Pwyllgor Cyllid a Pherfformiad/ Finance and Performance Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 October 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Planning Goals Update Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Huw Thomas, Executive 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

The Health Board approved the 2026/27 Annual Plan in March 2026, based on requirements specified in the NHS Wales Planning Framework 2026/29 and against the Escalation Framework, which was subsequently submitted to Welsh Government on 31 March 2026. Since submission, Welsh Government (WG) has issued further communication that noted the plan was unacceptable and unsupportable given the expected financial outturn for 2026/27.

For 2026/27, **Planning Goal 6** has been aligned to the Finance and Performance Committee (FPC), namely:

Planning Goal 6: Safe, timely, high-quality care which covers the following previous Planning Objectives. To note **Planning Objective 2** (Financial Roadmap) has not been carried forward for 2026-27, therefore there is no specific defined Finance Planning Goal for 2026-27.

- **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 Goals, for onward assurance to the Board through the Board Assurance Framework.

Cefndir / Background

Planning Goals
One key aspect of the Annual Plan remains our Planning Goals (previously referred to as Planning Objectives).

Of the eight Planning Goals, one is aligned to this Committee:

- Planning Goal 6: Safe, timely, high-quality care

Asesiad / Assessment

The Planning Goals remain a key element of the Annual Plan for 2026/27. The current status of the Planning Goal aligned to this Committee are:

Planning Goal	Executive Lead	Status and Key Outcomes
Planning Goal 6: Safe, timely, high-quality care	Chief Operating Officer	Planning Objective 3: Status On Track **Pillar 1 – Pre-Hospital & Community** • Progress has been made on the implementation planning for 7-Day Clinical Streaming Hubs**,** including workforce planning, recruitment preparation and implementation arrangements across counties. Go Live is planned for 30 November 2026 • Development of the Call Before Convey model has continued, including SOP development, pathway mapping and engagement with WAST. The pilot went live on 28 September 2026, ongoing evaluation points are scheduled in. • The Community Falls Programme has progressed through development of the iSTUMBLE digital pathway, care home engagement and redesign of falls response pathways to better align with community-based alternatives to conveyance. • The operational implementation of redirection policy has commenced, currently the development of a DoS and engagement with Primary Care are the focus **Pillar 2 – Front Door & First 72 Hours** • A dedicated Pillar 2 Recovery Programme has been established with weekly delivery meetings, clear executive sponsorship and a focused programme of work around front-door flow and the first 72 hours of care. • Significant progress has been made on the Ambulance Handover 45 Programme, including: o Development of a Health Board and WAST implementation plan. o Drafting of Ambulance Handover and Call Before Convey SOPs. o Establishment of operational governance and monitoring arrangements. o Progression of local site action plans

		• The Withybush 7-Day SDEC Programme has progressed through consultation, workforce planning and recruitment preparations, with implementation delivery plans now established. Optimal SDEC service will go live in December 2026
		• Work has commenced on developing a First 72 hours plan, which focuses on:
		  ○ Senior clinical decision-making.
		  ○ Front-door medical models.
		  ○ Acute frailty pathways.
		  ○ ED redirection policies.
		  ○ Therapy and diagnostic support models.
		Pillar 3 – Ward-Based Flow & Discharge
		• The Business Case for Carmarthenshire Integrated Care Home project has been approved by Welsh Government and project work has started to implement by December 2026.
		• The Preventing Deconditioning Programme (DEWI) has expanded across 38 wards with associated training, data collection and development of supporting tools and resources.
		• Criteria Led Discharge, Red2Green, board round improvement and discharge optimisation have continued to progress as key components of the wider flow and discharge agenda.
		• The programme has strengthened regional collaboration through the West Wales Optimal Flow and Discharge Delivery Group, supporting a coordinated approach to discharge, delayed pathways and hospital flow improvement.
		Overall Programme Position
		• Governance, accountability, reporting and executive sponsorship for each Pillar have been clarified as part of a refreshed 3 Pillars Programme Group approach.
		• Multiple priority workstreams are now operating with formal programme management arrangements.
		• Key implementation activity is underway across Ambulance Handover 45, Clinical Streaming Hubs, SDEC, Falls, Acute Frailty, Optimal Flow, Red2Green, Criteria Led Discharge and Deconditioning.

		Planning Objective 4 (Diagnostics) USC Radiology Investigations – under 7 days. **Overall status: Stable –** Funded capacity does not meet an increased demand. Recovery funding used to provide some capacity; however, will not result in diagnostics under 7 days. **Activities completed in reporting period** **Mobile CT Van** – July 26-Sept 26 – 1352 USC and follow up cancer patients scanned. **Task and finish group workstream**, 3 themes: Data Quality, Capacity Validation, D&C trajectory tools – completed Sept 26 **Activities planned for next milestone and reporting period** **Mobile CT Van –** plan to scan 1500 USC patients **Funding –** Oct 26 – £2.8m received of WG funding – original ask £4.1m (8 week waits and improve cancer performance). The funding will provide improved performance in Q3 but not Q4, unless further funding received **Risks to delivery:** If WG funding does not continue into Q4, the planned cancer improvement may not be sustained**.** Recruitment of key clinical posts – shortages in both radiographers, sonographers and radiologists. OCP posts have been advertised (Oct 26) aim to be in post at end of Q4. Reliance on locum positions in NOUS. **Over 8 weeks for a radiology diagnostic** **Status On Track** **Activities completed in reporting period** MRI van – July-September 26 – 1641 patients in Q2 USS Insourcing to continue –1026 patients in Q2 Task and finish group workstream, 3 themes: Data Quality, Capacity Validation, D&C trajectory tools – completed Sept 26 **Activities planned for next milestone and reporting period** MRI van – plan to scan 4041 patients in Q3. CT Van – plan to scan 2000 patients in Q3. USS Insourcing to continue – plan to scan 2400 patients in Q3 Funding - If Planned Care delivery and sustainability WG funding is agreed, capacity will increase to meet demand and backlog.

		Risks to delivery: If further WG funding is not secured, this will run out at the end of December 26 and we will not meet zero 8 weeks in MRI and NOUS by 31 March 27. Recruitment of key clinical posts - shortages in radiographers, sonographers and radiologists. OCP posts have been advertised (Oct 26) aim to be in post at end of Q4. Reliance on locum positions in NOUS**.** **Planning Objective 4 (Cancer)** **Single Cancer Pathway** **Forecast Trajectory 2026/27 Per Tumour Site (In-year recovery funding)** • August 26 performance **61.9%** above predicted trajectory • The trajectories have been revised to reflect in year recovery allocation awarded for 8 week diagnostic recovery for radiology. Confirmation of funding allocation of £12,849,721; of which £3,743,985 was allocated for diagnostics, despite original bid being circ £15m, the Health Board has supported continuing with the plans to improve cancer performance. Q2 Focus on early urology and lower GI improvements; secure MRI access; optimise tracking. **Progress** • **Outsourcing of CT scanning capacity will continue until June 2026**, providing on average an additional 338 scans per month. The arrangement began on 5 January 26. This is to continue until end December 26. • **New prostate clinic** introduced as of 3 June 26, which will fast track high risk patients following MRI & LATP to CT TAP. This clinic will streamline pathway and reduce MDT delays.

		Planning Objective 5 **On Track**: **Open Access Demonstrator Projects – Status On Track** • All four demonstrator projects have progressed from planning into implementation preparation and testing phases. • CAMHS OAAT remains on track for pilot implementation in November 2026. • Primary Care and Perinatal teams have progressed pathway development, stakeholder engagement and workforce training. • Peer Support and Lived Experience workforce development has been supported through a successful co-production day, helping to shape implementation priorities and future service design. • Shared governance arrangements continue to support learning, evaluation and alignment across the programme. **111 Option 2 – Status On Track** • Planning is underway to commence rollout of the revised 111 Press 2 Mental Health access pathway in Pembrokeshire within the next three months. • Work will be undertaken with Primary Care partners to revisit the proposed pathway changes, building on previous stakeholder engagement activity. • Continued stakeholder engagement will support pathway implementation, address outstanding concerns and ensure awareness of the revised access model across the locality. • Ceredigion operational teams will continue to work closely with Primary Care partners to further embed and strengthen the pathway, ensuring consistent implementation, improved collaboration, and sustainable service delivery across the locality. **Psychological Therapies – Status In progress** • RTT compliance reduced, as a direct result of planning for the transition from AA to MEDIO, to 56.7%. Improvements have been sighted for next month's reporting to

		return to the continued progress towards the Q2 target of 63%. • Referral and discharge activity remains balanced, preventing further waiting list growth. • A 34% reduction in the overall waiting list has been sustained, with improvements across a range of therapy modalities. • Recruitment of NQN in place to support all group activity releasing resources for 1:1 HI interventions • Trauma-Focused DBT provision has increased treatment capacity and supports recovery. **Risk:** • Full transition from AA to MEDIO is expected from 1 October 26. Residual risks remain relating to contingency arrangements; however, collaboration between digital services and MEDIO are limiting potential risks. • Current modelling suggests a residual backlog of patients waiting up to two years may remain without further intervention; however, the service has seen a 10.6% reduction in these numbers since April 26. **Patient Flow – Improving Mental Health Inpatient Flow and Reducing Out of Area Beds – Status In progress** • 72 Hour crisis admission pathway working group started in July 26 • Aim to establish a consistent, clinically robust pathway and clear standards • Focus on improving assessment, treatment, discharge planning, and patient flow • Emphasis on multi-disciplinary, multi-agency working and continuity across services • Vanguard work supporting improvements in patient flow and reducing out of area placements **Neurodevelopmental (ND) – Status On Track** • School cluster pilot is enabling multiple assessments to be completed more efficiently in areas with the highest referral rates.

		• Benefits realisation work underway to quantify improvements resulting from the introduction of AI scribe package. • Forging closer working relationships with Community Paediatrics, education and Local Authority in order to provide training, supervision and consultation. Current project includes a co-ordinated response to Inset day training for teachers and ALNCo's working alongside colleagues from education, CAMHS and School In-Reach teams. • Additional WG funding has secured a further outsourcing contract for 300 assessments to be completed by the end of November 2026. **Risks / Challenges** Demand continues to outstrip capacity. Additional funding received in 2026/27 will not bring about the eradication of over 3 year waits without further system change **Learning Disabilities (LD) – Status On Track** • Finalise OCP for LD Service Redesign and begin recruitment – The briefing paper has been signed off by Workforce. The implementation meeting planned for August 26 did not take place and has now been rescheduled for 8 October 26, to progress implementation with affected staff and commence recruitment to vacant posts. • Start HEF digitisation rollout planning – Service Planning will meet with NHS Performance & Improvement colleagues to discuss the current trajectory and agree the inclusion and exclusion criteria. • Confirm GP register validation and AHC support arrangements – Ongoing work to strengthen GP register validation and improve AHC uptake, Targeted support to practices, alongside coordinated education, and awareness for people with learning disabilities, families, carers, and PHC teams. • Compliance with Paul Ridd Learning Disability Awareness Training remains high, with MH&LD CCG achieving 98.12% compliance, compared to the Health Board position of 95.14% against Q2 trajectory of 95% Health Board Wide**.**

		Suicide & Self Harm – Safe Discharge, Ligature Safety, Multi Agency Prevention - Status On Track Safe Discharge • Performance against the 72-hour discharge follow-up standard was 83% in June 2026, exceeding the Welsh Government target of 80%. • Compliance continues to be monitored weekly and reported to WG monthly. • Despite reporting challenges associated with exceptional cases, the service achieved the national performance target during the reporting period. Ligature Safety Adult Mental Health Wards: • Ligature awareness training compliance has exceeded the Quarter 2 trajectory target of 40%, with 80.92% of inpatient staff having completed the training as of July 2026. Older Adult Mental Health: • All Ward Managers and Ward Sisters have completed ligature awareness training (100%) and are registered on ESR. • Compliance amongst the registered nursing workforce is 100% across Bryngolau, Enlli and St Non's wards. Overall ward compliance currently stands at 29% for Bryngolau Ward, 67% for Enlli Ward and 64% for St Non's Ward, with the remaining gap relating predominantly to Nursing Support Workers.

Argymhelliad / Recommendation

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

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	Seek assurance on delivery against all Planning Goals 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, Teitl a Sgôr Risg 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:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	6. Safe, Timely, High Quality Care
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	9. All HDdUHB Well-being Objectives apply
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	7. All Apply
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	3 Year Plan and Annual Plan 2026-27
Rhestr Termau: Glossary of Terms:	AHC – Annual Health Check AI – Artificial Intelligence ALNCo – Additional Learning Needs Co-ordinator

	CAMHA OAAT – Child and Adolescent Mental Health Services One-At-A-Time therapy CT – Computerised Tomography CT TAP – CT Thoraco-Abdomino-Pelvic scan D&C – Demand and Capacity DBT – Dialectical Behaviour Therapy DoS – Directory of Services ED – Emergency Department ESR – Electronic Staff Record HEF – Health Equalities Framework HI – High Intensity LATP – Local Anaesthetic Transperineal biopsy MDT – Multi Disciplinary Team MH&LD CCG – Mental Health & Learning Disabilities Clinical Care Group MRI – Magnetic Resonance Imaging NOUS – Non Obstetric Ultrasound NQN – Newly Qualified Nurse OCP – Organisational Change Process PHC – Primary Health Care RTT – Referral To Treatment SDEC – Same Day Emergency Care SOP – Standard Operating Procedure USC – Unscheduled Care USS – Ultrasound Scan WAST – Welsh Ambulance Services University NHS Trust
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Not applicable

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
Tegwch Iechyd: **Health Equity:**	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.
Risg: **Risk:**	Any issues are identified in the report
Cyfreithiol: **Legal:**	Any financial impacts and considerations are identified in the report
Enw Da: **Reputational:**	Any issues are identified in the report
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Not applicable