Pwyllgor Cyllid a Pherfformiad/ Finance and Performance Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 August 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 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 so 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 will remain a key element of the Annual Plan for 2026/27.Where there are outstanding actions as part of the 2025/26 plans, these are expected to be carried over into 2026/27 for completion.

Planning Goals

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 **On Track** Update on the Six Goals Programme: • 7-day Clinical Streaming Hub positions recruited, estimated launch date 1 December 2026 • Ambulance 45-minute Plan developed and group established • Trajectories developed and agreed against key Targeted Intervention (TI) metrics • Developed and implemented Deconditioning Early Warning Indicator (DEWI) training resources, Action Bundle and supporting materials • Rolled out the DEWI Tool to 38 wards across the hospital sites • Reviewed and updated staff and patient discharge information in response to feedback • Progressed Clinical Streaming Hub development, including dashboards, reporting and pathway improvements • Implemented Red2Green reporting improvements to support Optimal Hospital Flow • Completed community falls response mapping and progressed agreed improvement actions • Frailty Scoring continues to be actively implemented across the acute sites. • The digital frailty alert system is now live and triggers early clinical awareness and

		response pathways for patients with a frailty score ≥5 at the point of entry (Emergency Department/Minor Injuries Unit). Work is also underway to explore the development of a dashboard to support monitoring, reporting, and service improvement. • A business case is being developed to pilot weekend working for Therapy Assistants, with the aim of enhancing therapy provision and supporting patient flow across the frailty pathway. However, delivery continues to be constrained by workforce, financial, and system pressures, requiring sustained programme oversight. The programme is on track but slightly delayed in some areas.
		Planning Objective 4 (Diagnostics) **Behind** **Activities completed in reporting period** • **Mobile CT Van** – April 26- July 26 – 1658 USC and follow up cancer patients scanned. • **Task and finish group workstream**, 3 themes: Data Quality, Capacity Validation, Demand and Capacity trajectory tools **Activities planned for next milestone and reporting period** • **Mobile CT Van** –August 2026 – 411 patients • **Funding** - July 2026 – request for Planned care delivery and sustainability WG funding £4.1M (8 week waits and improve cancer performance) • **Risks to delivery:** Any delay in decision re 4.1M funding, ability to procure additional capacity, Recruitment of key clinical posts – shortages in both radiographers, sonographers and radiologists. OCP completed August 2026 – posts to be advertised (September) Reliance on locum positions in Non-Obstetric Ultrasound. • **Activities completed in reporting period**

		• **MRI van** – April – August 26 –1485 patients in Q1 • **USS Insourcing** to continue – 1609 patients in Q1 • **Task and finish group workstream**, 3 themes: Data Quality, Capacity Validation, Demand and Capacity trajectory tools **Activities planned for next milestone and reporting period** • **MRI van** – September 2026 – November 2026 – plan to scan 1372 patients in Q2 • **USS Insourcing to continue** – plan to scan 1600 patients in Q2 • **Funding** - If Planned care delivery and sustainability WG funding is agreed, capacity will increase to meet demand and backlog • **Risks to delivery:** Recruitment of key clinical posts – shortages in both radiographers, sonographers and radiologists. OCP completed Aug 26 – posts to be advertised (September) Reliance on locum positions in Non-Obstetric Ultrasound**.**
		Planning Objective 5 **On Track** **Open Access Demonstrator Projects** **Status: On track** • All four demonstrator projects continue to progress towards implementation of the Open Access Mental Health Support Model, with pathway redesign, workforce development and local implementation planning underway. • Staff continue to participate in One at a Time (OAAT) training, supporting workforce readiness and implementation of new care pathways. • Recruitment activity is progressing across demonstrator projects where additional capacity is required to support delivery. • Project leads participating in a national shared learning forum, facilitating the exchange of learning, emerging practice

		and implementation challenges across Wales. • Meeting arranged with Engagement and Communications colleagues to plan communications activity across the wider Clinical Care Group regarding the demonstrator projects. **111 Option 2** **Status: On Track** • Continued work with the Communications Team and the 111 Option 2 service to improve public awareness and promotion of mental health access pathways. • The Ceredigion mental health access pathway continues to be embedded, with ongoing work to support consistent implementation and integration with services. **Psychological Therapies** **Status: In progress** • RTT compliance has improved to 59.4%, demonstrating 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 activity is ongoing, with several appointments progressing through the recruitment process. • Trauma-Focused DBT provision has increased treatment capacity and supports recovery. • Additional capacity is expected from Newly Qualified Practitioners joining from September/October 2026 **Risk:** • Delays in the transition from AA to MEDIO may limit the service's ability to deliver additional therapy groups and could impact future RTT recovery and waiting list reduction.

		• Current modelling suggests a residual backlog of patients waiting up to two years may remain without further intervention. **Patient Flow – Improving MH Inpatient Flow & Reducing Out of Area Beds – Status In progress** • 72-hour crisis admission pathway working group started in July 2026 • 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. • Contract for AI scribe in place for further year with additional functionality. • Children and Young People (CYM) Autistic Spectrum Disorder (ASD) performance exceeds trajectory, with 22.3% assessed within 26 weeks against a Q1 target of 16%. • Advice hubs have been redesigned to fulfil the requirement of an initial appointment, increasing throughput. • Progressing move to Patient Knows Best digital platform to deliver post-diagnostic support and provide electronic means to communicate with CYP/carers/parents. • Working with Paediatrics team to develop joint working. • Additional WG funding of £567,000 secured. Further outsourcing contract awaiting Health Board approval. **Risks / Challenges**

		Demand continues to outstrip capacity. Additional funding received in 26/27 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 – Briefing paper has now been signed off by Workforce. A meeting is scheduled with Workforce in August to progress implementation with affected staff and commence recruitment to vacant posts. • Start HEF digitisation rollout planning – HEF implementation continues to progress well, with the Learning Disabilities Service significantly exceeding its planned HEF delivery trajectory. • Confirm GP register validation and AHC support arrangements. – Ongoing work to strengthen GP register validation and improve Annual Health Check (AHC) uptake, Targeted support to practices, alongside coordinated education, and awareness for people with learning disabilities, families, carers, and PHC teams. • Paul Ridd Learning Disability Awareness ESR Training Health Board Compliance rate 94.79% Mental Health and Learning Disabilities rate 98.4% against Q2 trajectory of 95% Health Board Wide. **Suicide and 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 Welsh Government monthly. • Despite reporting challenges associated with exceptional cases, the service

		achieved the national performance target during the reporting period. **Ligature Safety** • Ligature reduction training has continued throughout Q2. Latest data shows 125 staff trained, exceeding the planned trajectory for this stage of delivery. • Band 7 - 7 out of 7 staff has completed training • Band 6 - 8 out of 10 staff has completed the training • Band 5 - 40 out of 59 staff has completed the training • HCSW - 70 staff has completed the training

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:	3.1.17 Seek assurance on delivery against all Planning Objectives (Appendix 2) 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:	6. All Apply

Quality and Engagement Act (sharepoint.com)	
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 26-27
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
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