



**CYFARFOD BWRDD PRIFYSGOL IECHYD
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 December 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on the 2025/26 Planning Cycle
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Shaun Ayres, Deputy Director of Operational Planning and Commissioning / Programme Director for Targeted Intervention Daniel Warm, Head of 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

Health Boards in Wales are required to produce a Board-approved Integrated Medium-Term Plan (IMTP) and submit to the Welsh Government (WG) for approval. A statutory requirement is that the IMTP must be financially balanced over the three-year period. The Health Board is in the process of developing the products that will underpin the Plan for 2025/26.

Hywel Dda is under Targeted Intervention (TI) across all six domains of the Welsh Government oversight and escalation framework, reflecting significant challenges across key performance areas, service and workforce fragilities and a substantial financial deficit.

Progress has been made this year across the six domains. Nonetheless, the Health Board has set out that the scale of the challenges means meeting the de-escalation requirements will likely take two years, up to March 2026.

Work has commenced on an Annual Plan for 2025/26 which will represent Year 2 of a two-year plan, given that the Health Board has an Annual Plan for 2024/25, setting out Year 1 of the response to addressing the TI issues; although that plan remains unacceptable and the Health Board is in breach of its statutory duty to produce a financially balanced three year integrated medium term plan (IMTP).

This report presents an update on the development of the 2025/26 plan.

Cefndir / Background

Whilst there has been a continued focus on delivery of the 2024/25 Plan, work is well underway on the Planning Cycle for delivery of the 2025/26 Plan.

At the time of writing this report, the Planning Framework produced by Welsh Government (which provides the context and scope of the Plan) has not yet been received; however, it is

envisaged that the planning framework will largely be a continuation of the current version. Given that these priorities continue to be the clear areas for assurance by Welsh Government, the likelihood is that these will remain core to the development of the 2025/26 Plan, along with the Health Board's Planning Objectives. This will be underpinned by the development of a set of Ministerial Templates (as set by Welsh Government) and service delivery plans – which will need to align to the Minimum Dataset.

As noted to Board in November 2024, given the distance from financial balance (subject to receiving details of the allocation for 2025/26) the current assumption is the Health Board will not be in a position to produce a financially balanced plan over three years and therefore will be required to produce an annual plan, rather than the required IMTP.

This is a serious and unacceptable position and puts the Health Board in breach of its statutory duty. The Annual Plan for 2025/26 is intended to cover Year 2 of a two-year improvement plan to respond to the TI de-escalation criteria. It will be set within the context of a broader strategic transformation programme, which was outlined in a separate Board report updating on the A Healthier Mid and West Wales strategy.

Asesiad / Assessment

Annual Plan Development

As part of the development of the Plan two workshops have been held to support the development of the Annual Plan, bringing together clinical and operational leaders to develop integrated plans. As a result of these workshops initial draft plans were due by 29 November 2024, and must demonstrate:

1. Specific actions to maintain and improve quality, performance and efficiency
2. Clear ownership and accountability
3. Detailed milestones and completion dates
4. Impact on quality and patient care
5. How improvements will be delivered within available resources
6. Dependencies between different services
7. Measures to track progress including a clear baseline assessment
8. Comprehensive risk assessments and mitigations

All plans submitted on 29 November 2024 are in the process of being reviewed. The below is a high-level overview of the positives and areas requiring further refinement in the coming weeks:

Positives

- Submissions demonstrate significant effort and a strong understanding of local challenges and opportunities.
- Many proposals align with the appropriate programmes such as the Six Goals framework, particularly in areas such as frailty pathways and community-based care, aiming to reduce admissions and improve patient flow.
- Financial awareness is evident in several submissions, with several schemes quantifying potential savings and aligning with central programmes like Internationally Educated Nurses (IENs), which are expected to deliver material savings.
- Dependencies and enablers, such as workforce, estates, and IT systems, are increasingly recognised, with plans often reflecting an awareness of interdependencies.

Areas for Further Development

- While workforce stabilisation is well-integrated into most plans, some submissions require greater clarity on workforce assumptions, recruitment feasibility, and timelines for delivery.

- Financial modelling is variable across submissions, with some schemes providing clear savings projections while others imply benefits without financial quantification.
- Many proposals depend on estates readiness or capital investment, which are not always aligned with operational timelines or funding pathways.
- Strategic alignment with broader frameworks such as the Clinical Services Plan (CSP) is evident in some plans, however further consistency is required to ensure a cohesive approach across systems.

Next Steps

The process will continue over the coming months, with a structured timetable of engagement, refinement, and escalation:

Further Refinement of Directorate Submissions

- 9 December 2024: A third Annual Plan Workshop will convene teams to review consolidated plans. Directorates are expected to have identified substantial savings and further refined their proposals by this date.
- Pre-Christmas Iteration - A further iteration of the plans will be required before Christmas to ensure progress is being made on addressing initial gaps. Updated drafts will be reviewed to assess improvements in workforce clarity, financial modelling, and dependency management.
- Focus Areas Plans will be required by Directorates to address gaps in workforce assumptions, financial modelling, and operational dependencies identified in the initial review.
- 13 January 2025 (Check-In Week): Interim progress reviews will ensure directorates are on track and provide an opportunity for targeted support ahead of final submissions.
- Delivery Plans: By 24 January 2025, directorates must submit final, detailed delivery plans for savings and improvement schemes, ensuring milestones, ownership, and delivery confidence are clearly outlined.

Escalation Meetings

- Built into the planning timeline are **dedicated escalation meetings** for directorates that have been flagged as requiring additional support.
- These meetings will address directorates that have not yet achieved their savings targets, particularly those below the 5% savings requirement in 2024/25. This also includes any deviation to our Performance and Quality delivery trajectories.
- Escalation will also focus on schemes with higher risk ratings, ensuring progress and delivery confidence improve ahead of submission deadlines.

Ongoing Governance and Oversight

- Directorate Improving Together (DIT) sessions will continue to focus on all domains linked to targeted intervention, supporting challenged directorates through escalation mechanisms.
- Internal escalation frameworks will ensure that evidence from the 29 November 2024 submissions informs a focused approach to addressing key risks and gaps.
- A supportive environment will be maintained to help all directorates succeed, with regular oversight to ensure alignment and deliverability.

Key Dates for Plan Development and Approval

- **December 2024:** Regular Committee updates to monitor progress and provide oversight.
- **30 January 2025:** Public Board meeting to review key deliverables and finalise plans for the next stage of development.

- **13 February 2025:** Stakeholder Reference Group meeting to gather broader insights and adjust plans accordingly.
- **20 February 2025 (Board Seminar):** Comprehensive review of the Plan, addressing updates and modifications identified during prior meetings; along with Committee updates as appropriate (including but not limited to SDODC).
- **27 March 2025:** Formal consideration and approval of the final Plan at the Public Board meeting, ahead of submission to Welsh Government by the 31 March 2025 deadline.

By following this structured process, including the enhanced escalation mechanisms and regular oversight, the Health Board aims to ensure the 2025-26 Annual Plan is comprehensive, aligned with strategic and operational objectives, and focused on delivering measurable improvements in quality, performance, and financial sustainability.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** on the actions being undertaken to develop the 2025/26 Annual Plan

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 To receive an assurance on delivery against all Planning Objectives aligned to the Committee. 3.4 Seek assurance on the development of the Health Board's Integrated Medium Term Plan (IMTP), based on robust business intelligence and modelling, and assure the development of delivery plans within the scope of the Committee, their alignment to the Health Board's Plan/IMTP and the Health Board's strategy and priorities.
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:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	3 Year Plan and Annual Plan Decisions made by the Board since 2017-18 Recent <i>Discover</i> report, published in July 2020 Gold Command requirements for COVID-19 Input from the Executive Team Report presented to Public Board in September 2020
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 2024 (acceptance of 2024/25 Planning Objectives as part of the 2024/25 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



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Targeted Intervention Update Shaun Ayres

09:30 – 12:30, 19 December 2022, Microsoft Teams



As part of the revised Committee reporting, we are pleased to present an update to the SDODC Committee on the Health Board's performance against the Targeted Intervention (TI) framework criteria and our organisational objectives. This report covers all 27 criteria, which are aligned to the Strategic Development and Operational Delivery Committee (SDODC) and seeks to provide a detailed overview of the status of each of the 27 criteria (Appendix 1) with this paper focusing on the key issues that require more immediate attention.

Overall Status of Criteria:

Total Criteria Assessed: 27

Status Breakdown:

- Alert - 10 criteria
- Advise - 11 criteria
- Assure - 6 criteria

While there has been progress in several areas, we recognise that certain critical issues need more focused attention and actions. This report focuses on the criteria with an "Alert" status, as they represent the most significant challenges impacting our ability to achieve our strategic and operational goals. We will also provide an overview of actions and mitigations based on the information provided.

10 Alerts



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Alert Status (10 criteria):

1. Criteria 4 - Submission of an acceptable Annual Plan
2. Criteria 6 - Board clarity on the strategic vision
3. Criteria 8 - Delivery of commitments in the Annual Plan
4. Criteria 13 - 60% performance maintained for three months against the Single Cancer Pathway (SCP) target
5. Criteria 17 - 15% reduction in delayed follow-up appointments
6. Criteria 18 - R1 ophthalmology patient pathways
7. Criteria 24 - Reduction in ambulance handovers over an hour
8. Criteria 25 - Reduction in patients waiting over 12 hours in Emergency Departments (ED)
9. Criteria 26 - Median time to assessment in ED
10. Criteria 27 - Reduction in delayed pathways of care

Criteria 4 - Submission of an Acceptable Annual Plan



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Summary of Current Status - Alert

Our approach to the Annual Plan remains focused on meeting the 56 de-escalation criteria for Targeted Intervention (TI). However, there is a recognised risk of misalignment between the Welsh Government's annual planning framework expectations, the specific requirements of TI, and what the Health Board can realistically deliver within current constraints.

Key Issues

- Financial Risk - Delivering the financial control total of £44.8m is a significant challenge.
- Performance Expectations - Concerns exist about meeting performance expectations within the planning framework that may exceed what is achievable within the financial plan.

Actions and Mitigations

- Comprehensive Review - The annual planning process will support a comprehensive review to ensure informed decision-making.
- Gap Identification - We will identify how the Health Board can meet the de-escalation criteria while being transparent about any remaining gaps.
- Strategic Alignment - The Plan will focus on ensuring strategic alignment while balancing workforce, performance, and financial constraints.
- Monitoring and Oversight - Development of the 2025/26 Annual Plan will be closely monitored through the Executive Team and overseen by SDODC, Board Seminars, and Public Board.

Criteria 4 - Submission of an Acceptable Annual Plan



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Key Milestones

- March 2025 - Public Board presentation and approval ahead of submission to Welsh Government by 31 March 2025.
- Regular Updates - Updates will be provided through Public Board papers, Board Seminar discussions, SDODC updates, and formal Executive Team and Business Executive Team monitoring processes.

Risks

- Financial Control Total - Achieving the financial control total is at risk.
- Performance Deliverability - Performance expectations may not be deliverable within the financial plan.

Criteria 6 - Board Clarity on the Strategic Vision



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Status Change Date: 21 November 2024

Summary of Current Status – Alert (upgraded from Advise)

While “A Healthier Mid and West Wales” remains the organisation’s guiding strategy, there is a need to clarify what a refreshed approach will entail. Specific plans require review due to the time elapsed, the impact of the pandemic, and evolving expectations regarding capital investment.

Actions and Mitigations

- Board Discussions - Detailed discussions at the Board Seminar in October. Strategic Refresh paper presentation at the Board meeting on 28 November 2024.
- Public Board meeting outlining the strategic refresh.

Risks

- Lack of clarity around the direction of travel
- Inconsistency between in-year decisions and the potential revised strategy

Criteria 8 - Delivery of Commitments in the Annual Plan



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Summary of Current Status- Alert

Diagnostics and cancer performance represent significant challenges, with projected outcomes falling well below target. Meeting the Annual Plan's commitments, particularly achieving three consecutive months of 60% performance, appears unfeasible within this financial year based on the current performance levels. Ambulance handovers over one hour and timely patient assessments in ED remain critical pressure points.

Actions and Mitigations

- Focused Recovery Efforts - Ongoing efforts to improve diagnostics and cancer performance including additional capacity.
- Address Urgent Care Pressures - Initiatives to reduce ambulance handover times and improve ED patient assessments.
- Monitoring Performance - Regular review of performance metrics via the Integrated Quality, Financial Performance and Delivery (IQFPD) group and Directorate Improving Together sessions (DITs) to identify areas needing additional support.

Risks

- Performance Shortfalls - Continued underperformance in diagnostics and cancer services.
- Urgent Care Challenges - Persistent delays in ambulance handovers and ED assessments.

Criteria 13 - Single Cancer Pathway Performance



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Summary of Current Status- Alert

The Health Board's current performance on the Single Cancer Pathway (SCP) remains significantly below the 60% Targeted Intervention (TI) target and the 75% Annual Plan target, with September 2024 reporting 40% compliance. Whilst some progress has been made in addressing pathway backlogs and improving straight-to-test rates, performance remains fragile. Early indications for October suggest modest improvement, but it is unlikely to be significantly above September's position.

Current Performance and Trajectory

1. **September 2024: 40%** - Constrained by diagnostic delays and a focus on reducing the backlog of long-wait patients.
2. **October 2024 (Forecast)** - Some improvement is expected, supported by targeted recovery actions, but performance is likely to remain well below the 60% TI target.
3. **End of Q3 (December 2024)** - While recovery efforts may yield incremental progress, achieving the 75% Annual Plan target is highly unlikely.

Key Challenges

1. **Fragile Workforce Resilience** - Radiology and dermatology remain at critical capacity, with minimal flexibility to absorb sickness or absences.
2. **Impact of Backlog Management** - Focus on addressing the 62-day+ backlog has improved the number of long-wait patients but adversely impacts headline performance by delaying earlier-stage completions.
3. **Systemic Delays Across Pathways** - Persistent bottlenecks in diagnostics and first outpatient contacts continue to affect several tumour groups.
4. **Sustained Pressure on Recovery Resources** - Dependency on short-term funding and additional sessions highlights the fragility of current improvements.

Criteria 13 - Single Cancer Pathway Performance



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Actions and Mitigations

- 1. Radiology and Diagnostics Recovery** - six additional weekly CT reporting sessions commenced October 2024, sustained through recovery funding until March 2025. Improved imaging turnaround times expected to drive incremental pathway recovery in Q4.
- 2. Pathway and Backlog Management** - Skin cancer pathway backlog cleared, contributing to the first net reduction in the 62-day+ backlog in 18 months. Continuing to prioritise longer-wait patients while minimising further growth in short-wait pathways.
- 3. Straight-to-Test Optimisation** - Straight-to-test compliance reached 71% in September, the highest level to date.
- 4. Operational Resilience** - Proactive monitoring of high-risk areas, with contingency staffing secured for radiology and dermatology.
- 5. Collaboration with Tumour-Specific Teams** - Continued pathway adjustments, particularly focusing on Day 14 first contact and Day 21 decision-to-treat compliance.

Key Risks

- 1. Harm and Quality Risks** - Prolonged delays in diagnostics and treatment may increase the risk of harm to patients and negatively impact outcomes. Ongoing psychological distress for patients awaiting diagnosis or treatment.
- 2. Workforce Sustainability** - Over-reliance on additional sessions and fragile staffing in key areas (radiology, dermatology) presents a significant risk.
- 3. Reputational and Regulatory Risks** - Performance well below national expectations risks erosion of stakeholder confidence and potential escalation from regulators.

Criteria 17 - Reduction in Delayed Follow-Up Appointments



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Summary of Current Status –Alert

The target of a 15% reduction in patients delayed by over 100% for follow-up appointments has not been achieved. Performance remains relatively static, with an average of 16,043 patients delayed, up from the baseline of 15,419. The Targeted Intervention escalation expectation (Goal) is 9469.

Actions and Mitigations

- Data Analysis - Identifying bottlenecks causing delays.
- Backlog Reduction Plan - Developing strategies and plans to reduce the backlog, potentially including additional clinics or outsourcing.
- Improved Scheduling - Enhancing appointment scheduling processes.
- Patient Communication - Improving communication to reduce 'Did Not Attend' rates.

Risks

- Increasing Delays - Potential for further increases in delayed follow-ups without intervention.
- Failure to meet TI Criteria- this is a key de-escalation target and has deteriorated from the baseline

Criteria 18 - R1 Ophthalmology Patient Pathways



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Summary of Current Status - Alert

Current performance for R1 ophthalmology patient pathways is 36.8%, well below the target of 65%. Substantial improvement is needed to enhance timely access for these patients.

Actions and Mitigations

- Increase Clinic Capacity - Considering recruitment of additional specialists or use of locum services.
- Efficient Scheduling - Implementing more efficient scheduling practices.
- Patient Prioritisation - Ensuring R1 patients are prioritised appropriately.
- Performance Monitoring - Establishing regular reviews to track progress.

Risks

- Patient Quality and Outcomes - Delays could adversely affect patient quality and outcomes for those needing urgent ophthalmology care, or where delays can have a significant impact on patient harm.

Criteria 24, 25 and 26 - Urgent and Emergency Care Performance: Ambulance Handovers, 12-Hour Waits, and ED Assessment Times



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Summary of Current Status for Criteria 24, 25 and 26 - Alert

The Health Board continues to face significant challenges in Urgent and Emergency Care (UEC), with performance in ambulance handovers exceeding one hour, 12-hour waits in ED, and median time to assessment by a clinical decision-maker showing varying levels of deterioration in October 2024. These areas are interdependent, with delays in one directly impacting the others, creating bottlenecks and risks across the system.

Current Performance Data (October 2024)

1. **Ambulance Handovers Over One Hour (Criterion 24)** - 929 delays, increasing from 771 in September (+20%).
2. **12-Hour Waits in ED (Criterion 25)** - 10% of patients (approximately 1,200 patients), up from 7.71% in September.
3. **Median Time to Assessment by a Clinical Decision-Maker (Criterion 26)** - 73 minutes, exceeding the target of 60 minutes (a deterioration from September of 69 minutes and our baseline of 58).

Key Issues

1. **System Bottlenecks** - Delayed ambulance handovers reduce ED capacity to assess and treat incoming patients, contributing to prolonged 12-hour waits and extended times to clinical assessment. Lack of timely discharge impacts bed availability, cascading delays through the entire urgent care pathway.
2. **Seasonal Pressures** - October has historically shown deteriorating performance, likely due to pre-winter service pressures. With winter imminent, there is a heightened risk of further decline without immediate intervention.
3. **Flow and Discharge Risks (linked to Criterion 28)** - Delays in flow and discharge exacerbate these issues, as patients remain in acute beds longer, limiting capacity for new admissions and increasing pressures on ambulance services and EDs.

Criteria 24, 25 and 26 - Urgent and Emergency Care Performance: Ambulance Handovers, 12-Hour Waits, and ED Assessment Times



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Actions and Mitigations

- 1. Winter Preparedness and Operational Plans** – Counties will be embedding these issues into the 50-Day Integrated Care Winter Challenge, with focused mitigations across:
 - Ambulance Handover Delays: Collaborate with Welsh Ambulance Service Trust (WAST) to reduce delays through clearer handover protocols and enhanced triage models.
 - ED Flow and Staffing: Expanding rapid assessment models and redirection
 - Discharge Processes - Enhancing early discharge planning and community support to free up acute capacity.
- 2.** The above will be further underpinned via the System Integration under the **Six Goals Programme** which further includes:
 - Goal 2 – Access to Appropriate Care - Enhance pathways to direct non-emergency cases away from ED.
 - Goal 3 – Alternatives to Admission - Scale up Hospital@Home and virtual wards to manage cases in community settings.
 - Goal 4 – Discharge Planning - Focus on timely discharge through structured plans and increased collaboration with community services.
- 3. Enhanced Collaboration and Communication**
 - Strengthen links between acute sites, community care, and WAST to ensure smoother patient transitions.
 - Engage staff at all levels to maintain focus on flow improvement and shared accountability.

Criteria 24, 25 and 26 - Urgent and Emergency Care Performance: Ambulance Handovers, 12-Hour Waits, and ED Assessment Times



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Risks

1. Patient Safety and Experience -Prolonged waits in ED and delayed handovers can compromise patient safety and lead to adverse outcomes.
2. Winter Surge - A potential surge in demand during winter could exacerbate delays without robust mitigations in place.
3. Staffing Challenges - Increased pressures may lead to higher staff sickness rates, further straining capacity.

Conclusion and Next Steps

The interrelated challenges of ambulance handovers, 12-hour waits, and median time to assessment require a coordinated and systemic approach. By integrating targeted actions into the Winter Preparedness Programme and leveraging the Six Goals framework, the Health Board aims to stabilise performance ahead of winter pressures. Key next steps include:

- Finalising and implementing operational plans under the 50-Day Integrated Care Winter Challenge.
- Scaling up discharge and flow initiatives to ease pressures on acute sites.
- Monitoring performance data closely to adapt and respond in real-time.

Criteria 27 - Reduction in Delayed Pathways of Care



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Summary of Current Status - Alert

Pathway of Care Delays (PoCD) continue to pose a risk to flow and discharge across the Health Board. While progress has been observed in recent months, October 2024 saw delays rise to 200, exceeding both the Annual Plan target of 177 and the Targeted Intervention (TI) target of 174. This represents a critical area of focus, particularly as it is integral to the Six Goals Programme, which aims to improve urgent and emergency care delivery.

Key Points from National and Local Contexts

- National Feedback** - The National Six Goals Team noted satisfaction with the overall trajectory of PoCD improvements and highlighted Hywel Dda as the second-best performing Health Board in Wales for this metric. However, the rising delays in October have drawn attention, with concerns around winter pressures affecting progress.
- Local Performance Trends** – June – September 2024: Met trajectory targets for PoCD reductions, reflecting improving positions month-on-month. October 2024: An increase to 200 delays, placing the Health Board behind its planned trajectory for both TI and Annual Plan targets.
- Winter Preparedness Programme** - PoCD management is critical to achieving success in the 50-Day Integrated Care Winter Challenge. Effective discharge planning and flow improvements are essential to mitigate risks during high-demand periods.

Key Risks

- Impact on Flow and Discharge** - Rising PoCD figures create bottlenecks in hospital discharge processes (inappropriate place for the patient), directly impacting flow through the system and contributing to ED delays and ambulance handover issues.
- Capacity Pressures** - The sustained increase in PoCDs places further strain on inpatient and community resources, exacerbating challenges during winter.
- Sustainability of Improvements** - Without robust operational plans, there is a risk of failing to sustain improvements seen earlier in the year.



Actions and Mitigations

- 1. Six Goals Programme Integration** - Leverage workstreams from the Six Goals Programme to address PoCD challenges, particularly under:
 - Workstream 3 - Safe Hospital Care.
 - Workstream 4 - Domiciliary Response and Hospital@Home.
- 2. Focus on Discharge Planning** - Embed structured discharge planning across all acute sites, ensuring proactive engagement with community services to facilitate timely patient flow. Optimise use of community beds and virtual ward models under the Hospital@Home initiative.
- 3. Operational Plans for Winter Pressures** - Incorporate PoCD mitigations into the 50-Day Integrated Care Winter Challenge, ensuring alignment with broader flow and discharge goals. Strengthen the role of the Clinical Streaming Coordination Hub to manage PoCD escalations and coordinate across acute, primary, and community settings.
- 4. Monitoring and Governance** - Use real-time PoCD data to identify site-specific challenges and implement targeted interventions. Maintain regular updates to the Six Goals Clinical Advisory Group and engage stakeholders on performance and risks.

Conclusion

The increase in Pathway of Care Delays in October 2024 highlights a critical challenge to flow and discharge management as winter pressures intensify. While Hywel Dda's performance remains commendable compared to other Health Boards, immediate action is required to reverse the rising trend. Embedding clear operational plans through the Six Goals Programme and integrating robust discharge processes within the winter preparedness framework are essential to address these challenges and support sustained improvement.



Key Challenges and Considerations

- 1. System Fragility and Pressures** - Persistent fragility across urgent and planned care pathways, including radiology, diagnostics, and ED, continues to challenge delivery against key targets. Seasonal pressures have compounded existing workforce and capacity issues, with risks of further deterioration during winter.
- 2. Performance Gaps** - Current performance remains significantly below expectations for SCP (40% in September), ED 12-hour waits (10%), and ambulance handovers over one hour (929 in October). Backlog clearance efforts, while positive, have adversely impacted headline metrics, requiring better alignment between recovery actions and system flow.
- 3. Quality and Safety Risks** - Delays across cancer and urgent care pathways increase the risk of harm to patients and impact their psychological wellbeing. Harm reviews and quality oversight must remain a priority to mitigate these risks while managing pressures.
- 4. Balancing Financial and Operational Delivery** - All actions must be aligned with the Health Board's financial position, ensuring changes are not only effective but also financially sustainable. Short-term measures to address performance gaps must support long-term delivery models, avoiding reactive actions that may destabilise future quality or financial plans.

Next Steps and Mitigations

- 1. Strategic Winter Planning** - Embed operational actions under the 50-Day Integrated Care Winter Challenge, ensuring alignment across urgent care, discharge, and flow.
- 2. Integrated Approach to Recovery and Finance** - Ensure recovery actions (e.g. SCP improvements, backlog management) are designed to deliver sustainable outcomes that support quality and financial control in the long term. Prioritise cost-neutral or cost-effective initiatives where possible, avoiding significant additional pressures on the financial plan.



- 3. Monitoring and Escalation** - Continue real-time monitoring of key metrics, enabling timely interventions while maintaining a focus on harm and quality oversight.
- 4. Stakeholder Engagement** - Maintain clear communication with Welsh Government and key partners, ensuring alignment on priorities, risks, and the Health Board's ability to deliver against expectations under TI and the Annual Plan.

Conclusion

The Health Board faces significant challenges in delivering against the ten alerts, with performance gaps, systemic fragility, and financial pressures all requiring a balanced and coordinated response. While short-term recovery actions are necessary, they must align with sustainable long-term objectives that support quality care and financial resilience.

The immediate priority is stabilising performance across urgent care, cancer, and planned pathways during the winter period, ensuring that all operational actions are aligned with harm mitigation and sustainable financial delivery. This will require ongoing focus on resource allocation, system flow, and proactive risk management to support recovery and resilience.



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University Health Board

Criteria	Action	Reporting Group	Committee	Status	Executive Lead	Summary of Current Status	Lead Executive Response (if any)	Documented Plan and Dates for Delivery (Evidence)	Actions Outstanding	Evidence and Assurance	Risk
4	Submission of an acceptable annual plan in line with the current planning framework.	TI coordination group	SDODC	Alert	Lee Davies	<p>Our approach to the annual plan remains focused on meeting the 56 de-escalation criteria for Targeted Intervention (TI). However, there is a recognised risk of misalignment between the Welsh Government's annual planning framework expectations, the specific requirements of TI, and what the Health Board can realistically deliver within current constraints.</p> <p>To address this, the annual planning process will support a comprehensive review to ensure informed decision-making. This includes identifying how the Health Board can meet the de-escalation criteria while being transparent about any remaining gaps. Furthermore, the plan will remain focused on ensuring strategic alignment while balancing workforce, performance, and financial constraints.</p> <p>The most significant risks are:</p> <ul style="list-style-type: none"> - Delivering the financial control total of £44.8 million (see criteria 3). - Addressing performance expectations within the planning framework that may exceed what is achievable within the financial plan. <p>The development of the 2025/26 annual plan will be closely monitored through the Executive Team and overseen by SDODC, Board Seminars, and Public Board.</p> <p>The key milestones include:</p> <ul style="list-style-type: none"> - Public Board presentation and approval in March 2025 ahead of submission to Welsh Government by 31st March 2025. <p>Regular updates provided through:</p> <ul style="list-style-type: none"> - Public Board papers. - Board Seminar discussions. - SDODC updates. - Formal Executive Team and Business Executive Team monitoring processes. <p>This structured oversight will ensure alignment with Welsh Government expectations while mitigating identified risks where possible</p>	The development of the plan for 2025/26 and key decisions relating to it will be closely monitored through the Executive Team and overseen by SDOD, Board Seminars and Public Board.	Annual plan for 25/26 to be presented to Public Board in March 25 in advance of submission to WG by 31st March. Updates to be provided through: Public Board papers Board Seminar papers SDOD updates FET and BET updates			Risks: - Financial plan to achieve control total - Performance expectations in planning framework not deliverable within financial plan
5	Evidence of integrated planning across the organisation which supports the development of a coherent and deliverable annual plan.	TI coordination group	SDODC	Advise	Lee Davies	<p>The annual planning process for 2025-26 has been structured to ensure co-production across all senior leaders, both managerial and clinical, within the organisation. To support alignment with the Targeted Intervention (TI) de-escalation criteria, several key points have now been clarified to eliminate confusion between the annual plan, the Clinical Services Plan, and the wider strategic refresh.</p> <p>Additionally, the teams now have clarity on the parameters that define how they must balance resources across workforce, finance, performance, and management. A clear descriptor has been developed, explicitly linking the plan to the 56 de-escalation criteria, with an aim to achieve full compliance by March 2026.</p> <p>To ensure maximum engagement and co-production, clinical leads have been invited to participate in the planning workshop. Furthermore, the Medical Leadership Forum has been engaged, with clear requests for ideas to support the plan's development conveyed during these sessions. This approach ensures that all contributions are aligned with the overarching goal of achieving de-escalation by March 2026 across all relevant domains, with clearly defined roles and responsibilities for all contributors.</p>	As above	As above			No risk identified
6	Board clarity on the strategic vision for the organisation.	AHMWW	SDODC	Alert	Lee Davies	<p>While A Healthier Mid and West Wales remains the organisation's guiding strategy, there is a recognised need to clarify what a refreshed approach will entail. The overarching principles of the strategy remain aligned with the organisation's direction of travel, but specific plans require review due to the time elapsed, the impact of the pandemic, and the evolving expectations regarding capital investment.</p> <p>This was discussed extensively during the Board Seminar in October, and a paper outlining the strategic refresh is being presented at the November Public Board meeting. The details of this refresh, including any proposed adjustments to reflect current challenges and opportunities, are set out in the November Board paper.</p>	This was discussed in detail at the Board Seminar in October and a paper is being presented to the November Public Board.	As per November Board paper			No risk identified
7	Evidence of a clear roadmap and implementation of the health board's Clinical Services Plan.	AHMWW	SDODC	Advise	Lee Davies	<p>Phase 2 of the Clinical Services Plan (options development) has now concluded. Subject to Board decision at the November Public Board meeting, the programme will move to Phase 3 (public engagement and consultation). The next steps are outlined in the November Public Board paper, which provides details on the progression to this critical stage.</p> <p>Implementation represents the fourth stage of the programme. Early work has commenced to explore the potential phasing of implementation, taking into account constraints related to finances and workforce availability.</p>	This was discussed in detail at the Board Seminar in October and a paper is being presented to the November Public Board.	As per November Board paper			No risk identified
8	Delivery of commitments set out within the annual plan particularly in relation to the ministerial priorities.	IQFPD	SDODC	Alert	Andrew Carruthers	<p>In terms of delivering the commitments outlined in the annual plan, diagnostics and cancer performance currently represent significant challenges, with projected outcomes falling well below target. Even with ongoing recovery efforts, meeting the annual plan's commitments—particularly achieving three consecutive months of 60%—appears unfeasible within this financial year. Additionally, ambulance handovers within one hour and timely patient assessment in ED remain critical pressure points, with urgent care performance facing substantial challenges at this stage.</p>				1032 1843 1664 1350 1027 1708	
9	Significant progress on a clinical services plan.	AHMWW	SDODC	Advise	Lee Davies	As above	As above	As above			No risk identified
10	Sustained improvements in delivery of the plan throughout the year.	IQFPD	SDODC	Advise	Andrew Carruthers	<p>Throughout the year, financial targets have been met; however, performance has varied, especially in diagnostics and cancer services. Urgent care remains challenged, though improvements are evident in areas such as Withybush and the Pembrokeshire system. Mental health targets have shown strong results, exceeding the 80% benchmark in some areas. Progress has also been observed in infection control, with reductions in C. diff and Staph aureus infections, although some metrics, like hospital-onset infections, are just above target. These areas of improvement reflect positive strides while acknowledging the challenges in sustaining consistent delivery.</p>				1032 1843 1664 1350 1027 1708	
11	Welsh Government's confidence in delivery based on an assessment against the planning maturity matrix and planning quadrant.	TI coordination group	SDODC	Advise	Lee Davies	<p>The upcoming quarter four update to the maturity matrix and planning quadrant will assess the progress made with the ongoing efforts to develop plans which respond to all domains within the TI framework. While delivery of key objectives during 2024-25 strengthens confidence (in particular financial savings), achieving the necessary improvement in performance and quality remains a longer-term aim. The progress made this year is positive in the approach to planning, though further developments are needed to reach the higher levels of the maturity matrix.</p>	A further assessment will be made following the completion of the annual for 2025-26	Updated assessment against the maturity matrix will be presented to SDOD following completion of 2025/26 planning round.			No risk identified

13	60% performance maintained for 3 months against the SCP target.	IQFPD	SDODC	Alert	Andrew Carruthers	Confidence in reaching the 60% cancer performance target remains low, with current trajectories reflecting a significant gap. For September, the projected performance is around 40%, following an August figure of 48%. Despite focused efforts in diagnostics to address these challenges, the current outlook underscores the scale of work required to align with annual plan expectations.						1350
14	100% of open outpatient pathways to be waiting less than 52 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Andrew Carruthers	Our current position remains steady at around 94%, aligning with the Targeted Intervention baseline. However, achieving the 100% target continues to be a stretch goal. While we are maintaining this baseline, closing the gap fully will necessitate sustained efforts to progress beyond the current threshold.						1843
15	100% of open pathways to be waiting less than 104 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Andrew Carruthers	The baseline for this measure was 97%, with a goal of achieving and maintaining 100% for three consecutive months. Since January, performance has consistently exceeded the baseline, with an average of 98.1% over the past three months (July, August, and September). While this falls slightly short of the 100% target, it demonstrates a strong and stable level of performance, particularly given current challenges. Continued focus will ensure this reaches the expected target and sustains at the required level.	WG monies					1843
16	80% of open pathways to be waiting less than 52 weeks and maintained for 3 months.	IQFPD	SDODC	Assure	Andrew Carruthers	In this area, we are on track, achieving 83.7% in August and 84.9% in September. This consistent performance—maintained since July—indicates that the target of 80% has been met, suggesting that this indicator could potentially be considered for de-escalation. Although recent months have seen a marginal dip below the initial baseline of 85%, this is negligible in the overall context of improvement.						1843
17	15% reduction in the number of patients delayed by 100% for their follow-up appointment in three consecutive months and maintained for 3 months (Based on the November 2023 baseline.)	IQFPD	SDODC	Alert	Andrew Carruthers	Currently, the target for a 15% reduction in patients delayed by over 100% for follow-ups has not been met, with performance remaining relatively static. Over the past four months, the average has been 16,043, an increase from the opening baseline of 15,419. These figures highlight the need for more focused efforts to reduce delays in follow-up appointments and progress towards the target.						1843 (C)
18	65% R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment and maintained for 3 months.	IQFPD	SDODC	Alert	Andrew Carruthers	The R1 ophthalmology target of 65% remains a significant challenge, with the current three-month average standing at 36.8%. While this target requires ongoing attention, it's clear that substantial improvement is needed to achieve the goal of timely access for R1 patients.						1664 (C)
19	80% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Andrew Carruthers	The overall target of 80% of patients waiting less than eight weeks for diagnostic tests remains challenging. We continue to make efforts to improve in this area, but significant work is still required to achieve the expected performance level.						1843 (C) 1547 (D)
20	80% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Andrew Carruthers	Endoscopy performance has shown improvement, with a four-month average of 39.7%, up from the baseline of 28%. While this indicates positive progress, it remains well below the target of 80%, highlighting the need for continued focus to bring performance closer to expectations.						1628 (S) 1580 (S) 1628 (S)
21	80% of patients waiting for a NOUS and non-cardiac MRI to be waiting less than 8 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Andrew Carruthers	For non-obstetric ultrasound, the three-month average stands at 79.3%, with performance slipping below the 80% target in the past two months. Cardiac MRI performance currently averages 58.8%, which remains below both the baseline of 75% and the Targeted Intervention target of 80%. These figures indicate a need for continued improvement in both areas to reach the desired levels of performance.						797 (C) 1349 (D) 1936 (D)
22	85% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Andrew Carruthers	Incremental progress has been observed in patients waiting less than 14 weeks for specific therapy, moving from a baseline of 75% to a current four-month average of 77.2%. While these gains are positive, they remain below the 85% target, underscoring the need for continued focus to drive further improvements toward this goal.						1766 (D) 736 (S) 1517 (S) 1661 (S)
24	A continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for 3 months (Based on the Oct-Dec 2023 baseline).	IQFPD	SDODC	Alert	Andrew Carruthers	While our baseline was set at 964 with a target of 690, we've seen an encouraging improvement over the last three months, averaging 817. This aggregate improvement suggests that some progress has been made. However, we recognise that much of this improvement is likely being driven by the Worthybush site, which may indicate variability across sites that could impact overall performance. Acknowledging this as a positive step, further targeted focus may be needed to align all sites closer to our target.						1027 (C) 1210 (D) 1115 (D) 750 (D)
25	Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across the health board.	IQFPD	SDODC	Alert	Andrew Carruthers	Our baseline of 9% aimed to reach a target of 7%; however, we've recently seen an increase to a 10% average over the past three months. This does reflect a decline, and while we have identified improvement actions, these haven't yet translated into an operational plan. A focused operational plan would likely help address this gap and stabilise performance, allowing us to achieve our target more sustainably.						1027 (C) 1210 (D) 1115 (D) 750 (D)
26	Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes.	IQFPD	SDODC	Alert	Andrew Carruthers	This is an area where we've performed strongly. Our baseline of 58 minutes and goal of 60 minutes have been well exceeded with an average of 72 minutes over the last three months, despite a slight improvement in September to 69 minutes.						1027 (C) 1210 (D) 1115 (D) 750 (D)
27	A continuous reduction in delayed pathways of care of 5% for three consecutive months and then maintained for three months (based on Oct-Dec 2023 baseline).	IQFPD	SDODC	Alert	Jill Paterson	Starting from a baseline of 203, our current three-month average is now 196, showing a steady month-on-month decrease. This is a promising direction; however, we remain above our target of 174. There was a notable drop from June to July, which may warrant further review to confirm the consistency and accuracy of recording. Overall, while we're seeing the right trajectory, achieving the target will require sustained efforts and possibly a clearer focus on any recording variances that could influence these results.						1027 (C) 1078 (D) 1231 (D) 572 (D) 695 (S)
28	Improving ratings from service user feedback experience responses and evidence of use of Datix and CIVICA data to inform quality improvement processes and the experience of patients and their families.	IQFPD	SDODC	Advice	Sharon Daniel	Efforts are underway to incorporate patient experience data more systematically across the organisation. This data, now feeding into escalation meetings and being linked with updates on the patient safety dashboard, aims to enhance quality improvement by providing directorates with greater visibility into feedback trends. Although the roll-out has been slower than anticipated, this month marks the start of broader inclusion in directorate packs for escalation and improvement meetings. As the data becomes embedded in these processes, we expect it will strengthen our ability to respond to service user feedback and drive improvement initiatives effectively.						1184 (P)
29	80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral.	IQFPD	SDODC	Assure	Andrew Carruthers	This measure has consistently met and exceeded target performance, achieving 91% against a goal of 80% over June, July, and August, with sustained delivery over the past 18 months. We have seen sustained delivery and performance; therefore, this criterion is no longer subject to escalation.						No risk identified
30	65% of therapeutic interventions started within 28 days following an assessment by LPMHSS.	IQFPD	SDODC	Assure	Andrew Carruthers	Performance has consistently met and exceeded the target, with an average of 83.1% against a 65% goal, showing sustained delivery over the past 11 months. We have seen sustained delivery and performance; therefore, this criterion is no longer subject to escalation.						No risk identified
31	80% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan.	IQFPD	SDODC	Assure	Andrew Carruthers	This criterion has consistently met and exceeded target performance, achieving 92.1% against an 80% target, with sustained delivery over the past 20 months. We have seen sustained delivery and performance; therefore, this criterion is no longer subject to escalation.						No risk identified

46	Whether the people who use services, the public, staff, and external partners are engaged and involved to support high quality sustainable services demonstrated by local surveys showing increasing confidence in the leadership and awareness of strategies.	TI coordination group	SDODC	Assure	Lisa Gostling	<p>The health board has made progress in engaging staff and stakeholders to support high-quality sustainable services. Key metrics include 38% of leavers participating in exit interviews and a 76% engagement rate with the board outcome survey in February 2024, indicating increasing confidence in leadership and awareness of strategies.</p> <p>Additionally, the "Speak Up" platform has been launched across the organisation during the autumn period, with a network of Speak Up Guardians identified and trained to enhance avenues for staff engagement and feedback. Furthermore, the health board has launched the Cultural Intelligence Programme, supporting leaders and managers to lead and engage more effectively, empathetically, and inclusively with teams and patients from diverse cultural backgrounds. These initiatives demonstrate ongoing efforts to engage staff and stakeholders, fostering a positive organisational culture aligned with high-quality service delivery.</p>				1185 (P)
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