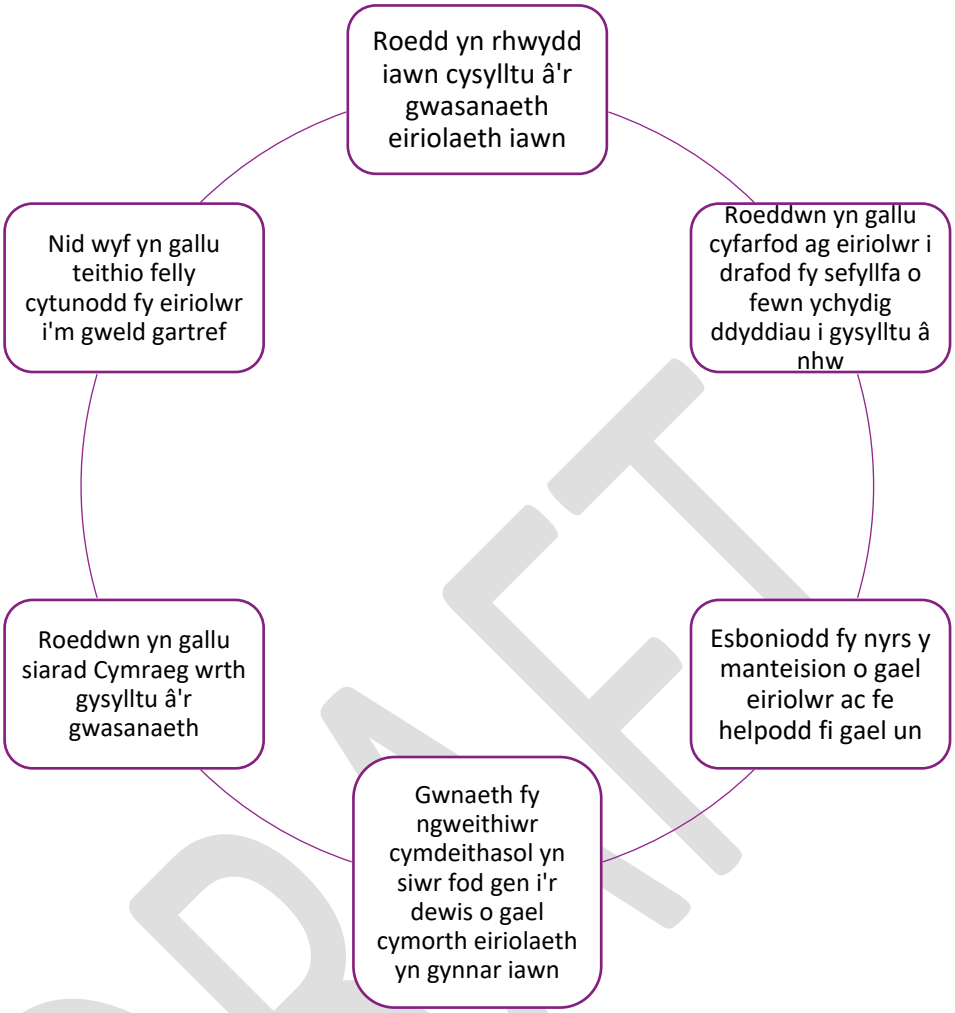
- Fe fydd ffyrdd rhwydd ar gael fydd yn galluogi pobl i dderbyn y math o eiriolaeth sy'n iawn iddyn nhw drwy'r 'porth' neu 'byrth' atgyfeirio mwyaf effeithiol

- Bydd eiriolaeth yn cael ei darparu ar yr adeg gynharaf a mwyaf cefnogol drwy'r dull 'cynnig gweithredol'

- Gall pobl sy'n dymuno derbyn eiriolaeth trwy gyfrwng y Gymraeg wneud hynny yn yr un modd â phawb arall

- Bydd pobl yn byw mewn ardaloedd gwledig yn gallu derbyn eiriolaeth mewn ffordd rwydd, deg a chyfartal

**Beth fydd pobl sy'n derbyn eiriolaeth yn ddweud?**




Blaenoriaeth 4: Gofalu fod Safon Eiriolaeth yn Gyson Uchel

**Pam mae hyn yn bwysig?**

Er mwyn cael canlyniadau cyson gadarnhaol i bobl sy'n derbyn cymorth eiriolaeth mae angen cael safonau cyson uchel o ran amodau llywodraethu a darparu gwasanaethau.

Cafodd y flaenoriaeth hon ei hamlygu fwyaf gan fudiadau sy'n darparu eiriolaeth a mudiadau trydydd sector eraill o fewn y broses ymgysylltu ac mae hefyd yn un o'r prif ofynion cyfreithiol ar gyrff statudol sy'n comisiynu gwasanaethau eiriolaeth. Roedd nifer o ymatebwyr yn teimlo fod ansawdd gwasanaethau eiriolaeth yn y rhanbarth yn anghyson ac y dylai fod gan bob darparydd eiriolaeth drefniadau llywodraethu a darparu sy'n cyrraedd y safonau uchaf.

O fewn y sector eiriolaeth annibynnol cafwyd ymrwymiad hirsefydlog i sicrhau ansawdd eu heiriolaeth. Yr hyn a ddatblygodd dros y blynyddoedd diwethaf yw sefydlu safonau, a ddiffiniwyd gan Siarter Eiriolaeth a Chod Ymarfer y sector ei hun, ac yn fwy diweddar y safonau a amlinellwyd yng Nghod Ymarfer Eiriolaeth y DGCLl.

Prif offeryn sicrhau ansawdd o fewn eiriolaeth annibynnol yw'r Nod Perfformiad o Ansawdd (QPM) sy'n cael ei asesu a'i ddyfarnu'n annibynnol gan y Tîm Datblygu Cenedlaethol ar gyfer Cynhwysiant (Eiriolaeth) a chefnogir y sicrwydd hwn gan fframwaith cymwysterau eiriolaeth galwedigaethol a grëwyd gan Gofal Cymdeithasol Cymru.

Y bwriad yn y dyfodol agos yw y bydd Eiriolaeth Broffesiynol Annibynnol wedi'i chomisiynu yn dod o fewn y Ddeddf Rheoleiddio ac Arolygu Gofal Cymdeithasol yng Nghymru (RISCA), unwaith y gellir cytuno fframwaith. Pan fydd yn gyfreithiol ofynnol bydd angen mabwysiadu'r fframwaith hwn o fewn y strategaeth.

Mae angen i bob math o eiriolaeth allu arddangos ansawdd ond mae angen hefyd iddynt arddangos canlyniadau cadarnhaol sy'n deillio'n uniongyrchol, neu'n anuniongyrchol, o'u defnyddio. Mae fframweithiau a dangosyddion canlyniadau yn amrywio o wasanaeth i wasanaeth ac nid yw hyn bob tro'n cynnig darlun cywir a chymharol ar draws gwasanaethau. Mae lle i ddatblygu a safoni monitro canlyniadau ac adrodd mewn eiriolaeth a gomisiynwyd.

Mae ansawdd mewn gwasanaeth yn dibynnu ar ddarparu'r gwasanaeth am gyfnod rhesymol o amser. Mae hyn yn golygu y gellir cynllunio gwasanaethau effeithiol. Nid yw trefniadau cytundebol byrdymor yn arwain at ddatblygu ansawdd o ran darparu gwasanaethau na hygyrchedd. Mae angen monitro ac adolygu contractau a'u hail-dendro o bryd i'w gilydd. Fodd bynnag, dylai'r prosesau hyn gefnogi'r angen i gynnal ansawdd wrth ddarparu gwasanaethau trwy roi sylw priodol i barhad y gwasanaeth.

Mae angen i bob gwasanaeth eiriolaeth gynnwys systemau sy'n delio'n effeithiol â chwynion a sylwadau, yn ogystal â chanmoliaethau. Mae'r systemau hyn, sef dull o wella gwasanaethau a dysgu o gamgymeriadau a llwyddiannau, yn agwedd hanfodol ar ansawdd.

**Y sefyllfa yng Ngorllewin Cymru**

Mae'r rhan fwyaf o wasanaethau eiriolaeth annibynnol sydd wedi'u comisiynu ar hyn y bryd yng Ngorllewin Cymru wedi derbyn y QPM neu maent wedi cofrestru ac yn gweithio tuag at ddyfarniad. Yn yr un modd, mae'r rhan fwyaf hefyd yn cyflogi eiriolwyr sydd wedi ennill y cymhwyster eiriolaeth annibynnol priodol ar gyfer eu priod rôl, neu maent wedi cofrestru ac yn gweithio tuag at y dyfarniad. Roedd cefnogaeth ar gael tan y Gwanwyn 2021, trwy'r Prosiect Datblygu Eiriolaeth, ar gyfer y mudiadau hynny sy'n bwriadu cofrestru ar gyfer y QPM a'u heiriolwyr ar gyfer y cymhwyster perthnasol.

Mae trefniadau monitro canlyniadau ar draws gwasanaethau eiriolaeth a gomisiynwyd ac mae lle i ryw gymaint o safoni wrth gydnabod fod gwasanaethau

gwahanol yn cyflawni swyddogaethau statudol gwahanol a bod ganddynt fanylebau gwasanaeth gwahanol.

Mae rhai mudiadau eiriolaeth wedi sefydlu trefniadau ar gyfer gwelliannau parhaus i'w gwasanaethau, ond mae peth lle i PGGC gefnogi pob mudiad eiriolaeth i roi sylw i sicrhau ansawdd a gwella gwasanaethau.

Mae yna gwestiynau ynghylch parhad gwasanaethau, yn enwedig felly ar gyfer eiriolaeth anstatudol ac arbenigol, ac mae lle i ystyried ymhellach sut i gydbwyso'r angen i gydymffurfio â thendrau gyda pharhad gwasanaethau.

Mae PGGC wedi ymrwymo i sicrhau y bydd yr holl Eiriolaeth Broffesiynol Annibynnol a gomisiynir ynghyd â gwasanaethau eiriolaeth eraill yn y rhanbarth yn cyrraedd safon gyson uchel. Bydd hyn yn sicrhau y gall pobl sy'n derbyn cymorth Eiriolaeth Broffesiynol Annibynnol ddisgwyl gwasanaeth o ansawdd da, ym mha ran bynnag o'r rhanbarth maen nhw'n byw

**Beth fyddwn ni'n wneud?**

Byddwn trwy gynlluniau gweithredu a gyd-gynhyrchwyd yn:

1. Comisiynu gwasanaethau eiriolaeth annibynnol cynaliadwy all arddangos a sicrhau ansawdd eu trefniadau llywodraethu ac arfer trwy systemau sicrhau ansawdd a chymhwysedd arfer cydnabyddedig.

2. Cyflwyno'r trefniadau sicrhau ansawdd angenrheidiol o fewn trefniadau comisiynu sydd eu hangen gan unrhyw fframwaith eiriolaeth RISCA i'r dyfodol

3. Cefnogi datblygiadau yn y sector eiriolaeth sy'n arwain at wella gwasanaethau o ran ansawdd ac arfer gorau, gan gynnwys trwy ddysgu o gamgymeriadau a chwynion.

4. Cyflwyno mwy o safoni wrth fonitro canlyniadau ar draws y rhanbarth ac ar draws gwasanaethau eiriolaeth cymharol

**Sut fydd llwyddiant yn edrych?**

- Bydd yr holl eiriolaeth annibynnol a gomisiynir yn bodloni safonau sicrhau ansawdd a chymhwysedd arfer cydnabyddedig.

- Bydd diwylliant o wella gwasanaethau yn cael ei gefnogi ar draws pob gwasanaeth eiriolaeth

- Rhoddir ystyriaeth briodol i barhad gwasanaethau wrth dendro a chontractio gwasanaethau eiriolaeth a gomisiynir

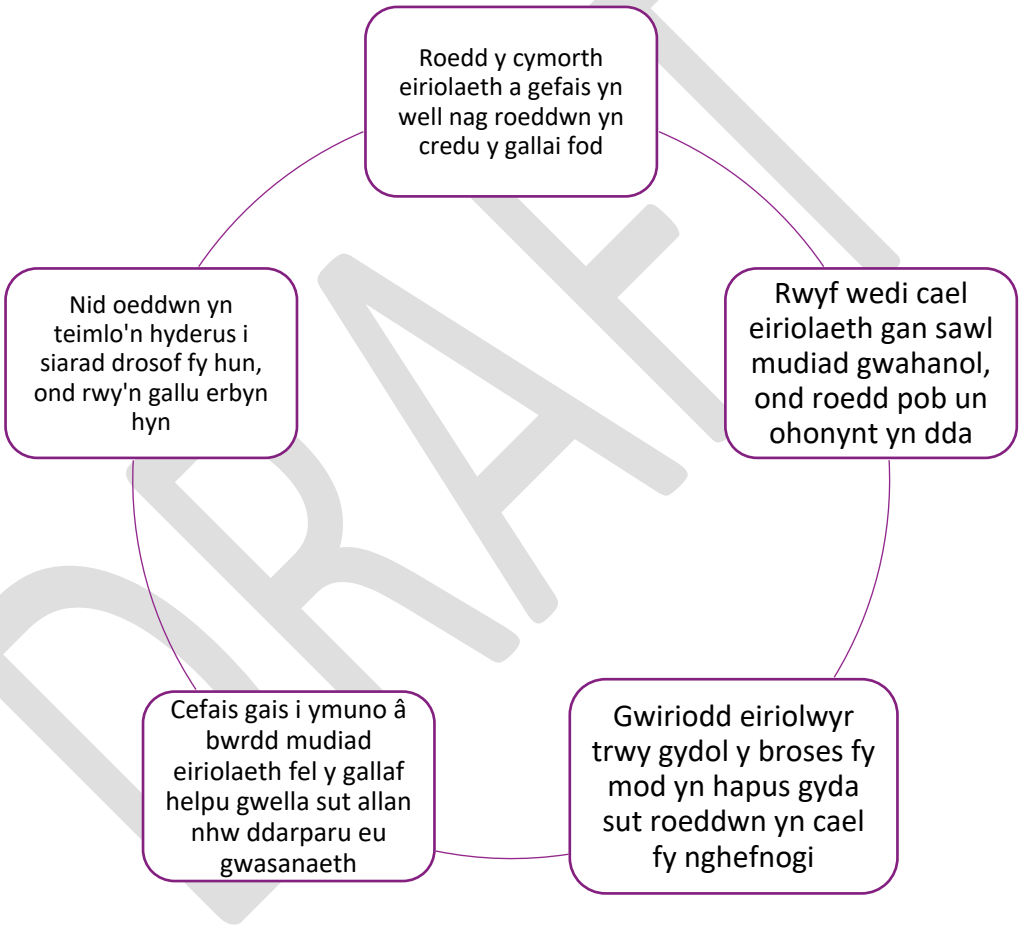
- Bydd unrhyw ofynion ar gyfer comisiynu eiriolaeth o dan ddeddfwriaeth RISCA i'r dyfodol yn cael eu cyflwyno a'u gwreiddio'n llawn.

- Bydd dull cadarnach ac wedi'i safoni o fonitro canlyniadau ac adrodd ar wasanaethau eiriolaeth annibynnol a gomisiynwyd yn cael ei gyflwyno a'i wreiddio.

- Bydd gan bob gwasanaeth eiriolaeth a gomisiynwyd systemau effeithiol ar gyfer delio â chwynion a dysgu o gamgymeriadau.

- Nifer uchel o eiriolwyr wedi'u hyfforddi i ddygymod â chapasiti a galw uchel.

**Beth fydd pobl sy'n derbyn eiriolaeth yn ddweud?**




## Blaenoriaeth 5: Cynnal Arbenigeddau a Mathau Anstatudol o Eiriolaeth

**Pam mae hyn yn bwysig?**

Mae pobl angen cymorth eiriolaeth mewn nifer fawr o amgylchiadau gwahanol ac nid yw llawer o'r rhain yn cael eu diwallu o gwbl neu orau trwy wasanaethau eiriolaeth

statudol. Yn yr un modd, mae llawer o unigolion a grwpiau yn cael y canlyniadau gorau pan mae hyn yn cael ei ddarparu trwy wasanaethau arbenigol. Wrth ddarparu gwasanaethau eiriolaeth mae'n rhaid inni sicrhau bod unigolion yn cadw llais, dewis a rheolaeth dros gymaint o agweddau ar eu bywydau ag y gallant, cyhyd ag y gallant. Gellir gwneud hynny trwy ddull canolbwyntio ar unigolion sy'n deall amgylchiadau personol pob unigolyn, eu hanes, eu dyheadau i'r dyfodol a'r hyn sy'n bwysig iddyn nhw.

Mae'r strategaeth hon yn cydnabod fod angen cael cydbwysedd priodol rhwng eiriolaeth generig ac arbenigol ac yn yr un modd rhwng eiriolaeth statudol ac anstatudol ac y dylai defnyddwyr gwasanaethau gael dewis o ba wasanaeth sy'n darparu eu cymorth eiriolaeth.

Mae angen cydlynu a chydweithio i sicrhau bod pobl yn derbyn y math mwyaf priodol o eiriolaeth ar gyfer eu hanghenion penodol nhw a bod dewis o ddarpariaeth ar gael.

Mae arbenigeddau yn arbennig o bwysig ar gyfer grwpiau defnyddwyr gwasanaethau sydd ag anghenion cyfathrebu gwahanol, megis pobl ag anableddau dysgu, pobl awtistaidd a phobl o'r gymuned arwyddo byddar. Mae eiriolaeth iechyd meddwl anstatudol yn dibynnu ar eiriolwyr sy'n meddu ar wybodaeth benodol iawn am fframweithiau a gwasanaethau cyfreithiol er mwyn gallu darparu'r cymorth eiriolaeth gorau posib.

Mae eiriolaeth anstatudol, wedi'i chomisiynu a thrwy arian grant, yn bwysig iawn gan y gallai ddarparu cymorth eiriolaeth yn yr agweddau ar fywydau pobl nad oedd eiriolaeth statudol yn cael ei chomisiynu'n uniongyrchol i ddarparu ar eu cyfer. Mae hefyd yn golygu y gellir rhoi sylw i faterion mewn ffordd sy'n eu hatal rhag gwaethygu ac arwain at ymyriadau statudol. Hefyd, mae eiriolaeth annibynnol anstatudol mewn gwell sefyllfa i gynnig y perthnasoedd eiriolaeth parhaus sydd orau ar gyfer grymuso pobl a chynnig y gallu i hunan-eiriol.

Mae grwpiau hunan-eiriolaeth, yn enwedig felly ar gyfer pobl ag anableddau dysgu, yn hyrwyddo a hwyluso'r gallu i hunan-eiriol, ac o'r herwydd mae'n galluogi pobl i chwarae mwy o ran yn y penderfyniadau sy'n effeithio ar eu bywydau. Mae hyn yn caniatáu cynllunio gofal cyd-gynhyrchiol mwy effeithiol ac mae hefyd yn hyrwyddo'r agenda atal a diogelu.

Mae Eiriolaeth Annibynnol yn aml yn darparu cymorth o bwys i rieni sy'n rhan o brosesau diogelu plant a gwrandawiadau cyfreithiol. Fel y gwelwyd yn yr ymarferiad ymgynghori gydag eiriolwyr, mae'r gwaith arbenigol hwn yn golygu meddu ar wybodaeth am brosesau diogelu a chyfreithiol er mwyn gallu cael y gefnogaeth orau bosib i'r rhieni hyn ar yr adegau anodd hyn yn eu bywydau - "heb anghofio'r gwaith enfawr rwy'n credu y mae pob eiriolwr yn ei wneud ar hyn o bryd mewn achosion diogelu plant a rhieni'n mynd trwy brosesau diogelu plant" (Stacey, Eiriolwr)

**Beth yw'r sefyllfa yng Ngorllewin Cymru?**

Mae'r sefyllfa yng Ngorllewin Cymru yn cynnig eiriolaeth arbenigol ac anstatudol i rai grwpiau defnyddwyr gwasanaethau ond nid i bawb. Mae'n ymddangos fod hyn yn adlewyrchu'r cryn alw am y gwasanaethau hyn gan grwpiau cymunedol gweithgar, megis y cymunedau anableddau dysgu ac iechyd meddwl.

Mae'r cymunedau anableddau dysgu ac iechyd meddwl yn teimlo fod y cydbwysedd rhwng statudol ac anstatudol a rhwng arbenigol a generig yn briodol.

Mae anghenion cymunedau eraill o ddefnyddwyr gwasanaethau yn cael eu diwallu mewn gwasanaethau generig a statudol. Mae ein hymgysylltu yn dangos fod angen rhoi ystyriaeth bellach i'r cydbwysedd hwn wrth ystyried sut i lunio gwasanaethau eiriolaeth ar gyfer defnyddwyr gwasanaethau eraill. Mae'r grwpiau hyn yn dechrau dod yn fwy ymwybodol o fuddion posib eiriolaeth arbenigol ac anstatudol. Roedd hyn fwyaf amlwg ymhlith ymatebion gofalwyr trwy ein hymgysylltu, yn enwedig felly ofalwyr pobl hŷn â dementia. Mae rhagfynegiadau yn awgrymu cynnydd sylweddol yn y galw am wasanaethau dementia, gan gynnwys eiriolaeth yn oes y strategaeth.

Mae grwpiau hunan-eiriolaeth sefydledig ar gyfer anableddau dysgu yn gweithredu yn y rhanbarth ond nid ydynt ar gael ymhob rhan ohono.

Mae cymorth eiriolaeth sydd ei angen ar gael ar gyfer rhieni mewn prosesau diogelu plant ond mae awgrym y byddai darpariaeth arbenigol yn cynhyrchu gwell canlyniadau.

**Beth fyddwn ni'n wneud?**

Byddwn trwy gynlluniau gweithredu a gyd-gynhyrchwyd yn:

1. Sicrhau cydbwysedd priodol rhwng gwasanaethau eiriolaeth generig ac arbenigol a statudol ac anstatudol ar draws yr holl ddefnyddwyr gwasanaethau yn y rhanbarth.

2. Sicrhau y gall pobl dderbyn y math mwyaf priodol o eiriolaeth i ddiwallu eu hanghenion penodol a chynnig dewis.

3. Sicrhau y bydd pobl a chanddynt anghenion cyfathrebu cymhleth yn derbyn y math mwyaf priodol o gymorth eiriolaeth annibynnol

4. Datblygu a chefnogi grwpiau hunan-eiriolaeth

5. Asesu'r angen am wasanaeth eiriolaeth annibynnol arbenigol ar gyfer rhieni sy'n rhan o brosesau diogelu plant sy'n cael anhawster i ddeall gwybodaeth allweddol

**Sut fydd llwyddiant yn edrych?**

- Fe fydd ystod o ddarpariaeth arbenigol a generig ar gael i adlewyrchu gwahaniaethau yn anghenion a dewisiadau unigolion.

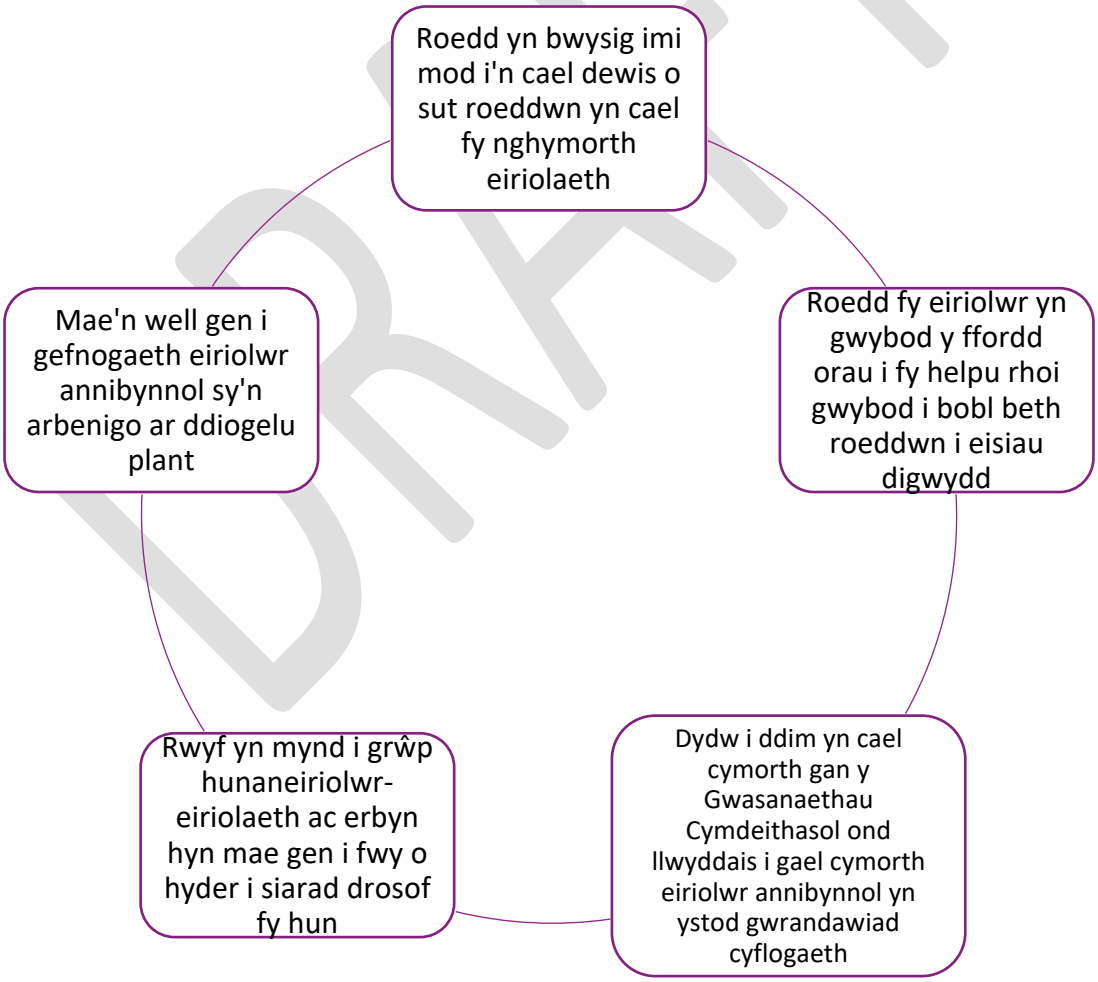
- Bydd eiriolaeth anstatudol yn cael ei chynnal a'i datblygu yn ôl y galw er mwyn diwallu anghenion cymunedol yn y ffordd orau

- Bydd unigolion a chanddynt anghenion cyfathrebu cymhleth yn gallu derbyn gwasanaethau eiriolaeth arbenigol fydd yn cwrdd â'u hanghenion cyfathrebu yn y ffordd orau

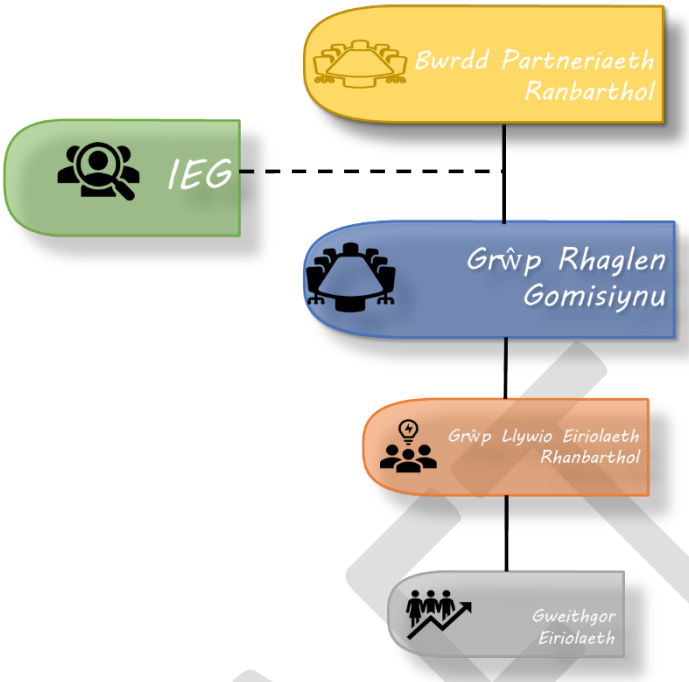
- Ceisio cefnogi'r sbectrwm llawn o wasanaethau eiriolaeth megis hunan-eiriolaeth

- Os yw'r dadansoddiad anghenion yn dangos fod angen gwasanaeth eiriolaeth arbenigol ar gyfer rhieni sy'n rhan o brosesau diogelu plant, sydd angen cymorth i ddeall gwybodaeth allweddol, caiff gwasanaeth ei gomisiynu

**Beth fydd pobl sy'n derbyn eiriolaeth yn ddweud?**



## Adrodd ar Ein Cynnydd




Yn unol â'r strategaeth hon bydd grŵp llywio eiriolaeth rhanbarthol newydd yn cael ei sefydlu i oruchwylio a chraffu ar y cynnydd a wnaed ar y strategaeth eiriolaeth i oedolion ranbarthol. Bydd y grŵp yn dylunio a chyflawni cynllun gweithredu rhanbarthol cynhwysfawr fydd yn cynnwys camau clir a mesuradwy i lunio a llywio eiriolaeth ranbarthol yng Ngorllewin Cymru. Dylai'r cynllun fod yn gydnaws â'r Fframwaith Canlyniadau Cenedlaethol (Gwasanaethau Cymdeithasol), y Fframwaith Canlyniadau Rhanbarthol a Deddf Llesiant Cenedlaethau'r Dyfodol.

Bydd y cynllun gweithredu hwn yn cael ei fonitro a'i ddiwygio'n rheolaidd yng ngoleuni cynnydd a chyfleoedd newydd i wella canlyniadau i ddefnyddwyr gwasanaethau eiriolaeth – fel rhan o ymrwymiad parhaus i weithio'n gydgynhyrchiol gyda defnyddwyr a darparwyr.

Bydd y grŵp llywio eiriolaeth rhanbarthol newydd yn atebol yn uniongyrchol i'r Grŵp Rhaglen Gomisiynu a fydd, ar ran Bwrdd Partneriaeth Ranbarthol Gorllewin Cymru, yn goruchwylio gweithredu'r strategaeth hon:

- Derbyn a chraffu ar adroddiadau cynnydd rheolaidd gan y Gweithgor Eiriolaeth.
- Sicrhau bod PGGC yn cydnabod llwyddiannau a materion y mae angen eu datrys.
- Sicrhau bod trefniadau monitro contractau cyd-gynhyrchiol ar waith, lle y mae darparwyr a defnyddwyr yn gyfranogwyr gweithredol.
- Sicrhau bod gan y strategaeth hon y proffil a'r adnoddau i gael ei gweithredu'n effeithiol

Cyflwynir adroddiadau i Fwrdd Iechyd Prifysgol Hywel Dda ac awdurdodau lleol Sir Gaerfyrddin, Ceredigion a Sir Benfro.

## Geirfa

| Term | Acronym | Esboniad |
|---|---|---|
| ***Y Ddeddf*** | | Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 |
| ***'Cynnig gweithredol'*** | | Y broses sy'n galluogi gweithwyr proffesiynol i hwyluso cyfarfod rhwng person ac eiriolwr i alluogi'r eiriolwr i esbonio eu rôl yn llawn ac i alluogi'r person i benderfynu a ydynt eisiau cymorth eiriolaeth. |
| ***Cymhwyster eiriolaeth*** | | Y dyfarniad a roddir i eiriolwyr annibynnol sy'n dangos y cawsant hyfforddiant priodol a'u bod yn gymwys i arfer eiriolaeth annibynnol, gan gynnwys unrhyw feysydd arbenigol e.e. iechyd meddwl |
| ***y Cod*** | | Rhan 10 y Ddeddf, Cod Ymarfer (Eiriolaeth) diweddarwyd 2019, sy'n esbonio'r gofynion ar awdurdodau lleol ynghylch gwasanaethau eiriolaeth |
| ***Cydgynhyrchu*** | | Y broses o alluogi dinasyddion a gweithwyr proffesiynol i weithio gyda'i gilydd mewn partneriaeth gyfartal, i rannu grym a chyfrifoldeb am wneud penderfyniadau a chynllunio |
| ***Comisiynu/comisiwn*** | | Y broses a ddefnyddir gan Fyrddau Iechyd ac Awdurdodau Lleol i adnabod anghenion ac yna cynllunio ac adolygu gwasanaethau maen nhw am i asiantaethau eraill eu darparu |
| ***Rhaglen Eiriolaeth Edau Euraidd*** | **GTAP** | Y Prosiect a ariannwyd gan Lywodraeth Cymru ac a gyflawnwyd gan AgeCymru i gefnogi comisiynu eiriolaeth yng Nghymru, ac yn enwedig felly'r gwasanaethau Eiriolwr Proffesiynol Annibynnol ar draws Cymru. |
| ***Eiriolwr Proffesiynol Annibynnol*** | **IPA** | Math o eiriolaeth annibynnol a ddiffinnir yn y Cod ac a ddarperir gan eiriolwyr cymwysedig sy'n gweithio mewn mudiadau sicr eu hansawdd. Mae rhai amgylchiadau lle y dylai Awdurdodau Lleol gyfarwyddo Eiriolwyr Proffesiynol Annibynnol ac eraill pan mae'n rhaid iddynt, yn unol â'r hyn a nodir yn y Cod. |

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| ***Gwybodaeth, Cyngor a Chymorth*** | | Y gwasanaethau sy'n anelu at adnabod y gefnogaeth all pobl ei derbyn i'w rhwystro rhag bod angen lefel uwch o gefnogaeth yn y dyfodol. |
| ***Eiriolaeth dan Gyfarwyddyd*** | | Mae eiriolwr yn gweithredu'n llwyr yn ôl cyfarwyddyd y person sy'n cael eu cefnogi |
| ***Tîm Datblygu Cenedlaethol ar gyfer Cynhwysiant*** | **NDTi** | Mudiad sy'n hyrwyddo arfer gorau o ran cynhwysiant cymdeithasol. Mae'n gweinyddu'r Nod Ansawdd Perfformiad Eiriolaeth. |
| ***Eiriolaeth heb fod dan Gyfarwyddyd*** | | Nid yw'r person yn gallu rhoi cyfarwyddyd ac mae'r eiriolwr yn ceisio sicrhau bod penderfyniadau neu weithredoedd a wneir ar eu rhan yn parchu eu hawliau ac yn rhoi ystyriaeth i'w dewisiadau a ffyrdd o fyw hysbys. |
| ***Monitro canlyniadau*** | | Y prosesau lle y mae buddion arfaethedig cam yn cael eu hasesu a'u hadolygu. |
| ***Nod Ansawdd Perfformiad*** | **QPM** | Y broses a ddefnyddir gan fudiadau eiriolaeth i ddangos fod eu gwasanaethau yn cyrraedd safon uchel |
| ***'Porth' atgyfeirio*** | | Y ffordd y mae pobl sydd eisiau derbyn gwasanaeth yn gallu gwneud y cysylltiad cyntaf |
| ***Prosiect Rhanbarthol ar Ddatblygu Eiriolaeth*** | | Prosiect a ariannwyd gan PGGC i gefnogi datblygu eiriolaeth yn y rhanbarth |
| ***Rheoleiddio ac Arolygu Gofal Cymdeithasol*** | **RISCA** | Y broses a ddefnyddir gan fudiadau sy'n darparu cymorth gofal cymdeithasol i gofrestru i sicrhau eu bod yn darparu gwasanaethau o ansawdd |
| ***Hunan-eiriolaeth*** | | Gallu person i rannu mewn ffordd effeithiol gydag eraill y pethau sy'n bwysig iddyn nhw a sut maen nhw'n dymuno derbyn gwasanaethau. Mae'r mathau gwahanol o hunan-eiriolaeth yn cael eu hyrwyddo ond rhoddir ffocws penodol arno mewn grwpiau hunan-eiriolaeth. |
| ***Defnyddiwr gwasanaethau*** | | Person sy'n derbyn, neu'n gymwys i dderbyn, gwasanaethau cymorth neu ofal |
| ***Diogelu*** | | Y broses o ddiogelu plant ac oedolion bregus rhag niwed, camdriniaeth neu esgeulustod a phroses addysg barhaus er mwyn ceisio adnabod yr arwyddion a'r risgiau o ran camdriniaeth. |

| | | |
|---|---|---|
| ***Cynhwysiant cymdeithasol*** | | Y broses o gefnogi pobl a chymunedau i allu cyfrannu at benderfyniadau a chamau sy'n effeithio ar eu bywydau. |
| ***Gofal Cymdeithasol Cymru*** | | Rheoleiddiwr y gweithlu gofal cymdeithasol yng Nghymru sy'n gyfrifol am feithrin hyder yn y gweithlu ac arwain a chefnogi gwelliannau mewn gofal cymdeithasol. |
| ***Rhanddeiliad*** | | Unrhyw berson neu fudiad y mae ganddynt ddiddordeb mewn neu gysylltiad â mater, e,e. Fforymau Gofalwyr, Grwpiau Pobl yn Gyntaf ac ati |
| ***Statudol*** | | Prosesau sydd eu hangen o dan fframweithiau cyfreithiol ac a drefnir a/neu a ddarperir gan Gyrff Cyhoeddus, e.e. Awdurdodau Lleol, Byrddau Iechyd ac ati |
| ***Sbectrwm o wasanaethau eiriolaeth*** | | Y gwahanol fathau o eiriolaeth, gan gynnwys eiriolaeth a ddarperir gan; teulu a chyfeillion, gweithwyr gofal cymdeithasol ac iechyd, eiriolwyr gwirfoddol, hunan-eiriolaeth ar y cyd ac eiriolwyr annibynnol sy'n derbyn tâl. |
| ***Partneriaeth Gofal Gorllewin Cymru*** | **PGGC** | Cydweithrediad rhanbarthol rhwng tri Awdurdod Lleol Gorllewin Cymru, Bwrdd Iechyd Prifysgol Hywel Dda a'r trydydd sector, y sector annibynnol, cynrychiolwyr defnyddwyr gwasanaethau a gofalwyr. Ei rôl yw trawsnewid a datblygu iechyd a gofal cymdeithasol yn unol â bwriadau Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 |
| ***Asesiad o Boblogaeth Gorllewin Cymru*** | | Trosolwg o boblogaeth a demograffeg y rhanbarth a ddefnyddir i ragfynegi'r newidiadau fydd eu hangen yn y gwasanaethau er mwyn diwallu anghenion y boblogaeth i'r dyfodol |
| ***Gorllewin Cymru*** | | Tair sir Ceredigion, Sir Benfro a Sir Gaerfyrddin |

## Cyfeirnodau a Dolenni

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https://www.legislation.gov.uk/anaw/2014/4/contents
Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 – Rhan 2 Cod Ymarfer (Swyddogaethau Cyffredinol)
cod-ymarfer-rhan-2-swyddogaethau-cyffredinol.pdf (llyw.cymru)

Rhan 10 Cod Ymarfer Eiriolaeth
https://llyw.cymru/sites/default/files/publications/2019-12/deddf-gwasanaethau--cymdeithasol-a-llesiant-cymru-2014-cod-ymarfer-rhan-10-eiriolaeth.pdf

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https://qualityadvocacy.org.uk/wp-content/uploads/2018/05/Advocacy-Charter-A3.pdf

Deddf Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru) (RISCA)

https://careinspectorate.wales/sites/default/files/2018-06/180606-risca-guide-en.pdf

Asesiad o Anghenion Poblogaeth Gorllewin Cymru www.wwcp-data.org.uk.population-needs-assessment

Mesurau y Gymraeg
https://www.legislation.gov.uk/mwa/2011/1/contents?lang=enhttps://www.legislation.gov.uk/mwa/2011/1/contents?lang=en

Fframwaith Canlyniadau Cenedlaethol https://gov.wales/sites/default/files/publications/2019-05/the-national-outcomes-framework-for-people-who-need-care-and-support-and-carers-who-need-support.pdf

Deddf Llesiant Cenedlaethau'r Dyfodol https://www.futuregenerations.wales/cy/about-us/future-generations-act/

Ffocws Ystadegol yng Nghefn Gwlad Cymru https://gov.wales/sites/default/files/statistics-and-research/2018-12/080515-statistical-focus-rural-wales-08-en.pdf

Cod Ymarfer IMHA (ymgorfforwyd yng Nghod Ymarfer Deddf Iechyd Meddwl (Cymru) Pennod 6)
https://gov.wales/sites/default/files/publications/2019-03/mental-health-act-1983-code-of-practice-mental-health-act-1983-for-wales-review-revised-2016.pdf#:~:text=The%20Mental%20Health%20Act%201983%20Code%20of%20Practice,being%20laid%20before%20the%20National%20Assembly%20for%20Wales.

Cod Ymarfer (ymgorfforwyd yng Nghod Ymarfer Deddf Galluedd Meddyliol (Cymru) Pennod 10) http://www.wales.nhs.uk/sites3/Documents/744/Code%20of%20Practice%20E.pdf

Cynllunio, Comisiynu a Chydgynhyrchu, Cyngor Gofal Cymru
https://socialcare.wales/cms-assets/documents/hub-downloads/Canllaw-i-adnoddau-cynllunio-a-chomisiynu-%E2%80%93-Ionawr-2017.pdf

GTAP Comsiynu Eiriolaeth Broffesiynol Annibynnol ar gyfer Oedolion o dan Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014

https://www.ageuk.org.uk/globalassets/age-cymru/documents/golden-thread-advocacy-programme/programme-documents/commissioning-ipa-framework-english-oct-19.pdf

Cynllun Ardal Gorllewin Cymru 2018-23
www.wwcp.org.uk › west-wales-area-plan

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

| | |
|---|---|
| **DYDDIAD Y CYFARFOD:**<br>**DATE OF MEETING:** | 23 February 2023 |
| **TEITL YR ADRODDIAD:**<br>**TITLE OF REPORT:** | Discretionary Capital Programme (DCP) 2022/23, 2023/24 and Capital Governance Update Report |
| **CYFARWYDDWR ARWEINIOL:**<br>**LEAD DIRECTOR:** | Lee Davies –Director of Planning |
| **SWYDDOG ADRODD:**<br>**REPORTING OFFICER:** | Eldeg Rosser, Head of Capital Planning |

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

**ADRODDIAD SCAA**
**SBAR REPORT**

**Sefyllfa / Situation**

This report is presented to the Strategic Development and Operational Delivery Committee (SDODC) detailing:

- Update on the 2022/23 Capital Programme
- The proposed allocation of the Discretionary Capital Programme (DCP) for 2023/24
- The capital schemes governance update

**Cefndir / Background**

This report provides an update on the 2022/23 Discretionary Capital Programme, it follows the report and discussion at the SDODC meeting held on 16 December 2022 and the Capital Sub-Committee (CSC) meeting held on 24 January 2023. The report also captures the additions All Wales Capital allocations received from Welsh Government (WG).

The report provides the detail of the proposed allocation of the DCP for 2023/24.

The allocation of the programme is set within the context of continuing risks associated with backlog pressures which are particularly relevant given the significant reduction in the DCP allocation for the year and the constraints on the wider All Wales Capital Programme.

The terms of the Discretionary Capital Allocation letter from WG state:

> *'Discretionary capital is that allocated directly to NHS organisations for the following priority obligations across all healthcare settings: Meeting statutory obligations, such as health and safety and Firecode; maintaining the fabric of the estate; and the timely replacement of equipment'.*

The prioritisation process for DCP includes representation from Executive portfolios at the Capital Planning Group (CPG) which reports to the CSC, and the position set out is consistent with that reported to the Sustainable Resources Committee (SRC).

## Asesiad / Assessment

### Capital Resource Limit and Capital Programme 2022/23

The current CRL for 2022/23 has been issued with the following allocations:

| Allocation | £m |
|---|---|
| All Wales Capital Programme (AWCP) | 27.776 |
| Discretionary Programme (gross allocation) | 5.290 |
| Disposal Proceeds | 0.150 |
| International Financial Reporting Standards (IFRS) 16 leases (Quarter 1 and Quarter 2) | 0.099 |
| **Total** | **33.315** |

Since the previous report, the following changes to the CRL have been made:

| Capital Scheme | Net Change to CRL £m | Brief Scheme Description |
|---|---|---|
| Cross Hands | 0.290 | Fees received to develop the Full Business Case for the Cross Hands Integrated Care Centre. |
| Sanctuary Provision for Children and Young People | 0.391 | Provide facilities as part of Welsh Government's (WG) alternative to admissions approach for young people in crisis. Capital funding provided towards refurbishment and Digital Infrastructure costs at Bro Myrddin building, Carmarthen. |
| Decant Ward at Withybush General Hospital (WGH) | 1.469 | In order to progress to Phase 2 of fire enforcement works at WGH, a decant ward is required. Approval has been received from WG to proceed with the construction of a modular ward. |
| WG End of Year Funding | 0.680 | Funding provided for Digital IT Equipment refresh (£0.4m), Digital Welsh Nursing Care record (£0.125m) and Medical device replacement (£0.155m). |
| Digital Eye Care Funding | 0.065 | Funding allocated to support Health Board cost of implementing the Digital Eye Care system. |
| IFRS 16 Leases (Quarter 1 and Quarter 2) | 0.099 | As of 1st April 2022, leases which meet certain criteria have to be capitalised as right of use assets. This represents |

| | | |
|---|---|---|
| | | funding received for lease car and photocopier renewals. |
| **TOTAL** | **2.994** | |

The Health Board has also received confirmation that six ultrasounds have transferred from Swansea Bay University Health Board (which were surplus to their requirements). A transfer of asset form (S1 form) will be completed between Swansea Bay University health Board and Hywel Dda University Health Board.

**Capital Expenditure Plan**

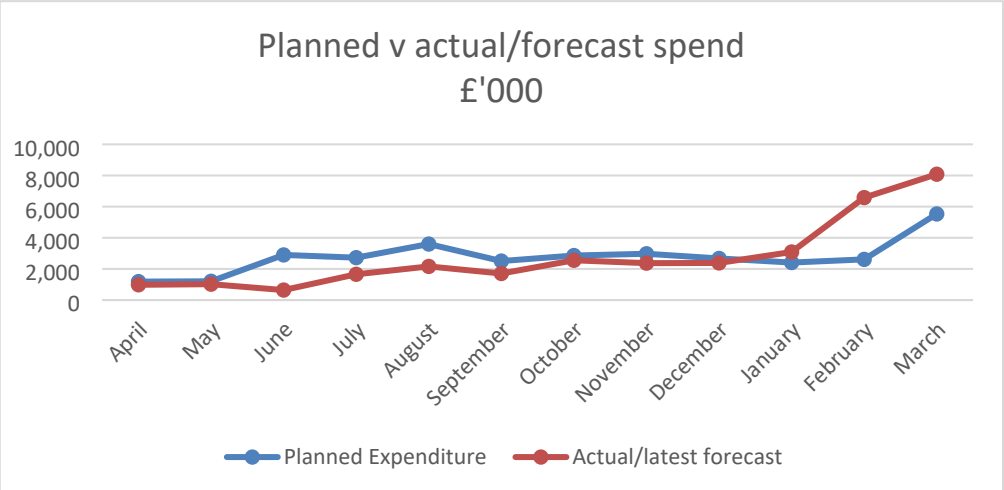
The table below reflects the additional DCP contributions / payback required to the AWCP programme in 2022/23**:**

| Scheme | Planned Spend 2022/23 £m | Cumulative Spend Apr - Jan £m | Spend Jan £m | Remaining balance £m |
|---|---|---|---|---|
| **AWCP** | | | | |
| Glangwili - Fire Enforcement works - Phase 1 | 5.884 | 4.649 | 0.818 | 1.235 |
| Withybush - Fire Enforcement works - Phase 1 | 6.559 | 5.530 | 0.756 | 1.029 |
| Fire Enforcement Works - Withybush Hospital- Decant Ward Fees | 1.657 | 0.137 | 0.008 | 1.520 |
| Withybush - Fire Enforcement works fees - Phase 2 | 0.881 | 0.832 | 0.149 | 0.049 |
| Fire Safety Works, Prince Philip Hospital | 0.605 | 0.016 | 0.000 | 0.589 |
| National Programme - Fire | 0.126 | 0.109 | 0.000 | 0.017 |
| I2S - Multi-site projects | 0.322 | 0.000 | 0.000 | 0.322 |
| National Programme - Decarbonisation | 0.654 | 0.232 | 0.105 | 0.422 |
| PPH Demountable | 1.360 | 0.782 | 0.069 | 0.578 |
| Energy Saving Schemes | 0.262 | 0.000 | 0.000 | 0.262 |
| National Programme - Mental Health | 0.150 | 0.011 | 0.000 | 0.139 |
| National Programme - Imaging | 0.136 | 0.070 | 0.000 | 0.066 |
| National Programme - Imaging - CT Scanner PPH | 1.217 | 0.998 | 0.004 | 0.219 |
| National Programme - Imaging - CT Scanner BGH | 0.942 | 0.548 | 0.303 | 0.394 |
| National Programme - Imaging - DR Rooms | 1.867 | 1.132 | 0.078 | 0.735 |
| National Programme - Imaging - Fluoroscopy Rooms | 1.569 | 0.203 | 0.066 | 1.366 |
| Additional Imaging | 0.216 | 0.131 | 0.041 | 0.085 |
| Mammography Equipment, Prince Philip Hospital. | 0.747 | 0.007 | 0.000 | 0.740 |
| Cross Hands Primary Care scheme | 0.365 | 0.083 | 0.005 | 0.282 |
| Neonates - Phase II - main | 0.967 | 0.714 | 0.040 | 0.253 |
| Business Continuity Programme - Fees | 0.150 | 0.098 | -0.003 | 0.052 |
| DPIF - Digital Medicines Transformation Pre-implementation team | 0.008 | 0.000 | 0.000 | 0.008 |
| Emergency Department Waiting Area Improvements | 0.458 | 0.001 | 0.001 | 0.457 |
| Year end funding | 0.680 | 0.188 | 0.188 | 0.492 |
| Sanctuary Provision for Children and Young people | 0.391 | 0.000 | 0.000 | 0.391 |
| Eye Care Funding | 0.065 | 0.000 | 0.000 | 0.065 |

| | | | | |
|---|---|---|---|---|
| **Sub-total AWCP** | **28.238** | **16.471** | **2.628** | **11.767** |
| **Discretionary** | | | | |
| IT | 0.200 | 0.202 | 0.000 | -0.002 |
| Equipment | 2.462 | 0.702 | 0.217 | 1.760 |
| Estates – Statutory | 0.447 | 0.184 | 0.036 | 0.263 |
| Estates Infrastructure | 1.316 | 0.683 | 0.173 | 0.633 |
| Other | 0.553 | 0.315 | 0.035 | 0.238 |
| **Sub-total Discretionary** | **4.978** | **2.086** | **0.461** | **2.892** |
| | | | | |
| **IFRS 16** | | | | |
| New leases Quarter 1 and Quarter 2 | 0.099 | 0.099 | 0.000 | 0.000 |
| **Sub-total IFRS 16** | **0.099** | **0.099** | **0.000** | **0.000** |
| | | | | |
| **TOTAL** | **33.315** | **18.656** | **3.089** | **14.659** |

**Expenditure Profile Forecast**

The below graph illustrates the forecast spend profile for the year.




The graph shows actual expenditure to date and updated forecast in red, against the forecast at the start of the year in blue. The forecast at the beginning of the year was primarily based on the expenditure profile for the prior year, in the absence of other information. Consequently, high expenditure forecast is shown for March 2023. The forecast is updated as more information becomes available from project managers.

January 2023 saw similar expenditure to December 2022 (at or around the planned expenditure). The cumulative position remains less than the cumulative forecast.

A total of £14.7m of expenditure is required before the end of March 2023. A significant amount of this is planned due to capital schemes finishing in March 2023 and some continuing into the next financial year. There is some risk emerging of underspending against the imaging schemes in particular. Mitigation measures are in place where underspends materialise, via a list of prioritised equipment and digital replacements with delivery timelines.

Increased monitoring has been implemented, allowing relevant project managers to monitor expenditure plans and cashflow forecasts.

**Capital Programme 2022/23**

**All Wales Capital Programme (AWCP)**

The All Wales Capital Programme Allocations for the UHB in 2022/23 are noted above.

**Diagnostic Imaging Programme**

In 2021/22 the UHB received All Wales Capital of £12.2m to deliver a programme of diagnostic equipment replacement across the 4 main acute hospital sites over a 2 year period. The CT replacement scheme in Glangwili Hospital (GH) was completed in 2021/22 and the following schemes will be delivered during 2022/23

| Plan | Completion Date |
|---|---|
| Complete Computerised Tomography (CT) Withybush Hospital (WH) | June 2022 |
| CT Prince Philip Hospital (PPH) | October 2022 |
| CT Bronglais Hospital (BH) | February 2022 |
| Digital Radiography (DR) PPH | October 2022 |
| DR GGH | November 2022 |
| DR WGH | December 2022 |
| DR/Fluoroscopy BGH | March 2023 |
| DR BGH | March 2023 |
| PPH Mammography Equipment Replacement | March 2023 |

All schemes are currently on target to complete by end of March 2023.

Six replacement ultrasounds have also been made available to the Hywel Dda University Health Board (HDdUHB) from surplus items previously procured by NHS Wales These assets will be transferred to HDdUHB under existing asset transfer protocols.

**Discretionary Capital Allocation (DCP)**

The Board approved the Capital Programme for 2022/23 on 31 March 2022, following endorsement at SDODC on 24 February 2022.

The current programme is as follows

| Plan | Allocation as per Expenditure Plan £m |
|---|---|
| Pre-Commitments - DCP | 1.602 |
| Breakdown contingency | 0.650 |
| Business Case Development | 0.300 |
| Capital support | 0.200 |
| Residential accommodation | 0.150 |
| Credits for Cleaning/HIW | 0.200 |
| Equipment Replacement | 0.688 |
| IT & Digital | 0.200 |
| Infrastructure | 0.665 |
| Statutory | 0.520 |
| **TOTAL DCP** | **5.175** |

**Contingency Reserve**

The contingency reserve of £0.650m set aside to deal with emergency issues and breakdowns is currently coming under significant pressure in 2022/23. The contingency fund has recently been topped up by another £0.100m by moving some of the pre-commitment for 2022/23 into 2023/24 but there remains significant pressure on this reserve in 2022/23

| Item | Allocation £m |
|---|---|
| PPH Faxitron | 0.072 |
| BH Accommodation repairs | 0.035 |
| GH Chiller Unit | 0.017 |
| Networking solution records scanning project | 0.050 |
| Pharmacy Robots | 0.107 |
| GH Fire improvements | 0.020 |
| PPH Nurse Call | 0.006 |
| Gamma Camera | 0.018 |
| Additional costs records scanning project | 0.066 |
| New fencing Creche WH | 0.013 |
| Additional allocation agile working | 0.030 |
| Shoring works BGH Lift | 0.150 |
| Sterilizer essential works | 0.007 |
| Same Day Emergency Care (SDEC) IT | 0.026 |
| Roof Works Hafan Derwen | 0.012 |
| Boiler replacement | 0.007 |
| Oven replacement | 0.016 |

| | |
|---|---|
| Roof Works Tŷ Cymorth | 0.009 |
| Light replacement Tŷ Gorwel | 0.008 |
| **BALANCE** | **0.075** |

If the equipping of the Ambulance Receiving Area requires funding in 2022/23 then this will consume £0.067m of this balance.

**End of Year bids**

A prioritised schedule was submitted to WG of confirmed schemes that could be delivered by the end of March 2023 should end of year monies become available. The following schemes have currently been allocated funding:

| Schemes | Allocation £m |
|---|---|
| Energy Saving Schemes | 0.262 |
| Fire Safety Works, PPH | 0.270 |
| IT equipment refresh | 0.400 |
| Digital costs - Welsh Nursing Care Record | 0.125 |
| Omni Hysteroscope and fluid system | 0.071 |
| Image Intensifier, WGH | 0.084 |
| **TOTAL DCP** | **1.212** |

**Emergency Department (ED) bids**

All the bids submitted as part of the original submission have been funded, £0.457m, and are now being progressed. At the end of November 2022 Health Boards (HB) were asked to submit a second tranche of bids that could deliver environmental and supportive enhancements for patients being held in areas not usually housing inpatients or being held in ambulances. A schedule of small projects and equipment priorities was developed with the operational site management teams and estates and have been submitted to WG. We are still awaiting feedback from the second tranche of bids submitted.

**Estates Funding Advisory Board (EFAB) bids**

WG announced that an allocation of £20m in 2023/24 and 2024/25 is available across the following headings:

- **£12m** for Infrastructure (including a focus on Emergency Department (ED) Waiting areas) and Mental Health;
- **£5m** for Fire Compliance works; and
- **£3m** for Decarbonisation schemes.

In a change to the previous EFAB allocations issued, the programme for 2023/24 and 2024/25 will require a 30% contribution towards schemes from HDdUHB's DCP allocation.
To accommodate this, the Minister has also increased the DCP allocation across Wales by £10m – HDdUHB's contribution will equate to £0.888m

HDdUHB submitted their EFAB bids on the 8 November 2022 with a caveat that the maximum contribution from the DCP in any year was £1.4m.

HDdUHB has been informed that following the review of bids, an indicative allocation is being considered by WG, split as follows

| Schemes | Allocation 2023/24 £m | Allocation 2024/25 £m |
|---|---|---|
| Infrastructure including Mental Health and ED | 0.943 | 1.219 |
| Fire | 2.507 | 2.675 |
| Decarbonisation | 0.684 | 0.165 |
| **TOTAL EFAB** | **4.134** | **4.059** |

This indicative allocation will require a DCP contribution of £1.240m in 2023/24 and £1.218m in 2024/25. This will need Board ratification as a pre-commitment against the 2023/24 and 2024/25 Programme.

**Additional allocations for reporting**
The following additional allocations over £0.500m need to be reported to SDODC for onward ratification to the Board, the allocation will be received over 2022/23 and 2023/24

- Bro Myrddin – an allocation to develop Children and Young People Mental Health Services

**Capital Programme 2023/24**

**All Wales Capital Programme (AWCP)**

HDdUHB is currently aware that it will have All Wales Capital Allocations for the following schemes in 2023/24:

- Women and Children Phase II
- Development of the Cross Hands Full Business Case
- Estates Funding Advisory Board (EFAB)
- Fire Enforcement Works at WH and GH
- Bro Myrddin – an allocation to develop Children and Young People Mental Health Services

**Discretionary Capital Allocation (DCP)**

The confirmed discretionary capital allocation for 2023/24 is £6.939m

| Allocation | Allocation £m |
|---|---|
| Baseline discretionary allocation | 5.645 |
| Top up allocation | 0.888 |
| Repatriation of fees incurred on Cross Hands OBC | 0.406 |
| **TOTAL DCP** | **6.939** |

**Underlying Risk**

The available allocation will provide HDdUHB with a significant challenge and risk in trying to address the historical backlog we have in:

- Medical and non-medical equipment
- Informatics and digital infrastructure and equipment
- Estates, statutory and infrastructure

Corporate Risk 1196 states: *"There is a risk the Health Board is not able to provide safe, sustainable, accessible and kind services. This is caused by insufficient investment to ensure we have appropriate facilities, medical equipment and digital infrastructure of an appropriate standard. This could lead to an impact/effect on our ability to deliver our strategic objectives, service improvement/ development, statutory compliance (i.e., fire, health and safety) and delivery of day-to-day patient care".*

Current estimated value of the backlog is:
- £106m Estates backlog
- £32m Medical Devices
- Circa £15-£18m Digital backlog

With this risk in mind the Capital Planning Group, which has representation from the Operational Directorates, Digital Team and Estates, has carefully considered the distribution of the 2023/24 DCP allocation.

**Pre-commitments for 2023/24**

The current known pre-commitments for 2023/24 are as follows

| Item | Allocation £m |
|---|---|
| BH Chemotherapy Day Unit | 0.346 |
| GH Women and Children | 0.553 |
| Pharmacy Cytotoxic Isolators – (repayable from Aseptic scheme if approved) | 0.098 |
| Primary Care Works | 0.100 |
| 30% EFAB Contribution | 1.240 |
| **TOTAL** | **2.337** |

In addition to the pre-commitments there is a requirement to ring-fence an element of our allocation

| Ring-fenced allocations | £m |
|---|---|
| Breakdown contingency | 1.000 |
| Development of business cases | 0.400 |
| Capital support | 0.200 |
| Dealing with issues in residential accommodation | 0.200 |
| Dealing with issues arising from HIW/Credits for Cleaning audits | 0.300 |
| **TOTAL** | **2.100** |

It is proposed that the allocation for contingency has been increased to £1.000m for 2023/24 due to the level of calls against this allocation in 2022/23 and the reduced flexibility we will have to manage any unexpected calls for infrastructure expenditure against the EFAB schemes.

This leaves a balance of **£2.502m** available for prioritisation over the following categories:

- Medical and non-medical equipment replacement
- Digital and IT
- Estates statutory

For the 2023/24 DCP it is proposed that **£1.450m** is allocated directly to the following areas:

- £0.500m Medical and non-medical equipment replacement
- £0.500m for Digital and IT
- £0.450m for Estates Statutory for items not covered by the EFAB allocation.

The balance of **£1.052m** has then been allocated via the prioritisation matrix. The schemes considered have been prioritised following robust debate, challenge and discussion at CPG to ensure that the patient at the centre of the decision making process.

The proposed split of the total allocation across areas is as follows

| Plan | Allocation £m |
|---|---|
| Equipment Replacement | 1.298 |
| IT & Digital | 0.754 |
| Estates | 0.450 |
| **TOTAL** | **2.502** |

The matrix is continually being developed and refined to ensure that the patient focus remains central. With this approach assured confidence can be taken if any additional allocations become available in year, that they are prioritised in a patient focused way through:

- additional Welsh Government approvals
- review of VAT recoveries
- potential disposals
- slippage on existing schemes

The detailed split of the schemes that can now be progressed is set out in Appendix 1 of this report. The risk items being addressed as part of allocation of the DCP funds are also included.

Given the limited capital availability for 2023/24, it is critical for the Committee to understand those projects and schemes which are high priority schemes and the developments that **cannot** be progressed until additional resources become available and the risks that the organisation continues to carry.

Appendix 2 provides detail of all of the items currently identified on the prioritisation matrix which are currently not funded, however there are some key projects that need to be drawn to the Committee's attention

| Project | Value £m | Impact | Mitigating Actions |
|---|---|---|---|
| Replacing of the Air Handling Unit (AHU) in WH which has been independently declared at 'end of life' in Hospital Sterilisation and Decontamination Unit (HSDU) | TBC | Potential high impact on elective surgery programme and Referral To Treatment (RTT) targets should the AHU be no longer fit for service | A short term fix has been undertaken for this item in 22/23 DCP programme but there is a longer term requirement to replace the AHU completely |
| Preseli Centre accommodation, WH | 1.0 | Patients and staff continue to work and be treated in unsuitable accommodation | Commence design development to maximise opportunity to bid for in-year WG funding |
| Digital Development | TBC | No progress on digital developments in year | Prepare for opportunities to bid for in-year WG capital and review opportunities to develop revenue funding models |
| Progression of Cilgerran Ward, GH refurbishment | Circa3.0 | | Commence design development to maximise opportunity to bid for in-year WG funding |
| Site Security | TBC | Unable to progress with site security schemes on acute hospital sites | Further work is required to establish the full scope of this project and the dependencies with other digital schemes being progresses |
| Additional Costs associated with the Fire Scheme WH | £0.270m - £2.880m | Unable to complete works | Liaising with WG on the additional costs |

The proposed programme for 2023/24 has been considered and approved at the Capital Sub-Committee and it will have been considered at the Executive Team on the 15 February 2023 in advance of submission to SDODC.

**Capital Governance – Project Updates**

At the January 2023 meeting of the Capital Sub-Committee, updates were considered from all HDdUHB's capital projects. Other than the A Healthier Mid and West Wales (AHMWW) PBC, the following projects are complete:

- PPH Modular Theatres (COVID-19 recovery scheme)
- CT Scanner Replacement PPH
- DR Replacement PPH
- DR Replacement GH
- DR Replacement WH
- CT Scanner Replacement BH

The following are in progress/construction:

- Women and Children Phase II
- Fire Enforcement Work Phase 1, WH
- Fire Enforcement Work Phase 1, GH
- Fluoroscopy Replacement BH
- DR Replacement BH
- Mammography Replacement PPH

The following projects are currently in the design and development stage:

- Cross Hands Health Centre
- Carmarthen Hwb – Partnership Project led by Carmarthenshire County Council (CCC), levelling up funding approved by UK Government on 27 October 2021.
- Regional Cellular Pathology and Immunology Services
- Chemotherapy Day Unit, BH
- Aseptic Services, WH
- Sexual Assault and Referral Centre, Aberystwyth

Several projects are now progressing into scoping stages and will require resourcing from a Capital Planning, Estates and Digital perspective:

- Aberystwyth Integrated Care Centre.
- Aberystwyth Integrated Education and Research Centre.
- Fishguard Integrated Health and Wellbeing Centre.
- Fire Improvements BH.
- Llandovery Health and Wellbeing Centre

Projects with a red RAG status reported to the CSC were as follows:

| Project | Overall RAG | Matters for Sub Committee attention |
|---|---|---|
| **Women & Childrens Phase 2** | **Current RAG**<br>**Trend**<br>  | The hand over of Theatre 2 was delayed from the end of December 2022 due to several minor issues that needed to be rectified. At the time of writing the handover is now expected in mid February 2023. This does not delay the overall scheme completion which is still expected in July 2023. |

| Project | Overall RAG | Matters for Sub Committee attention |
|---|---|---|
| **Fire Enforcement Work Withybush General Hospital** | **Current RAG**<br>**Trend**<br>  | The phase 1 programme has been extended by 4 months to July 2023 to incorporate extensive additional works identified such as fire doors and fire stopping requirements. The extension has been fully assessed by the scheme Project Manager following appropriate due diligence checks prior to acceptance. The additional works and extension has made the financial position remain challenging. The latest information received highlights that there is a potential risk that the outturn cost of the scheme could exceed the scheme funding allocation (including the risk contingencies). The Health Board is working closely with the Project Manager, Cost Adviser and Supply Chain Partner to verify this and to explore potential mitigations such as a request to WG to retain any VAT reclaim. A separate paper on the financial position is to be presented to the next CSC meeting. |

**Key updates on other Projects**

**Cross Hands OBC:** The Health Board has received confirmation of funding to progress with the development of the full business case through the Integration and Rebalancing Capital Fund (IRCF). We have re-engaged with the supply chain and are working with them to update the timeline.

**Aberystwyth Integrated Care Centre**: Business case writers have been appointed to work with the UHB on to develop a Strategic Outline Case (SOC)/Outline Business Case (OBC).

**Sexual Assault Referral Centre (SARC), Aberystwyth**
The solution to provide SARC services which comply with the ISO standards is being developed and a Business Justification Case (BJC) is being developed.

**Aseptic Services, WH**
The BJC was presented and approved by Board at its January 2023 meeting. The scheme will provide the interim service solution pending the implementation of the national TRAMS programme. The BJC will be submitted to WG to approve the scheme in principle whilst the UHB tender the works element of the scheme.

**Fishguard Health and Wellbeing Centre**
Business case writers have been appointed to work with the Health Board to develop a Strategic Outline Case (SOC)/Outline Business Case (OBC). An application for IRFC funding to progress with the development of the SOC/OBC has been prepared and being considered via the West Wales Care Partnership.

**Llandovery**
A project launch event was held in Llandovery on 5 December 2022. Stakeholders from the wider community, service providers and other Health Board staff were invited to participate. Business case writers have been appointed to work with the HDdUHB to develop the case.

**Projects led by other organisations**

**Carmarthen Hwb:** The Local Authority(LA) have appointed a Principle Contractor and a Project Manager. The Health Board has provided detailled feedback on Stage 2 design. The LA have submitted a planning application for the development. There is currently a delay of 16 weeks with the scheme.

**Regional Pathology:** Work is underway, on a regional basis, across all laboratory disciplines to explore transformation opportunities. A paper was submitted to the November 2023 Board to consider a management model for the South West Regional Pathology Services. Work on the OBC is anticipated to complete in the summer of 2023.

**Cylch Caron**
Work is currently being undertaken by the Project Group and Ceredigion County Council Legal Team to update the documentation required to enable the issue of tender documentation for the project. Tenders will be issued to determine the market interest for design, build and/or management of this scheme.

## Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is asked to:

- Note the update on the Capital Programme for 2022/23
- Note the additional allocations over £0.500m in 2022/23 and 2023/24 for onward ratification to the Board
- Note that Bro Myrddin development will be received over 2022/23 and 2023/24 financial years
- Endorse the Capital Programme for 2023/24 for onward ratification to Board
- Note the updates on the Health Board Capital schemes

| **Amcanion: (rhaid cwblhau)<br>Objectives: (must be completed)** | |
|---|---|
| Committee ToR Reference:<br>Cyfeirnod Cylch Gorchwyl y Pwyllgor: | 3.11 Consider proposals from the Capital Sub Committee on the allocation of capital and agree recommendations to the Board. |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score: | Corporate Risk 1196 - not be able to provide safe, sustainable, accessible and kind services. This is caused by insufficient investment to ensure we have appropriate facilities, medical equipment and digital infrastructure of an appropriate standard.<br>Score 16 |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s): | Governance, Leadership and Accountability |
| Amcanion Strategol y BIP:<br>UHB Strategic Objectives: | 4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. |

| | |
|---|---|
| Amcanion Llesiant BIP:<br>UHB Well-being Objectives:<br>Hyperlink to HDdUHB Well-being Objectives Annual Report | 8. Transform our communities through collaboration with people, communities and partners |

| **Gwybodaeth Ychwanegol:<br>Further Information:** | |
|---|---|
| Ar sail tystiolaeth:<br>Evidence Base: | Included within the report |
| Rhestr Termau:<br>Glossary of Terms: | Not Applicable |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol:<br>Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee: | CSC<br>Sustainable Resources Committee<br>Capital Planning Group |

| **Effaith: (rhaid cwblhau)<br>Impact: (must be completed)** | |
|---|---|
| **Ariannol / Gwerth am Arian:<br>Financial / Service:** | Capital values noted within the report. Included within individual business cases and Capital prioritisation process. |
| **Ansawdd / Gofal Claf:<br>Quality / Patient Care:** | Included within individual business cases and Capital prioritisation process. |
| **Gweithlu:<br>Workforce:** | Included within individual business cases and Capital prioritisation process. |
| **Risg:<br>Risk:** | Risk assessment process is integral to the capital prioritisation process and the management of capital planning within HDdUHB also included within individual business cases and Capital prioritisation process. |
| **Cyfreithiol:<br>Legal:** | Included within individual business cases and Capital prioritisation process. |

| | |
|---|---|
| **Enw Da:**<br>**Reputational:** | Included within individual business cases and Capital prioritisation process. |
| **Gyfrinachedd:**<br>**Privacy:** | Included within individual business cases and Capital prioritisation process. |
| **Cydraddoldeb:**<br>**Equality:** | Equality assessments are included within individual business cases and Capital prioritisation process when required. |

## APPENDIX 1

| Plan | Allocation £m | Risk Register Reference |
|---|---|---|
| Replacement Anaesthetic Machines | 0.409 | |
| Replacement morcellator & control box | 0.049 | 1271 |
| Antenatal CTG | 0.040 | |
| Endoscopy equipment replacement | 0.800 | 1521 |
| **Equipment Replacement** | **1.298** | |
| Network Refresh WGH | 0.226 | 826 |
| Paging Replacement GGH/PPH | 0.278 | |
| General Replacement Programme | 0.250 | |
| **IT & Digital** | **0.754** | |
| Firecode and Safety Compliance | 0.020 | 813 |
| Legionella Compliance | 0.100 | 949,1119,1065 |
| Asbestos Compliance | 0.080 | 934,1182 |
| ISO14001 | 0.010 | 547 |
| Lift Compliance | 0.040 | 1134,1102,1138 |
| Medical Gas Compliance | 0.040 | 1132,1106,1138 |
| Fixed and PAT Testing Compliance | 0.085 | 1131,1097,1068,1061 |
| Ductwork Cleaning and Damper Compliance | 0.050 | 223 |
| F-Gas Compliance | 0.020 | |
| Radon Compliance | 0.005 | 504 |
| **Estates** | **0.450** | |
| **TOTAL** | **2.502** | |

# APPENDIX 2 - Priority Tool for DCP

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | *Comparator Scoring* | | | 1.00 |
| | | | | | | | | | | 0.25 | 0.50 | 0.25 | 100% |
| | | | | | | | | | | 25% | 50% | 25% | |
| **Category** | **Project** | **Directorate** | **Service / Ward / Dept** | **Site** | **DCP Capital Cost 23/24 £** | **Cumulative total 23/24** | **DCP Capital Cost 24/25** | **Cumulative Total 24/25** | **Comments/Notes/Narrative/benefits for context** | **Detrimental to Business Continity** | **Safety of Patients, Staff or Public** | **Impact and Reputation (incl. Patient Experience, Inspections, Audit reports)** | **Enhanced Score** |
| **Digital** | Data Centre Infrastructure | Digital | Health Board Wide | Health Board Wide | £ 150,000 | **£ 150,000.00** | £ - | **£ -** | Replacement of Power / Cooling Solutions | 10 | 10 | 5 | 8.8 |
| **Digital** | UPS Replacement Programme | Digital | Health Board Wide | Health Board Wide | £ 120,000 | **£ 270,000.00** | £ 120,000.00 | **£ 120,000.00** | Replacement of uniterruptable Power Supplies | 7 | 10 | 10 | 9.3 |
| **Digital** | Patient flow & e-observations | Digital | Health Board Wide | Health Board Wide | £ 250,000 | **£ 520,000.00** | £ 250,000.00 | **£ 370,000.00** | Implementation of a patient flow system into the Health Board across all sites. Full cost based on a 3 year programme. | 8 | 10 | 10 | 9.5 |
| **Digital** | Network Refresh (Prince Philip) | Digital | Health Board Wide | Health Board Wide | £ 120,000 | **£ 640,000.00** | £ 120,000.00 | **£ 490,000.00** | Replacement of local area network | 10 | 10 | 5 | 8.8 |
| **Statutory** | Sub main distribution boards upgrades - GGH &WGH | Facilities | Estates | GGH & WGH | £ 396,179 | **£ 1,036,179.00** | £ 195,133 | **£ 685,133.00** | DB replacement programme as per list of areas and estimated costs for work. | 8 | 7 | 10 | 8.0 |
| **Statutory** | Cook Freeze - PPH | Facilities | Estates | PPH | | **£ 1,036,179.00** | £ 120,140 | **£ 685,133.00** | OVEN READY SCHEME<br>The purpose of this project capital bid is to for investment in the foodservice model within HDUHB. It is the intention of the Senior Estates & Facilities Management team to standardise | 7 | 7 | 10 | 7.8 |
| **Digital** | Technology Enabled Care (TEC) Programme | Digital | Health Board Wide | Health Board Wide | £ 200,000 | **£ 1,236,179.00** | £ 150,000.00 | **£ 955,273.00** | Technology in non-health settings: telehealth, telecare; vide-consultation, care homes meds management; National policy position on TEC; common standards across all regions (RPBs); structured industry/partner engagement; prioritised project delivery | 5 | 10 | 10 | 8.8 |
| **Digital** | Clinical Monitoring Hub, Virtual wards, Virtual Care Hub | Digital | Health Board Wide | Health Board Wide | £ 240,000 | **£ 1,476,179.00** | £ 320,000.00 | **£ 1,275,273.00** | • Service completely stopped | 5 | 10 | 10 | 8.8 |
| **Digital** | Infrastructure Upgrades / Disaster Recovery | Finance | Digital | HB Wide | £ 75,000 | **£ 1,551,179.00** | | **£ 1,275,273.00** | Professional services to accelerate upgrade of VMWARE, implement microsegmentation to improve cyber protection and undertake full disaster recvoery test. | 10 | 10 | 5 | 8.8 |
| **Digital** | Electronic Test Requesting | Finance | Digital | BGH | £ 20,000 | **£ 1,571,179.00** | | **£ 1,275,273.00** | Support additional ICT equipment to support the deployment of Electronic Test Requesting in BGH | 7 | 10 | 5 | 8.0 |
| **Digital** | Cyber Security Medical Device Software | Finance | Digital | HB Wide | £ 217,800 | **£ 1,788,979.00** | £ - | **£ 1,275,273.00** | Software solution to identify all medical / IoT devices on our network and ensure they comply with cyber security requirements | 6 | 10 | 5 | 7.8 |
| **Equipment Replacement** | Replacement Sterilisers & AHU within HSDU | Central Operations | HSDU | WGH | TBC | **£ 1,788,979.00** | | **£ 1,275,273.00** | Not deliverable by EOY as mini comp will be required and scored. Equipment is on a 12 to 16 week lead time. | 9 | 7 | 8 | 7.8 |
| **Digital** | Data Centre Compute | Digital | Health Board Wide | Health Board Wide | £ 500,000 | **£ 2,288,979.00** | £ - | **£ 1,275,273.00** | Replacement of remaining on-premise compute resources | 10 | 7 | 5 | 7.3 |
| **Digital** | Risk stratification of our population | Digital | Health Board Wide | Health Board Wide | £ 450,000 | **£ 2,738,979.00** | | **£ 1,275,273.00** | Development of a risk stratisifcation alogrytm for the Health Board | 5 | 7 | 10 | 7.3 |
| **Digital** | Theatre Replacement | Digital | Health Board Wide | Health Board Wide | £ 170,000 | **£ 2,908,979.00** | | **£ 1,275,273.00** | Replacment of the current thetare system | 5 | 7 | 10 | 7.3 |
| **Digital** | Welsh Emergency Department System (WEDS) | Digital | Health Board Wide | Health Board Wide | £ 185,000 | **£ 3,093,979.00** | | **£ 1,275,273.00** | Implementation of the Welsh Emergency Department System into Hywel Dda - Local Business Case Required | 5 | 7 | 10 | 7.3 |
| **Digital** | Backup Licences | Finance | Digital | HB Wide | £ 264,000 | **£ 3,357,979.00** | £ - | **£ 1,275,273.00** | Extension of backup licences to support cloud archive and additional features to support recommendations from Cyber Assessment Framework | 10 | 7 | 5 | 7.3 |
| **Equipment Additional** | Omni Hysteroscope and fluid system | Women & Childrens | Theatres | GGH | £ 70,852 | **£ 3,428,831.00** | | **£ 1,275,273.00** | • Generating patient complaints, already waited in excess of 3 years | 9 | 5 | 10 | 7.3 |
| **Digital** | IT infrastructure upgrade to Llys Steffan Resource Centre in Lampter (HB owned property) | MH&LD | LD | Llys Steffan, Lampeter | £ 161,094 | **£ 3,589,924.75** | | **£ 1,275,273.00** | Ceredigion Community Team were asked to leave accommodation rented from the Local Authority at the start of the pandemic. They have not been allowed to return and there is no plan to suggest this will change. The Directorate has allocated space at the rear of the building although this has no IT points or phones. Connectivity is essential for the team to be able to undertake virtual assessments, document via the Directorate's electronic record and deliver a sustainable clinical service from this location. Alternative premises have been considered but bring significant financial liability. | 10 | 7 | 5 | 7.3 |
| **Infrastructure** | AHU Theatre Upgrades | Facilities | Estates | PPH | £ 30,000 | **£ 3,619,924.75** | £ - | **£ 1,275,273.00** | Potential balancing figure needed to top up EFAB award. C £30k<br>Legacy HVAC systms end of servicable life across the HB. Upgrades/ replacements required. EG PPH Shared theatre AHU. | 9 | 7 | 5 | 7.0 |
| **Digital** | Communication Rooms | Digital | Health Board Wide | Health Board Wide | £ 125,000 | **£ 3,744,924.75** | £ 125,000.00 | **£ 1,400,273.00** | Improvement in communication rooms, environment systems and security. | 7 | 10 | 1 | 7.0 |
| **Equipment Replacement** | Scanner -Toshiba Xario 100 Compact USS System TUS-X100 | Maternity | Maternity | Maternity | £ 22,761 | **£ 3,767,685.55** | | **£ 1,400,273.00** | To replace the current portable scanner for the maternity unit as the existing machine was found to provide unclear images that would be difficult to confidently report on, in the last quality assessment testing carried out 3rd June 2015 [see attached report]. | 8 | 5 | 10 | 7.0 |

| Category | Project | Directorate | Service / Ward / Dept | Site | DCP Capital Cost 23/24 £ | Cumulative total 23/24 | DCP Capital Cost 24/25 | Cumulative Total 24/25 | Comments/Notes/Narrative/benefits for context | Detrimental to Business Continity | Safety of Patients, Staff or Public | Impact and Reputation (incl. Patient Experience, Inspections, Audit reports) | Enhanced Score |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Equipment Replacement** | Gynae Examination Chair | W&C | Gynaecology | WGH | £ 20,394 | **£ 3,788,079.55** | | **£ 1,400,273.00** | The current couch has been condemned as not fit for purpose, there is a risk of temporary suspension of the outpatient hysteroscopy service in WGH if the couch fails. This will impact on the cancer pathway as there is no capacity elsewhere in the Health Board to accommodate these cases, the service has already lost three lists per week in PPH due to the changes during covid. Capacity does not meet demand, with the required 7 day investigation target already extending to a month. | 8 | 5 | 10 | 7.0 |
| **Digital** | Improvements in the use of the National "W" Products | Digital | Health Board Wide | Health Board Wide | £ 58,000 | **£ 3,846,079.55** | | **£ 1,400,273.00** | Improvements with WCRS, etc. | 3 | 7 | 10 | 6.8 |
| **Equipment Replacement** | Laser - Ophthalmic - YAG various | Scheduled Care | Ophthalmology | GGH | £ 80,000 | **£ 3,926,079.55** | | **£ 1,400,273.00** | Age related replacement - Carly Hill | 7 | 5 | 10 | 6.8 |
| **Digital** | Wales Clinical Portal - National Standards | Digital | Health Board Wide | Health Board Wide | £ 10,000 | **£ 3,936,079.55** | | **£ 1,400,273.00** | Technical revisions to WCP to comply with national architecture and standards; Core national product compliant with national architecture and standards; improved interoperability and functionality | 3 | 7 | 10 | 6.8 |
| **Equipment Replacement** | YAG Laser with SLT | Scheduled Care | Ophthalmology | GGH | £ 37,908 | **£ 3,973,987.55** | | **£ 1,400,273.00** | The unit described above is still in use for emergency patients only, as agreed at a service level with Clinical Lead. The Clinical Lead is confident any user will be able to easily identify if the laser is not performing appropriately. All elective cases are being diverted. It is not feasible to not have a laser available, it's not feasible to move the RACE clinic and it is potentially damaging to the other laser units to move them.<br><br>Rental option currently in place as a temporary alternative at approximate revenue cost of £20,000 p/a | 7 | 5 | 10 | 6.8 |
| **Infrastructure** | LED Lighting | Facilities | Estates | Hbwide Community | £ 200,000 | **£ 4,173,987.55** | £ 400,000 | **£ 1,800,273.00** | Completion of work from previously agreed scope. Note: approx 6 years payback | 7 | 7 | 5 | 6.5 |
| **Digital** | Digital Pathology | Digital | Health Board Wide | Health Board Wide | £ 125,000 | **£ 4,298,987.55** | £ 125,000.00 | **£ 1,925,273.00** | Support LINC Programme | 1 | 10 | 5 | 6.5 |
| **Digital** | Cabling | Digital | Health Board Wide | Health Board Wide | £ 125,000 | **£ 4,423,987.55** | £ 125,000.00 | **£ 2,050,273.00** | On-going improvements to Fibre cabling across the sites | 7 | 7 | 5 | 6.5 |
| **Digital** | Digital Door Security / Staff Badges | Digital | Health Board Wide | Health Board Wide | £ 200,000 | **£ 4,623,987.55** | £ 200,000.00 | **£ 2,250,273.00** | Implementation of network connected door systems | 1 | 10 | 5 | 6.5 |
| **Digital** | Single sign on | Digital | Health Board Wide | Health Board Wide | £ 300,000 | **£ 4,923,987.55** | £ 300,000.00 | **£ 2,550,273.00** | Provide a single-sign on solution to the Health Board, allowing fast user switching, and clinical teams to quickly logon to infrastructure | 7 | 7 | 5 | 6.5 |
| **Digital** | DSPP | Digital | Health Board Wide | Health Board Wide | £ 230,000 | **£ 5,153,987.55** | | **£ 2,550,273.00** | Support for Digital Services for Public and Patients Programme | 7 | 7 | 5 | 6.5 |
| **Digital** | Internet Connectivity Improvements | Finance | Digital | WGH | £ 45,000 | **£ 5,198,987.55** | | **£ 2,550,273.00** | Installation of new equipment and services to mirror the Internet connectivirty at GGH to support cloud migration strategy | 7 | 7 | 5 | 6.5 |
| **Digital** | Cyber Security Programme | Digital | Health Board Wide | Health Board Wide | £ 200,000 | **£ 5,398,987.55** | £ 200,000.00 | **£ 2,750,273.00** | Continuation of Cyber Service Improvement Programme and NIS Regulations Compliance | 10 | 5 | 5 | 6.3 |
| **Digital** | Transforming Clinical pathways for eye care | Digital | Health Board Wide | Health Board Wide | £ 35,000 | **£ 5,433,987.55** | £ - | **£ 2,750,273.00** | Implementation of new integrated eye care EHR including Electronic referrals; Patient information and data sharing across both primary and secondary care to enable pathway transformation and efficiencies | 1 | 7 | 10 | 6.3 |
| **Equipment Replacement** | Pascal Laser (SC018) | Scheduled Care | Ophthalmology | North Road Eye Clinic | £ 71,508 | **£ 5,505,495.55** | | **£ 2,750,273.00** | Currently there is a Pascal Laser in PPH, the Clincians feel that this would be benficial in BGH as the Pascal is excellent for performing PRP laser as it is more specific for treatment, | 5 | 5 | 10 | 6.3 |
| **Digital** | Self-check In (Health Records) | Digital | Health Board Wide | Health Board Wide | £ 177,480 | **£ 5,682,975.55** | £ 177,480.00 | **£ 2,927,753.00** | rollout of service service check-ins across the Health Board. Evidence in ardigan that they aer successful, and moves the Health Board along its digital maturity jounrye | 1 | 7 | 10 | 6.3 |
| **Equipment Replacement** | ENT Drill/IPC console | Scheduled Care/Theatres | Theatres | Theatres | £ 11,940 | **£ 5,694,915.55** | | **£ 2,927,753.00** | Theatre currently only has one ENT drill (power console) There is an urgent need for this to be replaced so that there is a backup for mastoid and other operations that require the use of the drill can continue to be performed. | 10 | 5 | 5 | 6.3 |
| **Equipment Replacement** | FLUENT Fluid Management System | Scheduled Care | Theatre | GGH | £ 32,400 | **£ 5,727,315.55** | | **£ 2,927,753.00** | At present service is remaining operation due to a loan item from company, this has now been requested to be returned soon. However, if we are to purchase it will remain until delivery and service will not be affected.<br>Old equipment can no longer be used as too much of a risk, if no new item is purchased will impact on ability to excise uterine polys to send for histopathology and diagnosis, without this we will be unable to operate on cancer pts. There is no alternative location for tx in HB. | 10 | 5 | 5 | 6.3 |
| **Digital** | App-based service designed | Digital | Health Board Wide | Health Board Wide | £ 25,000 | **£ 5,752,315.55** | | **£ 2,927,753.00** | Creation of a service to the Health Board for the development and creation of its own Health Apps | 5 | 5 | 10 | 6.3 |
| **Digital** | Digital Hospital Blueprint | Digital | Health Board Wide | Health Board Wide | £ 250,000 | **£ 6,002,315.55** | | **£ 2,927,753.00** | Creation of the digital blurprint for the new hospital | 1 | 7 | 10 | 6.3 |
| **Equipment Replacement** | Replacement morcellator Handpiece (SC047) | Scheduled Care | Rheumatology | WGH | £ 7,194 | **£ 6,009,509.55** | | **£ 2,927,753.00** | If the one remain hand piece were to fail at the start of the operation during testing, this would mean that the operation would have to be converted to a TURP.<br><br>The risks for this are:<br><br>Higher risk of hypervolaemia<br>Higher risk of bleeding<br>Extended hospital stay<br>Higher risk of bladder perforation<br>Increased cost of the Loops and balls<br>Incomplete operation as TURP is not suitable for massive prostates so they may have to come back for a second session.<br><br>If the hand piece fails after we have removed the lobes from the prostate the risks are:<br><br>The patient may need an open cystostomy to remove the tissue<br>Increased procedure time and may need to come back for removal if anaesthetic not tolerated well.<br>Increased cost of the loop and balls.<br>Linked to CO59, although the sucess of this bid alone would allow the service to resume.<br>The aged control box breaking down would leave us in the same situation. | 5 | 5 | 10 | 6.3 |
| **Digital** | Digital Inclusion | Digital | Health Board Wide | Health Board Wide | £ 50,000 | **£ 6,059,509.55** | £ 50,000.00 | **£ 2,977,753.00** | Equipment to support Digital Inclusion in our communities | 1 | 7 | 10 | 6.3 |
| **Equipment Replacement** | EMG Machines (Neurophysiology) - Bid 1 | Scheduled Care | Neurophysiology | GGH | £ 50,283 | **£ 6,109,792.52** | | **£ 2,977,753.00** | Replacement of an existing EMG machine which is too old to allow service contract coverage. This is one of two machines currently available within the service, both of which require replacement.<br><br>The service is currently struggling to achieve its RTT target of seeing patient within 8 weeks and waiting lists continue to increase. A failure of this machine will reduce service capacity by 50%. Both of the existing units area showing signs of intermittent faults and this has resulted in a risk being placed on the corporate risk register.<br><br>The units allow the servise to support diagnostic test for other departments including Neurology, Rhuematology and Orthopaedics. A failure of the device would have a considerable impact on service continuity and performance<br><br>If an order is raised prior to 30th September then a 10% discount will be applied. | 9 | 5 | 5 | 6.0 |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Equipment Replacement** | Fibroscanner PPH | USC | Gastroenterology | PPH | £ 86,460 | **£ 6,196,252.52** | | **£ 2,977,753.00** | Replacement Fibroscanner for the unit currently out of action in PPH. This is considered a high priority for USC as the lack of an active device is creating a challenge for service continuity. Equipment is currently needing to be transported from Pembrokeshire to Carmarthenshire to allow the service to be maintained in the short term | 9 | 5 | 5 | 6.0 |
| **Digital** | Aternity Software | Finance | Digital | HB Wide | £ 250,000 | **£ 6,446,252.52** | | **£ 2,977,753.00** | End user experience monitoring solution to support improved troubleshooting fo performance issues and | 5 | 7 | 5 | 6.0 |
| **Statutory** | Cook Freeze - WGH | Facilities | Estates | WGH | | **£ 6,446,252.52** | £ 359,269 | **£ 2,977,753.00** | OVEN READY SCHEME<br>The purpose of this project capital bid is to for investment in the foodservice model within HDUHB. It is the intention of the Senior Estates & Facilities Management team to standardise the patient food service delivery system within HDUHB and introduce A Cook-Freeze service model across the HB to increase resilience & business continuity, improve staff sustainability. | 7 | 7 | 10 | 7.8 |
| **Digital** | Development of regional data lake | Digital | Health Board Wide | Health Board Wide | £ 145,000 | **£ 6,591,252.52** | | **£ 3,337,022.44** | Development of a regional data lake, in order to remove the data silos within the Health Board, Local Authorities, and the third sector | 3 | 5 | 10 | 5.8 |
| **Digital** | Improved use of systems / data to providing a social value lens on healthcare | Digital | Health Board Wide | Health Board Wide | £ 25,000 | **£ 6,616,252.52** | | **£ 3,337,022.44** | Improve the digital representation of "value" within the function | 3 | 5 | 10 | 5.8 |
| **Equipment Replacement** | Ultrasound Machine Samsung EVO machine (SC040), for foot and ankle clinics | Scheduled Care | Orthopaedics | PPH | £ 56,700 | **£ 6,672,952.52** | | **£ 3,337,022.44** | Reduced risk in misdiagnosis of patients with orthopaedic complaints affecting the lower leg | 8 | 5 | 5 | 5.8 |
| **Infrastructure** | Replacement of existing oil tanks | Facilities | Estates | WGH | £ 200,000 | **£ 6,872,952.52** | | **£ 3,337,022.44** | Existing oil tank infrastructure in poor condition / over capacity. Scheme feasibility developed. Budget cost subject to review. | 7 | 5 | 5 | 5.5 |
| **Infrastructure** | Flooring Replacement programme | Facilities | Estates | GGH | £ 100,000 | **£ 6,972,952.52** | | **£ 3,337,022.44** | To address prioritised flooring issues on site - Theatres / main circulation areas / catering flooring. | 7 | 5 | 5 | 5.5 |
| **Infrastructure** | Pembroke Dock HC New Fire Alarm System | Facilities | Estates | Pembroke Dock HC | £ 30,000 | **£ 7,002,952.52** | | **£ 3,337,022.44** | System at the site is no longer fitu for purpose and is constantly failing, this system will need to be replaced. | 7 | 5 | 5 | 5.5 |
| **Infrastructure** | Renewal of heating pipes within the ductwork | Facilities | Estates | BGH & HD | £ 40,000 | **£ 7,042,952.52** | | **£ 3,337,022.44** | Subject to a phased replacement programme | 7 | 5 | 5 | 5.5 |
| **Digital** | Storage (SAN) | Digital | Health Board Wide | Health Board Wide | £ 80,000 | **£ 7,122,952.52** | £ 80,000.00 | **£ 3,417,022.44** | Upgrade of On-Premise Storage Solutions | 7 | 5 | 5 | 5.5 |
| **Digital** | Windows AutiPilot / Cloud Management | Digital | Health Board Wide | Health Board Wide | £ 75,000 | **£ 7,197,952.52** | £ 75,000.00 | **£ 3,492,022.44** | Allows laptops to be set-up remotely, and therefore impove the ability of the digital team to assist the agile agenda | 7 | 5 | 5 | 5.5 |
| **Digital** | Absolute Software | Finance | Digital | HB Wide | £ 316,132 | **£ 7,514,084.52** | £ - | **£ 3,492,022.44** | Deployment of security and automated asset tracking software to all mobile devices across the organisation | 7 | 7 | 1 | 5.5 |
| **Statutory** | Cook Freeze - GGH | Facilities | Estates | GGH | | **£ 7,514,084.52** | £ 319,506 | **£ 3,811,528.71** | OVEN READY SCHEME<br>The purpose of this project capital bid is to for investment in the foodservice model within HDUHB. It is the intention of the Senior Estates & Facilities Management team to standardise the patient food service delivery system within HDUHB and introduce A Cook-Freeze service model across the HB to increase resilience & business continuity, improve staff sustainability. | 7 | 7 | 10 | 7.8 |
| **Infrastructure** | Upgrades to Lighting throughouth Cwm Seren Ward | Facilities | Estates | GGH | £ 200,000 | **£ 7,714,084.52** | | **£ 3,811,528.71** | The current light fittings have reached their end of life with many now failing, and when we attempt to repair them they end up falling apart due the light fittings being brittle. | 6 | 5 | 5 | 5.3 |
| **Equipment Replacement** | Replacement of cryostat | Pathology | Pathology | Pathology | £ 26,168 | **£ 7,740,252.52** | | **£ 3,811,528.71** | A new cryostat would would allow us to continue with the service provision of providing rapid diagnositic testing. The current model has lost some of its functionality, and a new model will allow us to operate at its full potential minimizing downtime and increasing efficiency. We could consequently maintain the cryostat to the required standards, thus maintaining/reducing turn around times and help to achieve ISO accreditation.<br>The present cryostat is 20 years and at the end of it usful life, failure to replace it and subsequent breakdown, will result in the loss of diagnostic tests provided by the histopatholgy laboratory, which will effect other departments and will have a direct result on patient care | 6 | 5 | 5 | 5.3 |
| **Digital** | Digital Signage | Digital | Health Board Wide | Health Board Wide | £ 75,000 | **£ 7,815,252.52** | £ 30,000.00 | **£ 3,841,528.71** | Modern Cloud Based Digital Signage Solutions | 1 | 5 | 10 | 5.3 |
| **Digital** | Business Intellengence Improvements | Digital | Health Board Wide | Health Board Wide | £ 45,000 | **£ 7,860,252.52** | | **£ 3,841,528.71** | Extend the use of Power BI within the Health Board | 5 | 3 | 10 | 5.3 |
| **Digital** | Capital Staff | Digital | Health Board Wide | Health Board Wide | £ 150,000 | **£ 8,010,252.52** | | **£ 3,841,528.71** | Capitalsed staff to ensure deliver of infrastructure proejcts are deliveed on time and with pace | 5 | 3 | 10 | 5.3 |
| **Infrastructure** | Roof Replacement (Fishguard) | Facilities | Estates | Fishguard | £ 55,000 | **£ 8,065,252.52** | £ 95,000 | **£ 3,936,528.71** | Roof at end of life / risk of water egress/quote available. On EFAb reserve list | 5 | 5 | 5 | 5.0 |
| **Infrastructure** | Remedial Works to Cladding Panels | Facilities | Estates | WGH | £ 20,000 | **£ 8,085,252.52** | | **£ 3,936,528.71** | Evidence of deterioration to external contrete panels - monies allocated to repair to reduce risk of falling debris / prolong life. | 5 | 5 | 5 | 5.0 |
| **Infrastructure** | Replacement of window seals | Facilities | Estates | BGH | £ 10,000 | **£ 8,095,252.52** | | **£ 3,936,528.71** | To replace window seals on the surgical blocks to prolong life / reduce water ingress issues | 5 | 5 | 5 | 5.0 |
| **Digital** | Analytics Support | Digital | Health Board Wide | Health Board Wide | £ 250,000 | **£ 8,345,252.52** | | **£ 3,936,528.71** | Analytics, Dashboards and Real Time Information | 5 | 5 | 5 | 5.0 |
| **Digital** | Robotics & Automation | Digital | Health Board Wide | Health Board Wide | £ 600,000 | **£ 8,945,252.52** | | **£ 3,936,528.71** | Pilot schemes to look at Health Benefits of Robotics | 5 | 5 | 5 | 5.0 |
| **Infrastructure** | Replacement of flooring to dishwash area | facilities | Estates | GGH | £ 100,000 | **£ 9,045,252.52** | | **£ 3,936,528.71** | Risk of an environmental health notice / poor condition | 4 | 5 | 5 | 4.8 |
| **Equipment Additional** | Purchase of a new Fibroscanner with CAP measurements | Substance Missuse | Hepatology | BGH | £ 84,075 | **£ 9,129,327.52** | | **£ 3,936,528.71** | "•The scanner is now out of commission and the probes need calibration but are also out of service commission.<br>•Pts requiring additional scans as clinician did not agree with the scores obtained. (Wasted clinical time)<br>•The CAP measurement will inform the progression of liver disease therefore dictating which patients can go back to primary care and which need to stay in secondary care. This will improve patient care and will be inline with prudent healthcare.<br>•Without a fibroscanner we will not meet NICE guidelines.<br>•The HB liver delivery plan dictates that all patients at risk of liver diseases should be scanned. Therefore not replacing a scanner would not only have massive ramifications upon the already annually screened 839 patients (active caseload off welshpass- possibly 30 of them are BBV screening), and of the 199 that have been referred since April for a fibroscan but would also prevent the delivery of the All Wales delivery plan. " | 5 | 2 | 10 | 4.8 |
| **Infrastructure** | Oxygen Supply Infrastructure Upgrade | Various | Various | BGH, WGH, PPH & SPH | £ 209,440 | **£ 9,338,767.52** | | **£ 3,936,528.71** | This is a clinical decision as linked to future demand need. Risk linked to demand and capacity issues of bulk oxygen supplies which would be exacerbated bya pandemic spike. | 3 | 5 | 5 | 4.5 |
| **Infrastructure** | Water Tank Pipework modification | Facilities | Estates | WGH | £ 25,000 | **£ 9,363,767.52** | | **£ 3,936,528.71** | To address water tank compliance defects issues. | 3 | 5 | 5 | 4.5 |
| **Statutory** | Emergency Lighting Compliance - Full Health Board Survey to establish compliance levels | Facilities | Estates | GGH, PPH, WGH, BGH | £ 20,000 | **£ 9,383,767.52** | | **£ 3,936,528.71** | 20k for detailed site by site survey to identify our compliance rating and need for furtehr dunding/remedial works or new systems for all areas. | 8 | 2 | 5 | 4.3 |
| **Statutory** | Cause & Affect Upgrades to BGH, PPH and GGH as part of Overall Firecode improvement works. | Facilities | Estates | BGH, PPH & GGH | £ 142,800 | **£ 9,526,567.52** | £ 142,800 | **£ 4,079,328.71** | Quotes received from Merlin Fire and SABA Consulting. This includes circa 15k of DLO recharge costs to support the scheme | 7 | 2 | 5 | 4.0 |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Equipment Additional** | Stryker Camera system (for orthopaedics) | Scheduled Care | Theatre | WGH | £ 3,699 | **£ 9,530,266.52** | | **£ 4,079,328.71** | Previous kit used in WGH is no longer manufacterer. Equipment is currently being borrowed from PPH but due to be returned when new Day Theatre opens. This will mean that WGH will be unable to perform this type of surgery.<br>The inability to carry out this tx in WGH will result in waiting times due to all pts having be seen in PPH.<br>On risk register also stating additonal risk in transportation of this equipment as it could get damaged. | 7 | 2 | 5 | 4.0 |
| **Equipment Additional** | Neptune Waste Management Programme | Scheduled Care | Theare | **PPH** | £ 21,600 | **£ 9,551,866.52** | | **£ 4,079,328.71** | When both Neptune rovers are currently in use in Theatre and are full, due to the increased urology lists along with Orthopaedic cases, they require to be taken to the docking station (in the sluice area) to be emptied.<br>This can take up to 10 minutes to be completed, which in the meantime the fluid in theatre will be building up and overflowing and not decanted into a suitable container, due to not having a spare rover.<br><br>Purchasing a new Neptune waste management sytem will ll will allow service to safely dispose of waste fluids thereby preventing fluids overflowing on to the theatre floor which could cause causing potential slips and trips. | 7 | 2 | 5 | 4.0 |
| **Digital** | Network Refresh (Community) | Digital | Health Board Wide | Health Board Wide | £ 200,000 | **£ 9,751,866.52** | £ 200,000.00 | **£ 4,279,328.71** | Replacement of local area network | 5 | 5 | 1 | 4.0 |
| **Digital** | Firewall Replacement | Digital | Health Board Wide | Health Board Wide | £ 50,000 | **£ 9,801,866.52** | £ 50,000.00 | **£ 4,329,328.71** | Firewall Replacement Programme | 5 | 5 | 1 | 4.0 |
| **Digital** | Printing Replacements | All | All | All Sites | £ 70,000 | **£ 9,871,866.52** | £ 70,000.00 | **£ 4,399,328.71** | General clinical printing replacement to support WCP | 5 | 5 | 1 | 4.0 |
| **Infrastructure** | Additional Costs to support the Atronica Cause and Effect upgrades at WBH as part of main C&E upgrade works. | Facilities | Compliance | WGH | £ 30,000 | **£ 9,901,866.52** | | **£ 4,399,328.71** | Additional costs assocated with closed protocal system includes 10k for additional heads. | 7 | 2 | 5 | 4.0 |
| **Infrastructure** | Additional fire alarm detectors - replacement programme for BGH | Facilities | Compliance | BGH | £ 40,000 | **£ 9,941,866.52** | | **£ 4,399,328.71** | Circa 800 new heads are required to address old system. Quotes available. | 7 | 2 | 5 | 4.0 |
| **Infrastructure** | Improvements to Drainage system Phased Work - Phase 3 | Facilities | Estates | GGH | £ 303,562 | **£ 10,245,428.52** | | **£ 4,399,328.71** | Funding to be subject to EAB bid for 2022/23. Investment urgently needed to identify issue and develop design solution and costs to address drainage risks on site. | 3 | 5 | 3 | 4.0 |
| **Statutory** | Lightning Protection Compliance | Facilities | Estates | GGH, PPH, WGH, BGH | £ 42,500 | **£ 10,287,928.52** | | **£ 4,399,328.71** | High risk remedial work and ongoing legislative testing of lightning Protection systems as per quotations | 7 | 2 | 5 | 4.0 |
| **Statutory** | Water Fittings Regulations Compliance | Facilities | Estates | GGH, PPH, WGH, BGH | £ 30,000 | **£ 10,317,928.52** | | **£ 4,399,328.71** | An estimated figure at this stage to consider priority infrastructure work that will be raised by Welsh Water as part of their compliance new audits (infringement notices) - Water Fittings Regulations for 202223. | 6 | 2 | 5 | 3.8 |
| **Statutory** | Upgrade of Automatic Doors | Facilities | Estates | GGH, PPH, WGH, BGH | £ 75,000 | **£ 10,392,928.52** | £ 75,000 | **£ 4,474,328.71** | 40k per site for infrastructure automatic door maintenance (equipment) to ensure ongoing operational resilience and continuity. | 5 | 2 | 5 | 3.5 |
| **Digital** | BECS – Bedside Entertainment & Communication System | Digital | Health Board Wide | Health Board Wide | £ 250,000 | **£ 10,642,928.52** | £ 250,000.00 | **£ 4,724,328.71** | Development and implementation of the bedside entertainment communication system | 1 | 1 | 10 | 3.3 |
| **Statutory** | F-Gas Compliance | Facilities | Estates | GGH, PPH, WGH, BGH | £ 40,000 | **£ 10,682,928.52** | | **£ 4,724,328.71** | 10k per site for legislative leak testing of components that utilise specific F-gas refrigerant. Quotes available | 4 | 2 | 5 | 3.3 |
| **Statutory** | Gas Safe Compliance | Facilities | Estates | BGH | £ 6,000 | **£ 10,688,928.52** | | **£ 4,724,328.71** | For external Gas Safe compliance work at BGH where the HB has no Gas Safe trained staff to undertake the testing requirements in accordance with Gas Safe Regulations. | 5 | 2 | 4 | 3.3 |
| **Equipment Replacement** | Bariatric Dental Chair | Community Dental Service- Elizabeth Williams Llanelli | Community Dental Service- Elizabeth Williams Llanelli | Community Dental Service- Elizabeth Williams Llanelli | £ 9,182 | **£ 10,698,110.52** | | **£ 4,724,328.71** | Long lead time for bariatric chairs | 3 | 2 | 5 | 3.0 |
| **Equipment Replacement** | Integrated Dental Chairs x 2 | Primary Care & Community | Primary Care | Dental Winch Lane | £ 55,909 | **£ 10,754,019.52** | | **£ 4,724,328.71** | The two dental chairs in the two surgeries in Winch Lane Health Centre were purchased in 2008 , neither meet infection control standards due to the material being ripped and split. They are a health and safety risk and do not meet current infection control procedures. The Chairs will need to be replaced or the number of clinical sessions provided from the site will be limited with an impact on waiting list times. The service wishes to increase the usage in WLHC to deliver the paediatric assessment service and provide sedations services. | 3 | 2 | 5 | 3.0 |
| **Statutory** | Upgrade Nurse Call System to 2No Wards | Facilities | Estates | WGH | £ 65,800 | **£ 10,819,819.52** | £ 80,000 | **£ 4,804,328.71** | Two ward areas will be addressed at circa 43k each plus costs | 3 | 2 | 5 | 3.0 |
| **Statutory** | ISO Compliance | Facilities | Estates | HB Wide | £ 50,000 | **£ 10,869,819.52** | | **£ 4,804,328.71** | To support the HB's ongoing environmental obligations in order to comply with regulations and continuity of ISO14001 standard. Steam Trap replacement programme - carbon, financial and maintenance saving; PV systems - Fireman Switch retorfit (impending IEE Regs/ shared service future guidance. | 3 | 2 | 5 | 3.0 |
| **Equipment Replacement** | EMG Machines (Neurophysiology) - Bid 2 | Scheduled Care | Neurophysiology | GGH | £ 24,241 | **£ 10,894,060.49** | | **£ 4,804,328.71** | This is an addition capital bid for a second EMG Machine. The first bid (relating to CO82) is for a purchase of a new EMG machine to replace the existing machine which is 14 years old and has been deemed too old for a service contract, along with a portable machine required for patients on the wards. The second EMG machine within the department frequently devolops a fault and is coming to the end of its shelf life within the department. Numerous concerns have been raised by the neorophysiology Consultant and Department Lead regarding the age and reliability of the EMG machines within the department. These concerns have been logged on the risk register and the situation in respect to reliable equipment needs to be addressed urgently | 2 | 2 | 5 | 2.8 |
| **Equipment Replacement** | Anetic Aid Opthalmic Trolley | Scheduled Care | Theatres | BGH | £ 8,439 | **£ 10,902,499.49** | | **£ 4,804,328.71** | This opthalmic trolley will benefit bot patients and surgeons during their surgery as it allows easier access to the patient as is more manouverable. This trolley would allow the Meera operating table currently being used to be used in a more appropriate environment. This would then mean that there would be one less operating table to be replaced at a saving of approximatley £35,000. | 3 | 1 | 5 | 2.5 |
| **Digital** | Wi-Fi Replacement | Digital | Health Board Wide | Health Board Wide | £ 75,000 | **£ 10,977,499.49** | £ 75,000.00 | **£ 4,879,328.71** | Replacement of Wi-Fi Controllers and Access Points | 3 | 1 | 5 | 2.5 |
| **Digital** | Mental Health Laptops | Finance | Digital | Mental Health | £ 31,800 | **£ 11,009,299.49** | £ - | **£ 4,879,328.71** | Additional laptops to support digitalisation of mental health services, access to clinical systems and remote working | 5 | 2 | 1 | 2.5 |
| **Equipment Replacement** | Replacement of paraffin tissue embedder | Pathology | Pathology | Pathology | £ 12,807 | **£ 11,022,106.41** | | **£ 4,879,328.71** | All departments which rely on histopathological results generated from tissue biopsies including Cancer Services.<br>This essential equipment impacts on diagnostic turnaround times, susoected cancer pathway targets | 4 | 2 | 1 | 2.3 |
| **Equipment Replacement** | EMG Machine (SC046) | Scheduled Care | GGH | GGH | £ 28,291 | **£ 11,050,397.01** | | **£ 4,879,328.71** | The purchase of a new EMG machine to replace the existing machine which is 14 years old and has been deemed too old for a service contract. | 2 | 2 | 1 | 1.8 |

| Category | Project | Directorate | Service / Ward / Dept | Site | DCP Capital Cost 23/24 £ | Cumulative total 23/24 | DCP Capital Cost 24/25 | Cumulative Total 24/25 | Comments/Notes/Narrative/benefits for context | Detrimental to Business Continity | Safety of Patients, Staff or Public | Impact and Reputation (incl. Patient Experience, Inspections, Audit reports) | Enhanced Score |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Equipment Additional** | 2 x Hamilton MR1 Ventilator | Scheduled Care | Theatres | GGH&PPH | £ 32,876 | **£ 11,083,272.77** | | **£ 4,879,328.71** | The HAMILTON-MR1 ventilator is a compact, high performance mobile ventilator with patient-adaptive modes that support advanced lung-protective strategies. It enablesf the transporting of ventilated patients to the MRI department (especially for PPH). It can be used with 1.5 Tesla and 3.0 Tesla static magnetic field scanners | 2 | 1 | 1 | 1.3 |
| **Equipment Replacement** | Bladder Scanners various (x2) Chris Hopkins list | USC | | LCH | £ 15,592 | **£ 11,098,864.77** | | **£ 4,879,328.71** | 30-60 day lead time. Age related. (AH - YE bid was for £10,312) | 2 | 1 | 1 | 1.3 |
| **Infrastructure/Digital** | Security & Access Control - PPH | Estates | Health & Safety | **PPH** | £ 148,657 | **£ 11,247,521.77** | | **£ 4,879,328.71** | Scheme is delivery of PO 3L: Review of existing security arrangements to address corporate risk around lack of access controls with security management. Split into 4 separate bids (by site) to assist with affordability. Updated DAF required to reflect cost indices and inflation | | | | 0.0 |
| **Infrastructure/Digital** | Security & Access Control - GGH | Estates | Health & Safety | **GGH** | | **£ 11,247,521.77** | £ 150,447 | **£ 5,029,775.71** | Scheme is delivery of PO 3L: Review of existing security arrangements to address corporate risk around lack of access controls with security management. Split into 4 separate bids (by site) to assist with affordability. Updated DAF required to reflect cost indices and inflation | | | | 0.0 |
| **Infrastructure/Digital** | Security & Access Control - WGH | Estates | Health & Safety | **WGH** | | **£ 11,247,521.77** | £ 64,049 | **£ 5,093,824.71** | Scheme is delivery of PO 3L: Review of existing security arrangements to address corporate risk around lack of access controls with security management. Split into 4 separate bids (by site) to assist with affordability. Updated DAF required to reflect cost indices and inflation | | | | 0.0 |
| **Infrastructure/Digital** | Security & Access Control - BGH | Estates | Health & Safety | **BGH** | | **£ 11,247,521.77** | £ 103,868 | **£ 5,197,692.71** | Scheme is delivery of PO 3L: Review of existing security arrangements to address corporate risk around lack of access controls with security management. Split into 4 separate bids (by site) to assist with affordability. Updated DAF required to reflect cost indices and inflation | | | | 0.0 |
| **Digital** | Desk / Room Booking / Meeting Rooms | Digital | Health Board Wide | Health Board Wide | £ 20,000 | **£ 11,267,521.77** | £ - | **£ 5,197,692.71** | Room booking panels | 1 | 1 | 1 | 1.0 |
| **Infrastructure** | Redecoration & Repl Flooring in 4 No Treatment Rooms and Staff Base incl replacement of Automatic Doors | Facilities | ED | GGH | £ - | **£ 11,267,521.77** | £ 52,501 | **£ 5,250,193.71** | Mop of of remaining bids submitted as part of ED improvements (Oct 22) | | | | 0.0 |
| **Infrastructure** | Upgrade changing rooms & nurse base, Roof replacement and affray system | Facilities | ED | WGH | £ - | **£ 11,267,521.77** | £ 21,600 | **£ 5,271,793.71** | Mop of of remaining bids submitted as part of ED improvements (Oct 22) | | | | 0.0 |
| **Infrastructure** | Refurb waiting area, replacement flooring, access system and UPS improvements | Facilities | ED | BGH | £ - | **£ 11,267,521.77** | £ 57,600 | **£ 5,329,393.71** | Mop of of remaining bids submitted as part of ED improvements (Oct 22) | | | | 0.0 |
| **Infrastructure** | Redecoration & repl flooring in 2 minors rooms incl replacement doors. LED lighting installation in minors. Redecoration and repl flooring in AMAU | Facilities | ED | PPH | £ - | **£ 11,267,521.77** | £ 42,120 | **£ 5,371,513.71** | Mop of of remaining bids submitted as part of ED improvements (Oct 22) | | | | 0.0 |
| **Infrastructure** | POL Enlli Ward | Facilities | MH | BGH | £ 250,000 | **£ 11,517,521.77** | £ 231,800 | **£ 5,603,313.71** | POL schemes revisited during the EFAB scoping Oct 22 | | | | 0.0 |
| **Infrastructure** | AHU ICU Upgrades | Facilities | Estates | BGH | £ - | **£ 11,517,521.77** | £ 100,005 | **£ 5,703,318.71** | Balancing figure required from DCP. Part award by EFAB | | | | 0.0 |
| **Equipment Replacement** | ICU beds, BGH 5, WGH 7, PPH 6 & GGH 18 | Scheduled Care | ICU | GGH / WGH / PPH / BGH | £ 288,000 | **£ 11,805,521.77** | | **£ 5,703,318.71** | Age related replacement requiring simultaneuos replacement | | | | 0.0 |
| **Equipment Replacement** | MeeraTheatre Tables (SC030) | Planned Care | Theatres | Theatres | £ 242,261 | **£ 12,047,783.17** | | **£ 5,703,318.71** | New bid received. On hold until review is undertaken. Email from Diane/Chris 22/10 refers. 5 of the operating tables being used within the Health Board are between 10 years and 29 years old and are in need of being replaced. | | | | 0.0 |
| **Equipment Replacement** | Regeneration trolleys for cooking patient meals | Facilities | Facilities | GGH | £ 40,276 | **£ 12,088,058.89** | | **£ 5,703,318.71** | To replace the current portable scanner for the maternity unit as the existing machine was found to provide unclear images that would be difficult to confidently report on, in the last quality assessment testing carried out 3rd June 2015 [see attached report | | | | 0.0 |
| **Equipment Additional** | Fetal Monitors- age related replacements (x17) | | | | | **£ 12,088,058.89** | | **£ 5,703,318.71** | | | | | 0.0 |
| **Equipment Additional** | Pharmacy Isolators | Pharmacy | Pharmacy | | £ - | **£ 12,088,058.89** | | **£ 5,703,318.71** | JPJ email 24/1/22 - Let me just check with Cerith (Technical Services Lead) as we are reviewing our WG bid for new aseptic unit. With radiopharmacy potentially being moved to provision from the new unit in Swansea this will free up space in unit and allow for a much scaled down upgrade to tide us over – this will include the replacement of an isolator so my feeling is that this isolator goes into a WG bid not local HB. The rescaled bid for WG (£10M down to £1M) is more likely to get funding this year (2022-23) and implemented. | | | | 0.0 |
| **Equipment Additional** | STORZ Rhino Laryngoscopes x 10 | Scheduled Care | ENT | PPH | £ 89,630 | **£ 12,177,689.29** | | **£ 5,703,318.71** | The purchase of ten STORZ rhino-laryngoscopes is required to ensure adequate review of ENT patients and accurate diagnosis for Head and Neck patients in Prince Philip Hospital (PPH). The additional scopes are required due to a revised decontamination process. These scopes were previously being decontamiated using Tristel Wipes, since COVID-19 this is no longer an option due to infection control policies.<br>Currently disposable scopes are being used at a cost of £120-200 each. They do not allow the high quality imaging, cancer and voice screening as well as image printing and capture available on the newly purchased stack systems. | | | | 0.0 |
| **Equipment Replacement** | Adult naso endscope | Scheduled Care | ENT | Aberaeron ICC | £ 17,242 | **£ 12,194,931.29** | | **£ 5,703,318.71** | The adult naso endocsope at Abereron Intergrated Care Centre has broken beyond repair. These scopes need to be avilable as an investigative tool for patients within an outpatient setting. These scopes are vital for the service to help meet the Minsiterial Measures. | | | | 0.0 |
| **Equipment Replacement** | Replacement of olympus stack system at PPH Endoscopy | Scheduled Care | Endoscopy | PPH | £ 152,036 | **£ 12,346,967.29** | | **£ 5,703,318.71** | | | | | 0.0 |
| **Equipment Replacement** | Ultrasound machine for Gynaecology & Sexual Health Aberwystwyth | W&C | Gynaecology | **BGH** | £ 55,200 | **£ 12,402,167.29** | | **£ 5,703,318.71** | Better image quality resulting in improved service provision, promoting clinical effectiveness and governance hence improving effeciency for a high quality service provision with improved patient throughput. Reducing multiple visits and earlier diagnosis will decrease the need for medical intervention leading to the need for inpatient admission hence improving bed utilisation. | | | | 0.0 |
| **Equipment Replacement** | Simulation Equipment | Medical Education | Medical Education | HB Wide | £ 76,000 | **£ 12,478,167.29** | | **£ 5,703,318.71** | For training rooms on all 4 sites | | | | 0.0 |
| **Equipment Replacement** | Replacement of Meile Dishwasher | BGH Site Management | In patient ward | BGH | £ 5,743 | **£ 12,483,910.29** | | **£ 5,703,318.71** | Risk reuction through infection prevention arising from contaminated food utensils on ward at BGH | | | | 0.0 |
| **Equipment Replacement** | 1 Ultrasound Systems | USC | Radiology | Bronglais | £ 84,000 | **£ 12,567,910.29** | | **£ 5,703,318.71** | Aged equipment replacements | | | | 0.0 |
| **Equipment Replacement** | 4 Ultrasound systems | USC | Radiology | Glangwili | £ 336,000 | **£ 12,903,910.29** | | **£ 5,703,318.71** | Aged equipment replacements | | | | 0.0 |

| Category | Project | Directorate | Service / Ward / Dept | Site | DCP Capital Cost 23/24 £ | Cumulative total 23/24 | DCP Capital Cost 24/25 | Cumulative Total 24/25 | Comments/Notes/Narrative/benefits for context | Detrimental to Business Continity | Safety of Patients, Staff or Public | Impact and Reputation (incl. Patient Experience, Inspections, Audit reports) | Enhanced Score |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Equipment Additional** | Hydrogen Peroxide Vapur Automated Room Decontamination System | Facilities | Held centrally | PPH & BGH | £ 35,000 | **£ 12,938,910.29** | | **£ 5,703,318.71** | Higher level of environmental decontaminaiton sporicidal activity to target C diff and MDRO. | | | | 0.0 |
| **Infrastructure** | EV Fleets | Facilities | Estates | Hbwide | £ 98,157 | **£ 13,037,067.29** | £ 239,568 | **£ 5,942,886.71** | | | | | 0.0 |
| **Infrastructure** | EE01 - Development of Midwifery led unit BGH | W&C | Midwifery | BGH | £ 40,200 | **£ 13,077,267.29** | | **£ 5,942,886.71** | The lack of a permanent birthing pool within the maternity service in BGH has been identified by Health Inspectorate Wales as an area for improvement. HIW have raised concerns that there are only inflatable pools available to birthing women within the unit. HIW have set this as an area for improvement. There is also an expectation by Welsh government that each health board in Wales offers the women using their service choice regarding the place of birth. Access to a permanent birthing pool housed in a Midwifery led room would offer women an additional choice of birth environment. This will effect both women in the Aberystwyth area but also women from Powys and Gwynedd. The placement of the permanent pool in the centre of the maternity unit would enable easy access for a second midwife to attend the birth or provide clinical support if necessary, this will enhance the ability to provide a safe service as it will improve communication between the team on duty. A bepsoke MLroom with a permanent pool will increase the appeal of the unit enabling an improved likelihood of achieving the Welsh government target of 45% women who start labour receiving midwifery led care. | | | | 0.0 |
| **Infrastructure** | Llandovery MIU & Canopy - Design Fees | | | LCH | £ 20,000 | **£ 13,097,267.29** | | **£ 5,942,886.71** | | | | | 0.0 |
| **Infrastructure** | External Grounds (Access roads / pavements) Phase 1 | Estates | TBC | PPH | £ 60,000 | **£ 13,157,267.29** | £ 68,310 | **£ 6,011,196.71** | Added from EFAB meeting | | | | 0.0 |
| **Digital - Statutory** | Patient Administration System | Sarah Welsby | Community Dental | HBW | £ 107,520 | **£ 13,264,787.29** | | **£ 6,011,196.71** | Current clinical system defunct from April 2022, it will be out of license & no longer be supported. Current system does not provide an understanding of case load, case mix or waiting list demand. A new system would allow reporting mechanisms to be put in place to improve the quality of reporting, monitor productivity and improve accessibility to the service for vulnerable patients. Current system does not allow NHS number to be used as an identifier which is requirement from next year. | | | | 0.0 |
| **Infrastructure** | Lift Shaft Remedial Works | Facilities | Estates | BGH | £ 100,000 | **£ 13,364,787.29** | £ - | **£ 6,011,196.71** | | | | | 0.0 |
| **Infrastructure** | External Grounds Phase 2 | Estates | TBC | | £ 300,000 | **£ 13,664,787.29** | | **£ 6,011,196.71** | Added from EFAB meeting | | | | 0.0 |
| **Infrastructure** | Medical Air Installation at Ward 4 | Facilities | Estates | WGH | £ 139,753 | **£ 13,804,540.29** | | **£ 6,011,196.71** | Urgent infrastructure upgrade needed to the system to meet future clinical need. Check needed on this one as to where it is needed or not. | | | | 0.0 |
| **Infrastructure** | Lift Replacement BGH | Facilities | Estates | BGH | £ 496,200 | **£ 14,300,740.29** | | **£ 6,011,196.71** | Risk of further significant disruption to hospital activity. Major disruption caused to clinical service in 2019. | | | | 0.0 |
| **Digital** | Artificial Intelligencen Training Resource - Donning and Doffing IT Capital Cost | Nursing | Clinical areas | GGH, S Pembrokeshire, Ceredigion Community | £ 30,000 | **£ 14,330,740.29** | | **£ 6,011,196.71** | Abilty to train larger number of staff with less human reosurce - making training accessible 24/7. IPC & Staff H&S | | | | 0.0 |
| **Infrastructure** | Office, Morlais Ward, Carmarthen | MH&LD | CAMHS | GGH | £ 75,387 | **£ 14,406,126.93** | | **£ 6,011,196.71** | Increasing need for additional space following CAMHS Crisis Assessment Treatment Team moving to 24/7 operating hours, which requires service to be delivered from one site, reducing lone working and ensure sustainability of core service delivery. The scheme will repurpose the large unused office space at the front of the building to increase clinical environments on site. | | | | 0.0 |
| **Infrastructure** | Water tanks GGH | Facilities | Estates | GGH | | **£ 14,406,126.93** | | **£ 6,011,196.71** | New risk around seals giving way on the tanks | | | | 0.0 |
| **Digital** | Baby Tagging (NOT EQUIPMENT) | W&C | Paediatrics | BGH | £ 27,180 | **£ 14,433,306.93** | | **£ 6,011,196.71** | It is essential to have a security system to prevent baby abduction.The current system will no longer be available in 18 months , the cost of transfering to the updated wifi system offered by Stanley Healthcare is prohibitive. Migration to the Xtag patient monitoring system supplied by Active Tagging limited is cost effective, saving in excess of £40,000. It will also bring BGH onto the same security system provided in GGH maternity service ensuring equity of security with HDUHB Maternity service. | | | | 0.0 |
| **Digital** | Digital Transformation | All Areas | All Depts | All Sites | £ 250,000 | **£ 14,683,306.93** | | **£ 6,011,196.71** | Digital Transformation | | | | 0.0 |
| **Equipment Replacement** | Endoscopy balance | | | | £ 1,200,000 | **£ 15,883,306.93** | | **£ 6,011,196.71** | | | | | 0.0 |
| **Equipment Additional** | Ultra Violet Static Units in Isolation Units | Facilities | A&E BGH & ITU GGH | Isolation Room installation | £ 11,000 | **£ 15,894,306.93** | | **£ 6,011,196.71** | Higher level of environmental decontaminaiton. Timesaving/working resource efficiency. | | | | 0.0 |

# Improving Together Framework

February 2023

## Contents

## 1. Introduction

The 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 with the ultimate aim of improving outcomes for our patients, staff, visitors and those living within Hywel Dda. 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 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. Examples of improvement tools can be found via this link.
- **Adopt and share:** Learn and share ideas and initiatives.

Further information on the Improving Together Framework can be found on the intranet site.

A key enabler to performance improvement is our data. We can use our data to take positive action to improve. The Improving Together is therefore supported by the following main dashboards:

- **"Our Performance"** dashboard brings together performance, activity, quality, workforce, risk and finance information. This allows for rapid triangulation of data. The dashboard can be accessed here.
- **"Our Safety"** dashboard helps to identify potential patient safety issues, triangulate data at an operational level, support deep dives, compare directorates, services and wards/teams and identify any concerning outliers. The dashboard can be accessed here.
- The **Integrated Performance Assurance Report (IPAR)** dashboard is updated monthly and can be accessed through our monitoring our performance internet page.
- The **Board Assurance Framework (BAF)** dashboard which outlines the key outcomes and proxy indicators aligned to each strategic objective. This can be accessed through the Board meeting papers
- Improvement tools can be accessed via the **Improving Together Intranet Site.**

## 1. Introduction

Following its implementation, the framework will support the Health Board to:

1. Provide clarity on the performance improvement arrangements and roles and responsibilities at all levels within the Health Board
2. Assess performance against key metrics and trajectories. Areas where the Health Board must deliver improvement are outlined in the NHS Wales Performance Framework and Planning Framework.
3. Focus resources and improvement efforts in required areas to enable us to achieve our objectives.
4. Provide alignment between performance, value, activity, quality, workforce, risk management and finance to identify areas of improvement
5. Use our data to allow for early and rapid triangulation and resolution of issues from a variety of sources, including quality data, patient and staff feedback
6. Provide an opportunity to listen and learn from teams throughout the organisation and identify key steps to enact change to improve our services and patient experience

| | |
|---|---|
| **Executive Owner:** | Executive lead for performance |
| **Owning Group:** | Strategic Development and Operational Committee (SDOC) |

## 2. Performance improvement arrangements

The table below shows a summary of the key performance improvement arrangements at each level in the organisation.

| Level | Purpose | KPIs | Meeting Frequency | Supporting tools |
|---|---|---|---|---|
| **Board & Committees** | **Board Assurance Framework (BAF):** Monitor progress against our Strategic Objectives through the BAF | Board outcomes and proxy measures | 3 times a year | BAF Dashboard |
| | **IPAR:** Review the Integrated Performance Assurance Report (IPAR) | Key nationally and locally agreed performance indicators | Monthly, alternating between Committee and Board | IPAR Dashboard |
| **Executive Team (ET)** | **BAF**: Review BAF and agree actions to ensure we continue to turn the dials on the BAF | Board outcomes and proxy measures Principal risks | Three times a year | BAF Dashboard |
| **Directorates** | **Directorate Improving Together Session:** Monitor progress against key priorities for directorates and areas of concern | Ministerial priorities and KPIs set by Directorate | Dependent on agreed monitoring arrangements | 'Our Performance' dashboard and 'Our Safety' dashboard |
| **Team / individual** | Targets agreed as part of team discussions and the appraisal process | Locally agreed and aligned to directorate priorities | Set by team | 'Our Performance' dashboard and 'Our Safety' dashboard |

Further information on each can be found on the next pages.

## 2a. Performance improvement arrangements: Board and Committees

### Board

The Board has overall oversight of the Health Board's performance.

- The **Board Assurance Framework** outlines the key outcomes and proxy indicators that we are trying to achieve as a Health Board. They provide an understanding of whether our actions as a Health Board are having the desired impact on the Strategic Objectives. The Board Assurance Framework is presented to Board three times a year.

- The Board and key committees also review the **Integrated Performance Assurance Report (IPAR)** monthly, alternating between Committee and Board. The IPAR outlines our performance against key national and locally agreed performance indicators. The national performance indicators are outlined in the NHS Wales Performance Framework: NHS Wales performance framework 2022 to 2023 | GOV.WALES

### Committees

- Committees hold a governance/assurance role on behalf of the Board, and pull out areas of concern which need to be drawn to the Board's attention. This includes critical areas which affect the Board's role to provide safe and cost-effective healthcare for its population and the Board's reputation.

## 2b. Performance improvement arrangements: Executive Team

**Board Assurance Framework (BAF)**

- The Executive team will review the BAF prior to Board meetings. This will provide an opportunity to consider the key data presented in the BAF and have a discussion around what actions need to be implemented to drive us forward on our journey to our Strategic Objectives. The following will be discussed as part of the review:

    - Measures: Look at measures to decide if they are moving in the right direction. Consider whether they are the right measures and whether there are any new ones to incorporate or any to enhance
    - Principal Risks: Review and consider the risks and their mitigation
    - Discuss the need for further planning objectives to address any matters arising from the measure or risk discussion, to ensure we continue to turn the dials in the BAF

The Executive Team may also request performance updates on any matters of strategic significance and identify actions for improvement. They may also allocate additional support where required.

## 2c. Performance improvement arrangements: Directorates

**Directorate Improving Together Session**

These sessions will focus on the following:

- A recap of the team's vision, goals and the key areas for improvement and trajectories
- An overview of the improvement programmes underway, what is working well and any issues / challenges that need to be addressed (including resource requirements)
- A coaching discussion to explore any concerns / issues service leads or corporate teams may have relating to quality, performance, risk, workforce, planning, and finance for a directorate (see table on next page). The data to inform this element of the discussion will be provided by "Our performance", "Our safety" and IPAR dashboards. Planning objective information will be available within PACE.
- Agree any actions and any support required. If additional support is required, then this will be discussed with Executive colleagues to agree actions and support within the meeting and if necessary a referral Executive Team.
- At the end of the meeting a discussion will be held to determine the frequency of the Improving Together session with each directorate. These will be determined based on the level of support deemed appropriate to ensure timely improvement on key issues.

A meeting / huddle crib sheet can be seen in appendix II

- The meetings will be used to inform IQPD, JET and any escalation meetings.
- Existing finance, performance and planning meetings will be analysed to streamline meetings, reduce duplication and therefore the burden on staff.

## 2c. Performance improvement arrangements: Directorates

The management metrics listed below should be monitored and managed within the relevant team and directorate. If the directorate or a team are concerned with any of their performance, workforce, quality, finance, risk, audit and inspections or planning data, they can raise or escalate any concerns to the Directorate Improving Together session. If a directorate is considerably away from the national / Health Board target for any of the metrics, improvement trajectories should be set by the relevant directorate and monitored accordingly.

| | Areas for consideration | National / Health Board metric and target | |
|---|---|---|---|
| Performance | Performance against trajectories for WG ministerial measures and BAF proxy measures | Improvement trajectories for Welsh Government's ministerial measures established and delivering in line with trajectory month on month | See the Integrated Performance Assurance Report (IPAR) for further details |
| Workforce | Workforce metrics inc. staff feedback | % Staff sickness absence rate | 4.79% |
| | | % Staff who have had an appraisal in the previous 12 months | 85% |
| | | % Staff completing level 1 competencies of the Core Skills and Training Framework | 85% |
| | | % Consultants and SAS doctors with a current job plan (updated in the previous 12 months) | 90% |
| | | Agency spend as a % of the total bill | 4.79% |
| Quality | Quality metrics within target | Number of incidents found to have caused moderate, severe or catastrophic harm after investigation | Reduction |
| | | % Complaints receiving a regulated reply within 30 working days from the date received | 75% |
| Finance | Agreement and progress made towards a finance improvement trajectory | Manage spend within allocated budget | Allocated budget |
| Risk, audits and inspections | Timely review of risk, audit and inspection actions | Risks above tolerance | Clear actions described and being progressed to reduce risk score to agreed tolerance |
| | | Assigned actions from audits and inspections | Progressed in a timely manner |
| Planning | Alignment of plans between operations, workforce and finance | Planning objective actions | On track |

## 2e. Performance improvement arrangements: Team / Individual

Each directorate and team will be responsible for considering their own performance, demand and capacity and setting future trajectories to identify opportunities for improvement.

Improving together provides a framework and some practical tools to help guide and support teams to establish their own performance improvement arrangements. The elements of Improving Together can be seen in the table below. The table also poses some key questions that you might like to consider.

'Our Performance' dashboard will help support the provision of data. Directorates can escalate any issues to the Directorate Improving Together Session. Once a directorate has agreed their key ambitions for the year, these should be cascaded down into team and individual objectives.

| Improving Together - elements | | Key questions |
|---|---|---|
| 1. Vision & improvement measures | Agreeing the team's one shared vision, goals and improvement measures, aligned to the strategic objectives and relevant standards | • Are you aware of the Health Board's strategic objectives?<br>• Do you have team objectives and do you understand how your team objectives link with this vision? |
| 2. Information centres | Central point to display the teams' improvement measures, data, intelligence, progress and successes | • Do you have team improvement measures?<br>• Is the performance against the measures accessible for you and the team?<br>• Do you know how you are preforming in your area and whether you are improving? |
| 3. Improvement huddles | Opportunity for teams to come together to discuss their information in an effective way | • Do you have an opportunity to get together with your team to discuss your information (e.g. huddles)?<br>• Do you discuss improvement opportunities?<br>• Are you encouraged to suggest better ways of working?<br>• Do you have a way to raise or escalate issues / concerns? |
| 4. Problem Solving | Standard approach to problem solving and creating the problem solving mindset. Teams will be able to access tools and support when required. | • Do you have the freedom to make small changes that improve the way the service or department do things?<br>• Do you know how to access any improvement tools or support? |
| 5. Adopt & share | Identify and develop a common approach to how we can adapt, adopt and share good practice in a systematic way. | • Do you have anywhere to share/promote the changes/improvements you have made?<br>• How do you share successes with colleagues in other parts of the Health Board?<br>• Are you able to access best practice from elsewhere?<br>• Is there a standard process for completing tasks? |

## 3. Responsibilities

### Chief Executive

The Chief Executive Officer is responsible for the management of the organisation including ensuring that financial and quality of service responsibilities are achieved within available resources and identifying opportunities for improvement and ensuring those opportunities are taken.

### Executive Team

The Director of Finance is the executive lead for performance, supported by the Director of Nursing, Medical Director and the Director of Therapies and Health Science in relation to clinical matters and quality. The Director of Finance is the named Executive Director with responsibility for establishing and managing the Performance Framework.

Each executive is responsible for delivering their performance targets within their respective directorates. They will also chair their own Directorate Improving Together Session(s). These sessions will be supported by the following Executives:

- Director of Finance (Executive lead for Performance and Digital)
- Director of Nursing, Quality and Patient Experience
- Director of Workforce and OD
- Director of Strategic Development and Operational Planning
- Director of Corporate Governance / Board Secretary

Other Executives maybe asked to attend directorate improving together sessions if required.

All Executives will be asked to attend the monthly assessments of the key in year annual plan delivery commitments.

### Corporate Performance Team

The data for the Directorate Improving Together meetings will be provided via “Our Performance” dashboards. Additional management information may be required and this will be co-ordinated by the Corporate Performance Team.

### Senior Management

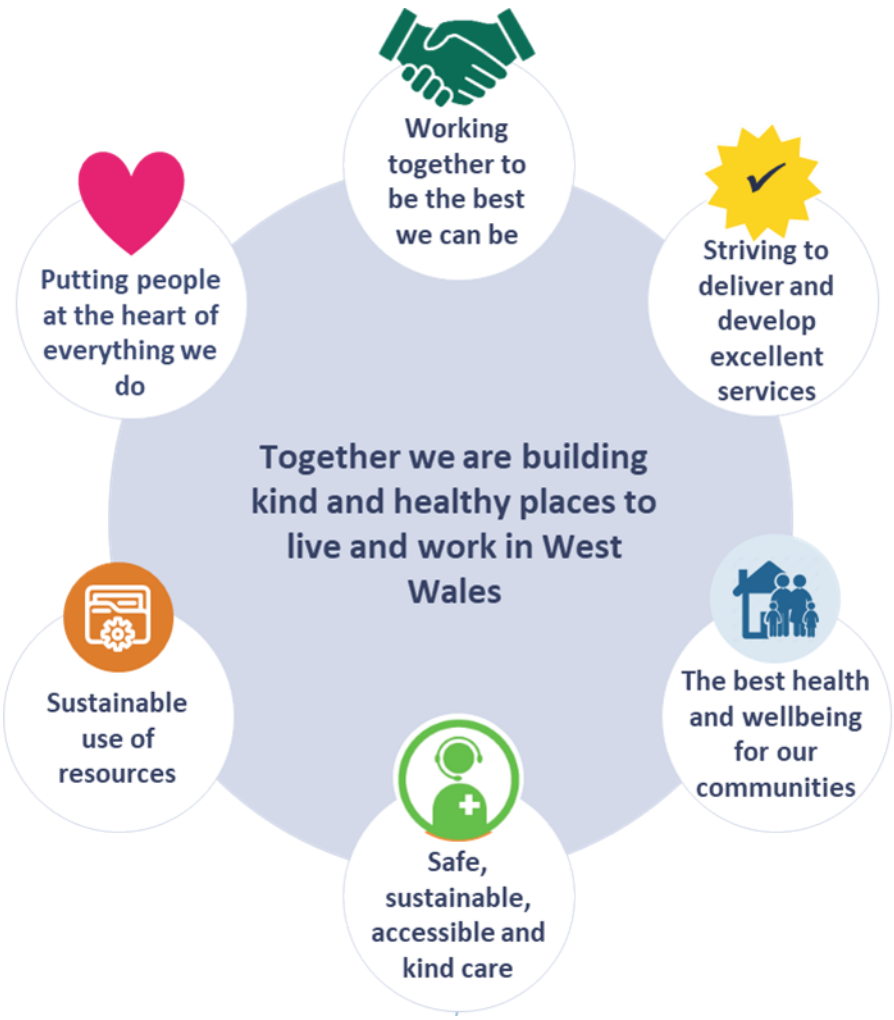
All senior managers within each directorate will be responsible for considering their own “Our Performance” dashboards and putting in place appropriate performance improvement arrangements to review the data, trajectories and identify opportunities for improvement.

SROs for key change programmes within the organisation will be invited to attend, relevant monthly assessments of the key in year annual plan delivery commitments to ensure clarity on delivery.

### All staff

This framework applies to all managers working within the Health Board. Managers at all levels within the Health Board must take an active lead to review their performance and implement improvement actions when needed. All staff members have a role to play in performance improvement and identifying opportunities for improvement. Staff need to work together to improve services, outcomes and health for patients, staff and the people living within Hywel Dda.

## 4. Appendix I: Strategic Objectives



# Meeting / huddle crib sheet

## Questions

**Reflections**
- How did our actions go?
- Were they successful?
- What impact has it made on performance?
- Did we achieve our outcome?
- What have we learnt?

**Today's meeting**
- What is happening right now?
- What choices do we have?
- What actions will we take?
- What support do we need if any?
- What will be the focus for the next period?

## Agreeing actions & escalation

- Agree priorities, confirm actions, owners and dates
- Escalation: agree issues to be escalated and feedback from previous escalations

| New action / Improvement project | Owner | Date due | Update |
|---|---|---|---|
| 1 | | | |
| 2 | | | |

## Reflection

Reflect on the effectiveness of this meeting:
- What went well?
- What didn't go so well?
- What do we need to do differently at the next meeting?
- Thank everyone for their input and close the meeting

**Tips:**

- Highlight problems quickly
- Make problems visible
- Act with humility – being open to change and improve
- Blame the process, not the people
- Work together
- Tackle the root cause