Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 June 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Planning Goals Update Report Q1 2026/27
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 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	Q1 Status and Key Outcomes
Planning Goal 6: Safe, timely, high-quality care	Chief Operating Officer	Planning Objective 3 On Track: Since April 2026, the Six Goals Programme has: • 2026/27 UEC Three Pillars Programme Plan developed and signed off • Transitioned from planning to active delivery of 7-Day business case for Clinical Streaming and SDEC services. Local Implementation groups established with robust governance and reporting arrangements • Frailty lead appointed and plan developed • Community Sprint launched and has strengthened collaboration across: Primary care, community services, acute care, and WAST, particularly through initiatives such as: Call Before Convey • Csylltu 72 events held and communities of practices formed to develop project plans • Delivered measurable outputs in falls prevention and community response programme • Embedded hospital flow improvements and front door models • DEWI tool launched across acute sites and evaluation being currently undertaken • Strengthened system-wide integration and data-driven decision-making through remodelling of CSH dashboard and Community Sprint 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: **Radiology** • NOUS contract extended, with additional capacity being sought. Internal staffing (Insourcing) ongoing funded by vacancy. • MRI van extended from Apr– Aug 2026 using core funding (vacancy lag). WG funding for second van ended 31 March, reducing capacity by 540 patients per month. • CT van extended to end Q1 with additional funding (Planned Care). Capacity for 250 additional urgent suspected cancer patients per month. • Demand management pathway work underway with physiotherapy, podiatry and maternity to increase capacity via workforce diversification. **Endoscopy** • Insourcing agreed for May-June 2026 in gastrointestinal endoscopy to bridge baseline capacity deficit in-order-to-maintain the 8-week performance standard. Maintenance of zero breaches reliant on funding to bridge D&C gap of 3 lists/week, as noted in the Endoscopy annual plan submission. • Cystoscopy waits beyond 8 weeks reducing monthly. Galeas Bladder trial for urgent suspected cancer continuing, with funding for 2 additional sessions in June. Maintenance of zero breaches relies on continuation of the programme and ability to resource lists appropriately. **Cardiology** • Plans are in place to procure insourcing activity during June and July to support a reduction in the current breach position, however additional funding will be required

		to achieve full recovery and deliver a sustained breach-free position.
		Planning Objective 5 On Track: • Open Access Demonstrator Projects – Status On Track Completed three-day Leadership Exchange Programme with the national strategic programme. Local Demonstrator Project Implementation Group, project governance structure & performance tracking arrangements established. Nominated support provided by Performance & Improvement and HEIW • 111 Option 2 – Status On Track Completed three-day Leadership Exchange Programme with the national strategic programme. Local Demonstrator Project Implementation Group, project governance structure & performance tracking arrangements established. Nominated support provided by Performance & Improvement and HEIW • Psychological Therapies – Status In progress Expanding group and trauma-focused DBT to improve trajectory **Risk:** Backlog up to 2 years without further intervention **Challenges:** Recruitment delays reducing capacity; digital transition issues (Attend Anywhere stopped, MEDIO not live) impacting group delivery • Patient Flow – Improving MH Inpatient Flow & Reducing Out of Area Beds – Status In progress 72 Hour crisis admission pathway working group starting July 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 underway which has shown initial outcomes to be positive. Working with education providers to move to a needs-led response rather than reliance on diagnosis. Contract for AI scribe in place for further year. Trajectory for Q1 of 16% of CYP ASD assessments completed within 26 weeks. Performance data as of 30/04/2026 is 22.5% due to the impact of outsourced assessments. Additional WG funding received of £567,000. Further outsourcing contract being agreed. 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 – OCP briefing paper awaiting Workforce sign-off; on approval, implement with affected staff, supported by Workforce, and commence recruitment to vacant posts. Start HEF digitisation rollout planning. – HEF digitisation implemented across CLDTs, with initial data capture underway and monthly performance reporting established with Performance & Improvement. 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 – as of 11th June 2026	

		Health Board Compliance rate 94.79% MH & LD rate 98.4% against Q1 trajectory of 95% Health Board Wide. • Suicide & Self Harm – Safe Discharge, Ligature Safety, Multi Agency Prevention - Status On Track Continued monitoring of compliance with 72 hour follow up Increased focus on quality and effectiveness of follow up, not just compliance Clear trajectory in place to sustain compliance in the next quarter Contribution to development of national standards to align with best practice In April 2026, 120/197 (61%) inpatient staff had undertaken the Ligature awareness training. Ahead of the planned compliance expectation. Established Hywel Dda Suicide and Self Harm Strategic Group (first meeting 15th June 2026) Recommendation to establish a Health Board Ligature Reduction Group, supported by the Health and Safety Compliance Group (June 2026)

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)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.17 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 a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services 5. Safe sustainable, accessible and kind care 6. Sustainable use of resources
Amcanion Cynllunio Planning Goals	Planning Goals – Planning Goal 6 Safe, timely, high-quality care
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Annual Plan 2026/27
Rhestr Termau: Glossary of Terms:	Explanation of terms is included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board	Public Board - March 2026 (acceptance of 2026/27 Planning Goals being developed through Quarter 1 26-27 as part of the Annual Plan)

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report.
Gweithlu: Workforce:	Any issues are identified in the report.

Risg: **Risk:**	Consideration and focus on risk is inherent within the report. A sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: **Legal:**	Any issues are identified in the report.
Enw Da: **Reputational:**	Any issues are identified in the report.
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Not Applicable