Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 August 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 have been developed and reviewed through Quarter 1 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, for example, 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 roadmap
- **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 both an update on the key elements of Planning Objectives 2,3,4 and 5 through the development of a 'Plan on a Page; and to demonstrate where progress has been made in delivering them through Quarter 1 2025/26.

The description and specific measurable actions of the Planning Objectives through the respective Plans on a Page, can be found in **Annex 1**. The Planning Objectives have been presented to the Committee for approval.

Asesiad / Assessment

The Planning Objectives remain a key element of the Annual Plan for 2025/26, and as noted in the FPC update on 26 June 2025, a Plan on a Page has been developed for each of the four Planning Objectives that are aligned to the Committee these are detailed in **Annex 1**.The updated position on 2025/26 Planning Objectives are detailed in the Highlight Reports at **Annex 2.**

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

For **PO2, Financial Recovery and Roadmap**, this is On Track. Progress has been made in meeting the 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, 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, A minority remain 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**, this is On Track with the overarching progress 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 to:

- **NOTE** the current position of the four Planning Objectives which are aligned to it; and
- **RECEIVE ASSURANCE** on the current position in regard to the progress, 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 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:	Contained within the body of the report.
Partïon / 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 2025/26 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

PLANNING OBJECTIVE: Planning Objective 2 – Financial recovery and route map					
PLANNING OBJECTIVE SCOPE (What are you aiming to achieve in 2025/26) An organisationally agreed financial roadmap that reduces our deficit, on a non-recurrent basis as a minimum, to breakeven by no later than 2027/28, in-line with expectations that have been set by Welsh Government as part of conditions attached to the £26.0m conditionally recurrent funding received in 2024/25.					
PROJECT GOVERNANCE **Responsible Officers** **Executive Lead**: Huw Thomas (HT) **Strategic Lead**: Andrew Spratt (AS), Sian Jenkins (SJ), Shaun Ayres (SA) **Delivery Leads**: Richard Jenkins (RJ), Jennifer Thomas (JT), Leon Popham (LP), Andrew Lewis (AL), Carwen Jarman (CJ)	**Programme oversight through**: Board Seminar(s) **Governance through**: Finance and Performance Committee, Planning Cycle **Delivery through**: Executive Team, Value & Sustainability Group, Planning Steering Group				
KEY DELIVERABLES*			**MEASURES***		
KEY ACTIONS*	**BY WHOM**	**BY WHEN**	**QUANTIFIABLE OUTCOME*:**	**TRAJECTORY OVER NEXT 12 MONTHS:**	**HOW AND WHEN WILL DATA BE COLLECTED, VERIFIED**
Launch, to the Senior Finance Team, a plan and methodology to generate an agreed structure/template for pre-population	AS	13/06/25	Template structure covering three years in place	Complete by deadline	As noted
Include initial draft of key components for macro price increases and income assumptions	JT	04/07/25	Assessments submitted for each item as listed in the agreed structure	Complete by deadline	As noted
Include initial draft of key components for local and national investments	AL, CJ, LP	04/07/25	Assessments submitted for each item as listed in the agreed structure	Complete by deadline	As noted
Include initial draft of key components for savings, opportunities and financial ideas for improvements not yet agreed with budget holders	AL, CJ, LP	04/07/25	Assessments submitted for each item as listed in the agreed structure	Complete by deadline	As noted
Socialisation of draft plan with Executive Team	HT	10/07/25	Formal session and discussion occurred, but with actions and deadlines agreed for any amendments	Complete by deadline	As noted
Embed approach within Planning Cycle	AS, SA	30/07/25	Embed the Executive Team actions within the Planning Cycle timetable.	Complete by deadline	As noted

Engage with Clinical Care Group Triumvirates, update and design through Planning cycle	SJ	14/11/25	Formal session and discussion occurred, but with actions and deadlines agreed for any amendments	Complete by deadline	As noted
Submit Three Year Financial Roadmap as part of the 2026-29 Planning Cycle submission to Welsh Government	HT	31/03/26	Submission completed and recognised by Welsh Government, which isn't deemed to be 'not supportable' or 'not approval'	Complete by deadline	As noted

RISKS	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
	Sufficient financial opportunities to allow any net expenditure increase trajectories to be offset by savings	Medium	High	3/5	• Ensure a comprehensive approach is taken to idea generation, reviewing all of expenditure and income areas, and not limited to only those ideas/opportunities that have received formal agreement from service leads
	Clinical and Operational engagement	High	High	5/5	• Clinical Services Plan to be embedded within the Planning Cycle • Planning Cycle to include triangulation milestones for Performance, Workforce and Finance • Final submission to WG to include Clinical Operational plans supporting the savings opportunities included within the roadmap

LINKS TO	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER	OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW
	1199	Achieving financial sustainability	Strategy	Ministerial	

PLANNING OBJECTIVE - PO3 - TUEC					
PLANNING OBJECTIVE SCOPE: To deliver the Six Goals Programme Plan and Accelerated Transformation Programme for UEC.					
PROJECT GOVERNANCE **Responsible Officers** **Executive Lead**: Andrew Carruthers **Strategic Lead**: Peter Skitt **Delivery Leads**: Thomas Alexander	**Programme oversight through**: Integrated Operational Group **Governance through**: IQFPD **Delivery through**: Six Goals/Accelerated Transformation Programme Workstreams				
KEY DELIVERABLES*	**MEASURES***				
KEY ACTIONS* **(The accelerated Transformation Programme Actions are listed below as the focus for the next 12 months. Further detailed actions relating to Six Goals can be found within the Programme Plan):** Programme plan available on request	**BY WHOM**	**BY WHEN**	**QUANTIFIABLE OUTCOME*:**	**TRAJECTORY OVER NEXT 12 MONTHS:**	**HOW AND WHEN WILL DATA BE COLLECTED, VERIFIED**
Access – Development of a 7-day Clinical Streaming Hub, Scheduling process for Unscheduled Care and Urgent Primary Care response within 2 hours.	Peter Skitt	October 2025	• A continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for 3 months (Based on agreed baseline). • Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across the health board.	De-escalation criteria Tracking spreadsheet 25-26 available on request	Monthly basis through the performance team.

Environment – Improvement of A&E environment	Janice Cole-Williams	July 2025	• Assessment of health board response and handling of concerns, complaints, incidents and patient experience feedback related to UEC.	N/A	Monthly basis through the performanc e team.
Flow	John Evans	Octob er 2025	• Continuous improvement in the median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed to achieve a maximum of 60 minutes. • A continuous reduction in delayed pathways of care (with a focus on those caused by assessment issues) of 5% for three consecutive months and then maintained for three months (based on agreed baseline).	De-escalation criteria Tracking spreadsheet 25-26 available on request	Monthly basis through the performanc e team.

RISKS	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
	Risk Register spreadsheet 25-26 available on request				
					•
					•

LINKS TO	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER	OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW

		As above		Ministerial Priorities for UEC: UEC1: Implement effective Community Based Falls Response Services. To enhance outcomes and experience for those who fall by improving initial response times, reducing the risk of long lies and ensuring service users access community falls pathways when appropriate UEC2: Implement a robust 'Single Point of Access' (SPOA) for UEC. Create in each health board area that simplifies access to services by offering clinicians advice and guidance to support onward referral, ensuring patients get the right care for their needs quickly and safely, to improve patient outcomes regardless of where they present UEC3: Implement an Acute Front Door Frailty Service at all acute hospitals. Integrated with community frailty services - that ensure that older people with	National Six Goals Programme Accelerated Transformation Programme

				frailty are diverted to the most appropriate services within the hospital as quickly as possible and, where possible, discharged home on the same day UEC4: Implement the Welsh Health Circular - Ambulance Patient Handover Guidance. To ensure timely transfer of patients from ambulance crews to emergency department staff UEC5: Implement actions described in the Optimal Hospital Flow Framework. To ensure people who possess a clinical need for admission to hospital are discharged home when	

PLANNING OBJECTIVE - PO 4 Planned Care (Cancer)						
PLANNING OBJECTIVE SCOPE (What are you aiming to achieve in 2025/**26** **80% of patients on a USC Pathway will receive their first definitive treatment with 62 days from their point of suspicion - Performance**						
PROJECT GOVERNANCE **Responsible Officers** **Executive Lead**: Andrew Carruthers **Strategic Lead**: Paula Goode **Delivery Leads**: Service SDMs			**Programme oversight through**: **Governance through**: **Delivery through**:			
KEY DELIVERABLES*			**MEASURES***			
KEY ACTIONS*	**BY WHOM**	**BY WHEN**	**QUANTIFIABLE OUTCOME*:**	**TRAJECTORY OVER NEXT 12 MONTHS:**	**HOW AND WHEN WILL DATA BE COLLECTED, VERIFIED**	
Eliminate patients waiting over 14 days for first OPA	Lisa Humphrey	31.3.26	0 patients waiting over 14 days for 1st OPA	0 patients waiting over 14 days for 1st OPA by 31.3.26	Via the Quarterly monitoring report	
** % Reduction of patients waiting for a diagnostic procedure over 28 days enhance	Lisa Humphrey	31.3.26	reduction in patients waiting over 28 days for diagnostic investigations	50% Reduction by 31.3.26	Via the Quarterly monitoring report	
**% reduction of patients waiting over 62 days at treatment stage NB theses are those with confirmed diagnosis of cancer	Lisa Humphrey	31.3.26	Reduce number of breaches	55% backlog reduction by 31.3.26	Via Daily PTL	
Reduce overall volume of patients waiting over 62 days to tolerance volume to achieve 80% on SCP (backlog)	Lisa Humphrey	31.3.26	Reduce backlog volume	55% backlog reduction by 31.3.26	Via Daily PTL	

RISKS	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
	Risks predominantly associated with fragile service / workforce profile in key specialties – limited resilience to sickness/absence:				
	Radiology	5	4	20	• Radiology investment plan 25/26 – stabilises but does not improve fragility.

	Recruitment and Training of Radiologists to undertake the MRI scanning and reporting	4	5	20	• Radiology investment plan 25/26 – stabilises but does not improve fragility
	Delay in cameras being circulated to Primary Care due to delays in the training programme for GPs	2	3	12	• Working with Dermatology CIN to provide a training programme for each Primary Care cluster
	Urology				•

LINKS TO	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER	OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW
		Corporate Risk 1350- Risk of not meeting the 80% SCP waiting times target by March 2026 due to diagnostics capacity and delays at tertiary centre			
		Operational 1547 – Risk of being unable to provide quality and timely radiology service due to workforce challenges and consultant deficit.			

PLANNING OBJECTIVE - PO 4 Planned Care (Cancer)					
PLANNING OBJECTIVE SCOPE (What are you aiming to achieve in 2025/26) **80% of patients on a USC Pathway will receive their first definitive treatment within 62 days from their point of suspicion by March 26 – LGI**					
PROJECT GOVERNANCE **Responsible Officers** **Executive Lead**: **Strategic Lead**: **Delivery Leads**:	**Programme oversight through**: **Governance through**: **Delivery through**:				
KEY DELIVERABLES*			**MEASURES***		
KEY ACTIONS*	**BY WHOM**	**BY WHEN**	**QUANTIFIABLE OUTCOME*:**	**TRAJECTORY OVER NEXT 12 MONTHS:**	**HOW AND WHEN WILL DATA BE COLLECTED, VERIFIED**
Transfer the faecal immunochemical testing (FIT) service from Secondary to Primary Care in line with the lower GI National Optimal Pathway.	Sara Edwards / Caroline Lewis	30/09/2025	Eradicate current FIT testing timeline as part of the SCP (currently averaging between 7-21 days) – where the current point of suspicion is tracked from Primary Care referral into secondary care (where the FIT service currently sits). Moving the service from secondary to primary care will eradicate the FIT testing timeline from the SCP.	Reduction of an average 7-21 days from the lower GI SCP pathway (from when the service is transferred and clock start date for the pathway is adapted).	Via SCP performance team.

Increase endoscopist capacity in line with 25% increase in Bowel Screening Wales (BSW) optimisation roll-out in October 2024.	Sara Edwards	31/03/2026	Improved compliance against the 28 day target as part of the SCP.	1.5 additional sessions per week agreed within consultant (screening endoscopist) job plans. WLI's are being used in the short term to bridge core capacity gap. The NHS executive are working to develop a patient tracking list explicitly for BSW – to support the development of a recovery plan with a defined improvement trajectory.	Via new NHS Executive dashboard for BSW performance and the data from the SCP performance team.
Prepare a case for investment into colon capsule endoscopy	Sara Edwards		No confirmed funding for this proposal.		
Leasing of 3 LuminEye Endoscopy Digital Rigid Sigmoidoscope.	Caroline Lewis		No confirmed funding for this proposal.		

RISKS	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
	Endoscopist workforce supply: Whilst core capacity levels are in line with demand volumes for USC/U/R, any unplanned absences present a risk to continue delivery of both USC and 8-week diagnostic performance.	3	4	12	• Clinical endoscopist applications submitted to the National Endoscopy Programme in June 2025 – core funding available from within the endoscopy budget to support 1 new clinical endoscopist trainee to commence colonoscopy training in September 2025. This will support plans to increase endoscopist supply within the HB. • Continue to review consultant job plans and opportunities to increase endoscopy sessions where possible.

	Endoscopy nursing establishment: deficits in the endoscopy nursing establishment at GGH present a risk to sustained delivery of endoscopy activity.	3	3	9	• Funding confirmed and received via the annual plan 25/26 to uplift the nursing establishment in June 2025. Recruitment is in progress.
	Screening colonoscopist supply: given the small pool of screening colonoscopists within the HB, opportunities to increase core capacity to accommodate the 25% increase in BSW demand have all been exhausted.	3	4	12	• BSW funding as part of the LTA is being used to cover the cost of WLI's to bridge the current capacity gap experienced.

LINKS TO	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER	OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW
		1959 – Risk to delivery of BSW services in line with standards			
		1580 – Endoscopist provision			
		1383 – Nursing establishment			

PLANNING OBJECTIVE - PO 4 Planned Care (Cancer)					
PLANNING OBJECTIVE SCOPE (What are you aiming to achieve in 2025/26) **80% of patients on a USC Pathway will receive their first definitive treatment within 62 days from their point of suspicion by March 26 – Lung**					
PROJECT GOVERNANCE **Responsible Officers** **Executive Lead**: **Strategic Lead**: **Delivery Leads**:	**Programme oversight through**: **Governance through**: **Delivery through**:				
KEY DELIVERABLES*			**MEASURES***		
KEY ACTIONS*	**BY WHOM**	**BY WHEN**	**QUANTIFIABLE OUTCOME*:**	**TRAJECTORY OVER NEXT 12 MONTHS:**	**HOW AND WHEN WILL DATA BE COLLECTED, VERIFIED**
The introduction of radial endobronchial ultrasound (rEBUS) will significantly reduce reliance on CT-guided biopsies, cutting diagnostic waiting times and improving access for those requiring radical treatment	RG	ongoing	Service progressing well with high demand, this is impacting the CTGBx list positively although that remains long. There have been 27 patients since the End of December 2024 when the service commenced and of those 15 results have been positive.	If the demand continues to grow and capacity becomes an issue there is already a plan to train 2 further consultants to provide this diagnostic.	Radial EBUS Waiting List
GP Chest X-Ray to CT (inc Hot Reporting)	SP/EC	ongoing	Reduction of wait from CXR to CT.	Same day by September 25	PTL
CTGBx Funding has been agreed for an interventional radiologist post to be advertised in August/Sept 2025. The clinical service plan includes additional interventional staff and estates in all options	SP/GRD	31.3.25	Waiting time request to biopsy	31/3/2026– 2 weeks	Radiology Dashboard /PTL

	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
RISKS					
	Radiology workforce fragility	5	4	20	• Radiology investment plan 25/26 – stabilises but does not improve fragility.
	Lack of equipment replacement funding	4	4	16	• RAG ratings for each equipment collated for WAG approval. •
	Estates Infrastructure affecting replacement of equipment	3	4	12	• Electrical infrastructure is affecting replacement of the single HD gamma camera at WGH – WAG have been given costs as highest priority for replacement.
	Single scanners on multiple sites	5	5	25	Breakdown causes delays – other sites used, mobile solutions and additional patient transport.

LINKS TO		Corporate 797 -Risk to the ability to deliver ultrasound services due to workforce pressures			
		Corporate 684 – Risk to the timely investment and replacement of radiology equipment and supporting infrastructure.			
		Operational 1547 – Risk of being unable to provide quality and timely radiology service due to workforce challenges and consultant deficit.			
		Operational 1223 – Risk of unsustainable radiology on-call rota due to staff shortage and increased activity.			

PLANNING OBJECTIVE - PO 4 Planned Care (Cancer)						
PLANNING OBJECTIVE SCOPE (What are you aiming to achieve in 2025/26) **80% of patients on a USC Pathway will receive their first definitive treatment within 62 days from their point of suspicion by March 26 - Skin**						
PROJECT GOVERNANCE **Responsible Officers** **Executive Lead**: **Strategic Lead**: **Delivery Leads**:			**Programme oversight through**: **Governance through**: **Delivery through**:			
KEY DELIVERABLES*			**MEASURES***			
KEY ACTIONS*	**BY WHOM**	**BY WHEN**	**QUANTIFIABLE OUTCOME*:**	**TRAJECTORY OVER NEXT 12 MONTHS:**	**HOW AND WHEN WILL DATA BE COLLECTED, VERIFIED**	
Dermoscopic attachments and cameras to be circulated in Primary Care to support referrals will improve triage for urgent suspected skin cancer, reducing in-person clinic pressure while maintaining diagnostic accuracy.	Ceri Wisdom	Sept 25	Number of referrals accepted	3% reduction in USC referrals	Data collected monthly and verified via Dermatology CIN	
Commencing teledermoscopy for USC patients in Q1.	Ceri Wisdom	April 25	USC teledermoscopy clinics x3 per month	20% discharge rate for USC patients	Monthly and verified by Consultants at ABUHB	

RISKS	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
	Delay in cameras being circulated to Primary Care due to delays in the training programme for GPs	2	3	12	• Working with Dermatology CIN to provide a training programme for each Primary Care cluster
					•

LINKS TO	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER	OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW
		1837 Insufficient MOP (minor operative procedures) capacity in the HB			

		747 Unsustainable services due to Consultant vacancies			

PLANNING OBJECTIVE - PO 4 Planned Care (Cancer)					
PLANNING OBJECTIVE SCOPE (What are you aiming to achieve in 2025/26) **80% of patients on a USC Pathway will receive their first definitive treatment within 62 days from their point of suspicion by March 26 – Urology**					
PROJECT GOVERNANCE **Responsible Officers** **Executive Lead**: **Strategic Lead**: **Delivery Leads**:	**Programme oversight through**: **Governance through**: **Delivery through**:				
KEY DELIVERABLES*			**MEASURES***		
KEY ACTIONS*	**BY WHOM**	**BY WHEN**	**QUANTIFIABLE OUTCOME*:**	**TRAJECTORY OVER NEXT 12 MONTHS:**	**HOW AND WHEN WILL DATA BE COLLECTED, VERIFIED**
Ensuring stable outpatient capacity while introducing measures to improve access to MRI through the PROSTAD pathway. This will reduce the time taken to reach biopsy decisions, shortening referral-to-diagnosis times by up to four weeks.	Neil Griffiths	End of Qtr 2 2025	Dependant on the delivery of additional availability of Radiologists to deliver and same day report on 12 STT MRI per week.	April – Sept 4 per week. Qtr 3 onwards 12 per week.	Weekly through Cancer Tracking Team.
Increased provision of local anaesthetic trans-perineal (LATP) biopsies will help meet growing demand	Neil Griffiths	Stage 1 March 2025 Stage 2 August 2025	Capacity for 20 LATP per week	12 per week March to August rising to 20 per week from end of August 2025	Weekly through Waiting List team and Cancer tracking team.
Increase capacity for flexi cyctoscopy by 30% by increasing nurse cyctoscopist by 1 WTE Bladder pathway Additional nurse-led cystoscopy services will provide a 30% uplift in capacity, enabling patients to be seen more quickly.	Neil Griffiths	June 2025	Ringfenced Flexi USC capacity or 55 per week. This represents the 85% of demand measured over a 13 week period	25 per week in April rising to 55 per week in June and sustained ongoing.	Weekly through Waiting List team and Cancer tracking team.

Increased MRI access and expanded LATP biopsy capacity will be in place by the end of quarter 2 2025.	Neil Griffiths	End of Qtr 2 2025	Dependant on the delivery of additional availability of Radiologists to deliver and same day report on 12 STT MRI per week.	April – Sept 4 per week. Qtr 3 onwards 12 per week.	Weekly through Cancer Tracking Team.

RISKS	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
					•
	Recruitment and Training of Radiologists to undertake the MRI scanning and reporting	4	5	20	•

LINKS TO	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER	OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW

PLANNING OBJECTIVE - PO 4 Planned Care (Cancer)					
PLANNING OBJECTIVE SCOPE (What are you aiming to achieve in 2025/26) **80% of patients on a USC Pathway will receive their first definitive treatment within 62 days from their point of suspicion by March 26 – Gynaecology**					
PROJECT GOVERNANCE **Responsible Officers** **Executive Lead**: **Strategic Lead**: **Delivery Leads**:	**Programme oversight through**: **Governance through**: **Delivery through**:				
KEY DELIVERABLES*			**MEASURES***		
KEY ACTIONS*	**BY WHOM**	**BY WHEN**	**QUANTIFIABLE OUTCOME*:**	**TRAJECTORY OVER NEXT 12 MONTHS:**	**HOW AND WHEN WILL DATA BE COLLECTED, VERIFIED**
Development and launch of a third one stop clinic offer for the diagnosis of suspected endometrial cancer patients in Glangwili General hospital, to create a further 8 see, scan and biopsy patient slots weekly – fully embedded by commencement of Q1 25/26.	Gynaecology Service Team, clinical team, NHS exec, Radiology, IT and Theatre teams	June 2025	The action has changed to developing an addition 2 clinics which creates capacity for additional 16 patients. Clinics went live week commencing 2nd June	Continue to deliver as Business as usual	This will be available via the cancer dashboard
Development and launch of a fourth one stop clinic offer for the diagnosis of suspected endometrial cancer patients in Withybush General Hospital, to create a further 8 see, scan and biopsy patient slots weekly – fully embedded by commencement of Q1 25/26.	Gynaecology Service Team, clinical team, NHS exec, sexual health, radiology and IT	July 2025	The action has changed to developing an addition 2 clinics which creates capacity for additional 16 patients. Thursday will start 26th June with the Tuesday clinic date to follow	Continue to deliver as Business as usual for the Thursday clinic Tuesday clinic date to be confirmed (Target by end of July 2025)	This will be available via the cancer dashboard

Continued engagement with planned care services to develop and pilot an in-service pre-operative, pre-assessment system to limit the delay's this has on single cancer pathway patients awaiting diagnosis procedure or treatment under general anaesthetic.	Gynaecology Service Team and clinical team and anaesthetic team	September 2024	After conversations with the Anaesthetic team in Hywel Dda this is currently not an option to develop in Gynaecology		
Increase capacity of benign irregular bleeding on HRT clinic offers in line with the current community-based clinic offer.	Gynaecology Service Team and clinical team	Q4		Plan to increase capacity for Bleeding on HRT by streamline gynaecology outpatients. Planning work to commence from August 2025.	
Develop a one stop model for ovarian cancer diagnosis with an aim to pilot by Q4 25/26.	Gynaecology Service Team and clinical team	April 2025	After discussions with the clinical team this not something we can develop within the service.		
Development an implementation of dedicated triage team for single cancer pathway patient referrals – fully embedded by commencement of Q1 25/26.	Gynaecology Service Team and clinical team		Key action to be amended to creating a E-Referral worklist for PMB referral		

	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
RISKS					
	ID 2095 – Risk to delivery of urgent and suspected cancer hysteroscopy diagnostic pathway	Inherently 3, current 2, Target 1	4	8	• Capitol funded equipment replacement – order raised 17.06.25
					•

	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER	OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW
LINKS TO					

PLANNING OBJECTIVE - PO 4 Planned Care (Cancer)						
PLANNING OBJECTIVE SCOPE (What are you aiming to achieve in 2025/26) **80% of patients on a USC Pathway will receive their first definitive treatment within 62 days from their point of suspicion by March 26 – Head & Neck**						
PROJECT GOVERNANCE **Responsible Officers** **Executive Lead**: **Strategic Lead**: **Delivery Leads**:			**Programme oversight through**: **Governance through**: **Delivery through**:			
KEY DELIVERABLES*			**MEASURES***			
KEY ACTIONS*	**BY WHOM**	**BY WHEN**	**QUANTIFIABLE OUTCOME*:**	**TRAJECTORY OVER NEXT 12 MONTHS:**	**HOW AND WHEN WILL DATA BE COLLECTED, VERIFIED**	
Implement a dedicated Neck Lump Clinic with the support of a Head & Neck Radiologist. A dedicated Neck Lump clinic would allow the patients to receive an Ultrasound Guided Biopsy alongside their First OPA	Lynwen Williams	Oct 25	Reduction in patients awaiting Ultrasound guided biopsies.	4 weeks from the start date of the Radiologist to reduce the waiting list from 10 to 0. Advertising the post in July 2025.	Via Cancer PTL. Internal monitoring.	
Purchase of Trans-nasal oesophagoscopy Scope for OPD minor procedures.	Lynwen Williams	Complete	TNO patients receive diagnostics in OPD. Reduction in Main Theatre Pan endoscopy procedures.	Capacity to diagnose up to 5 patients per clinic. Expected reduction of 30% of patients requiring main theatre diagnostics.	Audit the patient pathways o those receiving TNO scope in OPD, and conversion rate.	

RISKS	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
	Radiology workforce fragility	5	4	20	• Radiology investment plan 25/26 – stabilises but does not improve fragility.
					•

LINKS TO	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER	OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW

PLANNING OBJECTIVE - PO 4 Planned Care (Cancer)					
PLANNING OBJECTIVE SCOPE (What are you aiming to achieve in 2025/26) **80% of patients on a USC Pathway will receive their first definitive treatment within 62 days from their point of suspicion by March 26 - Radiology**					
PROJECT GOVERNANCE **Responsible Officers** **Executive Lead**: **Strategic Lead**: **Delivery Leads**:	**Programme oversight through**: **Governance through**: **Delivery through**:				
KEY DELIVERABLES*			**MEASURES***		
KEY ACTIONS*	**BY WHOM**	**BY WHEN**	**QUANTIFIABLE OUTCOME*:**	**TRAJECTORY OVER NEXT 12 MONTHS:**	**HOW AND WHEN WILL DATA BE COLLECTED, VERIFIED**
Reduce radiology waiting volume across all modalities	SP/GRD	31/3/25	Number of booked and complete patients	Reduction of 50% waiting by 31/3/26	Radiology dashboard
Achieve turnaround time of investigation performed to 7 days from point of referral	SP/GRD	14 days – sept 25	Request to scan time	14 days – September 25. Reduction to 7 days requires additional funding/scanners.	Radiology dashboard
Reduce turnaround time of time to report to 7 days	SP/GRD	30/9/25	SCP scan to report under 7 days	31/3/25 – 10 days 30.4.25 – 10 days 31.5.25 – 10 days 30.6.25 – 10 days 31.7.25 – 9 days 31.8.25 – 8 days 30.9.25 – 7 days	Radiology dashboard
50% reduction for patients on an SCP pathway waiting a radiological investigation	SP/GRD	31/3/25	Number of booked and complete patients	Reduction of 50% waiting by 31/3/26	Radiology dashboard
Implement Radiology Investment Plan: Clear Single Cancer Pathway imaging backlog by September 25	SP/GRD	31/9/25	No backlog patients awaiting radiology.	September 26 – 0 March 26 - 0	PTL.

Reduce overall waiting time for Single Cancer Pathway Patients to 14 days.	SP/GRD	14 days – sept 25	Request to scan time	14 days – September 25. Reduction to 7 days requires additional funding/scanners.	Radiology dashboard

RISKS	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
	Radiology workforce fragility	5	4	20	• Radiology investment plan 25/26 – stabilises but does not improve fragility.
	Lack of equipment replacement funding	4	4	16	• RAG ratings for each equipment collated for WAG approval.
	Estates Infrastructure affecting replacement of equipment	3	4	12	• Electrical infrastructure is affecting replacement of the single HD gamma camera at WGH – WAG have been given costs as highest priority for replacement.
	Single scanners on multiple sites	5	5	25	• Breakdown causes delays – other sites used, mobile solutions and additional patient transport.

LINKS TO	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER	OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW
		Corporate 797 -Risk to the ability to deliver ultrasound services due to workforce pressures			
		Corporate 684 – Risk to the timely investment and replacement of radiology equipment and supporting infrastructure.			
		Operational 1547 – Risk of being unable to provide quality and timely radiology service due to workforce challenges and consultant deficit.			
		Operational 1223 – Risk of unsustainable radiology on-call rota due to staff shortage and increased activity.			

PLANNING OBJECTIVE - PO 4 Planned Care (Cancer)					
PLANNING OBJECTIVE SCOPE (What are you aiming to achieve in 2025/26) **Provision of a 7 day, four site Acute Oncology CNS presence in Hywel Dda in line with National Specification for AOS in NHS Wales- AOS**					
PROJECT GOVERNANCE **Responsible Officers** **Executive Lead**: **Strategic Lead**: **Delivery Leads**:	**Programme oversight through**: **Governance through**: **Delivery through**:				
KEY DELIVERABLES*			**MEASURES***		
KEY ACTIONS*	**BY WHOM**	**BY WHEN**	**QUANTIFIABLE OUTCOME*:**	**TRAJECTORY OVER NEXT 12 MONTHS:**	**HOW AND WHEN WILL DATA BE COLLECTED, VERIFIED**
Provision of a 7 day, four site Acute Oncology CNS presence in Hywel Dda in line with National Specification for AOS in NHS Wales	Ceri Wisdom/Gina Beard	March 31st 2026	Recruitment of 2 WTE Band 6 CNS Recruitment of 2 WTE Band 7 CNS	By end of Q2 By end of Q4	March 31st 2026 Data will be collected from ESR
Clinical Leadership for AOS in line with National Specification for AOS in NHS Wales and Royal College of Physicians Wales report "Cancer Care at the Front Door"	Ceri Wisdom	June 30th 2025	Identification and appointment of Clinical Lead for AOS	Professor Woodhouse appointed April 1st 2025 – key action achieved	WPAS Clinics
Provision of a fully established acute oncology/haematology triage service for Hywel Dda	Ceri Wisdom	December 31st 2025	Recruitment of 2 WTE Band 6 CNS – plus training and upskilling	By end of Q3	March 31st 2026 Data will be collected from ESR and training records

Identify an effective clinical model for an immunotherapy toxicity management Service for Hywel Dda and write a business case (Service Improvement Project in progress)	Ceri Wisdom	March 31st 2026	Broad clinical pathway in place Internal sub-pathways in place (cardiology/gastro/dermatology etc) Annual plan submission for Band 8a ACP with Band 4 coordinator support scoped out for annual plan submission 2026/27	By end of Q2 By end of Q3 By end of Q4	March 31st 2026 Data will be collected from AOS Sharepoint	

RISKS	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
	Delay in recruiting band 6 and 7 CNS posts	2	5	10	• Working through the FCSG process to put the post on TRAC
	Delay in funding and recruitment for Band 8A and Band 4 posy in relation to immunotherapy toxicity	3	5	15	• Submission on Annual Plan 2026/27 • Pathways already in place

LINKS TO	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER	OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW
		Ref: 1905 Risk of deterioration of acutely unwell patients on SACT while accessing acute admission and inpatient services. The complexity of anti-cancer treatments carry potentially life-threatening toxicities, that can present initially as vague symptoms but deteriorate rapidly if not fully realised and appropriately managed by the acute clinical teams			

PLANNING OBJECTIVE - PLANNING OBJECTIVE - PO 4 Planned Care						
PLANNING OBJECTIVE SCOPE (What are you aiming to achieve in 2025/26)						
PROJECT GOVERNANCE **Responsible Officers** **Executive Lead**: Andrew Carruthers **Strategic Lead**: Paula Goode **Delivery Leads**: Service SDMs			**Programme oversight through**: RTT Optimisation Group **Governance through**: Clinical Care Group Business Committee for Planned Care & Cancer Services **Delivery through**: RTT Optimisation Group			
KEY DELIVERABLES*			**MEASURES***			
KEY ACTIONS*		**BY WHOM**	**BY WHEN**	**QUANTIFIABLE OUTCOME*:**	**TRAJECTORY OVER NEXT 12 MONTHS:**	**HOW AND WHEN WILL DATA BE COLLECTED, VERIFIED**
Achievement of 100% compliance for patients waiting over 52 weeks for their new outpatient appointment		Lisa Humphrey	31st March 2026	No patients waiting over 52 weeks for their first outpatient appointment.	No patients waiting over 52 weeks for their first outpatient appointment.	Via quarterly monitoring report & monthly IPAR report.
Achievement of 100% compliance for patients waiting under 104 weeks from referral to treatment (save for Ophthalmology)		Lisa Humphrey	31st March 2026	No patients waiting over 104 weeks from referral to treatment (save for Ophthalmology)	No patients waiting over 104 weeks from referral to treatment (save for Ophthalmology)	Via quarterly monitoring report & monthly IPAR report.
Achievement of 65% compliance in Ophthalmology: % R1 eyecare appointments attended in target or 25% delay		Lisa Humphrey	31st March 2026	65% of R1 eyecare appointments attended are in target or 25% delay.		

	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
RISKS	Risks predominantly associated with fragile service / workforce profile in key specialties – limited resilience to sickness/absence:				
	Radiology	5	4	20	• Radiology investment plan 25/26
	Other diagnostics (i.e., Endoscopy)	5	4	20	• Endoscopy investment plan 25/26
	Ongoing payment of PAAR rate	5	4	20	• Approval being sought from Execs. Paper completed.
	Theatre stability	5	4	20	• Additional management support / Insourcing support

LINKS TO	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER	OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW
		1664 Risk to ophthalmology service delivery due to a national shortage of Consultant Ophthalmologists and the inability to recruit			
		1580 Risk to endoscopy service provision due to challenges in recruiting consultant gastro / endoscopists			
		2104 Risk to delivery of Ministerial priorities relating to planned care recovery ambitions 25/26 due to demand exceeding capacity.			

PLANNING OBJECTIVE - PO5 – Mental Health

PLANNING OBJECTIVE SCOPE (What are you aiming to achieve in 2025/26)

Clinical Services Plan - A programme of work to develop a Clinical Services Plan, as agreed by Board in March 2023, in response to service fragilities and 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.

- **To provide a set of plans for key clinical services to address critical sustainability risks up to the new hospital network.**
- **Improve performance around children's ASD waiting time targets**
- **Integrate the Adult ADHD and Adult Autism service – create a SPOA in line with ministerial priorities**
- **Continue work integrating children's ADHD and ASD services to create a SPOA in line with ministerial priorities**
- **To provide a set of plans for key clinical services to address critical sustainability risks up to the new hospital network**
- **Deliver improvements to CAMHS set out in NHS Wales CAMHS Service Specification (July 2024) and HIW, CIW & Estyn Joint Review**

PROJECT GOVERNANCE **Responsible Officers** **Executive Lead**: Andrew Carruthers **Strategic Lead**: Lee Davies **Delivery Leads**: Liz Carroll	**Programme oversight through**: Finance and Performance Committee **Governance through**: MHLD IGG **Delivery through**: Children's ASD Services Performance Improvement Task and Finish group & MHLD CCG IGG (PPPB & QSHS)

KEY DELIVERABLES*			**MEASURES***		
KEY ACTIONS*	**BY WHOM**	**BY WHEN**	**QUANTIFIABLE OUTCOME*:**	**TRAJECTORY OVER NEXT 12 MONTHS:**	**HOW AND WHEN WILL DATA BE COLLECTED, VERIFIED**
Finalise S136 Place of Safety paper.	Liz Carroll	September 2025	Completion of multi-agency options appraisal	Complete	Board July 2025
Eradicate over 3-year waits through outsourcing and values-based approaches to diagnostic assessment.	Catherine Vaughan/ Children's ND service	March 2026	No CYP waiting more than 3 years	Awaiting trajectory	
Improve performance by 40%	Catherine Vaughan/ Children's ND service	March 2026	Performance 40%	Monthly performance reporting	

Stabilise workforce and re-design service model to include needs-led, whole system, stepped approaches.	Catherine Vaughan/ Children's ND service	March 2026	Service re-design		
Implement digital innovation across all service areas – piloting digital platforms in partnership with WG and Centre for Digital Public services and exploring digital innovation with commercial and private sector.	Catherine Vaughan	March 2026	Digital platform (Magic Notes) will have been tried and tested All services will be paper-less		
Strengthen regional partnership working via ND strategic group and subsequent delivery groups to include colleagues from Public Health Wales.	Catherine Vaughan/ ND services (all-ages)	March 2026	Regional strategic plan for ND		
Complete process mapping exercise of Adult ADHD and ASD (IAS) services; Complete data cleanse of Adult ADHD waiting list; ensure operational processes align; dual diagnosis training of all clinicians within service; development of pre and post diagnostic support Adult ADHD service.	Catherine Vaughan/ Adult ADHD and IAS	March 2026	Service re-design and SPOA		
Prepare and present paper at CYP working group to progress alignment of children's ADHD and ASD services.	Catherine Vaughan/ Lyndon freeman	July 2025	Implement agreed action		
Standardise CAMHS access times through implantation of UK Mental Health Triage Scale for all referrals to CAMHS.	Alastair Wakely	March 2026	100% referrals triaged using scale	By due date.	
Enhance transparency and improve communication and partnership working with parents, CYP and GP Clusters.	Alastair Wakely	March 2026	Clearer, published access criteria. Revised letter templates. GP Cluster roadshow.	By due date.	
Implement care planning for all non-Part 2 children and young people in CAMHS; increase consistency of CTP implementation across CAMHS.	Alastair Wakely	March 2026	80% with a care plan. % adherence to CTP Consensus Statement.	By due date.	
Review 24/7 CAMHS Crisis provision to increase Alternative to Admission and same-day access for all Crisis referrals.	Alastair Wakely	October 2025	Paper to MHLD IGG BPPP.	By due date.	

RISKS	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS

	There is a risk of insufficient programme resource (operational and project management) to progress all the projects in the desired timeframe	**4**	**4**	**16**	• Reallocation of existing staff – monitor and be prepared to manage a decision deferral from Q3 25/26 to Q4 25/26.
	There is a risk of public and political opposition to the programme if the plans are perceived as objectionable	**4**	**4**	**16**	• Process follows the guidance from HICO and based on proven experience gained from the Paediatrics process.
	There is a risk of insufficient workforce to deliver the preferred solutions	**3**	**4**	**12**	• Plans need to be developed in recognition of the constraints.

LINKS TO	**BOARD ASSURANCE FRAMEWORK**	**HB RISK REGISTER**	**OTHER PLANNING OBJECTIVES**	**MINISTERIAL &/OR LOCAL PRIORITY**	**OTHER, EG, AHMWW**
		Corporate risk 1032 Operational Risk 1287 Operational risk 1290	Neuro-divergence Improvement Programme; NHS Executive Performance and Improvement		

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Submitted By: Andrew Spratt

Date Submitted: 4 August 2025

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

Planning Objective: PO 2 Financial Road Map

Executive Lead: Huw Thomas

Reporting Period: Quarter 1 2025/26

Overall status: ~~**Complete / Ahead /**~~ **On-track** ~~**/ Behind**~~
Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery): 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, with a strategic milestone approach agreed in principle.

Activities completed in previous reporting period

- Methodology and plan established, to refresh the Financial Roadmap
- Update of previous Roadmap with new intelligence
- Creation of a strategic set of financial milestones that underpin the Roadmap
- Engagement across the senior finance leadership team to create, critique and revise assumptions
- Shared with the Executive Team in July 2025
- Held a workshop with NHS Performance and Improvement Financial Planning & Delivery to explain, share and agree a collaborative review approach moving forward

Activities planned for next milestone and reporting period

- Embed the strategic financial milestones within the organisations planning cycle for 2026/29
- Engage with CCG Triumvirates to reflect appropriate changes to the Roadmap
- Review and reflect appropriate changes following further workshops with NHS Performance and Improvement Financial Planning & Delivery
- 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:
N/A

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Submitted By: Peter Skitt

Date Submitted: 05/08/2025

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

Planning Objective: PO 3- TUEC

Executive Lead: Andrew Carruthers

Reporting Period: Q1 2025

Overall status: On-track
Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery):
Majority of deliverables against the portfolio of work are complete, A minority remain behind due to resource, but mitigations are in place to address.

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances): Please see Slide 2, Programme Metrics, Quarter One 2025.

Activities completed in previous reporting period

- UEC Accelerated Transformation Programme Established
- Evaluation for 7-Day Clinical and SDEC services developed and circulated
- Business Case for 7-Day Clinical and SDEC services developed and submitted to FET
- Business Case for Tenby SDUC developed and submitted to Welsh Govt.
- Operational Delivery Unit under development and SBAR submitted to FET
- Ambulance handover workshop held, and plan developed with WAST and HB operational/Clinical Leads.
- Regional PoCD Integrated Action Plan Submitted
- Hospital Site Environmental groups set up and plans developed which focus on hydration/nutrition, privacy/dignity, communication, cleanliness
- A draft 'Clinically Optimised' guidance paper developed to support staff understanding
- Development of the ED / MIU Redirection Policy.
- Online Discharge Toolkit has been launched to consolidate key discharge resources and guidance
- Piloting a patient information discharge booklet to set expectations on patient discharge
- Criteria Led Discharge guidance developed.

Activities planned for next milestone and reporting period (Q2)
Six Goals 25/26 Programme Plan:

- Programme Plan documents available on request

Key priority: Implementation of the HDdUHB Ambulance Patient Handover Assurance Plan

Patient Handover Assurance Plan available on request

UEC Accelerated Transformation Programme PIDs and ToRs:

Programme PIDs and ToRs documents available on request

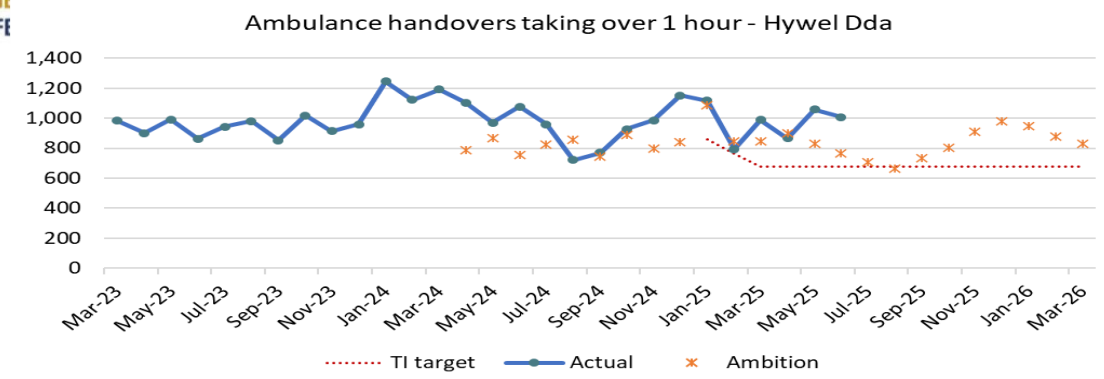
Any other Comments

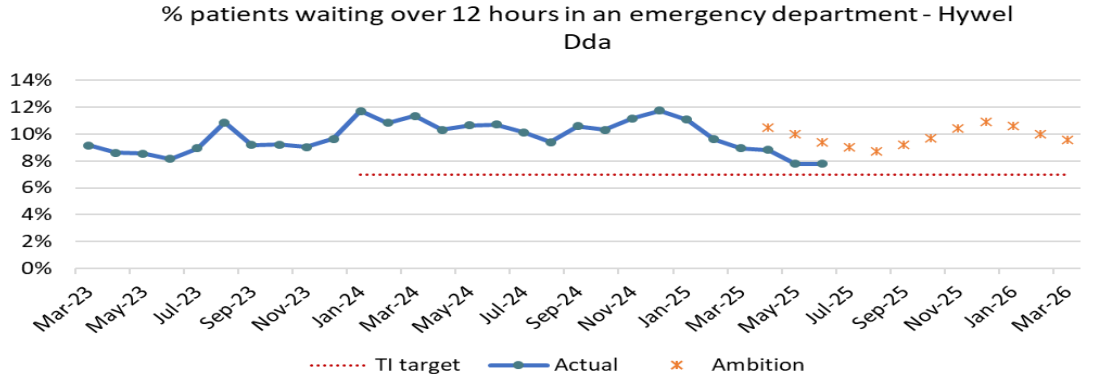
Matters for information:
National Six Goals monies (non-recurrent till Match 2026) are being released to support work in falls in Care Homes and Single Point of Access. Indicative costs have already been requested, and business cases will be worked up in August for Care Home training and Transport to support Clinical Streaming Hubs

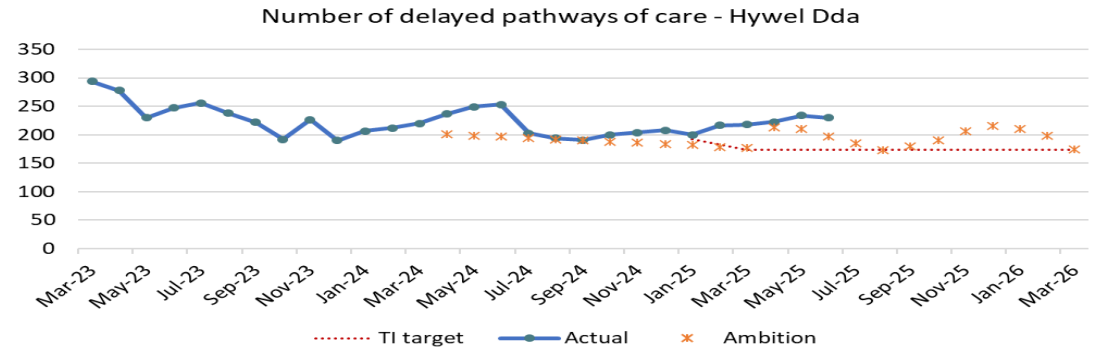
Risks to delivery:

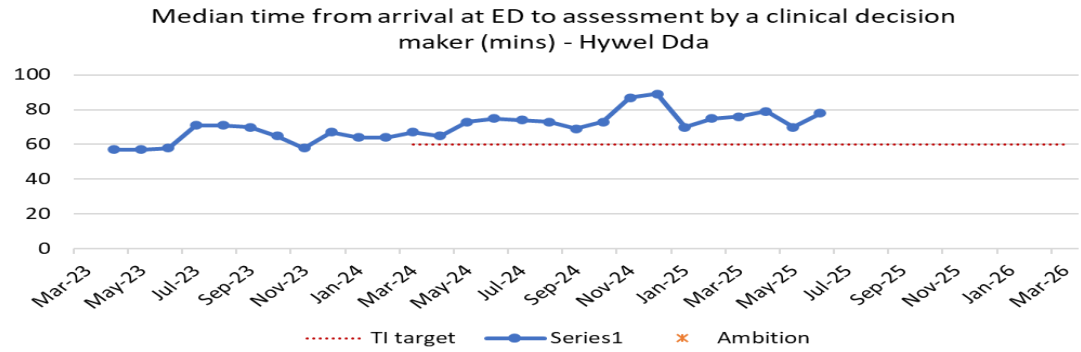
- The Unscheduled care Risk remains the most challenging Risk for the care group and the transformation required will be a resource challenge as we move forward at pace to achieve a different model prior to next winter
- Funding for the model will need to be pump-primed, with the expectation that the 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 at the end of August and be submitted for Board in early September. UEC Clinical and Operational Leads will need to be involved and sign off plan but there is a risk that given Annual Leave over the summer period and short timescale for development this could be delayed.

Programme Metrics, Quarter One 2025









Targeted Intervention targets are not met for June 2025 across Hywel Dda.

- Improvements in 12 hour wait performance in Q1 mean that Annual Plan targets and May and June achieved 8%, just below the TI target of 7%. Concern remains around and increasing trend in Pathways of Care Delays which indicate an increasing trend for Q1.
- Ambulance handover >1hr indicate a rising trend for Q1, mainly driven through performance from Glangwili and Withybush hospitals.
- An improvement in May is indicated for Time to Clinical Assessment at EDs, but in June the position worsened again. GGH has seen an improving position in this metric in Q1 but still remains significantly over TI target of 60 mins, and WGH met TI targets for this domain in May (59mins) but in June has slipped back to 76mins, a significant deterioration.
- Although a static trend was indicated for Q1 for PoCD, concern remains that the Health Board are over TI targets for this metric

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Submitted By: Paula Goode

Date Submitted: 1st August 2025

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

Planning Objective: PO4 Planned Care	**Executive Lead: Andrew Carruthers**

Reporting Period: Q1 (25/26)

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

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

- In June 2025 there were 71 patients waiting over 52 weeks for their OPD appointment. These are within Care of the Elderly and General Medicine where capacity issues for osteoporosis patients present an ongoing capacity issue. Improvement plans are being developed into quarter 2 to recover predicted breaches.
- In June 2025 there were 144 patients over 104 weeks from referral to treatment.
- In June 2025, 60.25% of Ophthalmology appointments attended were within a patient's clinical target date (or within 25% beyond their target date).

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 & 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 quarter 1 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: N/A

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Submitted By: Debra Bennett Service Delivery Manager Cancer Services & Cancer Performance

Date Submitted:4.8.25

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

Planning Objective:PO 4 Planned Care (CANCER) 80% of patients on a USC pathway will receive their first definitive treatment within 62 days from their point of suspicion.

Executive Lead: Andrew Carruthers

Reporting Period: April – June 25

Overall status: Complete / Ahead / On-track / Behind

Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery) Performance over the past 4 months has been above 60% in line with the TI de-escalation criteria. The health board has been de-escalated from level 4 to level 3 for Cancer performance.

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

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Predicted Performance	65%	67%	68%	69%	70%	70%	72%	74%	77%	77%	78%	80%
Actual Performance	62.5%	66.1%										

Activities completed in previous reporting period

- **1** Commenced Teledermoscopy for USC patients April 25
- **2** Increased provision of local anaesthetic trans-perineal (LATP) biopsies will help meet growing demand
- **3** Increase capacity for flexi cystoscopy by 30% by increasing nurse cystoscopist by 1 WTE Bladder pathway Additional nurse-led cystoscopy services will provide a 30% uplift in capacity, enabling patients to be seen more quickly.
- **4** Development and launch of a third one stop clinic offer for the diagnosis of suspected endometrial cancer patients in Glangwili General hospital, to create a further 8 see, scan and biopsy patient slots weekly – fully embedded by commencement of Q1 25/26. Implemented 1.6.25
- **5** Clinical Leadership for AOS in line with National Specification for AOS in NHS Wales and Royal College of Physicians Wales report "Cancer Care at the Front Door"

Activities planned for next milestone and reporting period

- **1** Transfer the faecal immunochemical testing (FIT) service from Secondary to Primary Care in line with the lower GI National Optimal Pathway.30.9.25
- **2** Dermoscopic attachments and cameras to be circulated in Primary Care to support referrals will improve triage for urgent suspected skin cancer, reducing in-person clinic pressure while maintaining diagnostic accuracy.
- **3** Ensuring stable outpatient capacity while introducing measures to improve access to MRI through the PROSTAD pathway. This will reduce the time taken to reach biopsy decisions, shortening referral-to-diagnosis times by up to four weeks.
- **4** Increased MRI access and expanded LATP biopsy capacity will be in place by the end of quarter 2 2025.
- **5** Development and launch of a fourth one stop clinic offer for the diagnosis of suspected endometrial cancer patients in Withybush General Hospital, to create a further 8 see, scan and biopsy patient slots weekly – fully embedded by commencement of Q2 25/26.
- **6** Achieve turnaround time of radiology investigation performed to 7 days from point of referral. Reduce turnaround time of time to report to 7 days
- **7** Implement Radiology Investment Plan: Clear Single Cancer Pathway imaging backlog by September 25. Reduce overall waiting time for Single Cancer Pathway Patients to 14 days.

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University Health Board

Any other Comments
Matters for information:

Risks to delivery:

- Risk of not meeting the 80% SCP waiting times target by March 2026 due to diagnostics capacity and delays at tertiary centre.
- Risk of being unable to provide quality and timely radiology service due to workforce challenges and consultant deficit.
- Risk to delivery of BSW services in line with standards
- Endoscopist provision and nursing establishment
- Risk to the timely investment and replacement of radiology equipment and supporting infrastructure and to provide quality and timely radiology service due to workforce challenges and consultant deficit.
- Insufficient MOP (minor operative procedures) capacity in the HB and Unsustainable skin services due to Consultant vacancies
- Risk of deterioration of acutely unwell patients on SACT while accessing acute admission and inpatient services. The complexity of anti-cancer treatments carry potentially life-threatening toxicities, that can present initially as vague symptoms but deteriorate rapidly if not fully realised and appropriately managed by the acute clinical teams

Any other comments:
Performance over the past 4 months has been above 60% in line with the TI de-escalation criteria. The health board has been de-escalated from level 4 to level 3 for Cancer performance.

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

Submitted By: Liz Carroll, Director of Mental Health and Learning Disabilities

Date Submitted: 7th August 2025

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

Planning Objective 5 – Mental Health and Learning Disabilities

Executive Lead: Andrew Carruthers, Chief Operating Officer

Reporting Period: Q1 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)

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

Art Therapy - is a limited resource with 1.0wte 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 with treatment groups for Childhood Trauma, OCD, stabilisation programme and Self Esteem groups coming online over the next 2 months.

Child neurodevelopmental waits: The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position with the latter reported by Childrens Services. Childrens ASD performance in June 2025 of 25.2%, shows common cause variation but the target of 80% was not met. Performance is driven by ASD, where 535 of 3,436 (15.6%) 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 114 per month (2025) with longest wait times approximately 3.6 years. Workforce constraints and timeliness of diagnostic assessment training 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 2134 with a compliance of 14.5% waiting less than 26 weeks with a gradual drop in complianceseen over the 6 months prior to June. For Adult ADHD, the total waiting list has worsened, with 4529 now waiting assessment, an increase from the previous 4110 reported in April. This is due to a backlog of referrals being processed and triaged and added to waiting list. 658 adults are waiting to start treatment and trial medication.

Activities completed in previous reporting period

- 1. Workforce Stabilisation plan for Inpatient Services approved by Execs and phased implementation in progress including creation of a dedicated establishment to underpin Section 136 provision. Location options for ongoing 136 provision due to be discussed at Board in July – this was deferred to the Quality Safety Committee in August.
- 2. 111 Option 2 is operational 24/7 and its further development as a single point of assessment on hold untillocation of current PPH discharge lounge returned to MH&LD estate. Discussions ongoing with colleagues at PPH.

Activities planned for next milestone and reporting period

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

Any other Comments

Matters for information:

- Temporary service change diverting routine MH referrals from GPS to 111 option 2 in Ceredigion supported by board to facilitate timelier access to mental health assessment and reduce waiting times.
- 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.