



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	30 April 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Planning Objectives Update Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Executive Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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 Q1 2025/26 as an integral part of the Hywel Dda University Health Board's (HDdUHB) Annual Plan for 2025/26.

The Planning Objectives set out the aims of the organisation, *i.e.* the horizon that HDdUHB is driving towards over the long term, as well as a set of specific, measurable actions, which move the organisation towards that horizon over the next year.

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

- **Planning Objective 2:** Financial recovery and 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 an update on the key elements of Planning Objectives 2,3,4 and 5 and can be found in **Annex 1**. The Planning Objective updates have been brought to the Committee for assurance of progress.

**Asesiad / Assessment**

The Planning Objectives remain a key element of the Annual Plan for 2025/26. Highlight reports are included as **Annex 1** for Q4 of 2025/26 and in **Annex 2** for 2025/26 as a whole.

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

- For **PO2, Financial Recovery and Roadmap**, this is **Complete**: Having undertaken a number of reviews across the Executive Team, Board Seminar and Finance and Performance Committee and submitted a three-year financial plan as part of the 2026-29 planning cycle to Welsh Government (WG).

Whilst the expectation of the roadmap was to align to the targeted intervention criteria, for example, to meet financial breakeven by 2027/28, with the recent budget allocation confirmations, the three-year plan/roadmap does not achieve this, but delivers a financial improvement to a structural deficit by 2028/29.

There is a suite of opportunities in excess of the required savings requirement to achieve the targeted intervention criteria, but this level of change delivery is not deemed reasonable in a three-year period. It should be noted that a WG one year budget was committed, with clarity around 2027-28 and beyond not yet provided until the new Government is confirmed post the May 7, 2026, Senedd Elections.

- 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**, **On Track** the overarching progress is on-track, with progress having been made in a number of key areas, although there is acknowledgement that there is more to do.

## Argymhelliad / Recommendation

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

**Amcanion: (rhaid cwblhau)**

**Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.17 Seek assurance on delivery against all Planning Objectives aligned to the Committee in accordance with the Board approved timescales, as set out in the Health Board's Annual Plan, considering and scrutinising the plans, including the medium term financial plans, and savings plans, that are developed and implemented, supporting and endorsing these as appropriate
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

**Gwybodaeth Ychwanegol:**

**Further Information:**

Ar sail tystiolaeth: Evidence Base:	Annual Plan 2025/26
Rhestr Termau: Glossary of Terms:	Explanation of terms is included within the report

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board	Public Board - March 2025 (acceptance of 2025/26 Planning Objectives being developed through Quarter 1 25-26 as part of the Annual Plan)

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Any financial impacts and considerations are identified in the report.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Any issues are identified in the report.
<b>Gweithlu: Workforce:</b>	Any issues are identified in the report.
<b>Risg: Risk:</b>	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.
<b>Cyfreithiol: Legal:</b>	Any issues are identified in the report.
<b>Enw Da: Reputational:</b>	Any issues are identified in the report.
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable



# Annex 1

## Planning Objectives Update Q4 2025/26

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

**Executive Lead:** Huw Thomas, Director of Finance

**Reporting Period:** March 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):**

Complete having undertaken a number of reviews across the Executive Team, Board Seminar and Finance and Performance Committee and submitted a three-year financial plan as part of the 2026-29 planning cycle to Welsh Government. 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, the three-year plan/roadmap does not achieve this, but delivers a financial improvement to a structural deficit by 2028/29. There is a suite of opportunities in excess of the required savings requirement to achieve the targeted intervention criteria, but this level of change delivery is not deemed reasonable in a three-year period. It should be noted that a Welsh Government one year budget was committed, with clarity around 2027-28 and beyond not yet provided until the new government is confirmed post the May 7 2026 Senedd elections.

**Activities completed in previous reporting period**

- Launched recovery route map within finance, collaborating to ensure owners are identified for all component parts.
- Full submission to Welsh Government on 31 March 2026, with Executive Team, Finance and Performance Committee and Board endorsement.
- 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 to 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**

- Functional savings plans to be received to achieve the targets set – **current high risk** to met expectation.
- Continuous monthly review required at each stage to ensure latest modelling is reflected in updated financial forecasts.
- Welsh Government feedback has been received stating the annual plan is not supportable or approvable with its current financial deficit.  
Board action requested to de-risk the delivery of the annual plan and assess options for further improvement for 2026/27 from £41m to £22.1m. Executive Team briefing has been proposed by Finance clarify a 4-step framework approach.

**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 continuous planning cycle should be embedded within the organisation, looking forward 3 to 5 years in the first instance, including all service and workforce changes and latest financial modelling with commitments aligned to the clinical services plan and transformational savings plans required.



Submitted By: Peter Skitt

Date Submitted: 13/04/2026



**Planning Objective: PO3 UEC**

**Executive Lead: Andrew Carruthers, Chief Operating Office**

**Reporting Period: Q4 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.

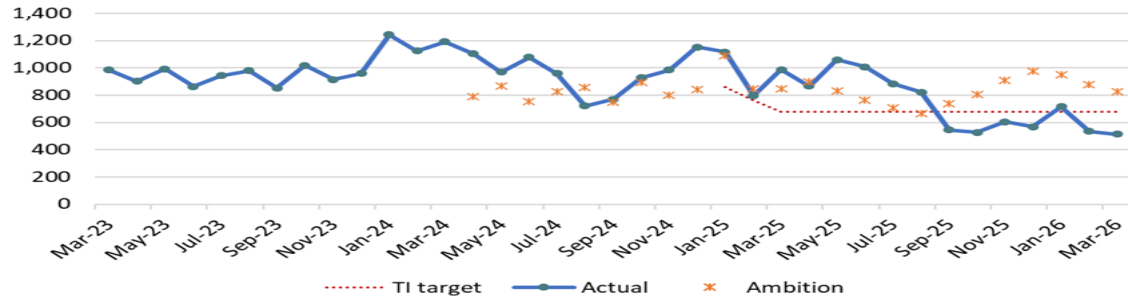
**Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):** Please see subsequent slides Slide 3 and 5

Example Activities completed in previous reporting period	Activities planned for next milestone and reporting period (Q1)
<ul style="list-style-type: none"> <li>The ED / MIU Redirection Policy has been ratified and is being embedded into frontline practice, supporting the safe redirection of appropriate patients to alternative pathways, reducing Emergency Department pressure, and improving overall system flow.</li> <li>County-level Seven-Day CSH Implementation Groups are now established with County System leads as Chairs and agreed Terms of Reference.</li> <li>Implementation is being coordinated through formal action logs, risk registers and dashboards.</li> <li>7-Day Business Case Implementation meetings are in place, with recorded sessions and action escalation.</li> <li>Vacancy requests and job descriptions (including ACPs, Band 6 nurses, pharmacy support) have been prepared and submitted through local and Health Board wide financial scrutiny groups</li> <li>Detailed implementation plan live and being iterated, including: go-live dependencies such as estimated OCP and recruitment timelines.</li> <li>UEC programme plan completed for 26/27</li> </ul>	<p>Please refer to UEC Programme Plan and slide 4 for Implementation of 7-day business case</p>

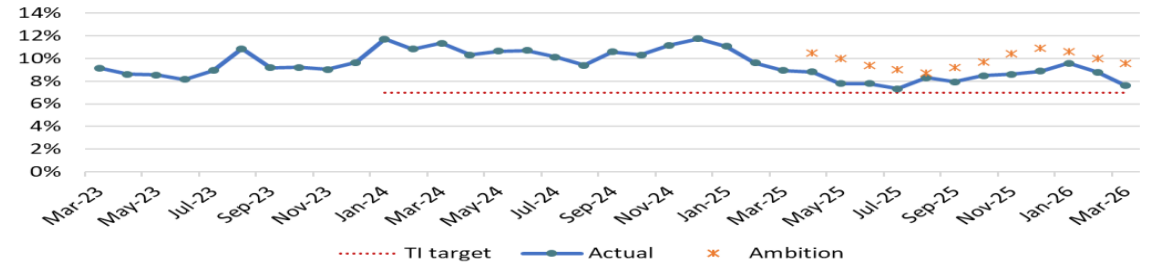
**Any other Comments**  
**Risks to delivery:**

- 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
- 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
- OCP processes aligned to the Community Nursing OCP in Pembrokeshire could delay launch date of CSH for the Health Board. Working with Workforce teams to mitigate and minimise this risk

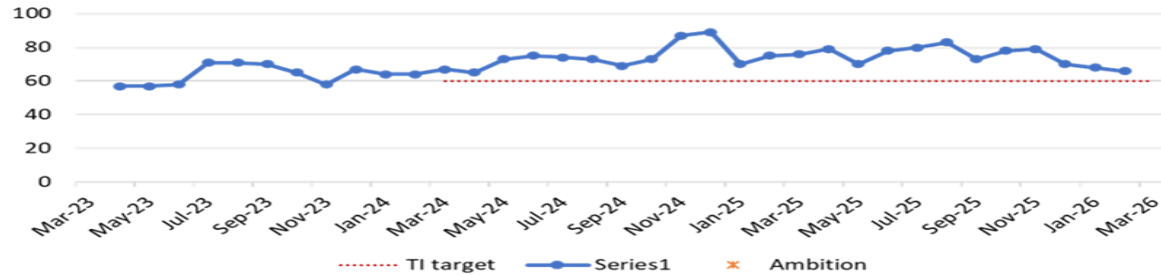
Ambulance handovers taking over 1 hour - Hywel Dda



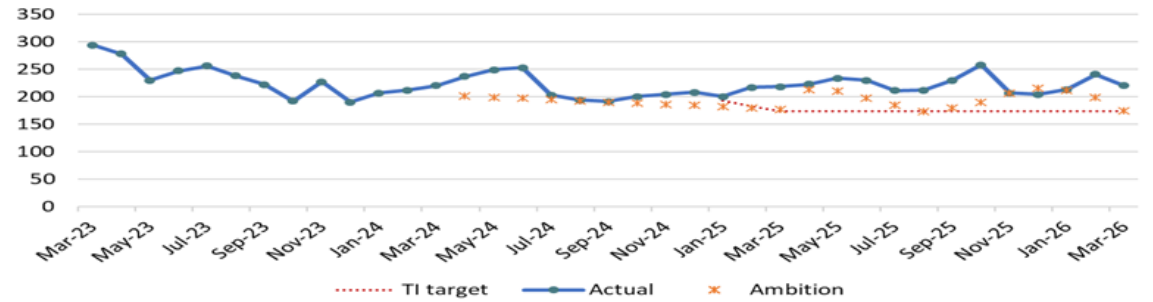
% patients waiting over 12 hours in an emergency department - Hywel Dda



Median time from arrival at ED to assessment by a clinical decision maker (mins) - Hywel Dda



Number of delayed pathways of care - Hywel Dda



**Targeted Intervention targets met for Ambulance Handover >1hr in last quarter, other targets remain over (last data point March 2026).**

- Health Board >1hr ambulance delays have shown an improving trend over the last year, with the Health Board being below TI targets in February and March.
- Median time from arrival to assessment in March was 66 mins, remaining above TI target of 60 mins for the Health Board but an improving trend for Q4.
- % of patients waiting >12 hours has shown a decreasing trend for Quarter 3 and in March 2026 was at 7.6 %, just above TI target of 7%
- The number of POCs has shown mixed results in Quarter 4, in March 2026 at 220, above TI target of 174 for the Health Board.



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Programme Manager: Thomas Alexander



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University Health Board

Display Week: 1

Jan 26, 2026	Feb 1, 2026	Feb 8, 2026	Feb 15, 2026	Feb 22, 2026	Mar 1, 2026	Mar 8, 2026	Mar 15, 2026	Mar 22, 2026	Mar 29, 2026	Apr 5, 2026	Apr 12, 2026	Apr 19, 2026	Apr 26, 2026	May 3, 2026	May 10, 2026	May 18, 2026	May 25, 2026	Jun 1, 2026	Jun 8, 2026	Jun 15, 2026	Jun 22, 2026	Jun 29, 2026	Jul 6, 2026	Jul 13, 2026	Jul 20, 2026	Jul 27, 2026	Aug 3, 2026	Aug 10, 2026	Aug 17, 2026	Aug 24, 2026	Sep 1, 2026	Sep 8, 2026	Sep 15, 2026	Sep 22, 2026	Sep 29, 2026
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Task	Progress	Start Date	End Date	Status
<b>Business Case Governance / Sign off</b>				
Governance Structure and Programme Papers Developed for Implementation of 7-Day Business Case		01/02/2026	13/02/2026	
<b>Local Implementation Groups Established</b>				
Carmarthenshire		16/02/2026	13/03/2026	
Ceredigion		16/02/2026	02/03/2026	
Pembrokeshire		16/02/2026	27/02/2026	
Pembrokeshire		16/02/2026	13/03/2026	
<b>Job Descriptions Developed and signed off through Local Implementation Groups</b>				
Carmarthenshire		02/03/2026	13/03/2026	
Carmarthenshire		02/03/2026	16/03/2026	
Ceredigion		27/02/2026	06/03/2026	
Pembrokeshire		13/03/2026	16/03/2026	
<b>Local Finance Committee agreement</b>				
Carmarthenshire		16/03/2026	24/03/2026	
Ceredigion		06/03/2026	16/03/2026	
Pembrokeshire		16/03/2026	24/03/2026	
<b>Care Group Agreement</b>				
Carmarthenshire		16/03/2026	24/03/2026	
Carmarthenshire		24/03/2026	24/03/2026	
Ceredigion		16/03/2026	17/03/2026	
Pembrokeshire		24/03/2026	24/03/2026	
<b>Financial Control Scrutiny Group Agreement</b>				
Carmarthenshire		17/03/2026	07/04/2026	
Carmarthenshire		13/04/2026	17/04/2026	
Ceredigion		13/04/2026	17/04/2026	
Pembrokeshire		13/04/2026	17/04/2026	
<b>Recruitment Processes</b>				
Trac completed against all Job Adverts		20/04/2026	24/04/2026	
Job Adverts live		28/05/2026	21/06/2026	
Shortlisting		21/06/2026	26/06/2026	
Interviews		29/06/2026	03/07/2026	
Notice/expected start date (longest est. 3 months BA)		03/07/2026	03/10/2026	
<b>Human Resource/Organisational Change Requirements</b>				
Review of current Staff		19/03/2026	10/04/2026	
OCP Briefing Document development and sign off		13/04/2026	17/04/2026	
Consultation		01/05/2026	28/05/2026	
Feedback Review Period		28/05/2026	12/06/2026	
OCP - notice period		12/06/2026	12/09/2026	
<b>Standard Operating Procedure</b>				
Digital Handover @weekends OOH/CSH Meeting				
CSH Weekend SOP Development Meeting		26/03/2026	26/03/2026	
<b>Go Live Clinical Streaming</b>				
Training?				
Go Live Date		03/10/2026	03/10/2026	



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Ministerial Priority	Reflections on Key Achievements
<b>UEC1:</b> Implement effective Community Based Falls Response Services	<ul style="list-style-type: none"> <li>Proposal approved and underway to strengthen older person care homes falls response capacity for equipment and training case.</li> </ul>
<b>UEC2:</b> Implement a robust 'Single Point of Access' (SPOA) for urgent and emergency care	<ul style="list-style-type: none"> <li>CSH seven-day Business Case developed and submitted to Public Board for approval. (TBC approval)</li> <li>Launched the short term SPOA Transport service provided by external providers to transport patient and clinical items.</li> </ul>
<b>UEC3:</b> Implement an Acute Front Door Frailty Service at all acute hospitals	<ul style="list-style-type: none"> <li>Appointed a Health Board Acute Frailty Lead</li> <li>Established an Acute Frailty Delivery Group</li> <li>Mapped acute frailty services against the National AF standards</li> </ul>
<b>UEC4:</b> Implement the Welsh Health Circular - Ambulance Patient Handover Guidance	<ul style="list-style-type: none"> <li>Developed and ratified the Health Board ED / MIU Redirection Policy</li> <li>Supported the operational teams to implement their ED G.I.R.F.T plans</li> <li>Supported the operational teams to improve ED environment to prevent deconditioning , support nutrition and hydration and enhance privacy and dignity for patients.</li> </ul>
<b>UEC5:</b> Implement actions described in the Optimal Hospital Flow Framework	<ul style="list-style-type: none"> <li>Completed the Strengths Based Collaborative Training Programme to support with discharge planning and collaboration</li> <li>Developed and implementation of an integrated POCD action plan</li> <li>Developed in house training videos Developed resources to support Optimal Flow i.e blue print</li> <li>Established a Health Board Preventing Deconditioning Oversight Group</li> <li>Established an Operational Delivery Unit (ODU) to support flow</li> <li>Four projects took part in the National Safe Care Partnership Deconditioning Programme.</li> <li>Implementation of Criteria Led Discharge</li> <li>Launched the Hospital Discharge Toolkit to house discharge related resources and guidance online for our staff</li> <li>Maintaining the Optimal Flow A-Z online staff</li> <li>Monthly Optimal Flow site leadership and data monitoring meetings</li> <li>Ratification and implementation of the Patient Boarding protocol</li> <li>Supported the implementation of MIYA flow for e flow system</li> </ul>
<b>Additional information</b>	<ul style="list-style-type: none"> <li>Strengthened our staff facing communications for Six Goals Programme</li> <li>Changed our public facing communication plan for urgent emergency care to direct patients to alternative services rather than ED</li> <li>Agreed a definition for our Hospital at Home service</li> <li>Developed and ratified a Health Board Hospital at Home SOP</li> </ul>



Submitted By: Amorelle Jones

Date Submitted: 16-3-26



**Planning Objective: PO4**

**Executive Lead: Andrew Carruthers, Chief Operating Officer**

**Reporting Period: Q4 (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 are aiming to have zero breaches over 52 weeks at the end of March 2026 for all specialties. 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 are high risks associated ENT (9) & Ophthalmology pathways (2). T&O modelling suggests circa 11 breaches due to the National shortage of cement. 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	Activities planned for next milestone and reporting period
<ul style="list-style-type: none"> <li>Recovery is supported by outpatient modernisation plans including maximisation of self-management pathways such as See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU).</li> <li>Demand and capacity trajectories anticipate this target being maintained in most specialties.</li> <li>Recurrent recovery monies are being prioritised for areas that anticipate breaches</li> <li>Active management and triage of referrals has resulted in no waiting list growth.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Recovery plans being progressed in ENT &amp; 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</li> <li>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.</li> <li>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.</li> </ul>

**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



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Submitted By: Debra Bennett, Service Delivery Manager  
Cancer Services & Cancer Performance  
Date Submitted: 19.3.26



Planning Objective: PO4 75% of patients on a USC pathway will receive their first definitive treatment within 62 days from their point of suspicion.

Executive Lead: Andrew Carruthers, Chief Operating Officer

Reporting Period: January – March 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)

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%	65%	65%	60%	60%	68%	70%
Actual Performance	62.5%	66.1%	61.4%	62.3%	65.3%	60.1%	66.4%	63.3%	65.8%	60.9%		

Performance over the past 12 months has been above 60% in line with the TI de-escalation criteria. The health board has been de-escalated to level 1 for Cancer performance.

**Activities completed in previous reporting period**

- 1 Outsourcing of CT commenced 5<sup>th</sup> January 26 until March 26. This equates to 350 CT scans a month. 48-hour turnaround radiology reporting funded via recovery monies
- 2 Pilot Galeas Bladder commenced 10<sup>th</sup> March 26– 25 patients a week
- 3 Deep dives being undertaken per tumour site to inform improvement plans and trajectory for patients waiting in excess of 28 days for diagnostic tests
- 4 Pilot Capsule Sponge commenced January 26. Service evaluation to end March 26.
- 5 7 day turnaround pathology agreed for Q4

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

- 1 Agreement to continue outsourcing of CT to continue in Q1 26/27
- 2 Agreement to continue to 48-hour radiology reporting
- 3 Agreement to undertake additional GA Hysteroscopy activity (33 patients)
- 4 Agreement to continue MRI outsourcing for Prostate

**Any other Comments**

Matters for information:

**Risks to delivery:**

- Risk of not meeting the 75% SCP waiting times target by March 2026 due to diagnostics capacity and delays at tertiary centre.
- Risks to meeting trajectory are predominantly associated with fragile service/workforce profile in key specialties (Radiology, Dermatology and Urology) which have limited resilience to sickness/absence.

**Any other comments:**

Performance over the past 12 months has been above 60% in line with the TI de-escalation criteria. The health board has been de-escalated to level 1 for Cancer performance.

**Planning Objective:** PO 4 over 8 weeks for a radiology diagnostic

**Executive Lead:** Andrew Carruthers, Chief Operating Officer

**Reporting Period:** Q4

**Overall status:** Behind - Projected end of 25/26 figure has increased due to radiology system replacement and increased demand from the OPD insourcing contract.

**Progress against planned outcomes / trajectories / milestones:**

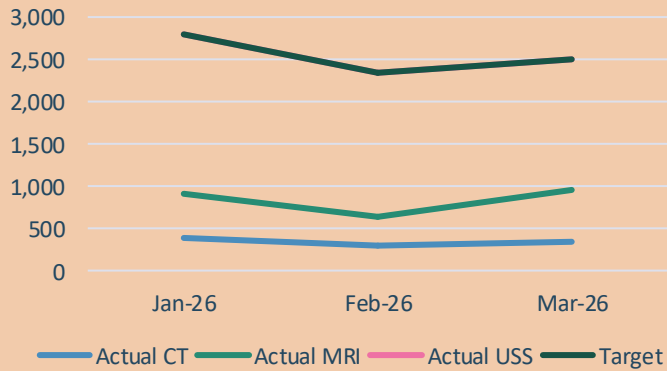


Figure - 8 wk+ breaches Jan 26 - Mar 26

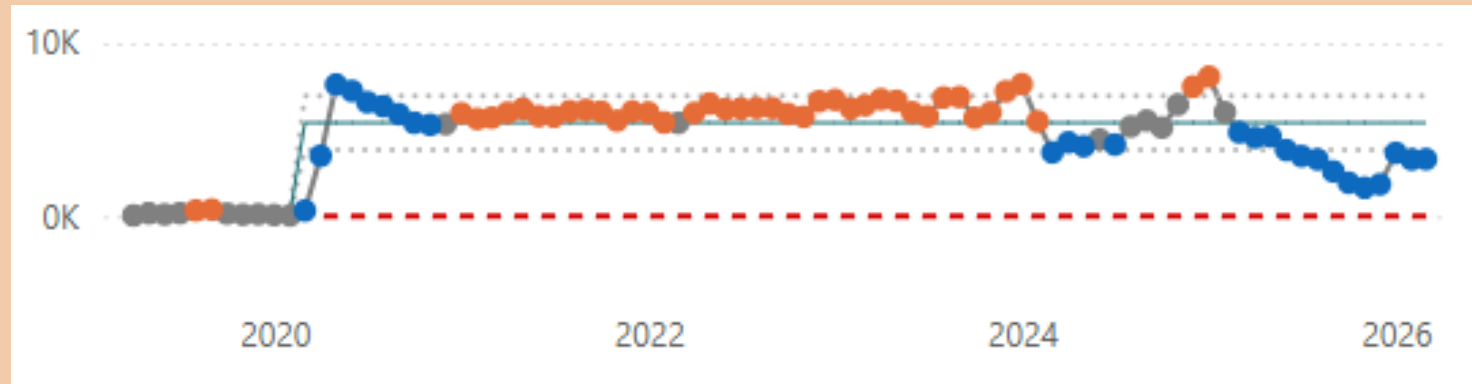


Figure - SPC chart of 8wk+ breaches

- | Activities completed in reporting period                                                                                                                                                                                                                                           | Activities planned for next milestone and reporting period                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Mobile MRI van – January 25 – March 26 – 1887 patients scanned in Q4</li> <li>• Mobile MRI van – August 25- March 26 – 1372 patients scanned in Q4</li> <li>• Insourcing contract for ultrasound – 1981 patients scanned in Q4</li> </ul> | <ul style="list-style-type: none"> <li>• MRI van – April – August 26 – plan to scan 1372 patients in Q1</li> <li>• USS Insourcing to continue – plan to scan 1900 patients in Q1</li> </ul> |

**Any other Comments**

**Risks to delivery:** Recruitment of key clinical posts – shortages in both radiographers, sonographers and radiologists. OCP required for key management posts. Reliance on locum positions in CT particularly to staff out of hours if any sickness/ Maternity Leave.

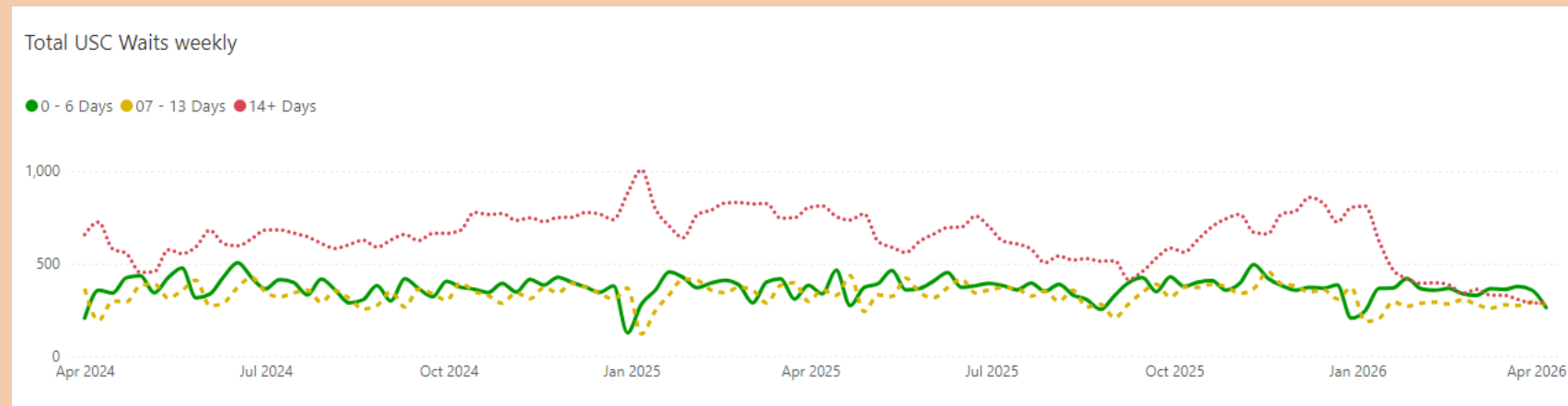
**Planning Objective:** PO4 USC Radiology Investigations – under 7 days.

**Executive Lead:** Andrew Carruthers, Chief Operating Officer

**Reporting Period:** Q4

**Overall status:** Behind - Funded capacity does not meet demand. Recovery funding used to provide some capacity, however will not result in diagnostics under 7 days.

**Progress against planned outcomes / trajectories / milestones:** Total USC waiting list has decreased from 946 Jan 26 to 361 Apr 26



Waiting times (number of patients):

- 0-6 days – 245 (Jan 26) 354 (Apr 26)
- 7-13 days – 188 (Jan 26) 290 (Apr 26)
- 14+ days – 813 (Jan 26) 141 (Apr 26)

Figure – Weekly snapshot of USC waiting list .

**Activities completed in reporting period**

- Mobile CT Van – Jan 26 – March 26 – 1400 USC and follow up cancer patients scanned.
- Outsourcing of reporting 48 hrs turnaround time - Jan – Mar 26 (with additional funding).
- Validation of Ultrasound Waiting lists – 12% reduction in USS breaches.

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

- Mobile CT Van – April 26 – June 26. – 1400 patients.
- Outsourcing of reporting (92hr TAT).
- Move to 7 day working in MRI on one site.
- Recruitment of a clinical validation post – June 26.

**Any other Comments**

**Risks to delivery:** Recruitment of key clinical posts – shortages in both radiographers, sonographers and radiologists. OCP required for key management posts. Reliance on locum positions in CT particularly to staff out of hours if any sickness/ Maternity Leave.

**Planning Objective 5 – PO5 Mental Health and Learning Disabilities**

**Executive Lead:** Andrew Carruthers, Chief Operating Officer

Reporting Period: Q4 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. The number of individuals waiting over 52 weeks has slightly decreased.

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 February 2026 of 23.3%, shows concerning variation but the target of 80% was not met. Performance is driven by ASD, where 641 of 3,590 (17.9%) 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 117 per month (2025) with longest wait times approximately 4 years. An outsourcing contract eradicated over 4 year waits and plans are in place to eradicate over 3 year waits during Quarter 1 of 2026-27.

Adult neurodevelopmental waits: Adult ASD total waiting list is 2332 with a compliance of 16.3% 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 5428, with a compliance of 16.1% waiting less than 26 weeks for diagnostic assessment. 1,019 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 585 ASD Children’s neurodevelopment assessments commenced and due for completion by 31.3.26.
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 sign off impacting ability to commence Organisational Change Process within Learning Disabilities services.



# Annex 2

## Planning Objectives Update 2025/26

### Full Year

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

**Executive Lead:** Huw Thomas, Director of Finance

**Reporting Period:** March 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):**

Complete having undertaken a number of reviews across the Executive Team, Board Seminar and Finance and Performance Committee and submitted a three-year financial plan as part of the 2026-29 planning cycle to Welsh Government. 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, the three-year plan/roadmap does not achieve this, but delivers a financial improvement to a structural deficit by 2028/29. There is a suite of opportunities in excess of the required savings requirement to achieve the targeted intervention criteria, but this level of change delivery is not deemed reasonable in a three-year period. It should be noted that a Welsh Government one year budget was committed, with clarity around 2027-28 and beyond not yet provided until the new government is confirmed post the May 7, 2026, Senedd elections.

**Activities completed in previous reporting period**

- Launched recovery route map within finance, collaborating to ensure owners are identified for all component parts.
- Full submission to Welsh Government on 31 March 2026, with Executive Team, Finance and Performance Committee and Board endorsement.
- 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 to 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**

- Functional savings plans to be received to achieve the targets set – **current high risk** to met expectation.
- Continuous monthly review required at each stage to ensure latest modelling is reflected in updated financial forecasts.
- Welsh Government feedback has been received stating the annual plan is not supportable or approvable with its current financial deficit.  
Board action requested to de-risk the delivery of the annual plan and assess options for further improvement for 2026/27 from £41m to £22.1m. Executive Team briefing has been proposed by Finance clarify a 4-step framework approach.

**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 continuous planning cycle should be embedded within the organisation, looking forward 3 to 5 years in the first instance, including all service and workforce changes and latest financial modelling with commitments aligned to the clinical services plan and transformational savings plans required.



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**Submitted By: Debra Bennett SDM Cancer Services & Cancer Performance**  
**Date Submitted: 25.3.26**



**Planning Objective: PO 4 75% of patients on a USC pathway will receive their first definitive treatment within 62 days from their point of suspicion. Executive Lead: Andrew Carruthers, Chief Operating Officer**

**Reporting Period: April 25- March 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)**

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

The combined activities of sustainable pathway changes within LGI, changes to the FIT pathway to primary Care, additional radiology and pathology capacity have enabled a consistent improvement trajectory throughout 25/26 with performance above 60% improving to mid 60's allowing the health board in line with the TI de-escalation criteria to be de-escalated to level 1 for Cancer Performance.

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
<b>Predicted Performance</b>	65%	67%	68%	69%	70%	70%	65%	65%	60%	60%	68%	70%
<b>Actual Performance</b>	62.5%	66.1%	61.4%	62.3%	65.3%	60.1%	66.4%	63.3%	65.8%	60.9%		

**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
4. Development and launch of a third one stop clinic offer for the diagnosis of suspected endometrial cancer patients in Glangwili General hospital and a fourth in WGH.
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"
6. Transfer the faecal immunochemical testing (FIT) service from Secondary to Primary Care in line with the lower GI National Optimal Pathway 30.9.25.
7. Dermoscopic attachments and cameras circulated in Primary Care to support referrals to improve triage for urgent suspected skin cancer, reducing in-person clinic pressure while maintaining diagnostic accuracy.
8. Outsourcing of CT commenced 5<sup>th</sup> January 26 until March 26. This equates to 350 CT scans a month.
9. 48-hour turnaround radiology reporting funded via recovery monies
10. Pilot Galeas Bladder commenced 10<sup>th</sup> March 26– 25 patients a week
11. Deep dives were undertaken per tumour site to inform improvement plans and trajectory for patients waiting in excess of 28 days for diagnostic

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

- 1 The PSC CCG has prioritised improvement of 26 diagnosis within the Annual Plan 26/27
- 2 Agreement to continue outsourcing of CT to continue in Q1 26/27
- 3 Agreement to continue to 48-hour radiology reporting
- 4 Agreement to undertake additional GA Hysteroscopy activity (33 patients)
- 5 Agreement to continue MRI outsourcing for Prostate

**Any other Comments**

Matters for information: Achievement of 75% cancer performance is reliant on securing additional diagnostic capacity provided by the AHP CCG. The Annual Plan/ Demand & Capacity 26/27 informs us that in the absence of access to WG recovery funding or HB support for In house funding, cancer performance will only be maintained to the mid 60% and will fail to achieve the 75 % WG target 26/27.

Risks to delivery: Inability to secure funding for diagnostic capacity within Radiology, Pathology & Endoscopy

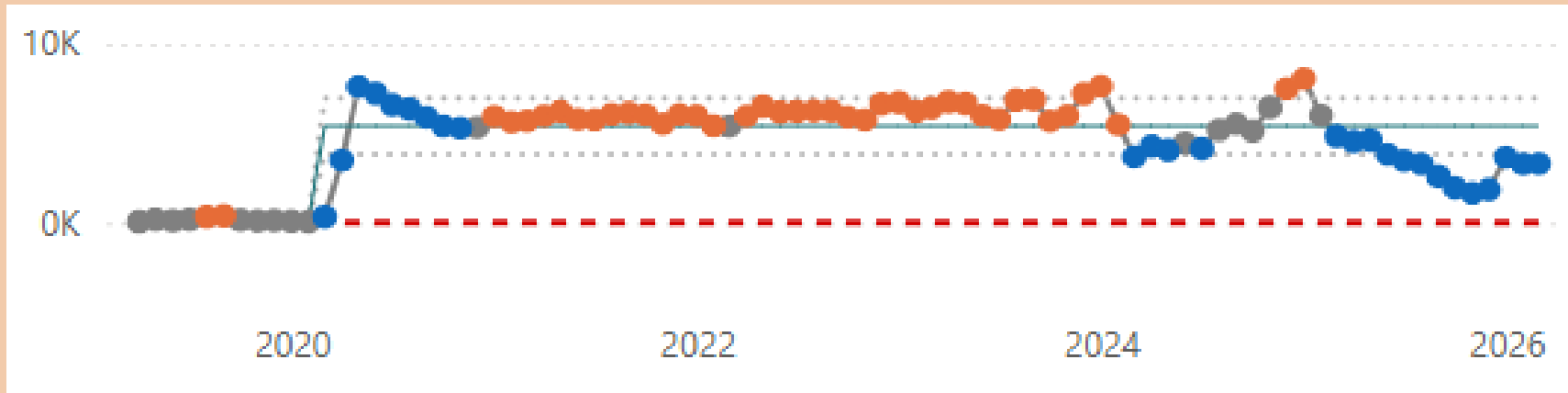
**Planning Objective:** PO4 over 8 weeks for a radiology diagnostic

**Executive Lead:** Andrew Carruthers, Chief Operating Officer

**Reporting Period:** Financial Year 2025/2026

**Overall status:** Behind plan - Projected end of 25/26 figure has increased due to radiology system replacement and increased demand from the OPD insourcing contract.

**Progress against planned outcomes / trajectories / milestones:** 2630 end of March breach position



- March 26 breach position by modality
- CT – 343
- MRI – 612
- NOUS – 1556
- Others – 119

Figure – SPC chart of 8wk+ breaches

**Activities completed in reporting period**

- Mobile MRI van – January 25 – March 26 – 9336 patients scanned
- Mobile MRI van – August 25- March 26 – 1746 patients scanned
- Insourcing contract for ultrasound (April 25 – April 26) 4551 patients scanned.

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

- MRI van – April – August 26 – 700 patients
- USS Insourcing to continue – contract to November (likely to extend)
- Annual Plan – stabilisation funding for Ultrasound to increase capacity meet demand. Three-year plan due to shortage of sonographers and two/three-year training programme.

**Any other Comments:**

**Risks to delivery:** Recruitment of key clinical posts – shortages in both radiographers, sonographers and radiologists. OCP required for key management posts.

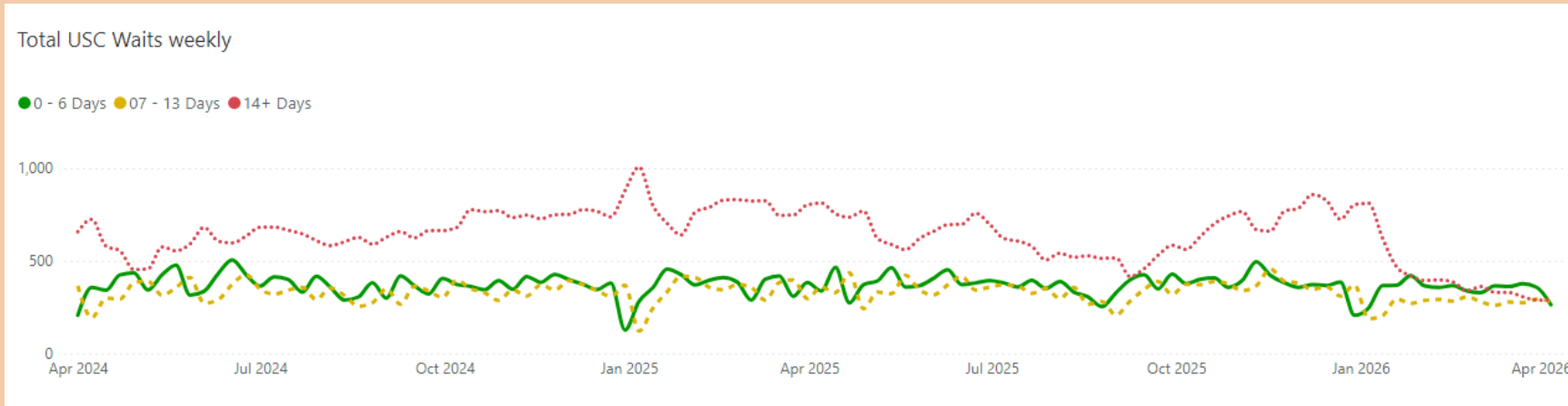
**Planning Objective:** PO4 USC Radiology Investigations – under 7 days.

**Executive Lead:** Andrew Carruthers , Chief Operating Officer

**Reporting Period:** Financial Year 25/26

**Overall status:** Behind - Funded capacity does not meet demand. Recovery funding used to bridge gap however will not result in diagnostics under 7 days.

**Progress against planned outcomes / trajectories / milestones:** Total USC waiting list has decreased from 1508 April 25 to 361 Apr 26.



Waiting times (number of patients):

- 0-6 days – 337 (Apr 25) 354 (Apr 26)
- 7-13 days – 359 (Apr 25) 290 (Apr 26)
- 14+ days – 812 (Apr 25) 141 (Apr 26)

Figure - Weekly snapshot of USC waiting list

**Activities completed in reporting period**

- Mobile CT Van – Jan 26 – March 26 – 1400 USC and follow up cancer patients scanned
- Outsourcing of reporting 48 hrs turnaround time - Jan – Mar 26 (with additional funding).
- 2025/26 Stabilisation funding has resulted in 7 radiographers being recruited into CT and MRI to increase capacity (In training period); Advanced Practice Sonographer recruited Oct 26 – Wait for FNA neck patients from 6 weeks to under 2 weeks.
- Validation of Ultrasound Waiting lists – 12% reduction in USS breaches.

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

- Mobile CT Van – April 26 – June 26. – 1400 patients
- Move to 7-day MRI on one site -
- Recruitment of a clinical validation post – June 26.

**Any other Comments:**

**Matters for information:** Risks to delivery: Recruitment of key clinical posts – shortages in both radiographers, sonographers and radiologists. OCP required for key management posts. Reliance on locum positions in CT particularly to staff out of hours if any sickness/ Maternity Leave.

**Any other comments:** MRI demand has increased and demand outstrips capacity – particularly MRI prostate, Neck and Liver for USC patients.



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PO3 –TUEC Ministerial Priority	Reflections on Key Achievements
<b>UEC1:</b> Implement effective Community Based Falls Response Services	<ul style="list-style-type: none"> <li>Proposal approved and underway to strengthen older person care homes falls response capacity for equipment and training case.</li> </ul>
<b>UEC2:</b> Implement a robust ‘Single Point of Access’ (SPOA) for urgent and emergency care	<ul style="list-style-type: none"> <li>CSH seven-day Business Case developed and submitted to Public Board for approval. (TBC approval)</li> <li>Launched the short term SPOA Transport service provided by external providers to transport patient and clinical items.</li> </ul>
<b>UEC3:</b> Implement an Acute Front Door Frailty Service at all acute hospitals	<ul style="list-style-type: none"> <li>Appointed a Health Board Acute Frailty Lead</li> <li>Established an Acute Frailty Delivery Group</li> <li>Mapped acute frailty services against the National AF standards</li> </ul>
<b>UEC4:</b> Implement the Welsh Health Circular - Ambulance Patient Handover Guidance	<ul style="list-style-type: none"> <li>Developed and ratified the Health Board ED / MIU Redirection Policy</li> <li>Supported the operational teams to implement their ED G.I.R.F.T plans</li> <li>Supported the operational teams to improve ED environment to prevent deconditioning , support nutrition and hydration and enhance privacy and dignity for patients.</li> </ul>
<b>UEC5:</b> Implement actions described in the Optimal Hospital Flow Framework	<ul style="list-style-type: none"> <li>Completed the Strengths Based Collaborative Training Programme to support with discharge planning and collaboration</li> <li>Developed and implementation of an integrated POCD action plan</li> <li>Developed in house training videos Developed resources to support Optimal Flow i.e blue print</li> <li>Established a Health Board Preventing Deconditioning Oversight Group</li> <li>Established an Operational Delivery Unit (ODU) to support flow</li> <li>Four projects took part in the National Safe Care Partnership Deconditioning Programme.</li> <li>Implementation of Criteria Led Discharge</li> <li>Launched the Hospital Discharge Toolkit to house discharge related resources and guidance online for our staff</li> <li>Maintaining the Optimal Flow A–Z online staff</li> <li>Monthly Optimal Flow site leadership and data monitoring meetings</li> <li>Ratification and implementation of the Patient Boarding protocol</li> <li>Supported the implementation of MIYA flow for e flow system</li> </ul>
<b>Additional information</b>	<ul style="list-style-type: none"> <li>Strengthened our staff facing communications for Six Goals Programme</li> <li>Changed our public facing communication plan for urgent emergency care to direct patients to alternative services rather than ED</li> <li>Agreed a definition for our Hospital at Home service</li> <li>Developed and ratified a Health Board Hospital at Home SOP</li> </ul>

**Planning Objective: PO5 MH+LD**

**Executive Lead: Andrew Carruthers , Chief Operating Officer**

**Reporting Period: 2025/26 Reflection**

**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):**

Art Therapy: Unable to increase substantive workforce due to financial constraints however creative approaches in place to increase capacity from student placements.

Psychological Therapies: Waiting times within the Integrated Psychological Service have not reduced as expected however, on completion of the roll-out of the group model by July 2026 we should see a reduction in the number of people waiting over 26 weeks.

Childrens ASD waits: Performance remains fairly static despite the additional Welsh Government funding and considerable volume of outsourcing. Further funds available from Welsh Government in 2026/27 which will support further outsourcing. The waiting list of those waiting over 4 years has been eradicated. Prioritisation will now be focussed on those waiting over 3 years.

Adult ADHD: Is now the focus of a value-based health care approach. Alterations to the current pathway is to be explored in order to provide a timely response to those in need of this diagnostic service.

**Activities completed in previous reporting period**

- Inpatient establishment review and enhanced staffing is being successfully recruited to.
- The development of the North Ceredigion Adult Mental Health pathway implementation with further roll-out across the wider Health Board to be undertaken.
- In year savings target has been met.
- Successful recruitment into the revised Learning Disabilities service.

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

- As per Annual Plan submission 2026/27

**Any other Comments:**

**Matters for information:**

**Risks to delivery:** Various pieces of MH&LD Estate have been utilised for wider Health Board requirements and timescales on these have all over run, which has an impact on MH&LD service delivery. For example, the Single Point of Assessment service as part of 111#2 transformation.