



**PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	21 October 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Planning Objectives Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Angharad Lloyd-Probert, Senior Project Manager (Planning)

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

A set of 10 Planning Objectives (PO) have been developed and reviewed through Quarter1 of 2025/26 as an integral part of the Hywel Dda University Health Board's (HDdUHB) Annual Plan for 2025/26. The POs set out the aims of the organisation, *i.e.* the horizon that HDdUHB is driving towards over the long term, as well as a set of specific, measurable actions, which move the organisation towards that horizon over the next year.

For 2025/26, four Planning Objectives have been aligned to the Finance and Performance Committee (FPC), namely:

- **Planning Objective 2:** Financial Recovery and Road Map
- **Planning Objective 3:** Urgent and Emergency Care
- **Planning Objective 4:** Planned Care including cancer and diagnostics
- **Planning Objective 5:** Mental Health and Learning Disabilities

As in previous years it is the expectation that FPC will receive an update on the progress made in the development (delivery) of the Planning Objectives for onward assurance to the Board through the Board Assurance Framework.

Cefndir / Background

The Planning Objectives are the bedrock of our Annual Plan for 2025/26, and this report is presented as an update on the key elements of Planning Objectives 2,3,4 and 5 and can be found in **Annex 1**. The PO updates have been brought to committee for assurance of progress.

Asesiad / Assessment

The Planning Objectives remain a key element of the Annual Plan for 2025/26, The updated position on the 2025/26 Planning Objectives are detailed in **Annex 1** Highlight Reports.

Planning Objective	Executive Lead	Updated position on 2025/26 Planning Objectives
2: Financial Recovery and Road Map	Director of Finance	On Track
3: Urgent and Emergency Care	Chief Operating Officer	On Track
4: Planned Care including Cancer and Diagnostics	Chief Operating Officer	On Track
5: Mental Health and Learning Disabilities	Chief Operating Officer	On Track

For **PO2, Financial Recovery and Road Map**, this is **on-track**: Progressing to agreed milestones and establishing the guiding principles that will shape the financial elements of the organisations 2026/29 planning cycle.

Engagement sessions initially sharing the concept and principles have been completed in-line with the planned timelines, including presentation to HDdUHB Executive Team, together with a strategic milestone approach agreed in principle.

For **PO3, Urgent and Emergency Care**, this is currently **on-track**: The majority of deliverables against the portfolio of work are complete with a minority remaining behind due to resource, but mitigations are in place to address.

For **PO4, Planned Care including Cancer and Diagnostics**, the overarching progress is **on-track**, with the three individual components being:

- RTT – On Track
- Diagnostics – On Track
- Cancer – On-track

For **PO5, Mental Health and Learning Disabilities**, **on-track** the overarching progress is on-track, with progress having been made in a number of key areas, although there is acknowledgement that there is more to do.

Argymhelliad / Recommendation

The Finance and Performance Committee is asked **RECEIVE ASSURANCE** and note the progress of the Planning Objectives which are aligned to it; in order to assure the Board that the Planning Objectives are progressing and are on target, and to raise any concerns where a Planning Objectives is identified as behind in its status and/or not achieving against its key deliverables.

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

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

3.1.17 Seek assurance on delivery against all Planning Objectives aligned to the Committee in accordance with the Board approved timescales, as set out in the Health Board's Annual Plan, considering and scrutinising the plans, including

	the medium term financial plans, and savings plans, that are developed and implemented, supporting and endorsing these as appropriate
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services 5. Safe sustainable, accessible and kind care 6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	2 Financial recovery and route map 3 Transforming Urgent and Emergency Care programme 4 Planned care, diagnostics and cancer Recovery 5 Mental health and CAHMS
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Annual Plan 2025/26
Rhestr Termau: Glossary of Terms:	Explanation of terms is included within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board	Public Board - March 2025 (acceptance of 2025/26 Planning Objectives being developed through Quarter 1 25-26 as part of the Annual Plan)

Effaith: (rhaid cwblhau) Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report.
---	--

Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report.
Gweithlu: Workforce:	Any issues are identified in the report.
Risg: Risk:	Consideration and focus on risk is inherent within the report. A sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: Legal:	Any issues are identified in the report.
Enw Da: Reputational:	Any issues are identified in the report.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable



Submitted By: Richard Jenkins, Assistant Finance Director, Commissioning, BI and Value

Date Submitted: 21 October 2025



Planning Objective: PO2 Financial Recovery and Road Map

Executive Lead: Huw Thomas, Director of Finance

Reporting Period: Q2 2025/26

Overall status: On-track

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

Draft completed, shared to Exec Team and NHS P&I Finance

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

Progressing to agreed milestones and establishing the guiding principles that will shape the financial elements of the organisations 2026/29 planning cycle. Engagement sessions initially sharing the concept and principles have been completed in-line with the planned timelines, including presentation to Hywel Dda Health Board Executive Team, together with a strategic milestone approach agreed in principle.

Activities completed in previous reporting period

- Financial roadmap to 2028/29 re-drafted with engagement from Clinical Care Group triumvirates and corporate colleagues
- Engaged with Clinical Care Group triumvirates and corporate colleagues to reflect appropriate changes to the Roadmap
- Refreshed financial road map to 2028/29 drafted and to be presented to Finance and Performance Committee in October 2025
- Financial planning timeline drafted and financial road map work aligning with this

Activities planned for next milestone and reporting period

- Continue to embed the strategic financial milestones within the organisations planning cycle for 2026/29 ensuring alignment
- Review and reflect appropriate changes following further workshops with NHS Performance and Improvement Financial Planning and Delivery and publication of national guidance
- Refreshed Roadmap to be presented to Finance and Performance Committee in October 2025
- November 2025 Board Meeting will be a further engagement milestone, with all elements being reviewed for updates

Any other Comments

Matters for information:

Feedback from NHS Performance and Improvement was complimentary as to the approach, the financial milestones and the granularity of modelling assumptions.

Risks to delivery:

Sufficient financial opportunities are implemented by the organisation to allow any net expenditure increase trajectories to be offset by savings. Support from Clinical and Operational management.

Any other comments:

Not Applicable



Submitted By: Peter Skitt, Clinical Care Group Service Director, Community and Integrated Medicine

Date Submitted: 21 October 2025



Planning Objective: PO3 Urgent and Emergency Care

Executive Lead: Andrew Carruthers, Chief Operating Officer

Reporting Period: Q2 2025/26

Overall status: On-track

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

Majority of deliverables against the portfolio are complete. A minority remain behind due to resource, however mitigations are in place to address.

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

See next slide

Activities completed in previous reporting period

- 7-Day Clinical Streaming and SDEC Model evaluation, business case and SBAR developed and presented at Public Board meeting in July 2025.
- Business Cases for transport to support Clinical Streaming Hubs and Clinical Streaming mentorship and educational programme have been developed with key stakeholders and submitted to WG for approval. WG have released monies to support the initiatives (£49k).
- Care Home training and equipment bid developed and submitted to National Six Goals Team. Case was approved and planning for roll-out from October 2025, planning meetings w/c 15 September.
- Baseline audits of environmental standards and demand/staffing capacity completed. Paper developed and going to Formal Executive Team for Approval in October 2025.
- Operational Delivery Unit (ODU) model developed and launched across the Health Board.
- Redirection Policy out for consultation. Criteria-led Discharge rolled out with edictional programme across sites.

Activities planned for next milestone and reporting period

- Please see attached Accelerated Transformation Programme Position Report for further details on activities completed and planned activities.

Any other Comments

Matters for information:

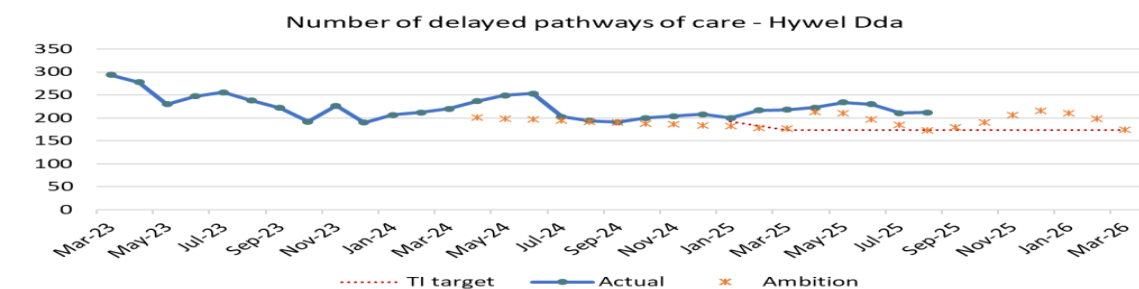
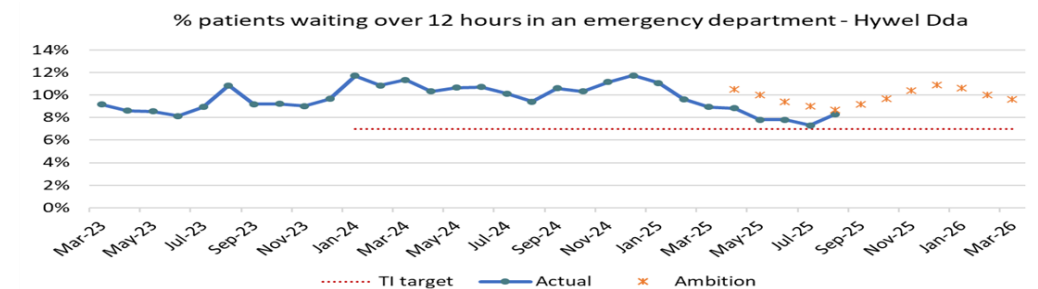
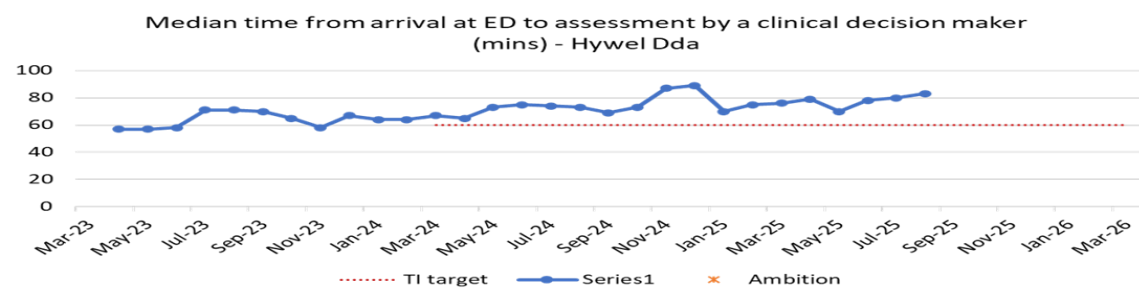
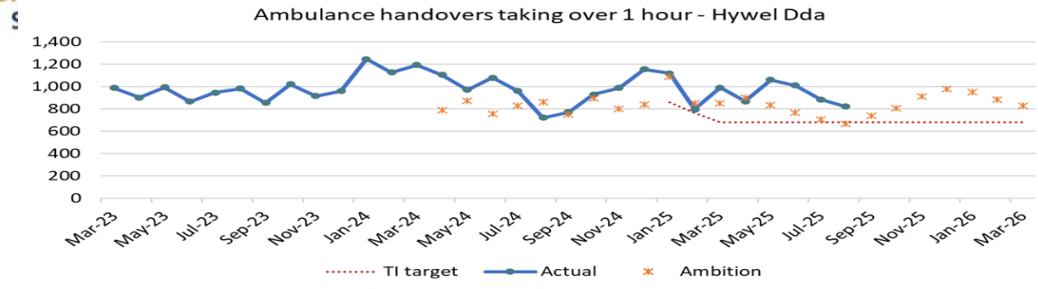
National Six Goals monies (non-recurrent until March 2026) are being released to support work on falls in care homes and Single Point of Access. Indicative costs have already been requested, and business cases will be developed for care home training and transport to support Clinical Streaming Hubs.

Risks to delivery: The Unscheduled Care risk remains the most challenged risk for the Care Group and the transformation required will be a resource challenge as progress is made at pace to achieve a different model prior to winter. Funding for the model will need to be pump-primed with the expectation that the 7-Day service will become self-sustaining within a year of operation. A detailed plan will need to be developed which clearly demonstrates the cost shift from acute to community services which will go to financial scrutiny group and submitted to Public Board in November 2025. A series of workshops for engagement on the Business Cases have been arranged for September and October 2025 and cover the Clinical Model, Workforce and Finance and Planning.

Programme Metrics, Quarter Two 2025



DIOGEL CYMALIADWY | HYGYRCH | CAREDIG



Targeted Intervention targets are not met for August 2025 across Hywel Dda (please note Sept. 2025 data not available at time of writing).

- Health Board >1hr ambulance delays have shown month on month improvement since May 25 but are at 821, which is still above TI target of 680. WGH seems to be the most challenged site in this metric and although there has been a slight decrease on last months performance, >1hr is at 291 which is above TI target of 188. GGH has shown improvement since June 25, and in August is at 325 >1hr handovers, below the local TI target of 326.
- HDdUHB has increased in median time to assessment over the last few months. For remains the median time was 83 mins, TI target 60 mins. The poorest performing site for this metric is BGH, with a median time of 90 mins.
- % of patients waiting >12 hours has increased since last month and is at 8.3%, above TI target of 6%. All sites seem to have increased over the last month across this metric with WGH as the poorest performing site at 15.9%.
- POCD has shown improvement since April 2025 but remains above TI target of 174 at 212.



Submitted By: Paula Goode, Service Director, Planned and Specialist Care and Amorelle Jones Service Delivery Manager for Performance and Transformation

Date Submitted: 21 October 2025



Planning Objective: PO4 Planned Care including Cancer and Diagnostics

Executive Lead: Andrew Carruthers, Chief Operating Officer

Reporting Period: Q2 2025/26

Overall status: On-track

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

See below.

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

52 Week Outpatients: Whilst work is underway to achieve zero breaches over 52 weeks by the end of September 2025, there is a risk associated with less than 100 patients under the geriatric medicine/care of the elderly pathways. Plans have been developed to resolve these breaches. The focus through 2025/26 is to achieve and maintain the zero breach position by utilising demand and capacity forecasts to highlight risk areas and allocate any additional funding to appropriate specialties accordingly.

RTT 104 Weeks: Whilst work is underway to achieve zero breaches over 104 weeks by the end of September 2025, there is a high risk associated with around 30 patients under the general medicine and ENT pathways. The focus through 2025/26 is to achieve and maintain the zero breach position by utilising demand and capacity forecasts to highlight risk areas and allocate any additional funding to appropriate specialties accordingly.

Activities completed in previous reporting period

- Recovery is supported by outpatient modernisation plans including maximisation of self-management pathways such as See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU).
- Demand and capacity trajectories anticipate this target being maintained in most specialties.
- Recurrent recovery monies are being prioritised for areas that anticipate breaches
- Active management and triage of referrals has resulted in no waiting list growth.
- Recent waiting list initiatives for end of year targets contribute to the increase in follow up waiting lists as more patients are processed through their pathways.

Activities planned for next milestone and reporting period

- Recovery plans being progressed in ENT and Ophthalmology (Ocular Plastics). These plans include insourcing of theatre staff to secure core capacity and mitigate cancellations, outsourcing of tonsillectomy procedures and delivery of additional lists to recover backlogs
- Recovery plan in place to support recovery of Q2 Orthopaedic breaches
- Key focus on maintaining waiting times targets into 2025/26 using capacity and demand forecasts to highlight risk areas in each specialty, with a view to allocate any additional funding to appropriate specialties.
- There is a refreshed Theatre Optimisation and Efficiency workstream led by the new Clinical Care Group to promote further improvements in theatre productivity across all specialties and achievement of GIRFT standards.

Any other Comments

Matters for information: Performance is reported monthly within the Integrated Performance Assurance Report (IPAR), Welsh Government Integrated Quality Performance and Delivery (IPQD). Additional scrutiny undertaken via weekly scrutiny meetings & external WG meetings.

Risks to delivery: Staffing due to national shortages. Demand exceeding capacity including additional cancer demand spikes.

Any other comments: The WG First outpatient plan has been approved by the Board and is planned to commence in September 2025 and run through until March 2026. Plan B is being progressed and will require support of insourced specialties and clinic OPD staff which is in the draft tender stage. These projects are managed by a well-established transformation team and underpinned by a Senior Governance review panel.



Submitted By: Rebecca Temple-Purcell, Assistant Director of Nursing, Patient Safety, Quality and Experience (MHL Clinical Care Group)

Date Submitted: 21 October 2025



Planning Objective: PO5 Mental Health and Learning Disabilities

Executive Lead: Andrew Carruthers, Chief Operating Officer

Reporting Period: Q2 2025/26

Overall status: On-track

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

See below.

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

Art Therapy: Continues to be a limited resource with 1.0 WTE covering 3 counties. All clients on the waiting list have been offered a supportive group interventions along with the therapist running Art Therapy groups to reduce the wait times as much as possible.

Psychological Therapy: The service has now commenced a prudent and tiered approach to high intensity intervention to support the increase in demand with a focus on groups as the initial intervention. Digital options continue to be explored, whilst caps in sessions in place. The planned treatment groups have commenced across the 3 counties with further groups commencing over the next 2 months.

Child Neurodevelopmental Waits: The overarching neurodevelopmental assessment metric is a combined ASD and ADHD position with the latter reported by Children's Services. Children's ASD performance in July 2025 of 27.04%, shows common cause variation but the target of 80% was not met. Performance is driven by ASD, where 569 of 3,465 (16.42%) patients had an ASD assessment < 26 weeks. Demand for assessment for continues to increase year on year, ranging from an average of 20 referrals per month (2016) to 110 per month (2025) with longest wait times approximately 3.6 years. Workforce constraints compounded by non-recurrent funding have a significant impact. ASD task and finish group, Chaired by CCG Service Director now in place to over-see 3-year improvement plan, involving stabilising and increasing workforce, outsourcing, service re-design, digital innovation and strategic stakeholder engagement and partnership working.

Adult Neurodevelopmental Waits: Adult ASD total waiting list is 2148 with a compliance of 15.9% waiting less than 26 weeks. This is contributed by demand outstripping capacity and no uplift in RIF budget since the service's inception in 2019. For Adult ADHD, the total waiting list has increased, with 4754 now waiting diagnostic assessment. This is due to a backlog of referrals being processed and triaged and added to the waiting list. 731 adults are waiting to start treatment and trial medication. Lack of recurrent, ring-fenced money for adult ND services is creating unsustainable demand on services.

Activities completed in previous reporting period

- Workforce stabilisation for in-patient areas continues. All wards are participating in the HCSW pay band review and recruitment for Healthcare Support Workers (HCSWs) is about to commence.
- S136 paper outlining the option appraisal process received assurance at Quality Committee but has since been withdrawn from the Public Board agenda for September pending consideration of impacts of the evolving housing scheme near to St David's Parc.
- The development of a Single Point of Assessment service as part of 111#2 transformation, requires a location on the Prince Philip Hospital site. A meeting to identify a clinical area to provide this was held on 19 September 2025.

Activities planned for next milestone and reporting period

- Deliver additional outsourced children's neurodevelopmental assessments
- Review job plans and implementation of stepped care model in adult psychological therapies

Any other Comments

Matters for information: The temporary service change diverting routine MH referrals from GPs to 111 option 2 in Ceredigion was supported by board in March to facilitate timelier access to a mental health assessment and reduce waiting times. A request to extend this by 6 months is due to go to September's board as part of the Chief Exec brief. 72 hour follow up following discharge from adult inpatient consistently 100% achievement throughout reporting period.

Risks to delivery: Delays in improvement work to Ty Bryn to enable LD service to be relocated from Penlan.

Any other comments: Not Applicable