

**PWYLLGOR STRATEGAETH A CHYNLLUNIO
STRATEGY AND PLANNING COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	16 January 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Clinical Services Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Yvette Pellegrotti, Alex Martin, Ben Rogers, Principal Programme Managers, Transformation Programme Office

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Clinical Services Plan (CSP) programme was established to develop plans for the provision of key services over the medium term. This report aims to provide assurance on the work undertaken following the 13.5 week consultation period (29 May – 31 August 2025) to support the Board in its decision-making at the extra-ordinary Board meeting in February 2026.

Committee members are asked to review and take assurance on the following programme materials to inform decision-making in February 2026:

1. CSP Overview Programme Assessments
2. Capital Assessment Summary and Development Assessment Forms (DAF)
3. CSP Programme Workforce and Finance Estimates
4. Programme Impact Assessments – Equality Impact (including Welsh Language) (EqIAs)
5. Informing Plan and supporting appendices, including the draft CSP consultation report, to enable conscientious consideration
6. Conscientious Consideration presentation – sets out a summary of the Informing Plan, and the draft decision-making process.

The purpose of sharing these papers is to provide assurance to the Committee that a robust process is being followed to support Board Members in their decision-making in February 2026.

Cefndir / Background

The long-term plans for services remain as set out in our strategy; however, there is a need to consider service provision over the medium term, particularly with the delays in the 'A Healthier Mid and West Wales' programme business case timelines as originally envisaged. Prior to the pandemic, and in our strategy, it was recognised that many of our services are fragile, predominantly because our clinical teams are spread across multiple sites and, therefore, there

is an over-reliance on a small number of individuals. This remains the case and in certain areas that risk has materialised. Similarly, there are services that have not returned to pre-pandemic activity levels, which is limiting access for patients, e.g. for those patients awaiting elective surgery.

At the Board meeting held in [March 2023](#), it was agreed that the following services required focused support and would form a programme of work to deliver a Clinical Services Plan (CSP); the table has been revised to indicate services in scope and changes of roles:

Table 1: Drivers for pathways within scope of the CSP programme updated to reflect services in scope and changes in roles:

Service	Driver	Executive Lead
Critical Care	Response to service fragility, in particular at Prince Philip Hospital (PPH)	Chief Operating Officer
Planned Care (Dermatology, Elective Orthopaedics, Ophthalmology, and Urology)	To support the return to pre-COVID activity levels (as a minimum), as part of improving access and reducing waiting times for patients	Chief Operating Officer
Emergency General Surgery	To respond to service fragility, particularly at Worthybush Hospital (WGH), as referenced in the March 2023 operational update	Chief Operating Officer
Stroke	To meet standards and respond to service fragility	Executive Director of Allied Health Professions and Health Science
Diagnostics (Endoscopy and Radiology)	To support the return to pre-COVID activity levels (as a minimum), as part of improving access and reducing waiting times for patients	Chief Operating Officer

The Board update in [November 2024](#) approved the recommendation to develop a project plan to undertake a public consultation. In addition, this update included the closing report for Phase 2 of the CSP programme in the development of a shortlist of options.

The Board update in [January 2025](#) approved the consultation project plan, and within this the consultation mandate, including the aims and objectives of 'Phase 3 – Public Consultation'. The public consultation will enable the Board to make a formal decision on the nine services in scope, as well as the potential roles of the acute hospital sites, until the full implementation of the 'A Healthier Mid and West Wales' strategy.

The Board update in [May 2025](#) endorsed the formal launch of the CSP public consultation and received assurance from the Quality Assurance process undertaken by Hugh Irwin & Co. (HICO).

The Board update in [September 2025](#) requested an extension to the consultation reporting timeline due to the number of responses received and the time required to evaluate and appraise alternative options and ideas received during the consultation. During the meeting this was verbally updated to be February 2026, as the paper initially stated January 2026.

The Board update in [November 2025](#) set out the key outcomes to date following public consultation, confirming that the programme remains aligned to the adjusted timeline, with an Extraordinary Board meeting scheduled for 19 February 2026.

Asesiad / Assessment

The following products have been developed to support the Board in its decision-making. Each is provided as an appendix for reference:

1. [CSP Overview Programme Assessments – Programme-level workforce, capital, and finance assessments.](#)
2. [Capital Assessment Summary & Development Assessment Forms \(DAF\) – Preliminary estimates of capital requirements for all options in line with NHS specifications, including summary documents and detailed DAF forms. Stage 1 capital assessments will follow post-decision.](#)
3. [CSP Programme Workforce and Finance Estimates – Indicative assessments of workforce requirements and financial needs, including phased delivery timelines. Developed with Finance and Workforce colleagues via the Service Task and Finish Groups. Detailed assessments will be completed after a decision is made.](#)
4. [Programme Impact Assessments – Equality Impact Assessments \(including Welsh Language\) completed for each option, considering equality, diversity, and Welsh language impacts. These are live documents and will be updated following decisions.](#)
5. [Informing Plan – Sets out what has changed since the issues paper was published, including the draft CSP consultation report, stakeholder reflections, and review of alternative options.](#)
6. [Conscientious Consideration presentation – sets out a summary of the Informing Plan, and the draft decision-making process.](#)

The Committee should also note the following documents and products, which are currently in progress however will be included in the Board Pack for the Extraordinary Board meeting in February:

- CSP SBAR
- CSP Board Presentations – to support decision-making
- Phase 3 Closing Report – Provides a comprehensive overview of the activities and milestones achieved during Phase 3 of the CSP Programme. This will also include the output of conscientious consideration undertaken with Board members on 13 January 2026, where the Informing Plan (including the draft CSP Consultation Report) was considered.
- Programme Impact Assessments – Health Impact Assessments (HIAs), Quality Impact Assessments (QIAs), Regional Impact Assessments (RIA) and Environmental and Sustainability Impact Assessments (ESIAs).
- Final CSP consultation report – the final version of the full findings from the 13.5-week consultation process, produced by Opinion Research Services (ORS).

Argymhelliad / Recommendation

The Committee is asked to:

- **TAKE ASSURANCE** from the suite of products developed to support Board with its decision-making; and
- **ENDORSE** progressing the Clinical Services Plan (CSP) to the Board for decision-making at the February meeting.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<ul style="list-style-type: none"> ➤ 3.1.21. 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 and programmes that are developed and implemented, supporting and endorsing these as appropriate.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	<ul style="list-style-type: none"> ➤ 1363 - (Critical Care) Inability to safely support Level 3 Critical Care provision across PPH and GGH (current score 20) ➤ 1082 – (T&O) Lack of Major Trauma Weekend Theatre Sessions GGH (current score 20) ➤ 1383 (Endoscopy) Nursing Staffing Issues/recruitment (current score 8) ➤ 1254 - (Endoscopy) Prince Philip Reconfiguration (current score 8) ➤ 1531 - (General Surgery) Inability to safely support on call rota at WGH and GGH (current score 10) ➤ 1084 - (General Surgery) Surgical Rota at PPH (current score 9) ➤ 1235 - (Urology) Urology Urgent Suspected Cancer (USC) and PCNL (PERCUTANEOUS NEPHROLITHOTOMY) Treatment Delays (current score 16) ➤ 1407 - (Corporate Level Risk) Risk to delivery of Annual Recovery Plan & achievement of WG Ministerial Priorities or the reduction in elective waiting times ➤ 1488 - (Endoscopy) Decontamination BGH (current score 12) ➤ 1092 - (OPD) Progress against F/UP OPD Targets (current score 12) ➤ 1255/56 - (T&O) Lack of Orthogeriatric Consultants and ANP Support (current score 20) ➤ 747 - (Dermatology) Delivery of sustainable Dermatology Service (current score 8) ➤ 1428 - (Rheumatology) Unable to meet Service requirements (current score 4) ➤ 632 - (Ophthalmology) Ability to fully implement WAG Measures (current score 16) ➤ 1066 – (Ophthalmology) Inability to provide nursing staff to cover required level of activity within Ophthalmology across HB (current score 9) ➤ 1234 - (OPD) Inadequate ventilation GGH/WGH (current score 12)

Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply Choose an item. Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	6 Clinical services plan Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	The Clinical Services Plan followed the advice and direction provided by the Consultation Institute (tCI) for Phase 1 and most of Phase 2. For Phase 3 this advice is being provided by HICO under the CfC.
Rhestr Termiau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Board (March 2023 for approval to deliver the Clinical Services Plan Programme) Board (May 2023 for an update on progress of the Clinical Services Plan) Board (July 2023 for an update on progress of the Clinical Services Plan) Board (September 2023 for an update on progress of the Clinical Services Plan) Board (September 2023 Project Plan to develop a Primary Care and Community Strategy) Board (November 2023 for an update on progress of the Clinical Services Plan) Board Seminar (December 2023 for the agenda including items related to Primary Care and Community) Board (January 2024 for an update on progress of the Clinical Services Plan) Board (March 2024 for an update on progress of the Clinical Services Plan)

	Board (May 2024 for an update on progress of the Clinical Services Plan) Board (July 2024 for an update on progress of the Clinical Services Plan) Board (September 2024 for an update on progress of the Clinical Services Plan) Page 3, Chief Executives Report Board (November 2024 for an update on progress of the Clinical Services Plan) Board (January 2025 for an update on the progress of the Clinical Services Plan). Board (May 2025 for an update on the progress of the Clinical Services Plan) Board November 2025 for an update on the progress of the Clinical Services Plan)
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	An indicative financial estimate has been included within the programme and is contained within the supporting documents directory for public consultation.
Ansawdd / Gofal Claf: Quality / Patient Care:	The CSP is intended to improve Quality and Patient Care. Quality Impact Assessment screenings have been completed and have been considered at the Quality Impact Assessment Panel. These were included with submissions to the Board in November 2024.
Gweithlu: Workforce:	Indicative programme workforce assessments have been completed and are contained within the supporting documents directory for public consultation.
Risg: Risk:	As outlined above.
Cyfreithiol: Legal:	The consultation project plan as shared in the Board update in January 2025 highlights the relevant legal considerations for public consultation.
Enw Da: Reputational:	It is anticipated that there may be political and media interest in the development of these plans. A Communications and Engagement plan has been developed as part of the programme.

Gyfrinachedd: Privacy:	<p>Relevant privacy statements are linked and described within the consultation documents.</p> <p>A Data Protection Impact Assessment (DPIA) has been completed for the programme.</p>
Cydraddoldeb: Equality:	<p>The CSP is intended to improve equality, and this will be further assessed as service plans are developed. Baseline Equality Impact Assessments have been undertaken based on current service provision. In addition to this Equality Impact Screening templates have been completed to consider the impacts within each of the proposed options. These were submitted with Board papers in November 2024.</p>