

**Planning Objective:** Planning Objective 2 – Financial recovery and route map

**Executive Lead:** Huw Thomas

**Reporting Period:** February 2026

**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)**

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

On track having undertaken a number of reviews across the Executive Team, Board Seminar and Finance and Performance Committee. Whilst the expectation of the Roadmap was to align to the targeted intervention criteria, i.e. financial breakeven by 2027/28, with the recent budget allocation confirmations, there is a risk that the level of savings required to deliver breakeven might not be practically possible to deliver, even though a suite of opportunities in excess of the required are available. It should be noted that a Welsh Government one year budget was committed, with clarity around 2027/28 and beyond not yet provided.

**Activities completed in previous reporting period**

Launched recovery route map within finance, collaborating to ensure owners are identified for all component parts.  
 First draft shared with Executive Team and further versions then shared with Board Seminar and Finance and Performance Committee.  
 Updated modelling undertaken for all three year horizon costs 2026-29.  
 Insight provided for an approach to cap investments linked to academic evidenced prevalence demand within our region.  
 Long list of opportunities over-achieve the required levels of savings.  
 New approach agreed in principle to ensure sustainability by converting non-recurrent savings.

**Activities planned for next milestone and reporting period**

Executive Team scrutiny on 28 January 2026.  
 Functional savings plans to be received by 31 January 2026 – **current high risk** to met expectation.  
 Update following revised operational/clinical plans being submitted with planning priorities further refined.  
 Full submission to Finance and Performance Committee in February 2026 for endorsing and ongoing inclusion in the March 2026 Public Board meeting to approve the proposed financial plan across the three-year time horizon.  
 Refinement required at each stage to ensure latest modelling is reflected.

**Any other Comments**

**Matters for information:** The adopted Planning Coordinate Group approach to ensure leadership scrutiny and prioritisation has not achieved its set goal, resulting in uncertainty to some of the priority investments that will be required.

**Risks to delivery:** Similarly, operational pressures are noted as reasons for Savings Plans not being fully developed at this stage, signally an element of risk and assumption that is taken into the roadmap.

**Any other comments:** A Roadmap will be finalised and submitted to Board in March 2026, but it is currently unclear if this will meet the expectations set out by Welsh Government – namely to demonstrate financial improvement year on year until achieving breakeven in 2027/28.

**Planning Objective PO3: UEC**

**Executive Lead: Andrew Carruthers**

**Reporting Period: Q3 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

**Example Activities completed in previous reporting period**

- 7-Day CSH, Hosdpital@Home and SDEC Business Case completed and submitted for decision at Public Board on the 29<sup>th</sup> of January
- Clinical Mentorship, Care Home Training/Equipment and Clinical Streaming Hub Transport Projects all implemented and live
- Clinical Streaming Hub dashboard established and reporting aligned to National requests for data
- Business Cases developed for additional Clinical Streaming Hub monies from Welsh Govt., these are centred on the procurement of the Istumble App, the pop-up Aberystwyth SDUC and additional administrative staff to support Clinical Streaming.
- Health and Social Care discharge training programme undertaken, online discharge toolkit established and further Criteria Led Discharge Training progressed across Hywel Dda
- UEC Environmental audits undertaken and Environmental plans developed across all Hospital sites

**Activities planned for next milestone and reporting period (Q4)**

- Detailed implementation Plan for 7-Day Business Case and operationalisation of model
- Care Home support evaluation
- Development and sign off of the 26/27 Six Goals Programme Business Cas
- Winter Sprint 2 – Boarding and Surge Bed review and implementation of reaccommodation's

**Any other Comments**

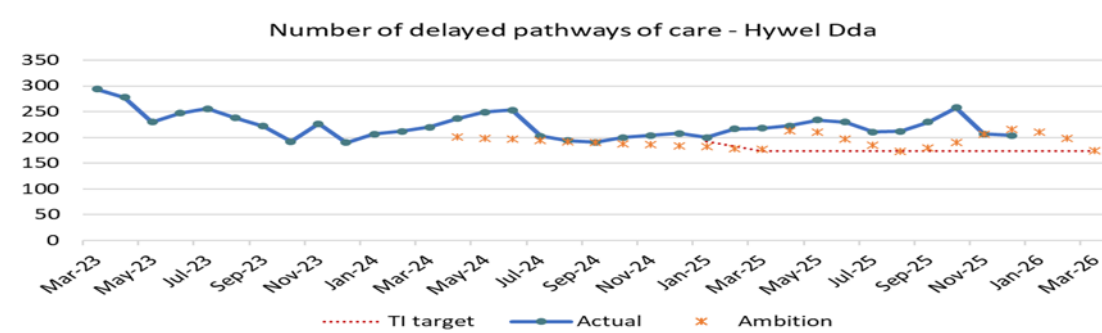
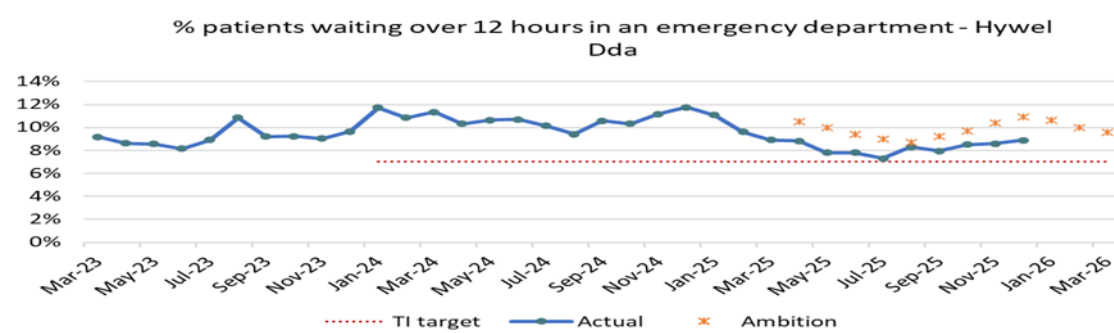
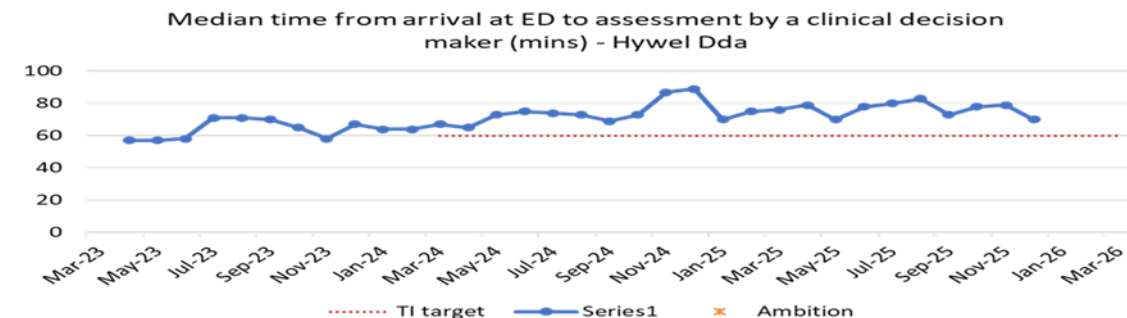
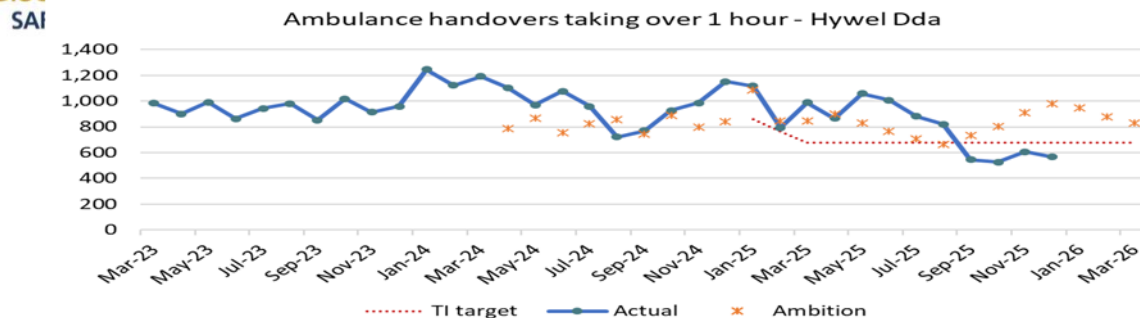
**Risks to delivery:**

- 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
- Unexpected project work being driven through additional funding from Welsh Govt
- Project Management support – the rapid implementation requirements around the 7-day business case, in addition to the commitments from the Six Goals Programme, Winter Sprint and additional funded projects, may mean that the team are under capacity to support. To mitigate work plans will be reviewed once approvals have been made with regard to the scope of the 7-day business plan and Six Goals Programme plan, and shortfalls escalated appropriately

# Programme Metrics, Quarter Three 2025



DIOGFI | CYNALIADWY | HYGURCH | CAREDIG



**Targeted Intervention targets met for Ambulance Hanover >1hr in last quarter, other targets remain over (last data point December 2025).**

- Health Board >1hr ambulance delays have shown an improving trend over the last year, with the Health Board being below TI targets since September 2025.
- Median time from arrival to assessment in December was 70 mins, remaining above TI target of 60 mins for the Health Board.
- % of patients waiting >12 hours has shown an increasing trend for Quarter 3 and in December 2025 was at 8.9%, above TI target of 7%
- The number of POCs has shown an improving trend in Quarter 3, in December 2025 at 204. However, this is still above TI target of 174 for the Health Board.



Submitted By: Paula Goode /Amorelle Jones

Date Submitted: 22-1-26



Planning Objective PO 4: Planned Care

Executive Lead: Andrew Carruthers

Reporting Period: Q3 (25/26)

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)

**52 Week Outpatients:** The care group achieved zero breaches over 52 weeks at the end of December 2025 for all specialties apart from Rheumatology ( 7). This was due to consultant sickness. Ongoing monthly delivery trajectories indicate that the Care group will 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 March 2026, there is a high risk associated with around 26 patients under 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 & 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 2 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: Liz Carroll, Service Director (MHL D Clinical Care Group)

Date Submitted: 3<sup>rd</sup> February 2026



Planning Objective 5 – Mental Health and Learning Disabilities

Executive Lead: Andrew Carruthers, Chief Operating Officer

Reporting Period: Q3 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 - Continues to be 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. We have strong links with the teaching institution, with regular student placements that support an increase in productivity for the duration of their placements.

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, caps in therapy sessions in place, along with job plans to increase efficiencies across the service provision. 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 & ADHD position with the latter reported by Children’s Services. Children’s ASD performance in November 2025 of 21.5%, shows concerning variation but the target of 80% was not met. Performance is driven by ASD, where 517 of 3,499 (14.8%) 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.

Adult neurodevelopmental waits: Adult ASD total waiting list is 2255 with a compliance of 16.2% 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 to 5163, with a compliance of 19.2% waiting less than 26 weeks for diagnostic assessment. 865 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 and extensive waiting times.

Activities completed in previous reporting period

1. Workforce stabilisation for in-patient areas continues. All wards are participating in the HCSW pay band review and recruitment for HCSWs is underway.
2. Outsourcing of Children’s neurodevelopment assessment for ASD to commence before end of Q4.
3. The development of a Single Point of Assessment service as part of 111 # 2 transformation, requires a location on the Prince Philip site. A meeting to identify a clinical area to provide this has been held but no progress to date.

Activities planned for next milestone and reporting period

- Review job plans and implementation of stepped care model in adult psychological therapies

Any other Comments

Matters for information:

- 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. Works now planned during Q1 26/27.