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Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Date **01/05/2025**  
Time **1:30 PM - 4:00 PM**  
Location **Microsoft Teams Meeting**

# Stakeholder Reference Group Meeting (Virtual)

Stakeholder Reference Group

NHS Wales

## Agenda - 1 May 2025

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### 1 Governance

1:30 PM, 0 min

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#### 1.1 Welcome and Apologies

1:30 PM, 3 min  
*Chair*

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#### 1.2 Declaration of Interests

1:33 PM, 0 min  
*All*

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#### 1.3 Minutes of Stakeholder Reference Group Meeting on 14 February 2025

1:33 PM, 2 min  
*Chair*

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### 2 Our Services

1:35 PM, 0 min

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#### 2.1 Current and Future Planned Consultations and Engagement Update

1:35 PM, 20 min  
*Alwena Hughes Moakes (Hywel Dda UHB - Communications and Engagement Director),  
Nichola Couceiro (Hywel Dda UHB - Head of Engagement)*

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### 3 Our Communities

1:55 PM, 0 min

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#### 3.1 Clinical Services Plan

1:55 PM, 30 min  
*Alexander Martin (Hywel Dda UHB - Principal Programme Manager)*

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#### 3.2 Prince Phillip Hospital MIU

2:25 PM, 30 min  
*Nichola Couceiro (Hywel Dda UHB - Head of Engagement), Alexander Martin (Hywel Dda UHB - Principal Programme Manager)*

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**3.3**            **Waiting List Support**

2:55 PM, 30 min

*Mandy Davies (Hywel Dda UHB - Assistant Director of Nursing & Quality Improvement),  
Marilize Preez (Hywel Dda UHB - Improvement and Transformation Lead)*

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**4**                **For Information**

3:25 PM, 0 min

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**4.1**            **Integrated Performance Assurance Report (IPAR)**

3:25 PM, 5 min

*Chair*

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**4.2**            **Board Update Report**

3:30 PM, 5 min

*Chair*

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**4.3**            **Stakeholder Reference Group Work Plan 2024-25**

3:35 PM, 5 min

*Chair*

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**5**                **Reflective Session**

3:40 PM, 10 min

*Chair*

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**6**                **Any Other Business**

3:50 PM, 5 min

# Table of contents

01/05/2025 1:30 PM - 4:00 PM

---

1 - Governance	6
<hr/>	
1.1 - Welcome and Apologies	7
<hr/>	
1.2 - Declaration of Interests	8
<hr/>	
1.3 - Minutes of Stakeholder Reference Group Meeting on 14 February 2025	9
<hr/>	
<b>Attachments</b>	
2025-02-13 - Stakeholder Reference Group - Minutes	10
2 - Our Services	20
<hr/>	
2.1 - Current and Future Planned Consultations and Engagement Update	21
<hr/>	
<b>Attachments</b>	
SRG engagement slides - May 2025	22
3 - Our Communities	29
<hr/>	
3.1 - Clinical Services Plan	30
<hr/>	
<b>Attachments</b>	
Clinical Services Plan 1 - SRG - 01MAY2025	31
3.2 - Prince Phillip Hospital MIU	41
<hr/>	
<b>Attachments</b>	
SRG PPH MIU presentation - May 2025 Final	42

3.3 - Waiting List Support	55
<hr/>	
<b>Attachments</b>	
WLSS update SRG April 2025	56
4 - For Information	83
<hr/>	
4.1 - Integrated Performance Assurance Report (IPAR)	84
<hr/>	
<b>Attachments</b>	
Integrated Performance Report	85
4.2 - Board Update Report	120
<hr/>	
<b>Attachments</b>	
SRG Update to Board February 25	121
4.3 - Stakeholder Reference Group Work Plan 2024-25	123
<hr/>	
<b>Attachments</b>	
Stakeholder Reference Group Workplan 2025-26	124
5 - Reflective Session	129
<hr/>	
6 - Any Other Business	130
<hr/>	

1

1:30 PM, 0 Mins

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1 - Governance

1.1

1:30 PM, 3 Mins

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1.1 - Welcome and Apologies

*Chair*

1.2

1:33 PM, 0 Mins

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1.2 - Declaration of Interests

*All*

1.3

1:33 PM, 2 Mins

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1.3 - Minutes of Stakeholder Reference Group Meeting on 14 February 2025

*Chair*

| For approval

**Attachments**

[2025-02-13 - Stakeholder Reference Group - Minutes.pdf](#)

## MINUTES OF THE Stakeholder Reference Group MEETING

Date of Meeting: **13:30, Thursday 13 February 2025**  
 Venue: **Microsoft Teams Meeting/ Tudor House Meeting Room,  
 Tudor House, St. David's Park, Carmarthen SA31 3HB**

Present:	Chesca Ross Alwena Hughes Moakes	Third Sector CAVO/CAVS/PAVS <i>Vice Chair</i> Hywel Dda UHB - Communications and Engagement Director
	Nichola Couceiro Ardiana Gjini	Hywel Dda UHB - Head of Engagement Hywel Dda UHB - Executive Director of Public Health
	Rhonwen Jones Tegryn Jones Cllr Anne McCreary Cllr Shan Williams Jacky Jones Mandy Dean Leanda Wynn Cllr Harvard Hughes Clare James Rhodri Evans	Welsh Ambulance Service NHS Trust Public Service Board – Pembrokeshire Un Llais Cymru/One Voice Wales (Ceredigion) Un Llais – Pembrokeshire Independent Sector Carer Representative – Ceredigion Llais Citizen's voice Un Llais – Carmarthenshire Head of Corporate Governance Hywel Dda UHB - Independent Member
In Attendance:	Tracy Walmsley  Anna Bird Carolyn Williams  Trina Nealon Rhian Bond  Ruth Poynting	(Hywel Dda UHB - Assistant Director of People Planning) (Hywel Dda UHB – Strategic Partnerships) (Hywel Dda UHB - Head of Digital Innovation & Transformation) (Hywel Dda UHB - Principal Public Health Officer) (Hywel Dda UHB - Assistant Director of Primary Care) Hywel Dda UHB - Committee Services Officer <i>Secretariat</i>
Apologies:	Jeremy Hockridge Geraint Thomas Gabiella Walsh Nigel Clark Linda Parton Iwan Thomas Kate Harrop Linda Jones Andrea Edwards	Patient Representative – Carmarthenshire Fire and Rescue Siarad Iechyd – Ceredigion Patient Representative - Pembrokeshire Siarad Iechyd – Carmarthenshire Hywel Dda UHB - Independent Board Member Public Service Board – Carmarthenshire West Wales Care Partnership Mental Health

Alison Harries	Carer Representative – Carmarthenshire
Eleri Jenkins	Housing Association
Gillian Perry	Natural Resources Wales
Hayley Edwards	Armed Forces
Suzanne Gainard	Citizens Advice
Tim Tilbrook	Siarad Iechyd – Pembrokeshire
Timothy Bray	Public service – Ceredigion

<b>Minutes Item Ref.</b>	<b>Action</b>
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**SRG(24)62 Welcome and Apologies**

Ms Chesca Ross welcomed everyone present at the meeting and apologies were noted as above.

**SRG(24)63 Declaration of Interests**

There were no declarations of interest.

**SRG(24)64 Minutes of Stakeholder Reference Group Meeting on 5 November 2024**

The minutes of the Stakeholder Reference Group meeting were discussed and APPROVED as an accurate record.

**Decision:** The Stakeholder Reference Group APPROVED the minutes of the meeting held on 5 November 2024.

**SRG(24)65 Table of Actions**

Following the presentation of the Social Model for Health and Wellbeing (SMfHW) action SRG (24)40 will be closed.

**Decision:** The Stakeholder Reference Group NOTED the Table of Actions.

**SRG(24)66 Workforce Update**

Ms Tracey Walmsley and Ms Anna Bird introduced themselves and shared a video showcasing an overview of the work undertaken by the Workforce and Organisational Development Directorate in 2024.

This included work on:

- Diversity and Inclusion, including improved Equality Impact Assessments (EqIAs);
- Partnerships for Vulnerable Groups such as patients with sensory loss and increased membership of the British Sign Language (BSL) club.
- Working with carers both within the Health Board and those involved in hospital discharges.
- Maintaining processes such as responding to Freedom of Information requests with the Workforce Business Support Team.
- Leadership Development.
- Research, Innovation and Improvement, including research into patient discharges.

- The 'Speak Up' agenda, encouraging staff to make their voices heard.
- Mandatory training compliance and the launch of a fully digital Higher Award and Study Leave Process.
- The 'Grow Your Own Team' process which includes the delivery of four new diplomas and a newly developed band 2-4 development programme.
- Facilitating Objective Structured Clinical Examination for internationally educated nurses.
- The Apprenticeship Academy.
- School Engagement and Work Experience.
- Engagement with and recognition of volunteers within the Health Board.
- Support for the Legal and Risk teams.
- Recruitment, including the reduction of Agency staff.
- Job Evaluation.
- Engagement on Psychological Wellbeing.
- Occupational Health and improved vaccination uptake.
- Improvements to roster management.
- Partnerships with Trade Union colleagues.

Ms Walmsley introduced the People Regeneration Framework and informed the group that the six areas identified under the framework have received updated names, changing from 'Buy, Build, Borrow, Bind, Bounce and Boost' to 'Resource and Replenish, Redevelop and Reskill, Reposition and Renew, Retain and Reward, Resolve and Revive, and Rediscover and Reinvent.'

Population projections for the next 15 years show a decrease in the number of school leavers across Wales, meaning significant work will be needed to fill vacancies with a smaller number of people available to work over the next 20 to 30 years.

Work is ongoing to address this challenge, including recruitment of Internationally Educated Nurses and research into how technology can support the workforce.

The Workforce team have worked with a number of services covering 75 individual areas and are in the process of collating these into group plans based on the electoral staff system. A Primary Care Workforce planner has been appointed to support this work.

There are approximately 100 vacancies in the acute Medical Workforce and 247 trainees in the Health Board. Different models are being explored for Acute and Primary Care.

Mr Tegryn Jones noted that recruitment challenges are being faced across Public Sector Organisations. Ms Walmsley agreed and added that the Health Board is keen to explore joint public planning.

**Decision:** The Stakeholder Reference Group NOTED the Workforce Update.

Ms Ross introduced Ms Nichola Couceiro as the new Head of Engagement for HDdUHB.

Ms Couceiro shared a presentation and informed the group of the following engagement activities that have taken place over the last quarter.

A decision was taken at a Public Board meeting in September 2024 to temporarily reduce the available hours of the Minor Injuries Unit (MIU) in Prince Phillip Hospital (PPH) meaning that the unit is no longer a 24/7 service and is instead available from 08:00 to 20:00, seven days a week. This came into effect in November 2024 for a six month period. During this time the Health Board has worked with staff and members of the local community to develop options for the future of the service. As part of the options development process several stakeholders, local community members, and partner organisations are being engaged. Further review and a decision on whether the closure will continue will take place at the Public Board meeting on 27 March 2025.

At a Public Board meeting in January a proposed timeline for public consultation was agreed for the Clinical Services Plan (CSP). This will commence at the end of May 2025 for a 12 week period. As part of the consultation process the Health Board will engage with members of the public, staff, Health Board partners and other stakeholders across the three counties.

Ms Alwena Hughes Moakes added that the CEO and Chair of the Health Board attended a public meeting for 'Protect Bronglais Services' which engaged the local community around the Stroke services that can be delivered in the future as part of the CSP.

The Bronglais Cancer Treatment Day Unit (CDU) has been commissioned to deliver a new unit for anti-cancer therapy in Aberystwyth. Fundraising activity has taken place, and a survey was sent out to capture feedback from the public, staff and stakeholders. While responses to the survey were limited, the answers indicated that the project was looking good but taking longer than expected. The official opening of the unit, including an open day for members of the public, is planned to take place on 10 May 2025.

A Communication and Engagement Sub Group has been set up for the Fishguard Health and Wellbeing Centre project with a stakeholder map and an Engagement Plan.

Pembrokeshire Association of Voluntary Services (PAVS) has employed a team of consultants to carry out engagement with the area served by the integrated health and wellbeing hub in Fishguard.

HDdUHB was also represented at the 'Keep Well' event in Goodwick in November 2024 where there was a good discussion with local communities and partners.

Engagement has continued with various groups and individuals across the country including Veteran drop ins, homeless and vulnerably housed drop

ins, smoking cessation referrals, and engagement events in Mosques in Milford Haven and Aberystwyth.

Future planned engagement includes:

- Further engagement around PPH MIU
- Consultation for the CSP
- Pentre Awel – particularly engagement with patients
- Carmarthen Hwb
- The Bandi appeal

Ms Rhonwen Jones noted that it would be beneficial to have WAST representation for any PPH MIU engagement.

In response to a query from Ms Mandy Dean, Ms Couceiro stated that the format for the open day for the Bronglais Cancer Treatment Day Unit is still being developed.

**Decision:** The Stakeholder Reference Group NOTED the Current and Future Planned Consultation and Engagement Update.

## **SRG(24)68 Digital Contact from Hywel Dda - Hybrid Print and Post Update**

Ms Carolyn Williams shared a presentation on the Hybrid Print and Post service that is being rolled out to services across HDdUHB. The aim of this service is to lessen the environmental impact of communications by providing digital correspondence to patients. To maintain accessibility patients are being provided with the option to still receive physical correspondence if preferred.

An additional benefit to providing digital correspondence is being able to overcome challenges with postal delays as the team are working towards making letters and appointments viewable online within 24 hours of issue.

Since the last update to SRG in May the service has been gradually rolled out to a small number of services starting with General Surgery.

As part of this roll out the team are monitoring the service and picking up areas for improvement and working with the suppliers to implement these improvements.

The Print and Post service is intended to go live with further Outpatient services over the coming weeks with a view to expand to Therapies by the end of March.

Work over the next year will be focused on incorporating other areas such as Radiology and Pathology, including work with NHS apps to create a consistent service.

Ms Williams shared a demonstration of the process of accessing the Hybrid Print and Post service which includes a text message that includes a link to access the service through a browser.

The landing page shows a simple tiled layout which clearly indicates when correspondence has been received.

Information is clearly shown and includes options to add key dates to calendars.

The letters received follow the format of physical letters and are kept on the service for two years.

Accessibility options include being able to change the language between Welsh and English, contact preferences and additional communication needs such as high contrast text.

The service includes a messaging section that can communicate notifications such as road closures and clinical needs such as the need for face masks in some circumstances. Work is ongoing with Emergency Planning services to incorporate this.

Work is ongoing internally to manage postal services such as raising awareness of when to use first or second class mailing services. This is having a positive impact as there has been a reduction in the amount of first class mail being used unnecessarily.

Of the patients that have been offered the Print and Post service 55% are engaging with digital letters. It is hoped that this number will increase with more knowledge of the service.

Other opportunities for the digital service are being explored. There is an option of facilitating questionnaires and surveys which some teams are keen to engage with.

In response to a query from Mr Tegryn Jones, Ms Williams informed the group that as different departments use different digital systems and manage these locally it does take some time to integrate across the different systems.

Additionally, the actual communications are managed by each department and the amount of correspondence is dependent on the individual service. However, there is ongoing work to challenge what correspondence is needed.

Ms Williams explained that the Print and Post service is web based and there is no need to download an application.

**Decision:** The Stakeholder Reference Group NOTED the Digital Contact from Hywel Dda Update.

## **SRG(24)69 Social Model for Health and Wellbeing (SMfHWB)**

Ms Ardiana Gjini introduced the SMfHWB which is a model that engages with other partners and communities to drive a social model for health.

Ms Trina Nealon shared a presentation and noted the following:

This work is ongoing under the long term strategy and in line with the Annual Plan under Planning Objective 10 – Population Health including support and collaboration with Public Services Boards (PSBs) and the Regional Partnership Board (RPB).

A systematic review took place in 2022 by Aberystwyth University which started the conversation around how people can be encouraged to improve their own health and wellbeing. As a result, six principles were formulated under the SMfHWB and have since gone through the Health Board's governance processes.

The steering group for this work was refreshed in 2024 to create more focus and to revise the membership.

Work is taking place with the Health Board's Engagement team who have implemented consultation around how the Principles of the SMfHWP can be embedded in organisations and communities.

The SMfHWP promotes prevention, early identification of disease, and timely intervention, and highlights outside impacts on health such as environmental and biological factors.

The Six Principles of a SMfHWP were shared as follows:

- A Social Model for Health and Wellbeing will complement and integrate with other ways of working, values, principles and objectives.
- Leaders will be bold and brave and will strategically commit to supporting a shift towards a SMfHWP.
- Involvement with individuals and communities will take place to understand their needs and support the co-production of solutions.
- Meaningful collaborations with partners will be strengthened and developed to make the most of the building blocks of health and wellbeing, with the goal of enabling individuals and communities to build resilience, reducing health inequalities and improving health equity.
- A more preventative approach, including earlier identifications and intervention, will be taken to support people to maintain and improve their health and wellbeing.
- A culture of testing and learning will be encouraged, enabled, supported and celebrated.

The purpose of these principles is to become a charter.

The future plans were shared which include the formation of a 'Community of Practice, the creation of a framework to aid in the tracking of progress, the creation of a communication strategy, and forming links with the Social Innovation Institute to embed the principles into new programmes.

The SMfHWP principles are being added to staff induction and new e-learning modules will be created.

A Summit event has been scheduled for 20 March 2025 to celebrate work that has already taken place on the model and to commit to further working.

Ms Gjini emphasised that the development of the principles has included multi stakeholder engagement across all 3 local authorities and has included Elected representatives and Councillors, Public Service Boards, the Regional Partnership Board and the Ceredigion voluntary organisation among others. Following this engagement, work is now able to take place to embed the principles.

Ms Gjini and Ms Nealon explained that the Maturity matrix has been created to monitor outcomes. Some outcomes will be longer term such as the potential for people to live longer.

Work is ongoing to strengthen voluntary schemes for each of the public services and has included looking at schemes in other sectors.

Ms Dean highlighted that Care has a large impact on public health and commented that it would be beneficial to link with unpaid carers in the community. Ms Rhian Bond offered to maintain contact with Ms Dean around communication of the needs of unpaid carers.

**Decision:** The Stakeholder Reference Group NOTED that Social Model for Health and Wellbeing.

## **SRG(24)70 Primary Care Plan**

Ms Bond shared a presentation on the Primary Care Plan and provided context around primary care in Wales.

Every year around £1.3bn is invested in the commissioning of contracted Primary Care Services across General Medical Services, Pharmacies, Dental practices and Optometrist services.

The Activity overview shared provides a snapshot of community care across Wales over the past year. There were 2.4 million calls to GP practices in 2024 and 5.9 million prescriptions issued while 40k common ailments consultations took place in community pharmacies. This is in stark contrast to the level of activity experienced in acute medical care which included 95k emergency department attendances and 14.5k admissions.

The Primary Care Model for Wales defines what workforce is needed in Primary Care in Wales and is now much broader than what has it has been before due to additional advanced practitioner roles.

A review of this model has started nationally, and the work already suggests that continued support for multidisciplinary working is needed.

A Primary Care and Community Services issues report has been developed to support this review. This has included public and workforce engagement to shape options for further strategic development.

Despite 7 cluster base events and 2 online engagement sessions there has been quite limited engagement however the feedback that has been received suggests that people want to know how to look after themselves and what tools are out there to help them achieve better health.

Conversation has also taken place at Public Board meetings and other committees and Executive Team meetings. The ideas developed at these meetings are being taken away and reviewed before a paper is presented to the Public Board in May 2025. Subject to approval at this meeting public engagement will be aligned with wider Clinical Services Plan work during the Autumn of 2025.

The Planning Development group for Primary Care has been refreshed. This group reports to a Mid and West Wales Working group.

A series of videos was created late 2024 around people looking after themselves and accessing Primary Care services which are available on the HDdUHB website.

Mr Tegryn Jones shared concerns around the difficulties of getting appointments with General Practices (GPs). Ms Bond welcomed hearing concerns as GPs are contractually obliged to provide appointments and noted that Primary Care services all use different systems which makes them difficult to monitor.

Additionally, pharmacies are evolving to provide additional services and there is no data to demonstrate who accesses a pharmacy first before going on to see a doctor.

Ms Shan Williams shared concern around the inconsistency around the numbers of GPs per practice. Ms Bond stated that as GPs are independent contractors, they control their own workforce. However, HDdUHB supports the GP fellow programme which provides opportunities to young doctors and it is hoped that this is support recruitment in this area.

There is currently not a central process for managing cases of patients not turning up to appointments and it is important that services cannot be restricted. However, Ms Bond highlighted the importance of awareness that many appointments are kept and are successful in providing care.

**Decision:** The Stakeholder Reference Group NOTED the Primary Care Plan Update.

#### **SRG(24)71 Integrated Performance Assurance Report (IPAR)**

Ms Ross noted the report has been made available for information.

**Decision:** The Stakeholder Reference Group NOTED the Integrated Performance Assurance Report (IPAR).

#### **SRG(24)72 Board Update Report**

Ms Ross noted that the update report has been made available for information and was shared with the Public Board in November 2024.

**Decision:** The Stakeholder Reference Group NOTED the Board Update Report.

#### **SRG(24)73 Stakeholder Reference Group Work Plan 2024-25**

Ms Ross informed the group that the workplan is available for information and additional topics of discussion are discussed as part of the Reflective session below.

**Decision:** The Stakeholder Reference Group NOTED the Stakeholder Reference Group Work Plan.

#### **SRG(24)74 Reflective Session**

The group discussed what topics would be beneficial for future meetings.

Ms Hughes-Moakes suggested that the group may like to look at the CSP in more detail as the Health Board is preparing for a live launch, and that as discussion will take place around PPH MIU in the Public Board meeting in March it would be good to discuss the topic following that session.

Mr Jones suggested discussing the plans for a new hospital and queried whether more attendance can be encouraged for future SRG meetings. Ms Hughes-Moakes agreed it would be useful to look into what can be done to encourage people to attend these meetings.

Ms Shan Williams shared a case of a patient who received confused correspondence around the healthcare they received and were not offered physiotherapy after undertaking surgery at a private hospital.

Ms Hughes-Moakes acknowledged that there have been some gaps in communication. It is hoped that the work on the Hybrid Print and Post service will help streamline some communications.

Ms Hughes-Moakes suggested it could be beneficial to hear from the Waiting List Support Service in a future meeting.

### **SRG(24)75 Any Other Business**

Ms Leanda Wynn shared the following update from Llais:

The service is moving into its second year since moving from the Community Health Council and monitors the health section of Social Care as part of the service.

Llais undertook visits to Emergency Departments at the end of 2024 and the report has now been finalised and will be shared with SRG members. Work is taking place around monitoring waiting times for treatment and around mental health and young people. Visits are also taking place in Care Homes.

CSO

Ms Wynn encouraged the group to engage with and share the information around these areas of work when they become available and are shared through the network.

## 2 - Our Services

2.1

1:35 PM, 20 Mins

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2.1 - Current and Future Planned Consultations  
and Engagement Update

*Alwena Hughes  
Moakes (Hywel Dda  
UHB -  
Communications and  
Engagement  
Director), Nichola  
Couceiro (Hywel Dda  
UHB - Head of  
Engagement)*

| For information

**Attachments**

[SRG engagement slides - May 2025 .pdf](#)



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# Engagement summary, February 2025 to April 2025 and future planned engagements



In March, Board agreed to consult on four options for the future provision of services at the Minor Injury Unit at Prince Philip Hospital.

The consultation will launch on 28 April and will run until 22 July.

## Events for public and staff

- 3-6pm, 8 May, New Cross Hands Working Men's Club
- 3-6pm, 12 May, Selwyn Samuel Centre, Llanelli
- 3-6pm, 16 May, Ammanford Pensioners' Hall
- 3-6pm, Burry Port Memorial Hall

## Online events:

- 6:30 - 8pm, 6 May
- 1-2:30pm, 20 May
- 10-11:30am, 22 May

This will also be supported by additional events and engagement opportunities for Health Board staff and focussed engagement with seldom heard groups and stakeholders identified during the stakeholder mapping process.

All documents, including further details of events and online questionnaires will be available on our webpage from 28 April onwards: [hdubh.nhs.wales/PPHMIU](http://hdubh.nhs.wales/PPHMIU)



Primary focus of engagement activity has been pre-consultation planning:

- Development of engagement materials – main consultation documentation, questionnaire, summary document, alternative versions and promotional marketing materials
- Readers Panel held to review first draft of Clinical Services Plan questionnaire, feedback incorporated into final draft and shared across other consultation materials
- Engagement opportunities blended approach:
  - drop-in events across 7 locality areas
  - online sessions
  - attendance at main hospital and community hospital sites
  - attendance at non-Health Board public events
  - targeted focus groups (both independent and Health Board run)
  - conversations with seldom heard group



- International Women's Day at Dunbia factory and Ffwrnes Fach Llanelli
- Break out room at Social Model for Health Summit
- Easter parties for multicultural communities and Asylum seekers and refugees
- Support for TB screening bus in Llanelli
- Organisation of Lampeter wellbeing day with Ceredigion Council – 80 attendees
- Gypsy and Traveller monthly drop in facilitated in Llanelli and 8 defibrillators secured for residential sites – joint working with the Youth Health Team, NHS executive Saving Lives team and Local Authorities. 1 installed
- Vaccination “walkabouts” at homeless and vulnerably housed drop ins and food banks with the Community Immunisation Team around 20 vaccinations given
- Mosque health information day at Milford Haven mosque



- **Pentre Awel** drop-in event held 3 April, supported by patient survey (currently open)
- **Bandi appeal/Carmarthen Children's Centre** – continuous stakeholder engagement with children, young people and their families, alongside staff, asking them what they would like to see at the children's centre when the refurbishment work commences
- **Ceredigion GP mental health pathway change** – targeted engagement with GP's and patient impact assessment working with West Wales Action Mental Health on-going, following temporary change to GP pathway on 3<sup>rd</sup> March

# Future planned engagement



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- Launch Prince Philip Minor Injury Unit consultation - 28 April 2025
- Launch Clinical Service Plan consultation - end of May 2025
- Strategy refresh continuous engagement
- Bronglais Cancer Unit, Open Day, 10<sup>th</sup> May, 11am-12.30pm
- On-going engagement for Bandi Appeal –Carmarthen Children’s Centre
- Pentre Awel – on-going targeted patient impact survey



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### 3 - Our Communities

3.1

1:55 PM, 30 Mins

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### 3.1 - Clinical Services Plan

*Alexander Martin  
(Hywel Dda UHB -  
Principal Programme  
Manager)*

| For information

#### **Attachments**

[Clinical Services Plan 1 - SRG - 01MAY2025.pdf](#)



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# Clinical Services Plan

## Stakeholder Reference Group

### 1 May 2025



## Clinical Services Plan Aim

### The scope and impact of the Clinical Services Plan (CSP):

To provide a set of plans for the following key clinical services

- Critical Care
- Emergency General Surgery
- Diagnostics (Endoscopy and Radiology)
- Planned care (Dermatology, Elective Orthopaedics, Ophthalmology and Urology)
- Stroke

# Clinical Services Plan Drivers

## The drivers of the Clinical Services Plan:

In March 2023, Board approved the establishment of a programme approach to develop a **Clinical Services Plan** in response to service fragilities, based on the principles of care that is safe, sustainable, accessible, and kind. The development of a Clinical Services Plan is also an action within the Targeted Intervention requirements of Welsh Government.

Service	Driver	Executive Lead
Critical Care	Response to service fragility, <u>in particular</u> at Prince Philip Hospital (PPH)	Chief Operating Officer
Planned Care (Dermatology, Elective Orthopaedics, Ophthalmology, and Urology)	To support the return to pre-COVID activity levels (as a minimum), as part of improving access and reducing waiting times for patients	Chief Operating Officer
Emergency General Surgery	To respond to service fragility, particularly at Withybush Hospital (WGH), as referenced in the March 2023 operational update	Chief Operating Officer
Stroke	To meet standards and respond to service fragility	Executive Director of Allied Health Professions and Health Science
Diagnostics (Endoscopy and Radiology)	To support the return to pre-COVID activity levels (as a minimum), as part of improving access and reducing waiting times for patients	Chief Operating Officer

# Clinical Services Plan Outputs

- **Phase 1 – Issues Paper | CSP SBAR and appendices**

Included a clinically led assessment of the nine service areas included within the Clinical Services Plan programme across all sites within the Health Board. This concluded with the Board endorsing the programme to move into phase 2.

<https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-march-2024/>

- **Phase 2 – Options Development Process | CSP SBAR and Phase 2 Closing report**

Options Development stage focused on the development of a series of deliverable options. This stage also brought in interdependencies such as Therapies, WAST, Trade Union representatives and Swansea Bay to name but a few.

[hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-november-2024/board-agenda-and-papers-28-november-2024/3-7-update-on-a-healthier-mid-and-west-wales-strategy-pdf/](https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-november-2024/board-agenda-and-papers-28-november-2024/3-7-update-on-a-healthier-mid-and-west-wales-strategy-pdf/)

- **Phase 3 – Public Consultation | CSP SBAR and endorsement of the Consultation Project Plan and Consultation Mandate**

To seek views on the service options and potential alternatives noting any impacts. Within this also consider the thematic findings with the role of the 4 main acute hospital sites.

[hduhb.nhs.wales/about-us/your-health-board/board-meetings-2025/board-agenda-and-papers-30-january-2025/board-agenda-and-papers-30-january-2025/3-7-1-clinical-services-plan-pdf/](https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2025/board-agenda-and-papers-30-january-2025/board-agenda-and-papers-30-january-2025/3-7-1-clinical-services-plan-pdf/)

# Options

Service	Current Service	Commonality	Option A's	Option B's	Option C's	Option D's
<b>Emergency General Surgery</b>	EGS service at GGH, WGH and BGH, no EGS service at PPH	EGS service at BGH, no service at PPH. EGS SDEC's in WGH and GGH	WGH EGS operations transferred to GGH	EGS operations alternate weekly between WGH and GGH		
<b>Stroke</b>	Stroke Unit at GGH, PPH, WGH and BGH	BGH and GGH Treat and Transfer	PPH and WGH are 12hr Stroke Units	WGH offers Treat and Transfer & 12hr Stroke Unit, PPH is 24hr Stroke Unit		
<b>Dermatology</b>	Medical Photography and Phototherapy at GGH, HB service (Temporary) at PPH, no service at WGH or BGH	Service at PPH only	AVH & CICC community delivery	SPH community delivery with community spokes through GP practices	Cross Hands paediatric clinics only, CICC and SPH community delivery with community spokes through GP practices	Cross Hands paediatric clinics only, CICC and SPH community delivery
<b>Ophthalmology</b>	HB service at GGH and BGH, outpatient service at PPH and WGH	WGH provides outpatients, no longer using SPH or AICC for community, clinics remain in NRC and AVH	HB main service in GGH	HB service in BGH and PPH, review community sites.	HB main service in BGH and GGH	
<b>Urology</b>	HB service at GGH and PPH, Outpatients and day case at WGH and BGH	Emergency pathway in GGH, outpatients and day cases in WGH and BGH, diagnostic hub in PPH. TWOC in community	Centralise diagnostic services to PPH, dependent on Endoscopy room requirements.			
<b>Orthopaedics</b>	Local & regional inpatients at PPH, local inpatients at BGH, day case & outpatients at PPH, WGH & BGH. Outpatients in GGH (temporary changes)	Inpatients in BGH and PPH. Day cases at BGH, PPH. Increased day cases in WGH. Outpatients at BGH, GGH, PPH, WGH	Regional inpatients at PPH	Regional inpatients at PPH, extended hours for day cases at WGH	Inpatients at PPH with additional beds	Regional inpatients at PPH. increased inpatients and day cases at BGH
<b>Endoscopy</b>	HB service at GGH, PPH, WGH & BGH	Services at GGH, WGH, PPH and BGH	Additional procedure room at PPH. Bring together Urology & Respiratory Endoscopy at PPH	New community site for Bowel Screening Wales	Extended hours at PPH. Bring together Urology & Respiratory Endoscopy at PPH	
<b>Radiology*</b>	HB service at GGH, PPH, WGH & BGH. X-ray only at TH, CICC, SPH, LH	No X-ray service at LH or SPH, X-ray services remain at CICC and TH	Planned diagnostics and planned interventional at (5days) BGH, PPH, WGH. Inpatient interventional at GGH only (5days)	7-day planned diagnostic and 5 day interventional at all sites. Cancer focus at PPH and WGH. New regional hub	Interventional at GGH and BGH only (5days). Planned diagnostics at all sites (5days)	7-day planned diagnostics at all sites. Inpatient interventional 24/7 at GGH. Day case interventional at BGH, PPH, WGH (5days)
<b>Critical Care**</b>	Level 3 ICU in GGH, WGH & BGH, Level 2 ICU with transfers (Temporary) at PPH	Level 3 ICU at GGH and BGH	Enhanced Care Unit at GGH, PPH and WGH	Level 3 ICU at WGH, Enhanced Care Unit at PPH	Level 3 ICU at WGH, Level 2 ICU with transfers at PPH	

Key:	All Options	Option 1	Option 2	Option 3	Option 4
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\*Interventional Radiology: refers to more complex diagnostic procedures including biopsies. Day time and general service refer to routine diagnostics. Currently CT and X-ray are offered 24 hours a day at Bronglais, Glangwili, Prince Philip and Withybush hospitals

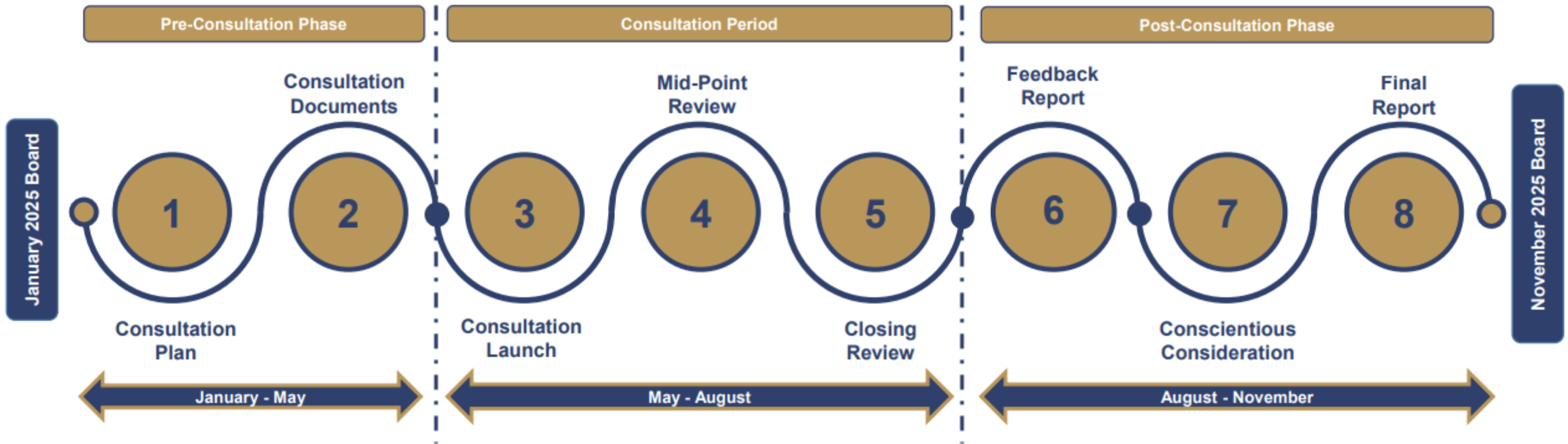
\*\*ICU – Intensive Care Unit | Levels of care ([Intensive Care Society | Levels of care](#))

Changes to our nine clinical service areas as a result of the consultation may impact on how they are organised at our four main hospitals

The configurations at a higher level can be seen in the table to the right:

CSP SBAR and Phase 2 Closing report highlighting the progress of the programme to date can be found here - [hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-november-2024/board-agenda-and-papers-28-november-2024/3-7-update-on-a-healthier-mid-and-west-wales-strategy-pdf/](https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-november-2024/board-agenda-and-papers-28-november-2024/3-7-update-on-a-healthier-mid-and-west-wales-strategy-pdf/)

# Clinical Services Plan Next Steps



# Clinical Services Plan Next Steps

## What are we consulting about and what do we want our communities to tell us:

- The suitability of each of the options for the nine clinical services in scope of the Clinical Services Plan
- The positive and negative impacts linked with each of the options for the nine services in scope of the Clinical Services Plan
- Any alternative options which should be considered for the nine services in scope of the Clinical Services Plan
- The future roles of the main hospital sites (Bronglais, Glangwili, Prince Philip, and Withybush hospitals)

**Clinical Service Plan SBAR and Appendices:** [hduhb.nhs.wales/about-us/your-health-board/board-meetings-2025/board-agenda-and-papers-30-january-2025/board-agenda-and-papers-30-january-2025/3-7-1-clinical-services-plan-pdf/](https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2025/board-agenda-and-papers-30-january-2025/board-agenda-and-papers-30-january-2025/3-7-1-clinical-services-plan-pdf/)

# Clinical Services Plan Next Steps

## Where we are currently

- Planning has taken place around how we will engage with staff, public and stakeholders through online and in person events.
- These will follow the traditional format of engaging with staff first followed by town and community councillors during the opening weeks of the consultation.
- These will then be followed up with public drop in and online events taking place in the localities across Hywel Dda with additional events being considered to hear the views of people in neighbouring counties.
- Due to the timing of the consultation launch, we are focussing on holding planned engagement events within the first 6 weeks of consultation launch, ahead of the school summer holidays.
- Due to bank holidays, as well as summer holidays, the consultation will run for 13.5 weeks rather than 12 weeks to allow as many people as possible to get involved and share their views.

## Key Messages – Getting Involved

### Request for Stakeholder Reference Group to support the public consultation process:

During the consultation, we will be seeking feedback on the proposed options as well as any potential alternatives. Therefore, we would appreciate input from the Stakeholder Reference Group when the public consultation commences (end May-August 2025) on the following:

- ✓ Feedback on the current options
- ✓ Suggestions for alternative options
- ✓ Insights on the thematic findings, particularly concerning the role of the four main sites

We are also keen to hear from your suggestions about how and where we can meet people to discuss the options:

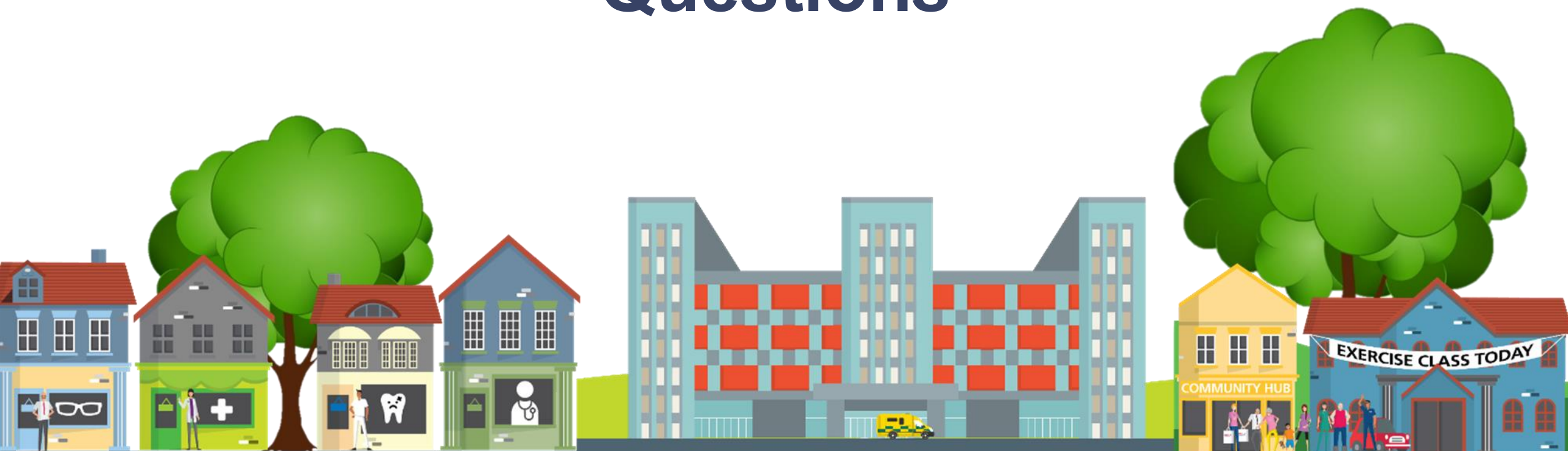
- We want to meet people in the places/spaces that they want to meet us
- We would have most flexibility to meet with people between July and August after the initial programme of planned events
- Are you aware of groups who would want to talk to us or invite us into their places/spaces



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# Diolch/Thank you Questions



3.2

2:25 PM, 30 Mins

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3.2 - Prince Phillip Hospital MIU

*Nichola Couceiro  
(Hywel Dda UHB -  
Head of  
Engagement),  
Alexander Martin  
(Hywel Dda UHB -  
Principal Programme  
Manager)*

| For information

**Attachments**

[SRG PPH MIU presentation - May 2025 Final.pdf](#)



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# Prince Philip Hospital Minor Injury Unit

Stakeholder Reference  
Group  
1 May 2025

# Background



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The Board of Hywel Dda University Health Board (Hywel Dda) approved a temporary change to the opening hours of the Minor Injury Unit (MIU) in Prince Phillip Hospital (PPH) for a six-month period at the Public Board meeting in September 2024. The unit is currently open between 8am – 8pm, seven days per week, rather than the previous 24 hours / 7 days.

This change was proposed by the Carmarthenshire Unscheduled Care Management team due to a significant and continued lack of medical cover, leading to clinical concerns in relation to patient safety. Additionally, it has been shown that a significant number of people attending the MIU had a higher acuity than the MIU was intended to deliver a service for. This position was reinforced by recommendations following a Health Inspectorate Wales (HIW) Inspection visit and further correspondence from HIW requesting reassurance on patient safety issues.

Following this decision, the temporary reduced opening hours of the MIU came into effect from the 1<sup>st</sup> November 2024.

# Key issues for consideration



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In the update to Board in November 2024, an Issues Paper was provided, which sets out the issues currently facing the Minor Injuries Unit and would need to be addressed by any options developed. The issues were

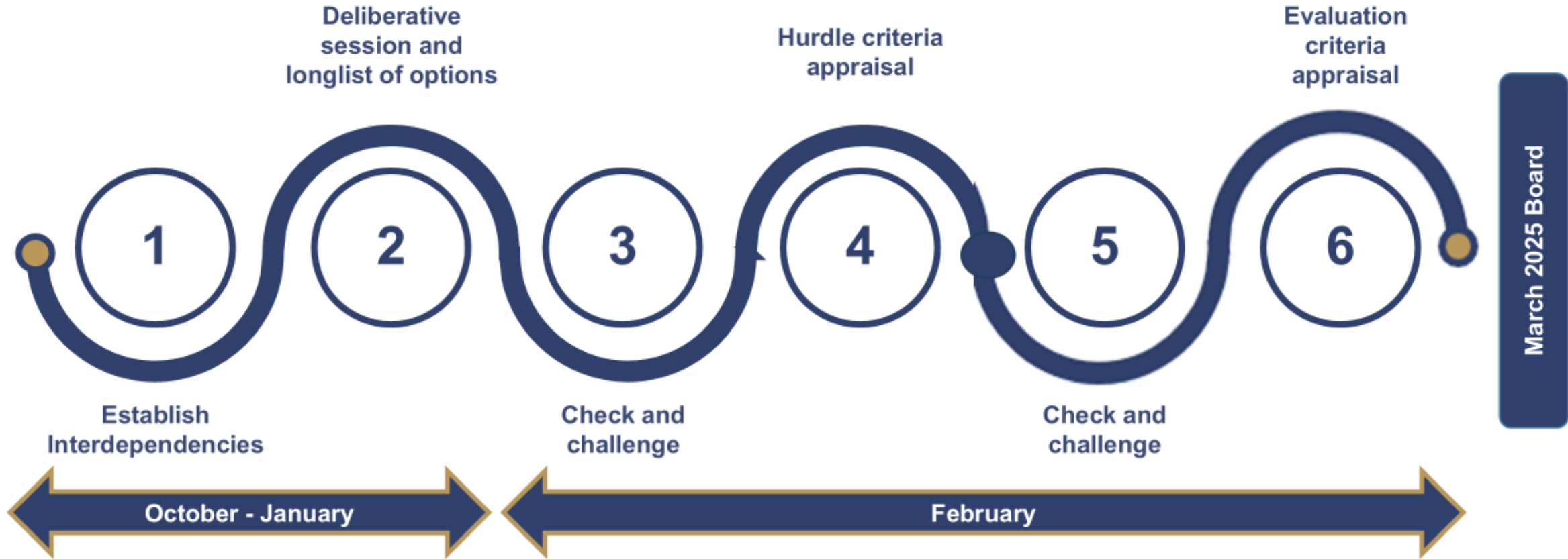
- Workforce fragility and clinical risks
- The acuity of patients attending the Unit (Majors versus Minors)
- Workforce working outside (and/or under) their scope of practice
- Inappropriate attendance of Mental Health patients
- Concerns over the safety of the Unit – HIW inspection June 2023
  - HIW was not assured that all aspects of care were being delivered in a timely and effective manner within the Minor Injury Unit (MIU) to medical and surgical patients in ‘surge’ beds.
  - The environment was not an appropriate environment for medical or surgical ‘surge’ patients who are admitted beyond the lengths of stay associated with an MIU.
  - HIW could not be assured that there was sufficient and robust support for Emergency Nurse Practitioners (ENPs) at times when there is an unexpected lack of medical cover on the Unit, e.g., overnight. This creates a high-risk situation for nursing staff and patients due to the issues raised above. Consequently, levels of anxiety and stress among the ENPs has increased. This has been expressed in meetings with the Senior Management Team.

# What has happened so far



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# What has the data told us?



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- Winter is usually the busiest time of the year, but the overall demand is similar between November/ December 2023 and November/ December 2024
- Attendance levels in PPH MIU have reduced but is reflective of the overnight closure
- The levels of PPH AMAU attendance are consistent
- The number and proportion of majors attending MIU have decreased
- Waiting times in PPH MIU have decreased slightly and there has been no increase in waiting times in GGH for Llanelli patients
- 4 hour and 12-hour breaches in the PPH MIU have reduced
- 111 data shows a slight increase in total calls since the temporary change.
  - Slight decrease in 111 calls being transferred to PPH MIU, reflective of the overnight closure
  - Increase in 111 calls being transferred to 999 or emergency department, reflective of the majors who used to attend PPH MIU overnight
- There has been no increase in Llanelli patients attending Morriston

# Themes from our engagement



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- **Transport and travel concerns:** Lack of car ownership, no transport to Glangwili or Morriston overnight, longer travel times, increased time commitment, and high taxi costs
- **Impact on A&E and MIUs:** Increased waiting times at Glangwili, overcrowding at MIUs due to inability to get GP appointments, and long waiting times at alternative A&Es
- **Anxiety and worry:** Concerns for elderly and vulnerable patients, especially overnight medical issues
- **Staffing and service provision:** Worries about non-clinical staff, community care provision, workforce availability, retention, recruitment, and training needs
- **Communication and information:** Need for clear messaging about MIU ailments/injuries, service scope, and changes. Better utilisation of existing facilities
- **Mixed experiences and desired changes:** Positive experiences at PPH MIU but difficulty accessing Morriston or Swansea A&Es. Requests for longer opening hours, more services, and suggestions for a full A&E or 24-hour MIU service in Llanelli
- **Appointment challenges:** Inability to get GP appointments, leading to reliance on MIU. Frustration with long phone queues and lack of available appointments
- **Operational, risk and safety concerns:** Clarifying the operating model, managing pathways, planning for Out Of Hours service, and emergency plans. Assessing the current model's impact, addressing night access concerns, conducting assessments, managing anxiety, ensuring compliance, and mitigating risks by reducing hours initially. Ensuring a safe, re-assessable option with stable goals
- **Evolution, collaboration and feasibility:** Modernising operations, improving resource use, exploring collaboration, cross-skilling staff, using new technology, emphasising teamwork and community focus. Addressing doubts about 24-hour service, stabilising the current model, and managing the impact on weekends, bookings, and walk-ins



## Public Board Meeting - 27 March 2025

- Agreed to go out to formal 12-week consultation on the shortlisted options
- Agreed that the current temporary overnight closure continue until the implementation of a new model following the consultation / Board decision
- That the consultation report and outcome be presented to Board for approval in September 2025\*, with an interim update report in July 2025

*\*It is important to note that while the timeline proposes September Board for final consideration and decision, this will be determined by the level of responses received and may need to go to the next planned Board in November 2025 unless an extraordinary Board meeting is scheduled to take place in between*

# Shortlisted options



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Stakeholders, as part of the options development process, shortlisted four potential options.

The four options being consulted on are:

➤ **Option 1 - Doctor-led service available every day for 12**

This is how the service is currently being delivered and is open to the public from 8am-8pm, with a further two hours staffing to allow patients in the unit to be treated.

➤ **Option 2 - Doctor-led service available every day for 14 hours**

This option would mean the service is open to the public from 7am-9pm, with a further two hours staffing to allow patients in the unit to be treated.

➤ **Option 3 - Doctor-led phased service, available every day initially for 12 hours, increasing to 14 hours, and then 24**

This would initially be open to the public for the current 12 hours, plus two hours staffing, moving to 14 hours plus two hours staffing, and ultimately 24 hours overall, returning the service to pre-November 2024 operating hours.

➤ **Option 4 - Urgent care centre (Same Day Urgent Care\* type model) available every day for 14 hours a day**

This option would be a new way to deliver the service and would see the Minor Injury Unit and the Same Day Emergency Care (SDEC)\* services come together. This would be open to the public from 7am-9pm, with a further two hours to allow patients in the unit to be treated.

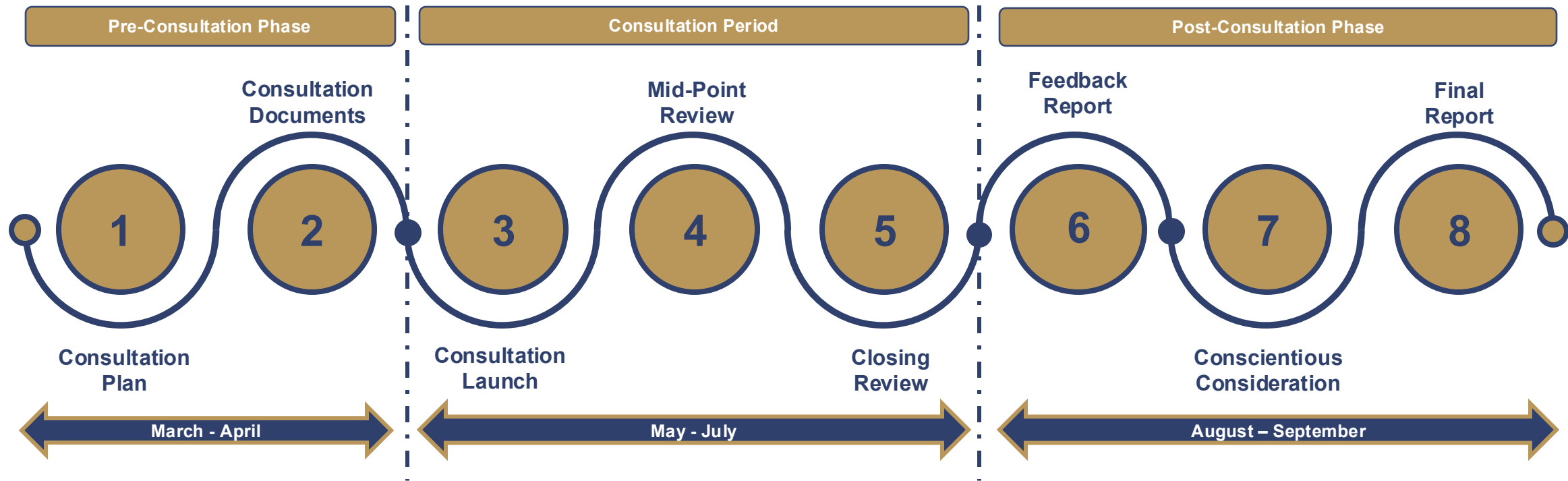
**As part of the consultation the public are also being asked for alternate options for delivering the service, that haven't yet been considered, as part of the options development process.**

# Proposed timeline consultation



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*It is important to note that while the timeline proposes September Board for final consideration and decision, this will be determined by the level of responses received and may need to go to the next planned Board in November 2025 unless an extraordinary Board meeting is scheduled to take place in between.*

# Scope of the consultation



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- The Health Board will engage all key stakeholders identified through stakeholder analysis on both a qualitative and quantitative basis, to understand the views on the following issue:
  - which proposed option you think best addresses the challenges the Minor Injury Unit at Prince Philip Hospital face; will improve patient and staff safety, help with staff shortages and address the concerns from Health Inspectorate Wales
  - concerns you may have about any of the options, or impacts you think they may have
  - anything else you think we need to consider, including alternative options or ideas you may have
- The following matters have not yet been decided and are open to influence in the consultation, so we want to gather views on:
  - The suitability of each of the options proposed through the options development process
  - The positive and negative impacts associated with each of the options
  - Any alternative options which may not have previously been considered or ruled out
- The elements previously noted and outlined in the consultation document as being out of scope as part of the options appraisal process remain out of scope

# Consultation Review Stages



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## Mid Point Review

The mid-point review will be undertaken between week 4 and week 6 of the consultation period, as discussed with Llais, in order to review how the consultation has met the project plan to date and any new and emerging issues, including:

Evaluating what has been learned to date, through:

- Effective monitoring of the debate and the reactions and activities of interested parties, including challenges and opposition
- Considering the need for the plan to be amended as a reaction to what is being learned
- Considering whether new information is needed or needs sharing
- How contingency will be managed if changes to the plan are needed
- Confirm sufficient media and social media awareness of the consultation or any gaps that need addressing
- Evaluating stakeholder participation and identifying gaps in reach, and in particular from seldom heard voices
- Review and updating of the EqIAs.

## Closing Review

The closing review will be undertaken one week before the consultation period formally closes, in order to review how the consultation has met the project plan, including:

- Evaluating what has been learned to date through effective monitoring of the debate and the reactions and activities of interested parties, including challenges and opposition
- Considering the possible need for the consultation to be extended in response to what transpires
- Considering the possible need for extra pieces of work, such as surveys and studies, in the event that what is learned leaves important questions to be answered or investigated
- Reviewing what should happen post consultation and what the timeline will be for response, evaluation and analysis, sharing the outputs and feedback, and making decisions
- Review and updating of the EqIAs.



# Q & A



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University Health Board

**Diolch / Thank you**

3.3

2:55 PM, 30 Mins

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### 3.3 - Waiting List Support

**Mandy Davies (Hywel  
Dda UHB - Assistant  
Director of Nursing &  
Quality  
Improvement),  
Marilize Preez (Hywel  
Dda UHB -  
Improvement and  
Transformation  
Lead)**

| For information

#### **Attachments**

[WLSS update SRG April 2025.pdf](#)

# Waiting List Support Service

## Gwasanaeth Cymorth Rhestr Aros

*Cadw'n iach tra byddwch yn aros*

A ydych chi neu aelod o'ch teulu/ffrind yn glaf o Hywel Dda ar restr aros am lawdriniaeth wedi'i chynllunio ar hyn o bryd?

Cysylltwch â ni am gefnogaeth:  
E-bost: [ask.hdd@wales.nhs.uk](mailto:ask.hdd@wales.nhs.uk)  
Ffôn: 0300 303 8322, opsiwn 3



## Waiting List Support Service

*Keeping yourself well while you wait*

Are you or a family member/friend a patient of Hywel Dda currently on a waiting list for planned surgery?

Contact us for support:  
Email: [ask.hdd@wales.nhs.uk](mailto:ask.hdd@wales.nhs.uk)  
Phone: 0300 303 8322, option 3

# Background

- ▶ Health Board planning objective to test a process of proactively & compassionately communicating with patients on waiting lists through a single point of contact.
- ▶ Pilot project April –May 2021 via a cohort of elective orthopaedic patients.
- ▶ Develop bespoke bilingual online resources- healthy lifestyle advice
  - preparing for surgery
  - symptoms self management resources
  - videos (surgical procedure, exercises pre-op)
- ▶ Letter designed with behavioural change concepts signed by their consultant containing QR code/link to resources and an offer of a single contact phone number and email for more support and advice if required
- ▶ Script for call handlers (redeployed nurses from pre-assessment/ day surgery)
- ▶ Co-produced with clinical team (online resources, script, letter)
- ▶ Learning from the pilot was used to roll out across all planned elective surgical specialities across HDUHB between 2021-22

**To maintain personalised contact with patients on planned care waiting lists to:**

Keep people regularly informed of their current expected wait

Offer a single point of contact should they need to contact us

Provide advice on self-management options whilst waiting

Offer advice on what to do if their symptoms deteriorate

Establish a systematic approach to identifying potential harm

Offer alternative treatment options if appropriate

Incorporate review and checking of patient consent

# National strategic context

Welsh Parliament  
Health and Social Care Committee


## Waiting well?


The impact of the waiting times backlog on people in Wales

April 2022



 [www.senedd.wales](http://www.senedd.wales)

  
Llywodraeth Cymru  
Welsh Government



Our programme for transforming and modernising planned care and reducing waiting lists in Wales

APRIL 2022

[gov.wales](http://gov.wales)

# Promote, prevent and prepare for planned care

Empowering people waiting for treatment to optimise their health and well-being.

First published: 24 August 2023

Last updated: 24 August 2023



**3P's Policy launched in August  
2023**

**WLSS included in the policy as  
an example of best practice**

# 3P's underpinning principles



**Communication**



**Holistic person-centred care**



**Shared decision-making**



**Information**

# Changing the narrative...

Shift from  
people  
passively  
**waiting** for  
care

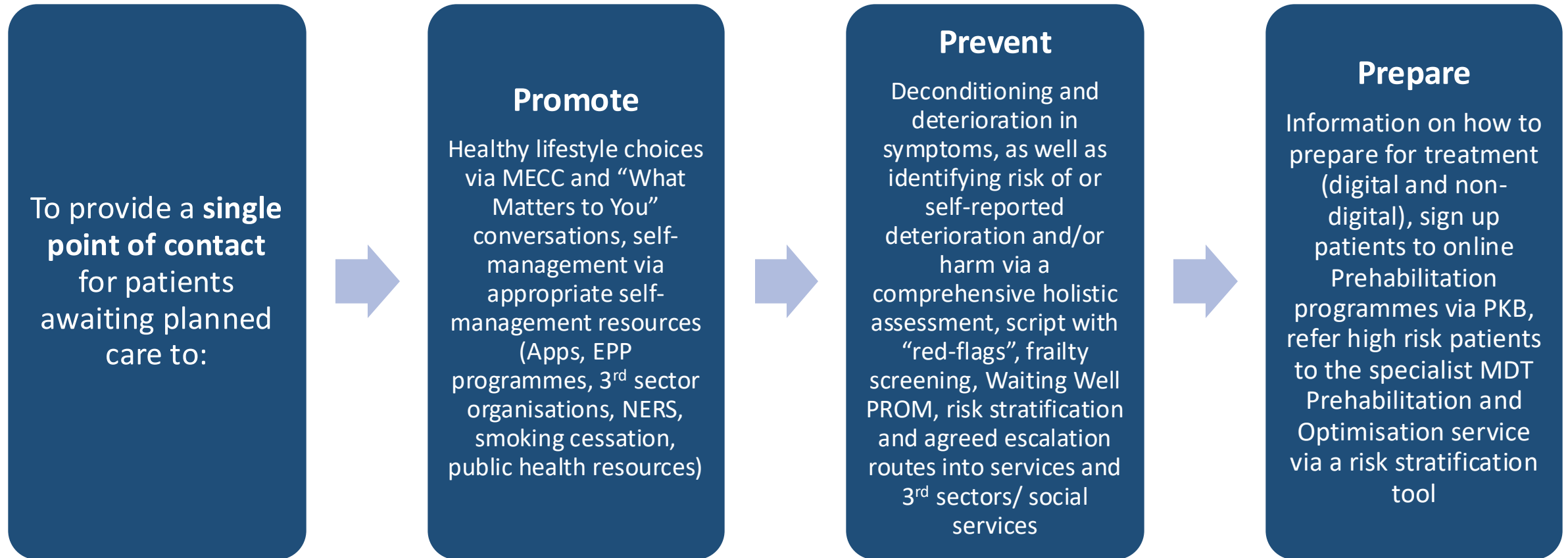
Active partners empowered and  
supported to take measures to  
**prevent** deterioration of their  
condition and **prepare** for  
treatment and recovery.

- WLSS permanently established in 2022.
- Workforce model reviewed to include both non-clinical and clinical call handlers.
- Supporting all elective planned care pathways within the health board.
- Developed strong links with other services and 3<sup>rd</sup> sector to develop a holistic offer of support (EPP/ NERS/ Versus Arthritis/ Community connectors)
- Call handler scripts and agreed clinical escalation plans for all specialties.
- Offer non-digital (3<sup>rd</sup> sector/ local groups and services/ booklets) and digital solutions (ORCHA Apps/ Patient Knows Best/ online resources) to provide support and advice to patients whilst they are waiting and how to “Prepare for Treatment”
- Service model evolved away from just writing letters to patients to proactively calling patients on waiting lists and a wider communication campaign to raise awareness of the service (engagement events/ posters/ leaflets)

# WLSS continued

- Work closely with colleagues in Strategic Partnerships, Diversity and Inclusion team to further support the Priority Treatment for Veterans of the Armed Forces
- Patient experience data capture through Civica system
- Monthly activity data reported to Welsh Government
- Additionally providing support to other services with significant waiting times (Community Paediatrics/OT paed/ Long Covid)
- Working with the Optimisation and Prehabilitation Services to ensure a seamless needs-based offer of support and optimisation
- Embed and deliver the principles of the 3P's policy within the HB in line with new RTT guidance

# WLSS- supporting the delivery of the 3P's Policy



# Waiting List Support Service network- focus on working in partnership



# Public and Patient Communication and engagement

- Leaflets
- Radio
- Newspapers
- Carers magazine
- Social media (Facebook/ X)
- Posters
- Letters
- Community engagement events
- Pharmacy bags
- NEXT: WLSS text message and inclusion on acknowledgement letter at point of listing

## Radio advertisements



- Radio ads across Pembrokeshire, Ceredigion and Carmarthenshire
- Campaign duration 2 January to 12 February 2024
- Radio stations used reach 204,000 listeners a week
- 404 ad spots (i.e. it played on three stations, four times a day, seven days a week)



## Newspaper advertisements



Adverts were placed in;  
 Llanelli Star  
 South Wales Evening Post  
 Carmarthen Journal  
 Cambrian News  
 Tenby Observer  
 South Wales Guardian  
 Western Telegraph  
 Milford Mercury  
 Cardigan [Tivyside Advertiser](#)



**f** Total reach  
• 57,787

**X** Total impressions X (formerly Twitter)  
• 4,974 views

**👍** Total reach staff FB  
• 8,884 bilingual staff group

Newly listed patients  
Acknowledgement letter

Text messaging for newly listed  
patients



**PATIENT TESTED**

2 Clos Y Gat  
Gorslas  
Llanelli  
Carmarthenshire  
SA14 7LX

Y

P

Referral Reference No: **317-503045697**  
Rhif Ffôn /Telephone: **0300 303 9642**  
Rhif GIG/NHS Number: **9861411682**  
Ysbyty No/Hospital No: **TESTED16**  
Date: **20-Aug-2024**

Dear Patient,

This letter acknowledges you are now on the **General Surgery** waiting list to have a surgical procedure.

It is important you make sure your health is at its best for your procedure and this can be done in the time you spend on the waiting list. Patients who do this have a faster and better recovery, have a lower chance of having their procedure postponed. Small changes to your lifestyle can make a big difference. **'Waiting well'** is your goal. The **Waiting List Support Service** can help you to achieve this by offering a range of resources, advice and information. Please contact them to discuss waiting well on:

Phone: **0300 303 8322 (option 2 then option 3)**

Email: **ask.hdd@wales.nhs.uk**

Website: **www.hduhb.nhs.wales/waiting-well**

Yours sincerely

Hywel Dda University Health Board

'You have been listed for treatment with Hywel Dda UHB. It is important that you Keep Well while you wait. If you require advice or support, please call our Waiting List Support Service on 0300 303 8322 (option 3) or refer to information on how to prepare for treatment on <https://hduhb.nhs.wales/waiting-well>. To cancel and be removed from the waiting list reply 'CANCEL [RC]' or call 0300 303 9642. Reply 'STOP' to opt out of text reminders '

# WLSS: Patient feedback



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## Responses to 'FFT' automated service via CIVICA for WLSS

<p>I am very impressed that Hywel Dda have this facility. When on long waiting lists, people's situations can change and also you show an awareness that each person will have different issues to a greater or lesser extent. Thank you for doing this.</p>		<p>I was sent some apps that will help with my weight loss, and my anxiety... I already have the exercise app from physio which is very helpful. I felt much better after the call; EH was kind and cheerful and she listened very well. Thank you, everyone!</p>	
<p>Very friendly and informative</p>	<p>MT was brilliant. Non-judgemental, sympathetic and understanding. Knowledgeable and gave great advice and quick to forward on apps that will help me</p>	<p>Lovely to speak to <u>some one</u> who cares.</p>	
<p>Confirmed I had been <u>referred</u> by my GP as I had no confirmation of it via email or letter. Link for form for applying for physiotherapy while waiting for treatment</p>		<p>I wasn't aware it existed. So much information/assistance available. It doesn't help your place on the waiting list but, there are people/organisations available to reach out to for help</p>	
<p>The lady who spoke with me, LJ was very personable and gave me lots of information/links to organisations who could help while I'm waiting</p>		<p>She went out of her way to try and help me.</p>	<p>Satisfied with current support</p>
<p>Staff very approachable and understanding, took time to explain all I needed to know</p>	<p>EH was extremely helpful</p>	<p>The service gave me very helpful advice supportive and friendly. Thank you</p>	
<p>Since my diagnosis I have days where I'm down in the dumps. AW explained who I could contact just to have a chat or get advice before my mental <u>well being</u> deteriorated.</p>	<p>Just knowing there their if I need to talk</p>	<p>The only time I got any answers from a lovely lady, after speaking to her, i had much more understanding about my concerns about confusion over my eye operation, she was very reassuring and gave me the answers I needed, <u>thankyou!</u></p>	

Felt as if I finally had people listening to me and fully understanding the difficulties I was facing. I've had an extremely challenging last 9 months, but it finally feels like I've started the journey to getting my life back.

## Patient feedback

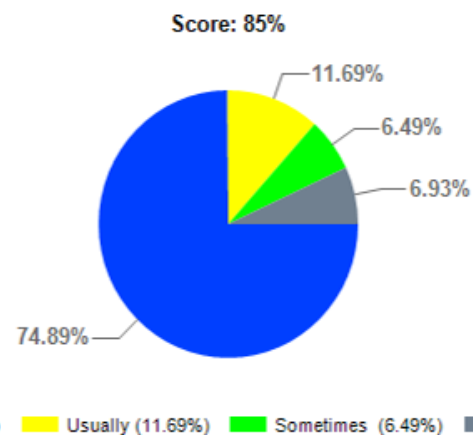
The lady was so helpful. She told me how to go about doing things, was so helpful with information. When I first spoke to her I was very worried about waiting for my appointments to come through. She made me feel so much more at ease with the information I needed. Also suggested other things to me that might help my situation. I felt so much better after I had spoken to her. Nothing was too much trouble for her. She even rang me back with information. She deserves an award. Thank you.

The search for information was easy. The advice given was concise and very helpful. The call handler was very helpful, friendly and considerate. A credit to this service. I was promised further information that arrived the next day. Many thanks.

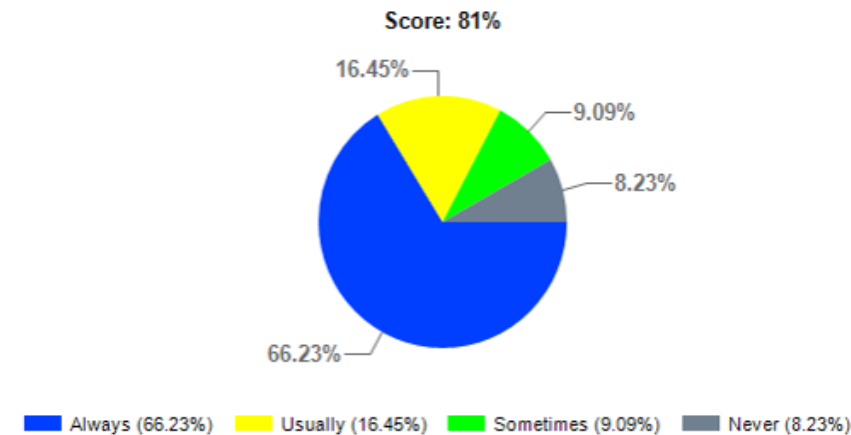
# WLSS FFT Survey Results

Context: Long waits and the service is unable to provide an exact date for their procedure.

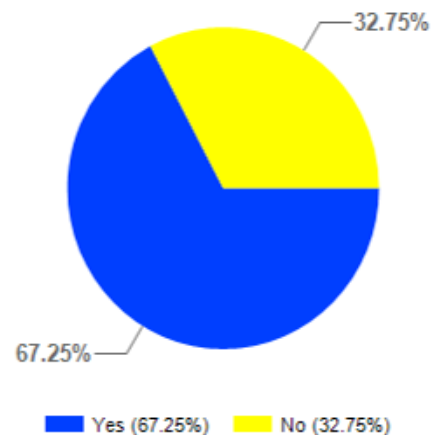
Question 5: Did you feel that you were listened to?



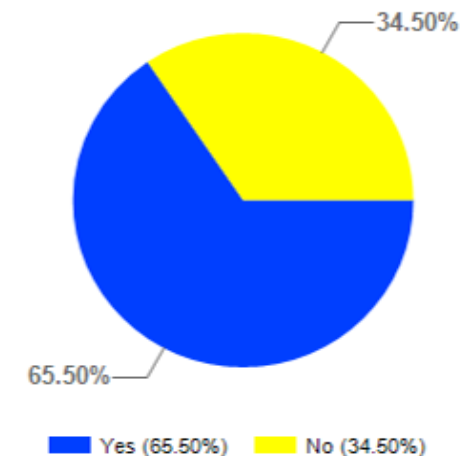
Question 6: Did you feel well cared for?



Question 9: Were you given options of self-management while you were waiting for your procedure?



Question 10: Were you informed on what to do if your symptoms deteriorated?



# WLSS: 3P's Reporting



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- Activity and outcomes of WLSS reported to WG from September 2024
- Support on average over **1000 patients** per month



Specialty	Contact Type		
	Inbound	Outbound	Other
Dermatology	23	13	2
ENT	6	14	0
Gastroenterology	2	1	1
General Surgery	8	20	2
Gynaecology	9	33	0
Ophthalmology	57	187	12
Trauma and Orthopedics	41	234	17
Urology	17	74	4
Other	46	15	3
<b>Total *</b>	<b>470</b>	<b>659</b>	<b>41</b>

Contact Outcome	Specialty									TOTAL
	Gynaecology	General Surgery	ENT	Dermatology	Urology	Ophthalmology	Trauma and Orthopedics	Gastroenterology	Other	
Escalate to Specialty - Pathway concern	0	0	0	0	1	0	1	0	1	3
Escalated Internally to Nurse/Clinical Lead	1	3	0	2	2	4	10	0	2	24
General Condition Management Advice Given	18	15	9	26	40	110	137	2	43	400
GP - Deterioration of Condition	2	5	0	2	1	1	9	0	5	25
Link to Digital Health Apps Sent	2	1	1	1	0	2	8	0	60	75
Making Every Contact Count (MECC) Conversation	9	4	2	11	30	58	107	0	13	234
Primary Care Other	0	0	0	0	0	38	2	0	3	43
Ref back to GP re: New Health Issue	0	0	0	1	2	3	4	0	1	11
Ref back to GP for pain review	1	2	0	1	1	1	13	0	2	21
Ref Other Therapies	1	0	0	0	0	0	3	0	4	8
Ref to 3rd Sector charities	0	0	1	0	0	6	2	0	3	12
Ref to 999/Medical Emergency as Red Flag	0	0	0	0	0	0	0	1	0	1
Ref to Consultant	0	0	0	0	0	1	2	0	2	5
Ref to Early Optimisation & rehab team	0	0	0	0	0	0	7	0	0	7
Ref to NHS 111 Waiting Times	3	2	0	6	6	16	6	0	8	47
Ref to OT	0	1	0	0	0	0	3	0	0	4
Ref to PALS	2	1	0	0	0	2	2	0	0	7
Ref to Physio	0	0	0	0	0	3	0	0	2	5
Ref to Self Management Programme (EPP)	0	0	0	0	3	2	14	0	5	24
Ref to Smoking Cessation	0	1	0	0	1	0	1	0	1	4
Ref to Social Care/Local Authority	0	0	0	0	0	0	4	0	0	4
Ref to Specialist Nurse	0	0	0	1	1	1	1	0	0	4
Refer to Mental Health Services (GP, 111, CRISIS etc)	2	0	0	0	2	1	1	0	1	7
Self referral recommended to Weight Management/Drugs & alcohol	0	0	0	0	0	0	3	0	0	3
Signed up to PKB	2	0	0	0	0	0	4	0	0	6
Signposted to Online Resources	5	0	2			5	20	0	3	39
Other										0

# Reported outcomes over the last 3 months



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- 59% Provided with condition and self management advice
- >30% Engaged in a MECC conversation
- 3% signposted to 3<sup>rd</sup> sector
- 3% to EPP
- 2% to LA/Social services

Total Referrals (External/Outbound only)

WLS001 - Ref to NHS 111 Waiting Times
WLS002 - General Condition Management Advice Given
WLS003 - Ref back to GP re: New Health Issue
WLS004 - Ref back to GP for pain review
WLS005 - Ref to Physio
WLS006 - Ref to OT
WLS007 - Ref to Self Management Programme (EPP)
WLS008 - Ref Other Therapies
WLS009 - Signposted to Online Resources
WLS010 - Information sent to patient
WLS011 - Consent to PROMS
WLS012 - Consent to Feedback
WLS013 - Ref to PALS
WLS014 - Ref to 3rd Sector charities
WLS015 - Ref to Consultant
WLS016 - Ref to Specialist Nurse
WLS017 - Wellbeing advice given
WLS018 - GP - Deterioration of Condition
WLS019 - Refer to Mental Health Services (GP, 111, CRISIS etc)
WLS020 - Ref to Smoking Cessation
WLS021 - Escalated Internally to Nurse/Clinical Lead
WLS022 - Ref to Social Care/Local Authority
WLS023 - Link to Digital Health Apps Sent
WLS024 - Signed up to PKB
WLS025 - Ref to 999/Medical Emergency as Red Flag
WLS028 - Escalate to Specialty - Pathway concern
WLS029 - Primary Care Other
WLS030 - Refer to Physio/OT
WLS031 - Self referral recommended to Weight Management/Drugs & alcohol

Next phase:

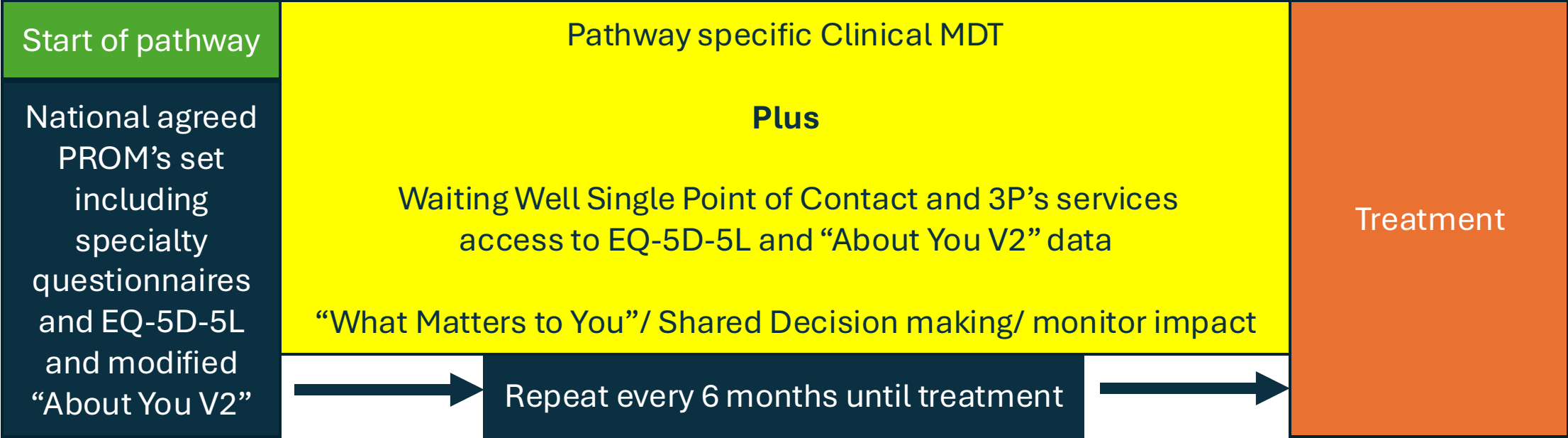
# Utilising Patient Self-Assessment Questionnaires

To Support Waiting Well



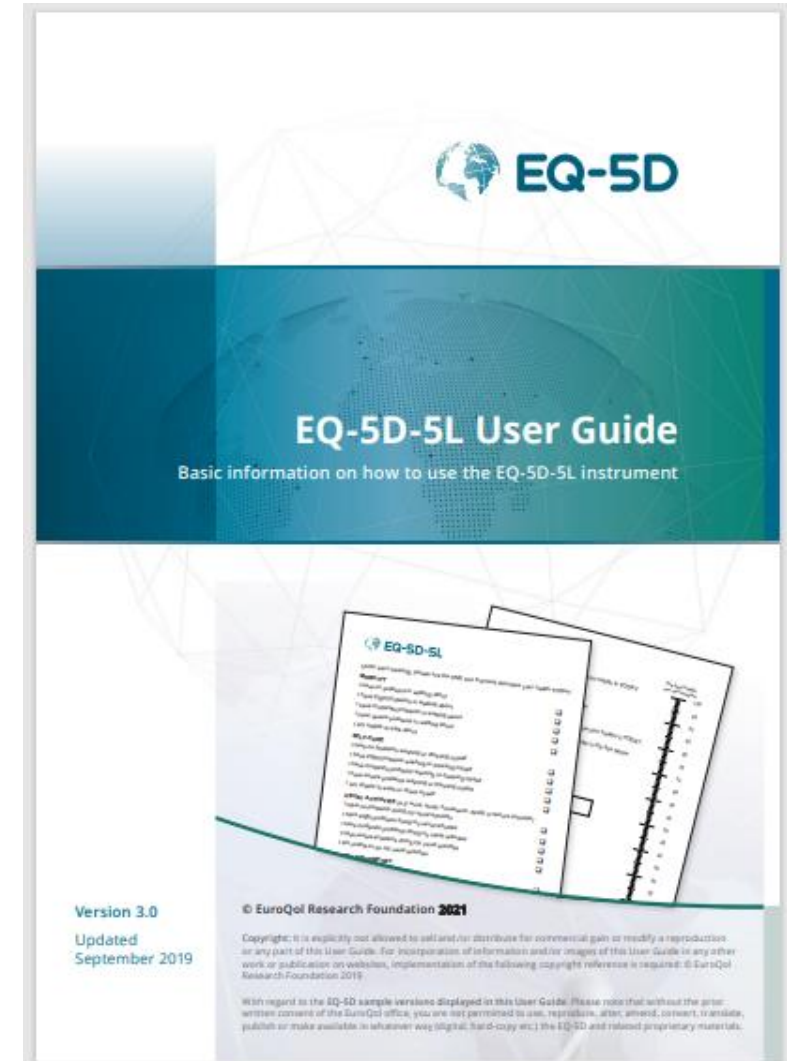
# Self-assessment (PROM) Pathway to support Waiting Well

Waiting Well intervention based on stratification criteria



# EQ-5D-5L

- Measures how well someone's health relates to their quality of life
- Covers 5 domains: mobility, self-care, usual activities of daily living, pain and discomfort, anxiety and depression
- Rating of their overall health

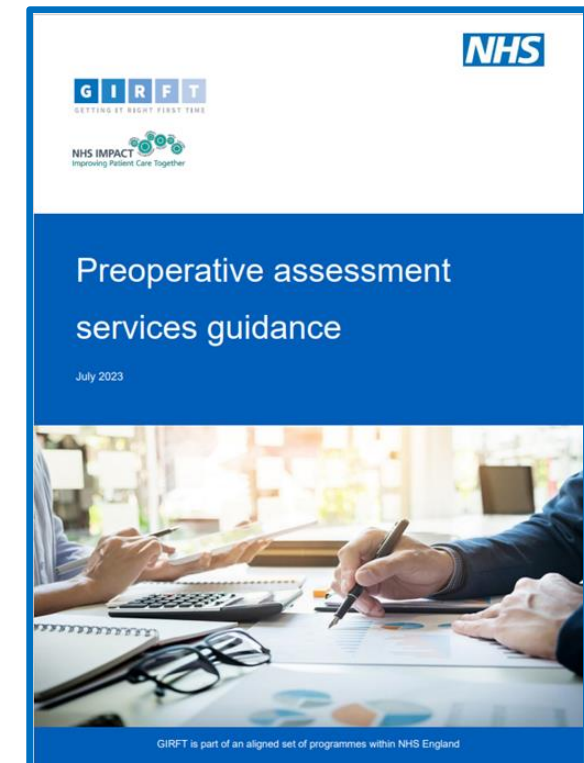


# About You Version 2



## Added (GIRFT recommendations) :

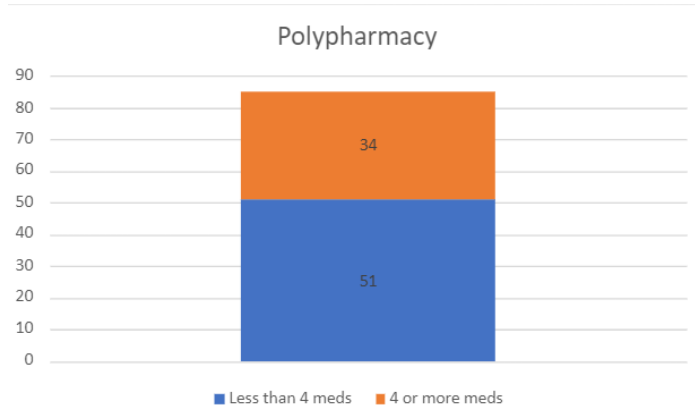
- Anaemia
- Anxiety
- Polypharmacy



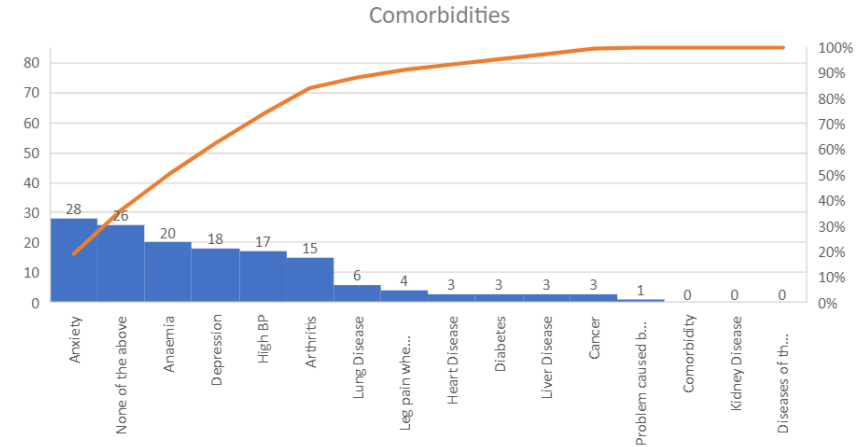
➤ Stratification Criteria (based on PROM results)	
<b>RED</b> ➤ Refer to Optimisation and Prehabilitation Service	<ul style="list-style-type: none"> <li>▪ BMI greater than 35 or less than 18.5</li> <li>▪ Exercise: 1 hour or less per week.</li> <li>▪ EQ-5D-5L Scores: Score 5 in MOBILITY, SELF-CARE &amp; USUAL ACTIVITIES</li> </ul>
<b>AMBER</b> ➤ Contact/ review from WLSS Nurses	<ul style="list-style-type: none"> <li>▪ BMI between 30 and 35</li> <li>▪ EQ-5D-5L Score 4 in MOBILITY, SELF-CARE and USUAL ACTIVITIES.</li> <li>▪ Score 5 in PAIN / DISCOMFORT and ANXIETY / DEPRESSION</li> <li>▪ VAS Scores: Less than 20</li> <li>▪ Comorbidities: Responds 'yes' to any comorbidity (even if more than 1)</li> <li>▪ Polypharmacy: 4 or more medications</li> </ul>
<b>YELLOW</b> ➤ Contact from non-clinical call handler ➤ MECC conversation	<ul style="list-style-type: none"> <li>▪ BMI of between 25 to 29</li> <li>▪ Exercise: More than 1 hour and up to 2 hours &amp; more than 2 hours and up to 3 hours.</li> <li>▪ EQ-5D-5L Score 2 or 3 in MOBILITY, SELF-CARE and USUAL ACTIVITIES, PAIN / DISCOMFORT and ANXIETY / DEPRESSION</li> <li>▪ VAS Score: 20 up to 60.</li> <li>▪ Smoking: Smoker</li> <li>▪ Alcohol: 14 or more units per week.</li> </ul>
<b>GREEN</b> ➤ Open access to WLSS and Waiting Well resources online ➤ No additional intervention required.	<ul style="list-style-type: none"> <li>▪ BMI: of 18.5 up to 25.</li> <li>▪ Exercise: Above 3 hours per week.</li> <li>▪ EQ-5D-5L: Level 1 in all domains</li> <li>▪ VAS Score: more than 60.</li> <li>▪ Comorbidities: Does not score 'yes' to any comorbidities.</li> <li>▪ Polypharmacy: Less than 4 medications</li> <li>▪ Smoking: Non-smoker</li> </ul>

# “Cohort” data to inform wider service delivery, workforce planning and training needs (Gynae cohort)

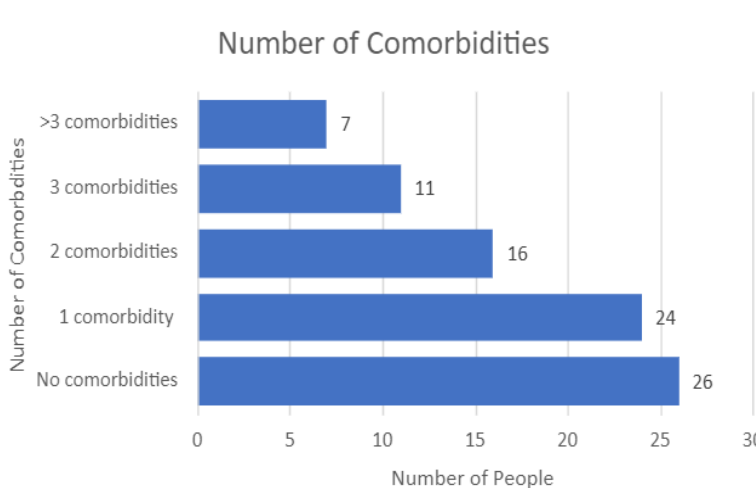
## 40% on 4 medications or more



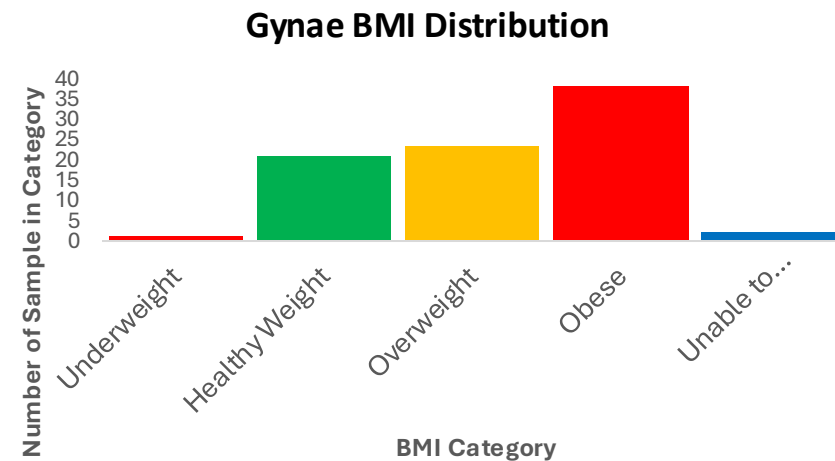
## Anxiety, Anaemia, Depression, High BP and Arthritis



## 68% have 1 or more comorbidities



## Majority overweight/ obese



# Stratification of newly listed Orthopaedic Patients

60% Supported via WLSS (SPOC) and 40% by the Optimisation and Prehabilitation service



# Key enablers to embed self-assessments to support Waiting Well



SYSTEM INTEGRATION



RAISING PUBLIC AND STAFF AWARENESS  
OF THE ROLE OF SELF-ASSESSMENT  
QUESTIONNAIRES IN THEIR CARE AND  
TREATMENT.

# Waiting List Support Service: Our Growing Network



**eich helpu?**  
Cymenwch gip ar Dewis Cymru man gorau i ddod o hyd i wybodaeth am ystod o wasanaethau llesiant yng Nghymru.

**LLESIAN DELTA WELLBEI**

**Actif**  
Chiwaron a Hamdden Sports & Leisure

Apps for my health and wellbeing

## Waiting List Support Service



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

Maintaining or improving your physical and mental health and wellbeing whilst you await your treatment or procedure is important.



The Waiting List Support Service provides you with a single point of contact for advice, support and guidance.

For further information scan here

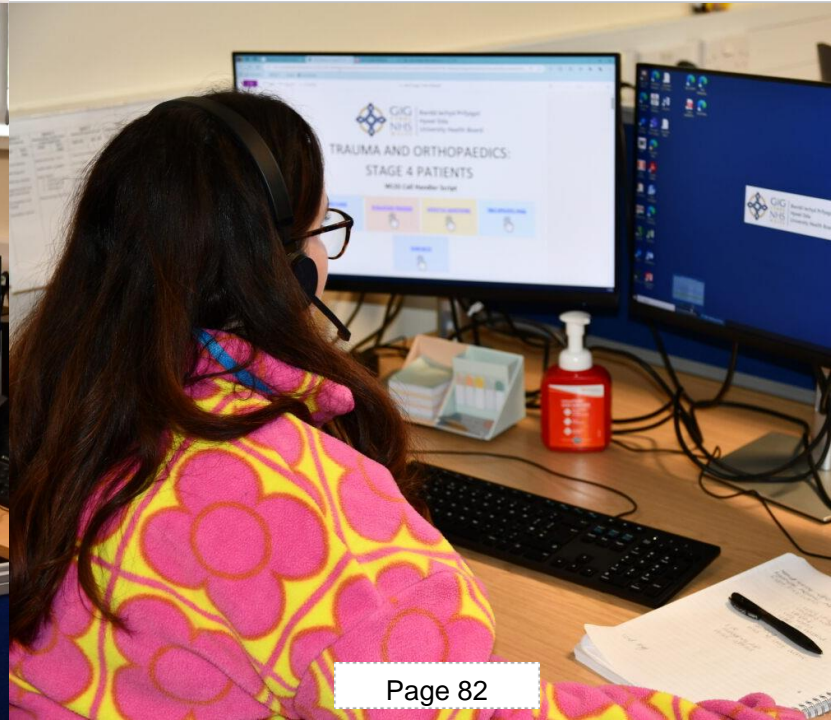


### How Can We Support You?

- Review your situation 'Matters' to establish additional support to maintain your quality of independence.
- Signpost and support healthcare services: Occupational Therapy Programme, Spec Cessation.
- Signpost and support community-based services: Repair, DeltaWell.
- Support you to take control of your condition whilst waiting.
- Provide reassurance.
- Advise on what you can do to manage symptoms that deteriorate.

Telephone: 01495 343434  
Email: ask.h@nhs.uk  
Monday to Friday 9am to 5pm

# Any Questions?



4

3:25 PM, 0 Mins

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4 - For Information

4.1

3:25 PM, 5 Mins

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4.1 - Integrated Performance Assurance Report  
(IPAR)

*Chair*

| For information

**Attachments**

[Integrated Performance Report.pdf](#)

**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	27 March 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Performance Update for Hywel Dda University Health Board – Month 11 2024/2025
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Executive Director of Finance In association with all Executive Leads
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Huw Thomas, Executive Director of Finance

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

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

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

This report relates to the Month 11, 2024/25 Integrated Performance Assurance Report (IPAR) which summarises progress against a range of national and local performance measures. This month's IPAR update consists of this SBAR and an IPAR dashboard. An IPAR overview update will be produced bi-monthly for committees.

The IPAR dashboard which includes data and charts for all performance measures can be accessed via: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 28<sup>th</sup> February 2025](#). Ahead of the Board meeting, the dashboard will also be made available via our [internet site](#).

A new performance framework has been developed. Our Improving Together Framework brings together content from the previous Improving Together and Escalation frameworks. It also reflects the organisational structural changes following the introduction of our new Clinical Care Groups. The escalation process has been enhanced to realign accountability to Executive Directors and Clinical Care Group Directors. A more stringent process has also been identified for those areas that are escalated and not making the required improvements. The new Our Improving Together Framework is included as a supporting document (Appendix B).

A summary of the Statistical Process Control (SPC) chart icons is included below.

<b>Variation</b> How are we doing over time	■	Concerning trend = a decline that is unlikely to have happened by chance
	■	Usual trend = common cause variation / a change that is within our usual limits
	■	Improving trend = an improvement that is unlikely to have happened by chance
<b>Assurance</b> Performance against target	□	Missing target = will consistently fail target without a service review
	□	Hit and miss target = Indicates that the Board cannot have sufficient assurance that the target can be consistently achieved over time, and the delivery of the target is particularly sensitive to external factors
	■	Hitting target = will consistently meet target

If assistance is required in navigating the IPAR dashboard, please contact the Performance Team:

[GenericAccount.PerformanceManagement@wales.nhs.uk](mailto:GenericAccount.PerformanceManagement@wales.nhs.uk).

### Cefndir / Background

In February 2024, Welsh Government published the [2024/25 NHS Wales Performance Framework](#). The framework outlines the Ministerial priorities for this financial year, along with key targets.

Welsh Government published the [2025/26 NHS Wales Performance Framework](#) in January 2025. Amendments from the 2024/25 framework are:

- Audiology metric split into adult patient waits >14 weeks and children >6 weeks;
- Removed from Framework - Percentage of calls ended following WAST telephone assessment (Hear and Treat);
- Removed from Framework but continued to be reported in the IPAR dashboard - Number of patients waiting more than 52 weeks for referral to treatment;
- Qualitative reports have been removed from the Framework.

### Asesiad / Assessment

We have adopted the '3As assessment' approach to highlight either an alert, advise or assure status for each of our key performance measures. Please refer to the latest [Integrated Performance Assurance Report \(IPAR\) dashboard](#) for data and charts for all performance measures.

#### **Alert (may require discussion)**

There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

**Ophthalmology** – In January 2025, 908 out of 1,750 (51.9%) high-risk (R1) patients attended appointments within their clinically assigned target date\* or within 25% beyond that date and performance shows concerning variation (Target = 95%). The decline in performance to the lowest level in almost 6 years is due to the loss of clinics and intravitreal injections experienced over the holiday period as some R1 capacity in January 2025 had to be utilised for patients displaced from their December 2024 appointments, who had already breached their target date.

Actions being progressed to support performance improvement include a shared approach between hospital and community-based Optometrist eye care teams, improvements to the glaucoma pathway, recruitment and training. Furthermore, a step increase to intravitreal injection (IVT) pathway capacity is underway, inclusive of shorter-term outsourcing of a cohort of IVT patients along with planned recurrent investment in HDdUHB service capacity through 2025/26 which is expected to positively impact overall R1 performance. It is anticipated that these improvements will contribute to an overall improvement in R1 performance beyond the 2024/25 65% TI threshold during the next 12 months. February 2025 performance is expected to recover to 58%.

\*Nationally agreed timeframe = clinically assigned target date or within 25% beyond that date.

**Cancer** – Following 3 months of improved performance, there was a decline in January 2025 with 53.3% of patients (161 out of 302) starting treatment within 62 days from referral, against the 60% trajectory. This predominantly reflected an increase in treatment volumes of patients in the 62 day+ backlog during January 2025. In February 2025, there were 482 patients waiting over 62 days to start treatment, against the trajectory of 328. The highest number of waits continues to be for Urology (167) and Lower GI (126). Confirmed positive diagnoses of cancer are not expected for a significant proportion of the patients in February and these volumes are expected to reduce as a result of increased Radiology CT imaging capacity during February and March 2025. Early data for February 2025 performance indicates recovery above the 60% threshold. Recovery plans include additional capacity for diagnostic pathways which are expected to improve performance in line with the 65% trajectory for the end of March 2025. The latest outpatient appointment data is showing a continued reduction for patients waiting over 14 days.

**Staff sickness** – 12-month rolling sickness remains high at 6.65% in February 2025. Anxiety, stress and depression continues to account for the highest reasons for absence across the majority of our directorates. The Workforce teams have been assisting Directorates, in particular Estates and Facilities and Unscheduled Care, to undertake deep dives into the absence data and have supported the implementation of targeted and bespoke action plans with the services for each specific area of concern.

**Staff engagement** – the overall score for staff engagement is showing special cause concerning variation at 70.4%. This is below the mean of 73% since monthly staff surveys began. Special cause concerning variation is also reported for the response to 'I am proud to tell people I work for Hywel Dda'. Strategies to help build staff engagement and instigate feelings of pride from working for Hywel Dda include; staff recognition and appreciation programmes, promoting a positive and supportive work environment, providing professional development, opportunities for growth and leadership programmes such as LEAP (Leadership Engagement with Awesome People).

**Diagnostics waits 8 weeks and over** – Whilst breaches reduced by 25% (2,051 patients) in February 2025, total breaches remained high at 6,017 patients and the trajectory of 311 was not met. Breaches recorded were at the lowest level reported since October 2024. Performance is showing common cause variation with performance largely driven by continuing challenges in Radiology:

- Radiology: Breaches reduced by 1,603 patients in line with recovery actions agreed in December 2024 and are forecast to further improve to circa 5,000 breaches by March 2025. However, concerning variation remains present on the SPC chart. Breaches driven by waits for CT, MRI and Non-Obstetric Ultrasound Scan (NOUS). Demand is currently exceeding capacity for timely investigations and reporting. Available resourced capacity is being prioritised for cancer and inpatient demand. Welsh Government recovery funding utilised in February 2025 to increase capacity.
  - NOUS insourcing commenced and planned to continue into the new financial year subject to funding.
  - Locum Radiographers were recruited for CT on 15/02/2025.
  - Mobile MRI solution extended and planned to continue into the new financial year subject to funding.
  - Advertisement and appointment of trainee Sonographers under annex 21 rules also commenced.

- Endoscopy: 88 breaches in February 2025. Improving variation is showing on the SPC chart. Short term sickness and gaps in the establishment caused theatre nursing staff challenges. An additional five sessions per week are being run to uplift core capacity and seven designated sessions to reduce backlog. A productivity dashboard has been developed and is being utilised to identify ongoing opportunities to improve utilisation of capacity. Endoscopy and Cardiology recovery plans in place and expected to achieve zero 8-week breach performance by March 2025.
- Cardiology: 265 breaches in February 2025. Improving variation is showing on the SPC chart. Planned insourcing is addressing the Echocardiogram gaps. Ambulatory monitoring breach position continues to recover with-in house management of demand and capacity. Transoesophageal echocardiogram (TOE) and dobutamine stress echo (DSE) breach positions are recovering. Exercise tolerance testing (ETT) breach position is also recovering. The plan to achieve a breach free position by end of the financial year 2024/25 is on track.

**Therapies waits 14 weeks and over** – Breaches reduced to 1,932 in February 2025, however, all services except occupational therapy and speech and language therapy show concerning variation. Services with the highest number of breaches are detailed below:

- Physiotherapy: 1,000 breaches, over half of the therapies total. Demand is greater than capacity and recruitment challenges within Musculoskeletal (MSK). A targeted workforce campaign has been initiated along with development of a bank system for band 5 and 6 registrants. Within budget agency recruitment underway to support some service vacancies until 8 June 2025. MSK telephone triage pilot in process to signpost patients toward self-care resources - summary report April 2025.
- Podiatry: 485 breaches. Impacted by recruitment issues and chronic vascular/diabetic foot pathology demand. Actions to address include staff skill mixing, recruitment to vacancies and waiting list management including open access clinics and telephone triage.
- Occupational therapy: 340 breaches. Majority of breaches in paediatrics due to backlog and demand and further impacted by sickness and staff resignation which will impact performance until March 2025. A focus on prioritising caseloads continues, sickness is being managed as per policy, and recruitment is underway to address capacity shortfalls from April 2025.
- Art therapy: 52 breaches and special cause concerning variation, with increases for five consecutive months. One therapist covers the whole of the Health Board, impacting capacity, although delivery is supported through groups where possible to mitigate this. A new art group for 8 clients will commence on 25 March 2025, running until June 2025, with a further group planned in September 2025. In line with Integrated Psychological Therapy Service (IPTTS), all clients waiting on the Art Therapy wait list have been offered groups as part of the ongoing waiting list management.

The directorate is currently off trajectory but undertaking demand and capacity modelling to achieve or revise trajectories. Short term measures have been put in place including appointment of agency staff, recruitment to newly qualified graduates across disciplines and increased scrutiny of waiting time performance. These actions are expected to reduce breach volumes but trajectories are volatile due to impact of any changes of workforce availability.

**Audiology waits 14 weeks and over** – 1,711 breaches in February 2025 (concerning variation). Issues include a large backlog coupled with workforce deficits, significant short-term and long-term sickness, staff vacancies (awaiting approval to advertise) and supporting a previously revised ENT rota. The fragile status of the Audiology service is under review. Actions underway include regular monitoring of the clinic template, a move to Patient Initiated Follow Ups (PIFU) to replace face to face appointments and release capacity (still awaiting sign off from the Quality Improvement Assessment Team) and approval to advertise staff vacancies.

**Child neurodevelopmental waits** - in January 2025, the overarching metric is showing common cause variation, with 19.7% having a neurodevelopmental assessment within 26 weeks, missing trajectory of 29%. Autism Spectrum Disorder (ASD) was 14.2%, and Attention Deficit Hyperactivity Disorder (ADHD) was 47.1%.

The 26-week target for ADHD assessments is showing improving variation. ASD performance has been consistently below 20% since September 2022 and continues to show concerning variation, with demand far outstripping our capacity to assess patients for ASD. We had an average of 116 referrals per month in 2024 compared to 20 per month in 2016. Clinical posts to support ASD assessments have now been recruited into and we have implemented a skill mix into teams to attract more interest in specialist roles and to promote a 'grow your own' culture.

**Ambulance red calls responses < 8 mins** - 52.7% in February 2025, target is 65%. Performance is showing expected (common cause) variation and performance trend has improved the last couple of months. Mitigation of risks via weekly reviews of WAST resource escalation action plan; Dynamic review of demand and area specific pressures; Advanced Paramedic Practitioners supporting multidisciplinary approach to admission avoidance.

#### **Ambulance handovers**

- The number of handovers taking longer than 1 hour in February 2025 reduced to 795 and overall performance shows common cause (expected) variation and the trajectory of 846 was met. PPH and WGH are driving this improvement, whilst BGH and GGH are still showing concerning variation.
- Handovers taking more than 4 hours during February were 223. Performance is showing expected (common cause) variation overall. All sites are showing common cause (expected) variation.
- Risk mitigation actions: Red and Amber 1 ambulance release plans, Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance incident call stack, for admission avoidance.

#### **4 hour and 12-hour A&E/MIU patient delays**

- No significant change in February for overarching Health Board performance position. Concerning performance trends continue for patients spending less than 4 hours in A&E/MIU (67.4%) or those spending longer than 12 hours (1,260).
- The percentage performance of patients seen within 4 hours is slowly starting to increase since December 2024, but this trend will need to be sustained across all sites.
- Since November 2024, GGH has continuing to reduce the number of patients waiting over 12 hours (491) and met the February trajectory (505). Likewise, at WGH, these patient numbers have been decreasing for 2 months.
- Since the MIU model was changed in October 2024, PPH met the 4-hour target (95%) for past four months and is showing improving variation and met trajectory for the eighth successive month for 12-hour patient delays, with zero reported in February 2025. The TI de-escalation criteria to reduce the percentage of patients waiting over 12 hours to no more than 7% has been met.

- Risk mitigation actions: Same Day Emergency Care (SDEC) units continue to support and be developed; Boarding protocol in place and the wards will take patients from the ED prior to the discharge patient leaving the ward; Hot Clinics (referral outlet for on call doctors, out of hours and a clinic that allows patients to return through SDEC not onto a ward) continue to run which facilitates early discharges and follow up review. PPH are currently piloting SDEC weekend support to further reduce admissions. GGH trialled Medical Same Day Emergency Care (SDEC) service during perfect week (w/c 21/01/25) within the current staffing model, and plan to review in March 2025.

### **Advise (to monitor)**

There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

### **Pathway of Care Delays (POCD)**

- Performance is showing improving variation. Census count delays increased during February 2025 to 217, and the total number of days delayed for our non-mental health patients increased to 7,847 days from 7,797 days previously. Assessment delays remain the largest proportion of delays.
- Formal arrangements between senior Health Board and Local Authority partners within the region are being reviewed. Oversight of POCD established within the 6 Goals for Urgent and Emergency Care workstream 3. A standardised regional process is required for monitoring and escalation of patients who have a length of stay of over 7 days to prevent them becoming delayed by our system.

**Planned Care** – as at February 2025, special cause improving variation continues, with:

- 638 new outpatient waits over 52 weeks, a reduction for the eighth consecutive month, ahead of trajectory (815) and the lowest breaches in over 4 years. 98.8% of patients waited less than 52 weeks for an outpatient appointment, showing continual improvement towards the TI de-escalation criteria of 100%. Delivery plan forecasts delivery of zero breaches by the end of March 2025.
- 829 Referral to Treatment (RTT) waits over 104 weeks, a reduction for four consecutive months and the lowest recorded in over three years, although trajectory (620) was not met. 99.1% of patients waited less than 104 weeks for RTT, showing continual improvement towards the TI de-escalation criteria of 100%. Whilst delivery plans across all specialties are in place to support treatment of all patients waiting 104 weeks by the end of March 2025, a residual delivery risk of circa 30 patients remains in orthopaedics despite additional internal, insource and outsource solutions being secured.
- 12,842 RTT waits over 52 weeks, the lowest since June 2023. 86.5% of patients waited less than 52 weeks for RTT and the TI de-escalation criteria of 80% continues to be met.
- 16,445 follow ups delayed over 100% of their target date. Whilst breaches remain below those recorded at the other large health boards, there has been minimal change in the overall volume of patients delayed beyond 100% year to date. All specialties are reviewing national Clinical Implementation Network (CIN) guidance, See On Symptoms (SOS)/Patient Initiated Follow Ups (PIFU) opportunities and validating those delayed the longest to help drive improvements.

**Psychological therapy** – the percentage of adults receiving a psychological therapy within 26 weeks is showing improving variation in the Integrated Psychological Therapies Service and Learning Disabilities with common cause variation in Adult Psychology. The overall trajectory for January 2025 was exceeded with compliance of 64.5% (target is 80%). Performance has dropped for the third consecutive month and by over 11% since October 2024. This is due to the scheduling of group sessions. Moving forward, the timetable for group interventions are being planned as ‘rolling’ groups rather than commencing and ending in blocks to prevent this dip in performance between groups.

### **Healthcare Associated Infections**

Total *S. aureus* and *C. difficile* case numbers are higher to date than the same period in the last financial year. However, *E. coli* cases are fewer than the same period, last financial year.

- *C. difficile* infections – In month cases are showing expected (common cause) variation in February. 173 cases within the Health Board this financial year to date compared to 169 reported at the same point for 2023/24. Population rates per 100,000 are reducing. The TI de-escalation criteria of reducing hospital onset cases by 25% was met in February (4).

An improvement group has been established with the Deputy Medical Director chairing. Continued use of DiffX and HPV disinfection, review of practices, hand hygiene audits, environmental audits and *C. difficile* transmission teaching provided to mitigate. Assurance meetings are held monthly on each site to review each hospital onset. Action plans developed with services focusing on Infection Prevention practice.

- *E. coli* infections - In month cases are showing expected (common cause) variation in February. Population rates per 100,000 increased slightly. The TI de-escalation criteria of reducing hospital onset cases by 25% was met in February (5). Continued education of staff around catheter and device care. Assurance meetings are held monthly on each site to review each hospital onset.
- *S. aureus* infections – in month cases are showing expected (common cause) variation in February. Population rates per 100,000 increased slightly. The TI de-escalation criteria of reducing hospital onset cases by 25% was not met in February (4). Peripheral vascular catheter bundle compliance monitored, with an emphasis on devices being removed at the earliest opportunity. Assurance meetings are held monthly on each site to review each hospital onset.

### **Assure (to note)**

There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

**Mental health** – all part 1a and 1b measures for adults and children met target and trajectory in January 2025. All part 1a and 1b measures are showing improving variation with the exception of adult interventions starting within 28 days following assessment, which is showing expected (common cause) variation. The targeted Intervention de-escalation criteria of Local Primary Mental Health Support Services assessments undertaken; children and young people therapeutic interventions started within 28 days and those having a valid care treatment plan, continue to be met.

**Personal Appraisal Development Review within 12 months:** is showing improving variation. In February 2025, 83.65% compliance was achieved (target 85%). Continuous improvement has been made since our lowest compliance of 62% in April 2022.

## Triangulating our data: February 2025

- **Quality safety and risk** – the number of incidents causing moderate harm or above reported by month continues to decrease since November 2024 (February 2025: 1,082). There were 186 patient falls, the lowest recorded to date. Medication errors decreased with 92 cases. We continue to have significant numbers of high and extreme risks on the risk register with 468 this month. Number of new complaints received by month have decreased since last month's spike of 188 to 130 in February. The number of new infection cases was 67, only 9 of which were C. difficile. The majority of new cases were E. coli (35) and S. aureus (14).
- **Workforce** – In month, staff sickness reduced slightly to 6.2% and long-term sickness to 4.0%. There was a small decrease in short term sickness 2.3%. Note: the sickness metric reported in the alert section of this SBAR includes 12 month rolling data. During February, nursing and midwifery agency usage continued to reduce, with 60.97 whole time equivalents (WTE), lowest rate recorded.
- **Finance** – Comparing February 2025 to February 2024, our agency spend reduced by 68% (£1.363m) and bank spend increased by 7% (£87k) during the same period.

Quality, safety and risk	Best	Worst	Latest	Trend
Reported incidents causing moderate harm or above	130	314	130	
Patient falls	186	302	186	
Medication errors	71	151	92	
Pressure damage developing or worsening during care	75	216	95	
New complaints by month received (ward level not available)	109	226	130	
Number of high and extreme risks (health board & directorate only)	381	492	468	
Infections: new cases	53	84	67	
Infections: C. difficile cases	9	23	9	
<b>Workforce</b>				
Number of staff/contractor related incidents	100	212	108	
Sickness - short term	1.7%	3.6%	2.3%	
Sickness - long term	3.3%	4.9%	4.0%	
Number of vacancies	To follow			
Staff turnover (12 month rolling)	7.3%	9.8%	8.1%	
Nursing and midwifery vacancies	To follow			
Nursing and midwifery agency (WTE)	101.43	379.79	101.43	
Bank (WTE)	212.99	352.85	318.13	
<b>Financial recovery</b>				
Agency spend	£645,019	£3,491,731	£645,019	
Bank spend	£872,933	£1,628,320	£1,340,584	

## Escalation: February 2025

A summary of the internal escalation status of each of our directorates is included in the table below. Directorates have been assessed across the six domains of Quality, Governance, Workforce, Finance, Strategy and Planning, Fragile Services and Performance and Outcomes. The escalation assessment criteria can be found in Appendix A.

As outlined in the Situation section, the new Our Performance Improving Framework will be introduced for 2025/26. As part of the framework, escalation levels will be assigned at the new Clinical Care Group level from our month 1 IPAR report (May) onwards.

# Escalation overview

## February 2025

### KEY

1 Reasonable assurance    2 Limited assurance    3 No assurance

	Directorate	Quality	Governance	Workforce	Finance, Strategy and Planning	Fragile Services	Performance & Outcomes
Director of Operations	Director of Operations	1	3	2	3	1	n/a
	Facilities	2	3	3	3	1	3
	Mental Health & Learning Disabilities	3	3	2	3	2	3
	Cancer & Oncology	1	1	2	3	1	3
	Pathology	1	3	2	3	2	n/a
	Radiology	2	1	2	3	3	3
	Planned Care (incl. Audiology and Endoscopy)	2	3	2	3	3	3
	Bronglais Hospital	2	3	2	1	2	3
	Glangwili Hospital	3	1	2	3	3	3
	Prince Philip Hospital	2	1	2	3	1	3
	Withybush Hospital	3	2	2	3	2	3
Director of Primary, Community and LTC	Women & Children	2	3	2	3	2	3
	Carmarthenshire County	2	1	2	3	1	3
	Ceredigion County	2	1	2	1	1	3
	Pembrokeshire County	2	1	2	3	1	3
	Primary Care	2	3	2	1	2	3
	Primary Care Management	1	1	2	1	1	n/a
Other	Medicines Management	1	2	2	3	2	n/a
	Director of Therapies and Health Sciences	2	1	2	3	1	3
	Director of Finance	1	2	2	1	2	n/a
	Director of Nursing	1	1	2	2	1	3
	Director of Public Health	1	1	2	1	1	2
	Director of Strategy and Planning	1	2	1	1	1	n/a
	Director of Workforce & OD	1	1	1	1	1	n/a
	Medical Directorate	1	3	1	1	1	n/a
Corporate Services	1	1	2	1	1	n/a	

## Escalation changes from January 2025 to February 2025

Domain	Escalated up ↑	Escalated down ↓
Quality	Ceredigion County (now L2)	Bronglais Hospital (now L2) Prince Philip Hospital (now L2)
Governance	Bronglais Hospital (now L3) Director of Operations (now L3) Medical Directorate (now L3) Withybush Hospital (now L2)	Radiology (now L1)
Workforce	Cancer & Oncology (now L2)	-
Finance, Strategy and Planning	-	Director of Strategy and Planning (now L1)
Fragile Services	Radiology (now L3)	-
Performance & Outcomes	-	-

Our four directorates with the highest levels of escalation are Mental Health and Learning Disabilities, Planned Care, Glangwili Hospital and Facilities. The escalation levels and key points to note for each of these directorates are summarised below. Directorates with concerning levels of escalation (level 3s) are having monthly contacts with Executive Directors to discuss actions being taken to address the escalation issues. Corporate directorates are being asked by Executive Team members to support the challenged directorates where a need is identified.

## Mental Health and Learning Disabilities

Since August 2024, the Mental Health and Learning Disabilities directorate had the highest level (3) of escalation across the 6 domains, with no change to escalation levels from the previous month.

Escalation domain	Jan 25	Feb 25	Change	Notes
Quality	3	3	↔	60% escalation assurance. Overdue HIW and peer review actions need to be addressed. Incidents and complaints need to be managed more efficiently.
Governance	3	3	↔	Audit and inspection recommendations need to be implemented within timescales.
Workforce	2	2	↔	High levels of sickness and turnover, overdue pay progressions and job planning compliance need to be addressed.
Finance, Strategy & Planning	3	3	↔	Recurrent savings needs to be identified.
Fragile Services	2	2	↔	Robust plan needed for ASD and inpatient services.
Performance and Outcomes	3	3	↔	ASD performance continues to be significantly below target.

## Planned Care

The Planned Care directorate are on level 3 escalation overall for 4 domains for the fifth consecutive month, however 2 measures within the performance domain have been de-escalated to level 2 i.e. patients waiting over 52 weeks for a new outpatient appointment and waits over 104 weeks from referral to treatment.

Escalation domain	Jan 25	Feb 25	Change	Notes
Quality	2	2	↔	73% escalation assurance. Areas that need to be addressed: incidents open over 120 days, and complaints open over 30 days and awaiting comments from service.
Governance	3	3	↔	Improvement needed in compliance for completing audit and inspection actions. Directorate also need to ensure 90% of Welsh Health Circulars implemented within timescale.
Workforce	2	2	↔	Improved compliance needed for PADRs, sickness, mandatory training, staff turnover, overdue pay progressions and job planning.
Finance, Strategy & Planning	3	3	↔	Directorate need to deliver a balanced position by year end and 5% recurrent savings.
Fragile Services	3	3	↔	More sustainable plans required for: critical care (PPH), emergency general surgery (WGH & GGH), ophthalmology consultant on-call rota, anaesthetics medical workforce, provision of 7 day a week Trauma unit (GGH).
Performance and Outcomes	3	3	↔	R1 eye care and delayed follow-up appointments = level 3. 52 weeks for a first outpatient and 104 weeks from referral to treatment have been de-escalated to level 2.

## Glangwili Hospital

No significant change since last month, the directorate is in level 3 escalation for 4 out of the 6 domains.

Escalation domain	Jan 25	Feb 25	Change	Notes
Quality	3	3	↔	59% escalation assurance. Areas for improvement: incident management, complaint management and timely investigation and learning demonstrated from pressure damage and medication errors
Governance	1	1	↔	
Workforce	2	2	↔	Improved compliance needed for PADRs, sickness, turnover, outstanding pay progressions and job planning.
Finance, Strategy & Planning	3	3	↔	Directorate need to deliver a balanced position by year end and 5% recurrent savings.
Fragile Services	3	3	↔	A&E staffing: plan needed for more resilient medical staffing.
Performance and Outcomes	3	3	↔	Improvements needed in ambulance handover delays and reducing the number of patients waiting over 12 hours in A&E.

## Facilities and Estates

No significant change since last month, the directorate is in level 3 escalation for 4 out of the 6 domains.

Escalation domain	Jan 25	Feb 25	Change	Notes
Quality	2	2	↔	88% escalation assurance Internal audit actions need to be completed and overdue HIW actions need to be addressed and closed.
Governance	3	3	↔	Audit and inspection recommendations need to be implemented within timescales. Governance arrangements need to be strengthened within the directorate.
Workforce	3	3	↔	Improvements needed for PADRs, mandatory training, sickness, turnover and pay progressions.
Finance, Strategy & Planning	3	3	↔	Directorate need to deliver a balanced position by year end and 5% recurrent savings.
Fragile Services	1	1	↔	
Performance and Outcomes	3	3	↔	Consistent cleaning audits need to be undertaken across all sites and targets achieved, particularly in high-risk areas.

## Argymhelliad / Recommendation

The Board is asked to **DISCUSS** the IPAR – Month 11 2024/25 report and to **SEEK ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as 'alert'.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks are outlined throughout the report
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	2024/2025 NHS Performance Framework
Rhestr Termiau: Glossary of Terms:	A&E – Accident and Emergency BGH – Bronglais General Hospital ED – Emergency Department GGH – Glangwili General Hospital IPAR – Integrated Performance Assurance Report MIU – Minor Injury Unit PPH – Prince Philip Hospital PODCC – People, Organisational Development and Culture Committee SDODC – Strategic Development and Operational Delivery Committee SRC – Sustainable Resources Committee WAST – Welsh Ambulance Services University NHS Trust WGH – Withybush General Hospital
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	Operations, Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Therapies and Primary Care

Parties / Committees consulted prior to University Health Board:	Strategic Development and Operational Delivery Committee People, Organisational Development and Culture Committee Sustainable Resources Committee
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Better use of resources through integration of reporting methodology <a href="#">Integrated Impact Assessment Template</a>
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Use of key metrics to triangulate and analyse data to support improvement. <a href="#">Integrated Impact Assessment Template</a>
<b>Gweithlu:</b> <b>Workforce:</b>	Development of staff through pooling of skills and integration of knowledge <a href="#">Integrated Impact Assessment Template</a>
<b>Risg:</b> <b>Risk:</b>	Better use of resources through integration of reporting methodology <a href="#">Integrated Impact Assessment Template</a>
<b>Cyfreithiol:</b> <b>Legal:</b>	Better use of resources through integration of reporting methodology <a href="#">Integrated Impact Assessment Template</a>
<b>Enw Da:</b> <b>Reputational:</b>	A number of our national performance measures have been showing concerning trends over a period of time. The SBAR outlines the issues impacting our capacity, which has subsequent impact on our performance. Over time, there is potential for our performance to have an adverse impact on our reputation as a health board, which then may impact recruitment and staff morale. <a href="#">Integrated Impact Assessment Template</a>
<b>Gyfrinachedd:</b> <b>Privacy:</b>	N/A <a href="#">Integrated Impact Assessment Template</a>
<b>Cydraddoldeb:</b> <b>Equality:</b>	N/A <a href="#">Equality Impact Assessment</a>

## Appendix A: Escalation criteria

	Quality	Governance	Workforce	Finance, Strategy & Planning	Fragile Services	Performance & Outcomes
	Director of Nursing	Director of Corporate Governance	Director of Workforce and OD	Director of Finance Director of Strategic Planning	Director of Strategic Planning Director of Nursing	Director of Operations
<b>Level 1</b>	<b>Reasonable assurance that there are no significant concerns within the directorate.</b>					
<b>Level 2</b>	<b>Limited assurance that the directorate:</b>					
	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Incidents</li> <li>2. Concerns</li> <li>3. Complaints</li> <li>4. Medical Examiner</li> <li>5. Duty of Candour</li> <li>6. HIW/CIW</li> <li>7. Quality and Equality Impact assessments (where applicable)</li> </ol>	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Risks</li> <li>2. Audits / inspections / WHCs / Ministerial Directions</li> <li>3. Board / Committee actions</li> <li>4. FoI and corporate correspondence</li> <li>5. Policies (where applicable)</li> </ol>	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Bullying and harassment, difficult working relationships or complaints</li> <li>2. Sickness</li> <li>3. PADRs</li> <li>4. Turnover</li> <li>5. Mandatory training</li> <li>6. Career development</li> <li>7. Rosters &amp; job plans</li> </ol>	<p>Will:</p> <ol style="list-style-type: none"> <li>1. Operate within budget or deliver a recovery plan which will return to budget in year.</li> <li>2. Identify and delivery recurrent savings to the level required.</li> <li>3. Has a triangulated plan to operate services effectively for the year.</li> </ol>	<p>Will manage the risk of a service failure occurring within the next six months through robust mitigating plans.</p>	<p>Will achieve target performance, with the trajectory missed for over 2 months.</p>
<b>Level 3</b>	<b>No assurance that the directorate:</b>					
	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Incidents</li> <li>2. Concerns</li> <li>3. Complaints</li> <li>4. Medical Examiner</li> <li>5. Duty of Candour</li> <li>6. HIW/CIW</li> <li>7. Quality and Equality Impact assessments (where applicable)</li> </ol>	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Risks</li> <li>2. Audits / inspections / WHCs / Ministerial Directions</li> <li>3. Board / Committee actions</li> <li>4. FoI and corporate correspondence</li> <li>5. Policies (where applicable)</li> <li>6. Quality governance</li> </ol>	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Bullying and harassment, difficult working relationships or complaints</li> <li>2. Sickness</li> <li>3. PADRs</li> <li>4. Turnover</li> <li>5. Mandatory training</li> <li>6. Career development</li> <li>7. Rosters &amp; job plans</li> </ol>	<p>Will:</p> <ol style="list-style-type: none"> <li>1. Operate within budget or deliver a recovery plan which will return to budget in year.</li> <li>2. Identify and delivery recurrent savings to the level required.</li> <li>3. Has a triangulated plan to operate services effectively for the year.</li> </ol>	<p>Will manage the risk of a service failure occurring within the next six months through robust mitigating plans.</p>	<p>Will achieve target performance, with the target and improvement trajectory being consistently missed.</p>



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Our Improving Together Framework

## March 2025

# Contents

1. Introduction
  2. Aims
  3. Improvement domains
  4. Accessing key data and resources
  5. Health board structure
  6. Governance and reporting
  7. Compassionate leadership
  8. Performance improvement arrangements
    - a) Board and committees
    - b) Executive Team
    - c) Integrated Quality,
    - d) Performance and Delivery Group (IQFPD)
    - e) Clinical Care Groups and Corporate Directorates
    - f) Our Teams
  9. Escalation
- Appendix A – key improvement metrics

# 1. Introduction

Our Improving Together Framework sets out our approach to embedding performance improvement through our organisation. 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 and our population. Its successful implementation will help us to focus on what is important and enable us to provide services which are effective and efficient.

Improvements will be focused around seven key domains:

- Quality and safety
- Governance
- Workforce
- Finance
- Strategy, planning and fragile services
- Population health
- Performance and outcomes

See section 3. *Improvement domains* for further details.

This framework applies to staff working across our whole organisation. We all have a role to play in identifying opportunities for improvement, and in enacting them. Managers must take an active lead to review their performance and implement improvement actions when needed. Staff need to work together to improve services, outcomes and health for patients, staff and our population.



**Owner**

Executive Director of Finance

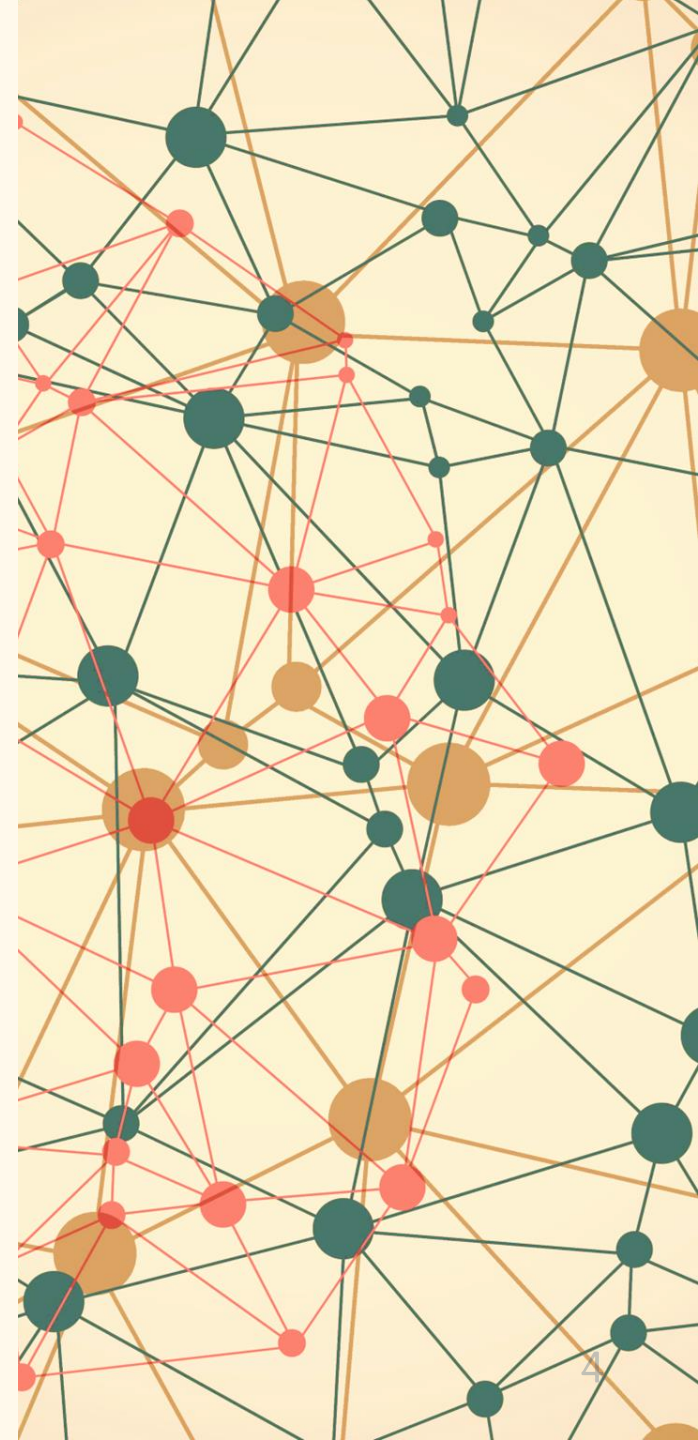
**Owning group**

Integrated Quality, Finance and Performance Delivery Group

## 2. Aims

The Our Improving Together Framework aims to:

- Provide clarity on the performance improvement arrangements and roles and responsibilities at all levels within our organisation.
- Assess performance against key metrics and trajectories. Areas where we must deliver improvement are outlined in the NHS Wales Performance Framework and Planning Framework.
- Focus resources and improvement efforts in required areas to enable us to achieve our objectives.
- Provide alignment between performance, planning, value, activity, quality, workforce, risk management and finance to identify areas of improvement
- 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.
- 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.



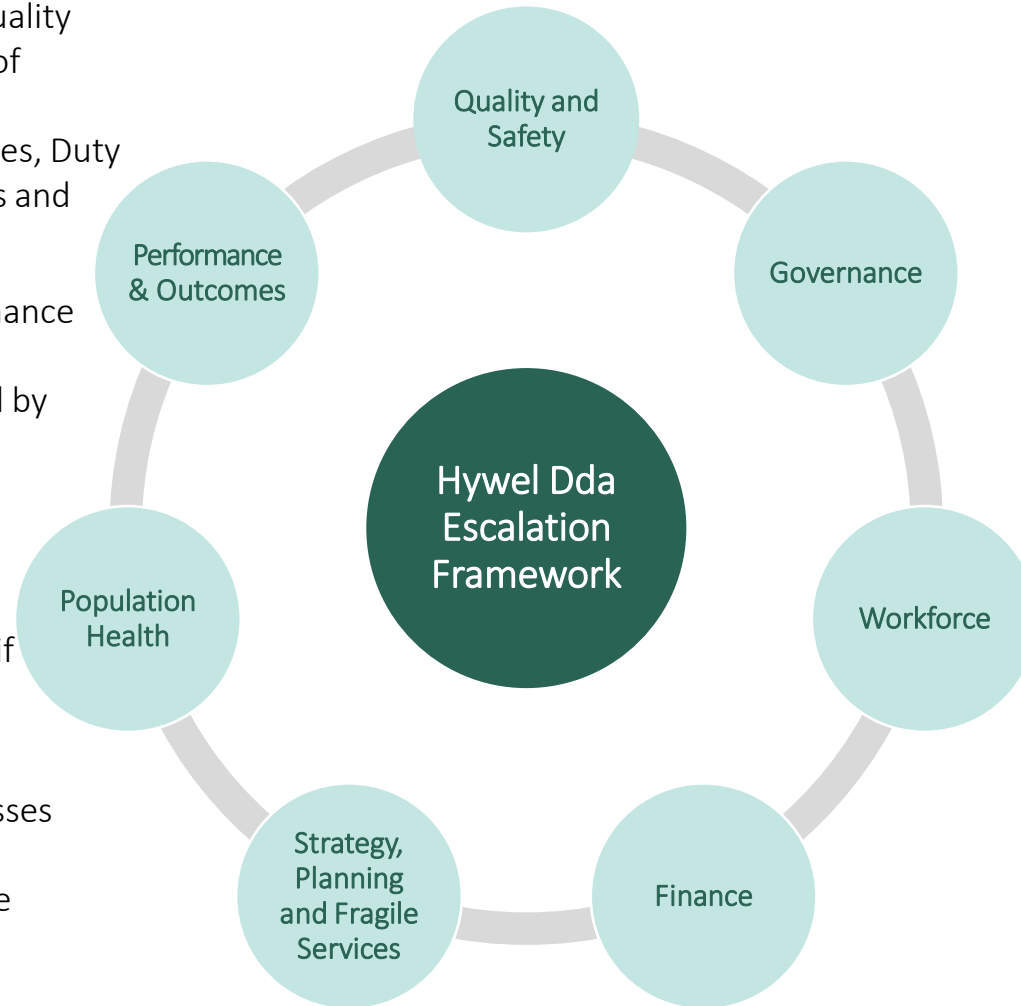
# 3. Improvement domains

**Quality and Safety:** Focuses on the level of quality assurance which is calculated using a range of quality and safety metrics e.g. patient safety incidents, complaints, medical examiner issues, Duty of Candour, deteriorating patients, infections and patient satisfaction.

**Performance & Outcomes:** Evaluates performance against key targets and agreed improvement trajectories. Escalation levels are determined by the extent of underperformance and the effectiveness of recovery plans.

**Population Health:** Determines if opportunities are being taken to encourage patients to embrace healthier lifestyles, and if we are resilient as an organisation to future challenges.

**Strategy, Planning and Fragile Services:** Assesses if a triangulated plan is available to operate services effectively for the year. Evaluates the sustainability and resilience of services, considering factors such as staffing, patient safety, and service continuity. Escalation levels are based on the level of risk to service delivery and the effectiveness of mitigating actions.



**Governance:** Assesses the effectiveness of quality governance, risk management, audit and inspection compliance, and decision-making processes. Escalation levels are determined by the regularity and quoracy of meetings, outstanding actions, and the timeliness of policy updates.

**Workforce:** Evaluates sickness absence rates, employee relations cases, mandatory training compliance, and adherence to the career framework. Escalation levels are based on the number of unresolved employment issues e.g. relation cases, pay progression, sickness absence rates, and compliance with training and career development requirements.

**Finance:** Focuses on financial performance, including overspend, budget management, and the credibility of recovery plans. Escalation levels are determined by the extent of overspend, the robustness of financial plans, and the effectiveness of savings initiatives.

# 4. Accessing key data and resources

## Key data resources

Data is a key enabler for performance improvement. We can use our data to take positive action to improve.

- [Our Performance dashboard](#) - brings together performance, activity, quality, workforce, risk and finance information. This allows for rapid triangulation of data.
- [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.
- [Integrated Performance Assurance Report \(IPAR\) dashboard](#) - we have identified key areas where we want to make improvements and areas where we are doing well and want to maintain this or make further improvements. The IPAR dashboard shows our progress against these key areas.
- [Board Assurance Framework \(BAF\) dashboard](#) (accessible through the Board papers) - outlines the key outcomes and proxy indicators aligned to each strategic objective.
- [Information Reporting Intelligence System \(IRIS\)](#) - is the front door to the data held by our Information Services teams.

We are working on further dashboards: including, “Our activity”; “Our productivity”; “Our outcomes” and “Our population health”. We hope these will be available by Summer 2025.



## Other useful resources

- [Problem solving tools](#) – teams are encouraged to use problem solving tools to break down any problem and help find ways to resolve.
- [NHS Wales performance framework 2025 to 2026](#) – sets out Welsh Government’s key strategic priorities for NHS Wales in 2025/26.
- [NHS Wales planning framework 2024 to 2027](#) – defines Welsh Government’s planning expectations from NHS Wales for 2024-2027.

# 5. Health board structure

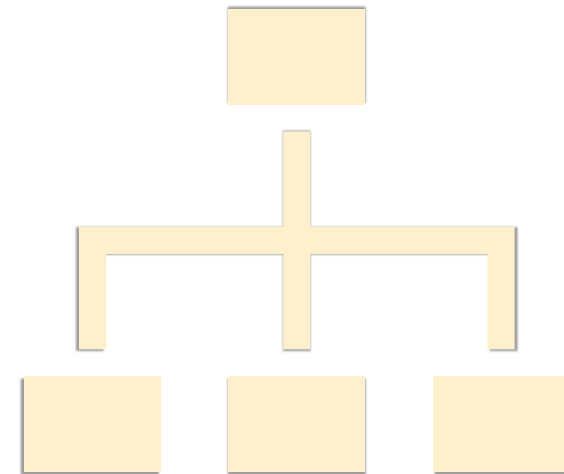
There are 9 Executive Directorates within the health board:

- Chief Executive
- Chief Operating Officer
- Executive Director of Nursing, Quality and Patient Experience
- Executive Medical Director
- Executive Director of Allied Health Professions and Health Science
- Executive Director of Public Health
- Executive Director of Workforce and Organisational Development
- Executive Director of Finance
- Executive Director of Strategy and Planning

Due to the breadth of areas covered by the Chief Operating Officer's portfolio, the directorate has been further divided into seven Clinical Care Groups:

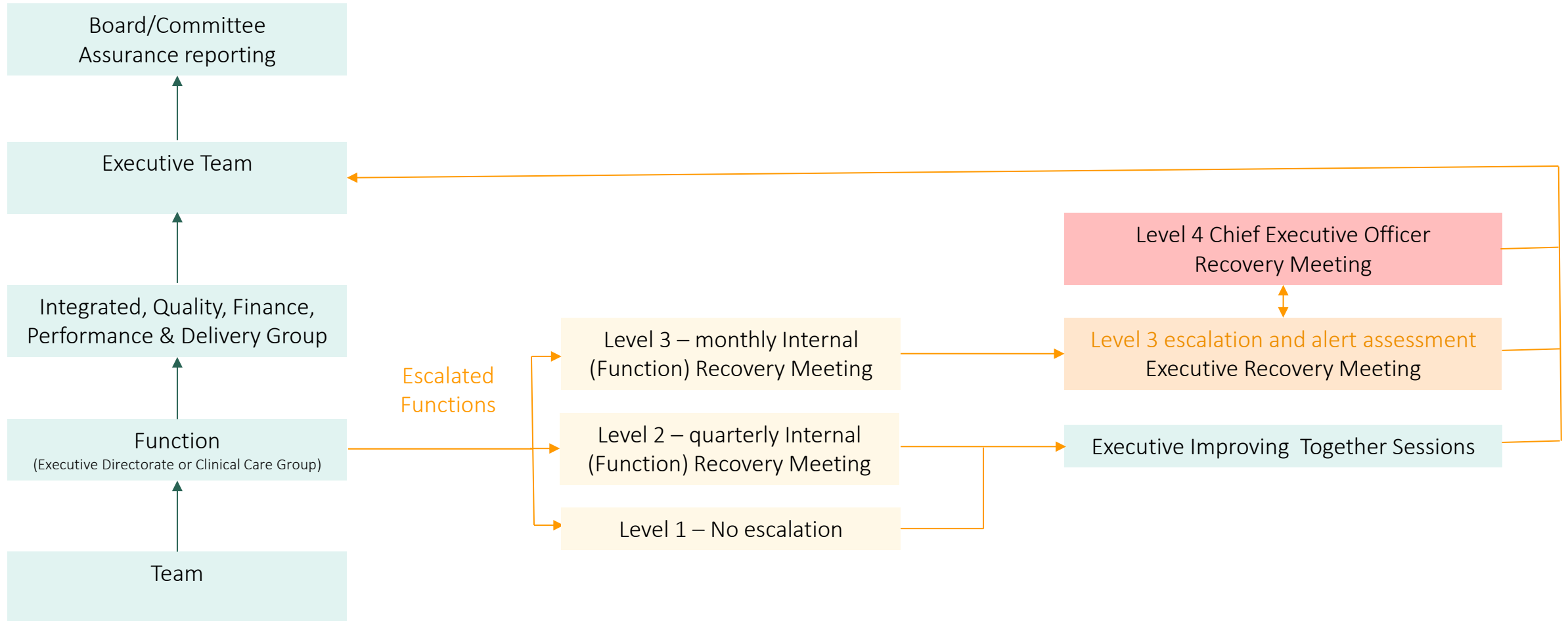
- Estates & Facilities
- Mental Health & Learning Disabilities
- Community & Integrated Medicine
- Operational Allied Health & Health Science
- Planned & Specialist Care
- Primary Care, Community Strategy and Long Term Care
- Chief Operating Officer Management  
(Pending changes to reallocate responsibilities)

Note: the term 'function' is used in this document to mean Executive Directorate or Clinical Care Group.



# 6. Governance and reporting

The organogram shows the health board's performance improvement and escalation governance arrangements feeding into Executive Team, Committee and Board.



# 7. Compassionate leadership

## CORE PRINCIPLES

### Presence and attentiveness

Be fully present and attentive when interacting with team members. Listen actively to understand their perspectives, concerns, and needs.

### Empathy and insight

Strive to understand the experiences, emotions, and challenges faced by team members. This involves putting oneself in their shoes and appreciating their viewpoints.

### Emotional connection

Connect emotionally with team members, showing genuine care and concern for their well-being. This helps build trust and strengthens relationships.

### Support and assistance

Actively help team members by providing the necessary resources, support, and encouragement. This includes removing obstacles that hinder their performance and growth.

## HOW WE IMPLEMENT

- **Create a supportive environment:** Foster a culture of support, where team members feel valued and understood. Encourage open communication and psychological safety, allowing staff to express concerns without fear of judgment.
- **Develop a shared vision:** Collaborate with team members to create a shared vision and common goals. Ensure that the vision aligns with the values and mission of the organisation.
- **Empower and develop others:** Provide opportunities for professional growth and development. Empower team members by delegating responsibilities and encouraging autonomy.
- **Promote collaboration and teamwork:** Encourage teamwork and collaboration across different departments and levels. Facilitate cross-functional projects and initiatives to build a sense of unity and collective purpose.
- **Recognise and appreciate contributions:** Regularly acknowledge and celebrate individual and team achievements. Show appreciation for the hard work and dedication of team members.
- **Balance compassion with accountability:** Maintain high standards and accountability while being compassionate and understanding. Address performance issues constructively, focusing on solutions and improvement rather than blame.

## BENEFITS

### Enhanced well-being

Improves the overall well-being and job satisfaction of employees.

### Increased engagement

Boosts employee engagement, motivation, and commitment to the organisation.

### Better performance

Leads to higher levels of performance and productivity.

### Stronger relationships

Fosters stronger, more trusting relationships between leaders and team members.

### Positive culture

Cultivates a positive and supportive organisational culture that attracts and retains talent.

# 8a. Performance improvement arrangements

## Board and committees

### Board

- The Board is responsible for setting the strategy, allocating resources, setting the organisational leadership tone, and for gaining assurance that our performance meets the requirements of our strategy.
- The Board has overall oversight of our performance.
- The Board Assurance Framework outlines the key outcomes and proxy indicators that we are planning 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 (see section 4. Accessing key data and resources for more details).

Reported to	Board	Board/Committee
Report name	Board Assurance Framework (BAF)	Integrated Performance Assurance Report (IPAR)
Purpose	Monitors progress against our strategic objectives and outcomes	Outlines our performance against key national and locally agreed performance indicators
Frequency	Every 4 months (March, July and November)	Monthly, alternating between Board and Committee
Supporting tools	<ul style="list-style-type: none"> <li>• BAF dashboard</li> </ul>	<ul style="list-style-type: none"> <li>• IPAR dashboard</li> <li>• Our Performance dashboard</li> <li>• Our Safety dashboard</li> </ul>

### Committees

Committees hold a governance/assurance role on behalf of the Board and scrutinise areas of concern, escalating those which need to be drawn to the Board's attention.

# 8b. Performance improvement arrangements

## Executive Team

### Role of the Executive Team

The key responsibilities of the Executive Team include, but are not limited to, providing strategic leadership, ensuring the health board operates within its budget, improving the quality of care provided, creating a positive work environment for staff and effective communication with stakeholders e.g. other health boards, Welsh Government, staff, patients and the public.

### Chief Executive Officer

The Chief Executive Officer is responsible for the overall 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.

### 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 achieve our strategic objectives. The following will be discussed as part of the review:

- Measures: are they are moving in the right direction
- Principal Risks: Review 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 progress towards our strategic objectives

### Other Executive Team members

- The Director of Finance is the named Executive Director with responsibility for establishing and managing the performance framework.
- Each Executive Team member is responsible for delivering their performance targets within their respective directorates. They will also chair their own Executive Improving Together Session(s) – see section 8e. Functions for more details.
- Executive leads for each of the 7 domains detailed in section 3 are:
  - Governance: Director of Corporate Governance/Board Secretary
  - Quality and safety: Director of Nursing, Quality and Patient Experience
  - Workforce: Director of Workforce and Organisational Development
  - Finance: Director of Finance
  - Strategy, planning and fragile services: Director of Strategy and Planning
  - Population health: Director of Public Health
  - Performance and outcomes: Chief Operating Officer

## 8c. Performance improvement arrangements

# Integrated Quality, Financial Performance and Delivery Group

The Integrated Quality, Financial, Performance and Delivery (IQFPD) Group is a subgroup of the health board's Executive Team. The purpose of IQFPD is to ensure the effective planning and delivery of all elements of the Health Board's Annual Plan, and oversee delivery and performance across the organisation, including the associated risks and issues, within a robust operational governance framework.

### Key responsibilities

- Consider themes and issues that arise through the health board's performance review process (EITS and Recovery Meetings). This includes consideration of any support requirements for services and teams, as well as reviewing the format of those sessions.
- Where a Corporate Directorate or Clinical Care Group (function) is not delivering against the national/Health Board target for any of the management metrics set (see Appendix A for more details), these will be flagged as part of the health board's escalation process (see section 9. Escalation for further details).
- To oversee the setting of the improvement trajectories by Corporate Directorates and monitor accordingly.

### Membership

- Chief Operating Officer (Chair)
- Executive Director of Allied Health Professionals and Health Science (Vice-Chair)
- Executive Director of Strategy and Planning
- Executive Medical Director
- Executive Director of Nursing, Quality and Patient Experience
- Executive Director of Finance
- Deputy Director of Finance
- Associate Director of People Management
- Director of Primary Care, Community Strategy and Long Term Care
- Director of Operational Planning & Performance
- Deputy Chief Operating Officer
- Planned and Specialist Care Clinical Care Group Service Director
- Mental Health & Learning Disabilities Clinical Care Group Service Director
- Community and Integrated Medicine Clinical Care Group Service Director
- Allied Health and Health Science Clinical Care Group Service Director
- Primary Care Clinical Care Group Service Director
- Estates and Facilities Group Service Director
- Assistant Director of Assurance & Risk
- Head of Performance
- Targeted Intervention Programme Lead

# 8d. Performance improvement arrangements

## Executive Improving Together Sessions

Executive Improving Together Sessions (EITS) ensure that each function (executive directorate and clinical care group) across the health board are making progress towards their key priorities and support is provided to help unblock issues where needed. EITS are held twice each financial year (June and November). The sessions provide dedicated time for function leads to meet with their Executive Director and Corporate Executive Directors to:

- Outline the priorities/goals for the year, in line with the annual plan.
- Outline current challenges and support required.
- Flag data insights (highlights or lowlights) for the health board’s key performance metrics. See Appendix A for further details.

### Membership

- Chair – Executive Team member with responsibility for the function being reviewed
- Executive Team
  - Director of Finance (executive lead for Performance)
  - Chief Operating Officer
  - Director of Nursing, Quality and Patient Experience
  - Director of Workforce and OD
  - Medical Director/Deputy CEO
  - Director of Strategy and Planning
  - Director of Corporate Governance/Board Secretary

There is an open invitation to all other Executives who would wish to attend as appropriate. A minimum of 3 Executive Directors (or their nominated deputies) is required for each session to be quorate.

- Function senior managers and clinical leads
- Finance Business Partners
- Performance Team – also responsible for facilitating the sessions

Purpose	Monitor each the progress for each Function (Executive Directorate/Clinical Care Group) against the health board’s key priorities and address any areas of concern.
Frequency	Six-monthly (June and November)
Supporting tools	<ul style="list-style-type: none"> <li>• IPAR dashboard</li> <li>• Our Performance dashboard</li> <li>• Our Safety dashboard</li> </ul>

### 3A assessments

During the EITS meetings, the Chair in consultation with Executive Team colleagues (or their nominated deputies), will assign one of the following assessments for each agenda item:

<b>Assure</b>	To note	There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.
<b>Advise</b>	To monitor	There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.
<b>Alert</b>	May require discussion	There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

For further details on EITS, see the supporting [EITS - Ways of Working document](#) (health board staff only).

## 8e. Performance improvement arrangements

### Functions (Executive Directorates and Clinical Care Groups)

The director or nominated deputy within each function (executive directorate and clinical care group) is responsible for meeting regularly with service leads, monitoring performance and working with staff to unblock issues and drive forward improvements.

#### Setting expectations

The function's senior management must encourage all teams to set their vision, identify key improvement metrics, hold regular improvement meetings, take action to solve problems and to share successful ideas with other teams across the health board.

#### Function Recovery Meetings

If a function is escalated in any of the 7 key improvement domains, the function's director or nominated deputy are required to hold monthly recovery meetings. For further details on escalation and recovery meetings, see section 9. Escalation.



# 8f. Performance improvement arrangements

## Our Teams

Each team, ward and service across the health board is required to:



### Set their team vision

Identify the team's vision and goals and consider how they align to the health board's strategic objectives.



### Identify improvement metrics

Set key improvement metrics aligned to their vision and utilise data and information to identify opportunities for improvement.



### Hold improvement meetings

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 solve

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 with other teams across the health board.

# 9. Escalation

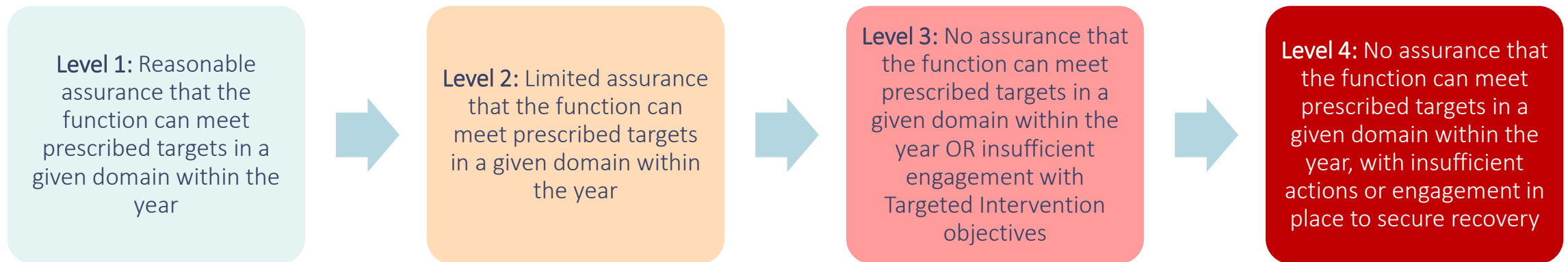
Each month, the lead Executive Director for each domain (or their nominated deputy) will review the progress of each function (Executive Directorate or Clinical Care Group) against the key improvement metrics for that domain (see Appendix A for details).

## Lead Executive Director for each domain

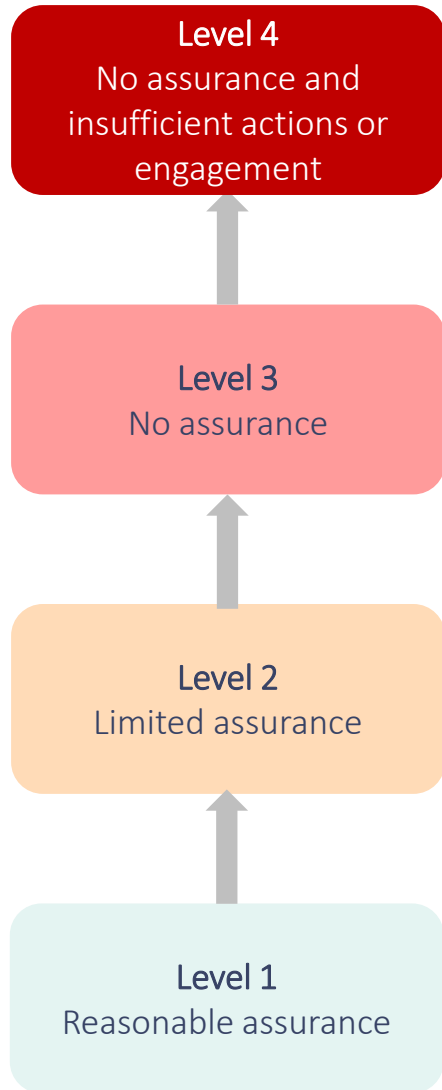
- Governance: Director of Corporate Governance/Board Secretary
- Quality and safety: Director of Nursing, Quality and Patient Experience
- Workforce: Director of Workforce and Organisational Development
- Finance: Director of Finance
- Strategy, planning and fragile services: Director of Strategy and Planning
- Population health: Director of Public Health
- Performance: Chief Operating Officer

## Escalation levels

The lead Executive (or nominated deputy) will assign one of the escalation levels below for their domain for each function. Function leads can replicate internally the escalation process for each of their services/teams if they so wish.



## Escalation expectations



For Level 4, the Executive for the escalated function alongside the triumvirate senior management for a Clinical Care Group and the Domain Lead Executives will attend a one-off **Chief Executive Officer CEO Recovery Meeting** with the Chief Executive, supported by the Director of Finance as the Executive Lead for performance to determine next steps.

For Level 3, Level 1 is supplemented by:

- A monthly **Internal Recovery Meeting** held within the function. Chaired by the Executive Director with Deputy Director support from Domain Leads. This will determine a 3A assessment (see page 14 for details), with areas in Alert escalated to a meeting with the Executives.
- A monthly **Executive Recovery Meeting** with Domain Lead Executives. The Executive Director for the escalated function will attend alongside selected colleagues from the function. Executive support for recovery will be sought. This meeting will be chaired by the Director of Finance as lead for performance.

For Level 2, Level 1 is supplemented by quarterly **Internal Recovery Meetings** held within the function. These will be Chaired by the Executive Director for the escalated function, with Deputy Director support from Domain Leads.

At Level 1, each function will have twice yearly **Executive Improving Together** meetings (EITs). The sessions will be chaired by the Executive Director for the function.

## Targeted Intervention non-compliance

In 2024, the health board was escalated into [Targeted Intervention \(escalation level 4\) by Welsh Government](#). This highlights Welsh Government's concerns on the ability of the organisation to deliver safe and effective care within our given resources. Unless improvement actions are taken to meet the de-escalation criteria given to us by Welsh Government, the health board will be placed into special measures, level 5 of the national escalation framework.

If a function repeatedly fails to submit or implement their required Targeted Intervention actions, they will automatically be escalated to Level 3 (no assurance) and will need to add a monthly Executive Recovery meeting. If no improvement is seen in the next cycle of Targeted Intervention updates, the function will be escalated to a Level 4 CEO (or deputy CEO) Recovery meeting.

## Executive Recovery Meetings

Executive Recovery Meetings are only needed for functions at Level 3 escalation and assigned an Alert assessment from their Internal Recovery Meeting or are non-compliant with Targeted Intervention actions.

A register will be developed of temporary support (e.g. project management, analysis, digital) that can be made available from existing staff to help functions unblock issues.

For further details on the escalation process, see the supporting [Escalation - Ways of Working document](#) (health board staff only).

### Membership

- Chair - Director of Finance (Executive lead for Performance)
- Executive Team
  - Chief Operating Officer
  - Director of Nursing, Quality and Patient Experience
  - Director of Workforce and OD
  - Medical Director
  - Director of Strategy and Planning
  - Director of Corporate Governance
  - Targeted Intervention (TI) Programme Lead

Open invitation to all other Executives who want to attend as appropriate. A minimum of 3 Executive Directors (or their nominated deputies) is required for each session to be quorate.

- Function senior managers and clinical leads
- Other corporate support as required by the function
- Performance Team – also responsible for facilitating the sessions

## Function Recovery Meetings

If a function is escalated in any of the 7 key improvement domains, the function's director or nominated deputy are required to hold Function Recovery Meetings to identify exactly where the issues are within the function, reasons the issues have occurred, and actions being taken to address.

Functions at level 2 escalation will need to hold quarterly recovery meetings.

Functions and level 3 escalation will hold monthly recovery meetings. During the meeting, each escalated item must be given a 3A assessment (assure, advise alert – see p.14 for further details). Areas having an assure or advise assessment will continue to be reviewed and managed within the function. However, areas with an alert assessment will be referred for a discussion with Executive Team members at an Executive Recovery meeting.



# Appendix A – key performance metrics for our improvement domains

Quality & Safety	Governance	Workforce	Finance	Strategy, Planning and Fragile Services	Population Health	Performance and Outcomes
<p>Assurance the directorate is managing the following appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Incidents</li> <li>2. Complaints</li> <li>3. Duty of Candour</li> <li>4. HIW/CIW</li> <li>5. Deteriorating patients</li> <li>6. Patient experience</li> </ol>	<p>Assurance the directorate is managing the following appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Risks</li> <li>2. Audits/ inspections</li> <li>3. WHCs/ Ministerial Directions</li> <li>4. Governance arrangements</li> <li>5. Policies</li> <li>6. Freedom of information</li> </ol>	<p>Assurance the directorate is managing the following appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Employee relations cases</li> <li>2. Sickness</li> <li>3. PADRs</li> <li>4. Turnover</li> <li>5. Mandatory training</li> <li>6. Overdue pay progressions</li> <li>7. Rosters &amp; job plans (includes agency use)</li> </ol>	<p>Assurance the directorate will:</p> <ol style="list-style-type: none"> <li>1. Operate within budget or deliver a recovery plan which will return to budget in year.</li> <li>2. Identify and delivery recurrent savings to the level required.</li> </ol>	<p>Assurance the directorate will manage the risk of a service failure occurring within the next six months through robust mitigating plans.</p> <p>Has a triangulated plan to operate services effectively for the year.</p>	<p>Determines staff if opportunities are being taken to encourage patients to embrace healthier lifestyles or to ensure that our population is resilient to future challenges.</p>	<p>Assurance the directorate will meet improvement trajectories to achieve target performance.</p>

4.2

3:30 PM, 5 Mins

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4.2 - Board Update Report

*Chair*

| For information

**Attachments**

[SRG Update to Board February 25.pdf](#)

## COMMITTEE UPDATE REPORT/ ADRODDIAD DIWEDDARU'R PWYLLGOR - STAKEHOLDER REFERENCE GROUP (SRG)

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 13 February 2025

Quoracy/ Cworwm: Met

Report by/ Adroddiad gan: Ms Chesca Ross, Vice Chair

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### KEY DISCUSSION POINTS AND MATTERS FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

**Alert**<sup>1</sup> (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

The Stakeholder Reference Group had no matters of which to **alert** the Board.

**Advise**<sup>2</sup> (to monitor)/ **Cynghori** (i fonitro)

The Stakeholder Reference Group had no matters of which to **advise** the Board.

**Assure**<sup>3</sup> (to note)/ **Sicrhau** (i nodi)

The Stakeholder Reference Group wish to **assure** Members of Board that:

- A People Regeneration Framework is in place to support the Health Board's workforce needs as outlined in the **Workforce Update**, and work is underway to monitor and anticipate projected changes to the population and labour market.
- The Group was assured by **Current and Future Planned Consultation and Engagement Updates** that engagement has taken place across a wide range of groups and individuals which will continue through a series of planned engagement events.
- The **Hybrid Print and Post Update** assured the Group that good progress is being made to roll out a digital communication platform across Hywel Dda University Health Board (HDdUHB) services.
- The Group noted the definition and principles for the Social Model for Health and Wellbeing (SMfHW) set out in the **Embedding a Social Model for Health and Wellbeing** report and was made aware of the framework being developed to embed the model.
- The Group noted the public and workforce engagement outlined in the **Primary and Community Services Strategic Plan** report which has helped inform the review of Primary Care and Community Services.

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<sup>1</sup> There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

<sup>2</sup> There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

<sup>3</sup> There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

### **Review of Risks/ Adolygiad o Risgiau**

Not applicable.

### **Sharing of learning/ Rhannu dysgu**

Not applicable.

### **Recommendation/ Argymhelliad**

The Board is asked to **take assurance** from the items that the Group is providing assurance on.

Agenda, papers and minutes are available on our website: [Stakeholder Reference Group - Hywel Dda University Health Board](#)

4.3

3:35 PM, 5 Mins

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4.3 - Stakeholder Reference Group Work Plan  
2024-25

*Chair*

| For information

**Attachments**

[Stakeholder Reference Group Workplan 2025-26.pdf](#)



## HYWEL DDA UNIVERSITY HEALTH BOARD – STAKEHOLDER REFERENCE GROUP

### WORKPLAN 2025-2026

Updated: March 2025

Agenda Item/Issue/Notes	Lead	Report Author	1 May 2025	7 Aug 2025	6 Nov 2025	5 Feb 2026
* Standing agenda items						
<b>GOVERNANCE</b>						
Welcome and Apologies*	Chair		✓	✓	✓	✓
Declarations of Interests*	Chair		✓	✓	✓	✓
Minutes from Previous Meeting*	Chair	CSO	✓	✓	✓	✓
Matters Arising and Table of Actions*	Chair	CSO	✓	✓	✓	✓
Annual Review of Terms of Reference	Chair	CSO	✓	✓		
Annual Review of SRG Membership	Chair	Clare James	✓	✓		
Nominations for role of Chair	Chair	Clare James	✓	✓		
Nominations for role of Vice Chair	Chair	Clare James	✓	✓		
Appointment of Chair	Chair	Clare James		✓	✓	
Appointment of Vice Chair	Chair	Clare James		✓	✓	
Self Assessment (take place and feedback)	Joanne Wilson	Karen Richardson				✓
<b>OUR SERVICES</b>						
<i>(For information prior to consultation commencement in order to obtain feedback on behalf of SRG organisations and/or individual members)</i>						
<b>Current and Future Planned Consultations and Engagement Update</b> <i>(List and schedule of current and future service consultations/engagements with update on each)</i>	Alwena to advise		✓	✓	✓	✓
<b>Continuous Engagement Programme Update</b> <i>(List/schedule of current and future service consultations/engagements with update on activity for each)</i>	Alwena to advise		✓	✓	✓	✓
<b>Transformation/Consultation/Engagement Programmes</b> <i>(To be decided at agenda setting meetings if a specific programme will be an agenda item)</i>	Alwena to advise					
<b>DELIVERY OF OBJECTIVES AND PRIORITIES</b> <i>(For information)</i>						



Agenda Item/Issue/Notes	Lead	Report Author	1 May 2025	7 Aug 2025	6 Nov 2025	5 Feb 2026
<b>OUR COMMUNITIES</b>						
Presentation by Chair of the Health Board	Dr Neil Wooding					
Clinical Services Plan	Lee Davies		✓			
Prince Phillip Hospital MIU	Andrew Carruthers		✓			
Waiting List Support	Sharon Daniel	Mandy Davies	✓			
<b>FOR INFORMATION</b>						
Integrated Performance Assurance Report (IPAR)* <i>(this is the report that went to the Public Board prior to SRG)</i>	CSO		✓	✓	✓	✓
Board Update Report* <i>(this is the SRG Update that went to Public Board)</i>	CSO		✓	✓	✓	✓
SRG Annual Workplan	CSO		✓	✓	✓	✓
<b>ONE-OFF MATTERS</b>						
			✓	✓	✓	
<b>ADMINISTRATION</b>						
Agenda setting meeting with Chair & Exec Lead (at least 6 weeks before the meeting)	CSO	CSO	✓	✓	✓	✓
Call for papers (within 2 days of agenda setting)	CSO	CSO	✓	✓	✓	✓
Disseminate agenda & papers 7 days prior to the meeting	CSO	CSO	✓	✓	✓	✓
Share draft TOA within 2 working days of the meeting	CSO	CSO	✓	✓	✓	✓
Circulate minutes & TOA for comments within 10 working days of the meeting	CSO	CSO	✓	✓	✓	✓
Check & send final version of minutes to the Committee Chair following comments received.	CSO	CSO	✓	✓	✓	✓
Chase updates on TOA before the next meeting	CSO	CSO	✓	✓	✓	✓
Produce Board Update Report within 10 working days	CSO	CSO	✓	✓	✓	✓
Prepare schedule of meetings	CSO	CSO	✓	✓	✓	✓

<b>Chair:</b> Jeremy Hockridge	<b>Vice-Chair:</b> Chesca Ross	<b>Lead Executive:</b> Alwena Hughes-Moakes	<b>Committee Services Officer:</b> Helen Mitchell
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2024/25 POs	SOs		2023/24 POs	2022/23 POs
PO1: Workforce stabilisation	1: Putting people at the heart of everything we do	PODC C/ SRC	1a Develop an attraction & Recruitment plan	<ul style="list-style-type: none"> <li>1F: HR offer (induction, policies, employee relations, access to training)</li> </ul>
			1b Develop career progression opportunities	<ul style="list-style-type: none"> <li>2D: Clinical Education Plan</li> <li>2J: "Future Shot" Leadership Programmes</li> </ul>
			2a Engage with and listen to our people	<ul style="list-style-type: none"> <li>1H: "Making a Difference" Customer Service programme</li> <li>2A: Regional Carers Strategy response</li> <li>2B: Strategic Equality Plan and Objectives establishment</li> <li>2K: organisational listening, learning and cultural humility</li> <li>2L: Staff engagement strategic plan</li> <li>4I: Armed Forces Covenant</li> </ul>
			2b Continue to strive to be an employer of choice	<ul style="list-style-type: none"> <li>2I: integrated Occupational Health &amp; Staff psychological wellbeing offer</li> </ul>
			2c Develop and maintain an overarching workforce, OD and partnerships plan	<ul style="list-style-type: none"> <li>1G: OD Relationship Manager rollout</li> </ul>
PO 2: Financial recovery and roadmap	6: Sustainable use of our resources	SRC	6b Pathways and Value Based Healthcare	<ul style="list-style-type: none"> <li>6B: Value improvement and income opportunity</li> <li>6D: Value Based Healthcare and Patient Reported Outcome Programme</li> </ul>
			8b Local Economic and Social Impact	<ul style="list-style-type: none"> <li>6H: Supply chain analysis</li> </ul>
			8c Financial Roadmap	<ul style="list-style-type: none"> <li>6I: Interim Budget 2022/23</li> <li>6L: workforce, clinical service and financial sustainability</li> </ul>
PO 3: Transforming urgent and emergency care	5: Safe, sustainable, accessible and kind care	SDOD C	3a Transforming Urgent and Emergency Care programme	<ul style="list-style-type: none"> <li>4P: Recovery and Rehabilitation Service</li> <li>4Q: Community Care Support to reduce non-elective acute bed capacity</li> <li>5A: NHS Wales Delivery Framework Targets</li> <li>5B: Local Performance Targets</li> <li>5J: 24/7 emergency care model for Community and Primary Care</li> </ul>
PO 4: Planned care (incl. cancer, diagnostics and therapies performance)	5: Safe, sustainable, accessible and kind care	SDOD C	4a Planned Care and Cancer Recovery	<ul style="list-style-type: none"> <li>1B: Single Point of Contact</li> <li>1E: Personalised care for patients waiting</li> <li>5A: NHS Wales Delivery Framework Targets</li> <li>5B: Local Performance Targets</li> <li>5F: Bronglais Strategy</li> <li>5N: Implement National Network and Joint Committee Plans</li> <li>6K: Design Assumptions</li> </ul>
			4b Regional Diagnostics Plan	<ul style="list-style-type: none"> <li>5F: Bronglais Strategy</li> </ul>



2024/25 POs	SOs		2023/24 POs	2022/23 POs
PO 5: Mental health and CAHMS	5: Safe, sustainable, accessible and kind care	SDOD C	4c Mental Health Recovery Plan	<ul style="list-style-type: none"> <li>5G: Transforming Mental Health and LD implementation</li> </ul>
PO 6: Clinical services plan	5: Safe, sustainable, accessible and kind care	SDOD C	6a Clinical Services Plan	<ul style="list-style-type: none"> <li>5F: Bronglais Strategy</li> <li>5O: Fragile Services</li> </ul>
PO 7: Primary care and community strategic plan	4: The best health and wellbeing for our communities	SDOD C	7b Integrated Localities	<ul style="list-style-type: none"> <li>3I: Primary Care Contract Reform</li> <li>4C: Transformation fund schemes</li> <li>5H: Integrated locality plans</li> <li>5T: Complex health and care needs</li> </ul>
PO 8: A Healthier Mid and West Wales infrastructure	6: Sustainable use of our resources	SDOD C/SRC	5a Estates Strategies	<ul style="list-style-type: none"> <li>5C: Business Case for A Healthier Mid and West Wales</li> <li>5U: Community and non-clinical estates strategy</li> </ul>
			8a Decarbonisation & Sustainability	<ul style="list-style-type: none"> <li>4R: Green Health and Sustainability</li> <li>6G: Decarbonisation and green initiatives plan</li> </ul>
PO 9: Digital strategic plan	6: Sustainable use of our resources	SRC	5c Digital Strategy	<ul style="list-style-type: none"> <li>3E: Business intelligence and modelling</li> <li>5M: Implementation of clinical and all Wales IT systems</li> <li>5R: Digital Inclusion</li> <li>6M: Cyber Security Framework</li> <li>6N: Intelligent Automation</li> </ul>
PO 10: Population Health (incl. social model for health and wellbeing)	4: The best health and wellbeing for our communities	SDOD C	7a Population Health	<ul style="list-style-type: none"> <li>4A: Public Health Delivery Targets</li> <li>4B: Public Health Local Performance Targets</li> <li>4D: Public Health Screening</li> <li>4G: Healthy Weight: Healthy Wales</li> <li>4H: emergency planning and civil contingencies</li> <li>4J: Regional Well-being Plans</li> <li>4K: Health Inequalities</li> <li>4M: Health Protection</li> <li>4S: Improvement in Population Health</li> <li>4V: One Health</li> <li>4W: Whole School Approach to Mental Health and Emotional Wellbeing</li> </ul>
			7c Social Model for Health and Wellbeing	<ul style="list-style-type: none"> <li>4L: Social Model for Health and Wellbeing</li> <li>4N: Food Systems</li> <li>4U: Community proposals for place-based action</li> </ul>



2024/25 POs	SOs	2023/24 POs	2022/23 POs
Orphan POs (not taken forward from 2023/24 into 2024/25)		3b Healthcare Acquired Infection Delivery Plan	<ul style="list-style-type: none"> <li>• 3C: Quality and Engagement Requirements</li> <li>• 5X: Quality Management System</li> </ul>
		5b Research and innovation	<ul style="list-style-type: none"> <li>• 3G Research and Innovation</li> </ul>
		6c Continuous Engagement	<ul style="list-style-type: none"> <li>• 3J: AHM&amp;WW Communications Plan</li> <li>• 3M: UHB Communications Plan</li> <li>• 4T: Continuous engagement implementation</li> </ul>
		8d Welsh Language and Culture	<ul style="list-style-type: none"> <li>• 3N: Welsh Language</li> </ul>
		Orphan POs (not taken forward from 2022/23 into 2023/24)	<ul style="list-style-type: none"> <li>• 1A: NHS Delivery Framework targets</li> <li>• 1I: Family Liaison Service rollout</li> <li>• 2E: Evidencing impact of charitable funds</li> <li>• 2M: Arts in Health Programme development</li> <li>• 3A: Improving Together</li> <li>• 3L: Review of existing security arrangements</li> <li>• 3H: Planning Objective Delivery Learning</li> <li>• 5I: Children and young people services improvement</li> <li>• 5K Clinical effectiveness self-assessment process</li> <li>• 5P: Market Stability Statement</li> <li>• 5Q: Asthma pathway</li> <li>• 5S: Palliative Care and End of Life Care Strategy</li> <li>• 5V: IMTP and Operational Planning</li> <li>• 5W: Liberty Protection Safeguards</li> </ul>

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## 5 - Reflective Session

*Chair*

- How informative was today's lesson on learning?
- What are you going to take back to your organisations from today?
- What would you like to learn about at the next meeting?
- What would you like us to share with Board afterwards?

| For discussion

6

3:50 PM, 5 Mins

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6 - Any Other Business