Date	**2026-06-25**
Time	**09:30 - 12:30**
Location	**Microsoft Teams Meeting; HDD Picton - Dolau Cothi/ MS Teams**

Strategy and Planning Committee

Strategy and Planning Committee

NHS Wales

Agenda - 25 June 2026

1 Governance and Risk

09:30, 0 min

1.1 Welcome and Apologies

09:30, 0 min
Winston Weir (Hywel Dda UHB - Independent Board Member)

1.2 Declarations of Interests

09:30, 0 min
All

1.3 Minutes from the Strategy and Planning Committee meeting on 28 April 2026

09:30, 0 min
Winston Weir (Hywel Dda UHB - Independent Board Member)

1.4 Table of Actions from the Strategy and Planning Committee meeting on 28 April 2026

09:30, 5 min
Winston Weir (Hywel Dda UHB - Independent Board Member)

1.5 Matters Arising

09:35, 0 min
Winston Weir (Hywel Dda UHB - Independent Board Member)

2 Strategy, Planning and Partnerships

09:35, 0 min

2.1 Annual Plan Progress

09:35, 20 min
Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Shaun Ayres (Hywel Dda UHB - Director of Delivery)

2.2 Partnership Assurance Report

09:55, 10 min
Bruce Bolam (Hywel Dda UHB - Deputy Director Public Health/Consultant in Public

Health), Trina Nealon (Hywel Dda UHB - Head of Population Health + Wellbeing / Principal Public Health Officer)

2.3 Value Based Healthcare Strategic Plan

10:05, 15 min
Mark Henwood (Hywel Dda UHB - Executive Medical Director), Leighton Phillips (Hywel Dda UHB - Director Research, Innovation and Value), Simon Mansfield (Hywel Dda UHB - Head of Value Based Healthcare)

2.4 DEFERRED: Pharmaceutical Needs Assessment: Annual Review

10:20, 0 min
Mark Henwood (Hywel Dda UHB - Executive Medical Director), Owain Williams (SBU - Pharmacy & Medicines Management)

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3 Population Health, Primary and Community

10:20, 0 min

3.1 Planning Goal 4: Community by Design

10:20, 10 min
Gareth Cottrell (Hywel Dda UHB - Deputy Chief Operating Officer), Sarah Bolton (Hywel Dda UHB - Head of Primary Care Transformation)

3.2 Annual Managed Practices Assurance Report

10:30, 10 min
Gareth Cottrell (Hywel Dda UHB - Deputy Chief Operating Officer), Anna Swinfield (Hywel Dda UHB - Head of GMS Sustainability (Primary Care))

3.3 Healthy Weight Implementation Plan

10:40, 10 min
Bruce Bolam (Hywel Dda UHB - Deputy Director Public Health/Consultant in Public Health), Zoe Paul-Gough (Hywel Dda UHB - Head of Nutrition and Dietetics Service), Claire jones (Hywel Dda UHB - Weight Management Clinical Pathway Lead)

3.4 Deep Dive: Healthy Domain Metrics

10:50, 10 min
Bethan Lewis (Hywel Dda UHB - Assistant Director of Public Health Strategic Business and Operations), Michael Thomas (Hywel Dda UHB - Consultant in Public Health Medicine)

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4 BREAK

11:00, 10 min

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5 Capital and Estates

11:10, 0 min

5.1 Capital Programme for 2026-27 and Capital Governance

11:10, 10 min
Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Eldeg Rosser (Head of Capital Planning)

5.2 NHS Hospital Resilience Survey Report 2025

11:20, 10 min
James Severs (Hywel Dda UHB - Executive Director of Allied Health Professions and Health Science), Simon Day (Hywel Dda UHB - Head of Maintenance & Engineering)

5.3 Sustainability Report

11:30, 10 min
Bruce Bolam (Hywel Dda UHB - Deputy Director Public Health/Consultant in Public Health), Sam Hussell (Head of Health Emergency Planning)

5.4 Regional 5th LINAC Business Case -

11:40, 10 min
Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Shaun Ayres (Hywel Dda UHB - Director of Delivery), Anne Simpson (Hywel Dda UHB - Head of Strategic Commissioning)

6 Risk & Assurance

11:50, 0 min

6.1 Assurance and Risk Report

11:50, 10 min
Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Huw Thomas (Hywel Dda UHB - Director of Finance)

6.2 Targeted Intervention Update

12:00, 10 min
Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Shaun Ayres (Hywel Dda UHB - Director of Delivery)

7 For Information

12:10, 0 min

7.1 **Joint Commissioning Committee Planning, Performance and Finance Sub-Committee Reports**

12:10, 0 min
Winston Weir (Hywel Dda UHB - Independent Board Member)

7.2 **Strategy & Planning Committee Workplan 2026-27**

12:10, 0 min
Winston Weir (Hywel Dda UHB - Independent Board Member)

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8 **Any Other Business**

12:10, 0 min
Winston Weir (Hywel Dda UHB - Independent Board Member)

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9 **Issues for Board/Committees**

12:10, 5 min
Winston Weir (Hywel Dda UHB - Independent Board Member)

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10 **Date and Time of Next Meeting**

12:15, 0 min

10.1 **20 August 2026, 09:30 - 12:30, Hybrid**

12:15, 0 min

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09:30, 0 Mins

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1 - Governance and Risk

1.1 **09:30, 0 Mins**

1.1 - Welcome and Apologies

Winston Weir (Hywel Dda UHB - Independent Board Member)

Apologies
Eleanor Marks
Dr Ardiana Gjini - Dr Bruce Bolam will deputise.
Mr Andrew Carruthers - Gareth Cottrell will Deputise

1.2 **09:30, 0 Mins**

1.2 - Declarations of Interests

All

HDdUHB Register of Board Members Interests 2026-27

1.3

09:30, 0 Mins

1.3 - Minutes from the Strategy and Planning Committee meeting on 28 April 2026

Winston Weir (Hywel Dda UHB - Independent Board Member)

For approval

Attachments

1.3 2026-04-28 - Strategy and Planning Committee - Minutes.pdf

MINUTES OF THE HDD_STRATEGY AND PLANNING COMMITTEE MEETING

Date of Meeting: **09:00, Tuesday 28 April 2026**
Venue: **Microsoft Teams Meeting; HDD Picton - Dolau Cothi**

Present:
Mr Winston Weir, Independent Member/ Chair
Mr Maynard Davies, Independent Member/ Vice Chair
Mr Michael Imperato, Independent Member
Mrs Eleanor Marks, Independent Member/ HDUHB Vice Chair
Mr Neil Prior, Independent Member

In Attendance:
Mr Lee Davies, Executive Director of Strategy and Planning
Mr Andrew Carruthers, Chief Operating Officer
Mr Huw Thomas, Director of Finance
Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary
Ms Alwena Hughes Moakes, Communications and Engagement Director
Dr Bruce Bolam, Deputy Director Public Health, deputising for Dr
Dr Ardiana Gjini, Executive Director of Public Health
Mr Shaun Ayres Director of Delivery (part)
Mrs Helen Mitchell, Committee Services Officer

Items SPC(26)39, SPC(26)40 and SPC(26)46
Mr Shaun Ayres, Director of Delivery

Items SPC(26)41 and SPC(26)42
Ms Bethan Lewis, Assistant Director of Public Health
Dr Bruce Bolam, Deputy Director Public Health
Mr Craig Jones, Prevention & Population Health Improvement Manager

Item SPC(26)42
Mr Alistair Fisher, Public Health Programme Manager

Item SPC(26)43
Ms Eldeg Rosser, Head of Capital Planning

Item SPC(26)44
Mr Simon Chiffi, Head of Operations
Mr Julian Wheeler Jones, Discretionary Capital Projects Manager

Item SPC(26)45
Mr Nathan Davies, Senior Project Manager

Item SPC(26)46
Mr Alex Martin, Principal Programme Manager

Minutes Ref.	Item	Action
SPC(26)34	**Welcome and Apologies** Mr Winston Weir welcomed members to the Strategy and Planning Committee (SPC) meeting reminded members of the purpose of the Committee. He noted that agenda planning had been intentionally reshaped to allow deeper scrutiny and a more assurance-focused discussion, particularly in relation to planning maturity, integration of enabling strategies, and the Committee's advisory role to the Board. No apologies had been received.	
SPC(26)35	**Declarations of Interests** None were declared.	
SPC(26)36	**Minutes from the Strategy and Planning Committee meeting on 26 February 2026** The minutes of the SPC meeting held on 26 February 2026 were **APPROVED**.	
SPC(26)37	**Table of Actions of the Strategy and Planning Committee meeting on 26 February 2026** The table of actions from the previous meeting was discussed. Mrs Eleanor Marks raised a query about the completion of the action related to enhancing population health metrics, seeking clarification on when these metrics would be seen. Dr Ardiana Gjini indicated that the metrics for the escalation domain would be included as routine business, while the population health domain metrics could be presented in a deep dive at the next Committee meeting. Another action discussed involved children and young people in digital development, which was agreed to be taken into consideration in future plans.	**AG**
SPC(26)38	**Strategy and Planning Committee 2025-26 Annual Report** Mrs Joanne Wilson presented the SPC 2025-26 Annual Report, indicating that the report summarised the Committee's activities over the past year, including reflections from the Chair. Key highlights included progress on refreshing the A Healthier and Mid and West Wales (AHMWW) Strategy, advancements in clinical services, and the importance of coordination between finance, planning, digital, and population health mechanisms. The Committee approved the annual report for onward ratification to the Board, noting the need to double-check the accuracy of the rollout dates for Electronic Prescribing and Medicine	**HT**

Administration (ePMA). Mr Weir highlighted progress made during the first full year of the Committee, particularly regarding public engagement and the strategic refresh. Members noted continued opportunities to strengthen integration across finance, digital, workforce and population health.

Decision:
The Committee **APPROVED** the SPC 2025-26 Annual Report pending confirmation of the ePMA rollout dates.

SPC(26)39 **Assurance and Risk Report**

Mr Shaun Ayres joined the meeting.

Mrs Wilson introduced the Assurance and Risk Report, advising that two corporate risks were currently assigned to the Committee, alongside seven audits and inspections, as well as Welsh Health Circulars (WHCs) and Ministerial Directions. She highlighted that the risk relating to the Annual Plan had increased in line with recent Welsh Government correspondence, and that a new capital risk had been identified.

Mr Lee Davies reinforced the increase in corporate risk linked to the Annual Plan and the emergence of the capital risk. The Committee welcomed confirmation that the 2025–26 Capital Resource Limit (CRL) had been achieved with minimal variance, recognising this as a significant accomplishment.

Discussion focused on the risk rating applied to the Integrated Medium Term Plan (IMTP). Mr Weir suggested that the target risk score may understate the uncertainty inherent in long-term financial planning. Mr Shaun Ayres acknowledged the challenge of setting appropriate target risk scores, noting that delivery of the current year's plan would be critical in determining the organisation's financial position in future years, particularly moving into 2027–28.

The Committee considered audit and inspection findings, with concern raised regarding overdue actions, particularly those associated with Community and Integrated Medicine. Mr Andrew Carruthers clarified that many of these actions originated from a single Urgent and Emergency Care (UEC) audit report rather than multiple systemic issues. Concern was also expressed regarding the removal of agreed implementation dates in some cases. It was explained that ongoing work to redesign service models had necessitated a realignment of audit recommendations, with updated timelines and clear links to service redesign activity to be presented to the next Committee meeting. **AC**

The discussion included a point about the responsibility for certain audit-related items, which might be directed to the Quality, Safety and Experience Committee (QSEC).

Members considered the response to Welsh Government correspondence, which emphasised that the Annual Plan

remained unacceptable and stressed the need for more comprehensive savings and operational delivery plans, alongside the de-escalation criteria. These include submission of an acceptable Annual Plan, evidence of integrated planning, progress on the Clinical Services Plan (CSP), the Planning Maturity Matrix, and regional planning. The challenges of meeting these requirements in the context of financial and performance pressures were acknowledged.

Mr Ayres confirmed that the current assessment is based on last year's Planning Maturity Matrix, with an updated position to be presented at the next Committee meeting. The establishment of planning roles within Clinical CareGroups (CCGs) was noted as a means of strengthening planning capacity and addressing known gaps. Mrs Eleanor Marks emphasised the need for a coordinated, cross-committee approach to respond to the issues raised.

Decision:
The Committee, in relation to the areas presented **RECEIVED ASSURANCE**:

Risk Management
That identified controls are in place and working effectively; that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise.
Audits, Inspections and Regulatory Reports
On the management of recommendations raised in audit, inspection and regulatory reports within their area of responsibility, particularly in respect of confirming the full implementation of recommendations, any barriers to delivery and subsequent impacts of non/late delivery, and assurance that the risks associated with these are being managed effectively.

SPC(26)40 Targeted Intervention Update

Mr Ayres presented the Targeted Intervention Update, referencing the Welsh Government letter dated 22 April 2026, which indicated that the Health Board's Annual Plan remained unacceptable and unsupportable, advising that the associated corporate risk score had been increased to reflect the scale of the financial challenge and the difficulty of delivering both required savings and performance improvements within existing resources. It was noted that Welsh Government's concerns related not only to the financial gap but also to the lack of sufficiently detailed and integrated planning underpinning delivery.

The Committee discussed the implications of the letter, noting that no additional funding would be available to support recovery and that any improvements need to be delivered within current allocations. It was acknowledged that any national funding would require redistribution rather than representing new investment. Mr Ayres highlighted that the forthcoming Board report would build on

the Annual Plan, setting out planned savings alongside associated operational consequences.

Mr Ayres clarified that the Strategy and Planning Committee's primary focus should be on ensuring the development of clear, robust and fully integrated plans, demonstrating alignment across workforce, financial and operational elements. Mr Lee Davies confirmed that steps were being taken to strengthen planning capability through the establishment of dedicated planning posts within CCGs.

The Committee also considered progress on the CSP. Assurance was provided that work remained on track against agreed milestones, with further engagement planned. It was agreed that assurance could be taken in relation to the process at this stage, rather than final service models. The Planning Maturity Matrix was referenced, with a further update scheduled for the next Committee meeting.

Overall, the Committee acknowledged the significant risks associated with the Annual Plan and planning maturity, however agreed that assurance could be provided to the Board on the approach being taken, subject to continued development and strengthening of planning arrangements.

Decision:
The Committee:
NOTED that**:**

- The overall position across the five criteria: two at Alert (annual plan and planning maturity), two at Advise (integrated planning and regional planning), and one at Assure (Clinical Services Plan)
- The WG scrutiny session letter of 31 March 2026, which confirmed that a deficit plan cannot be supported and that the financial position must not deteriorate
- The corporate risk score for the Annual Plan (Risk 2212) has increased from 12 to 16, reflecting the deterioration in the planned financial position
- The current position matrix against the Planning Maturity Matrix shows four of nine domains at RED, indicating that planning maturity progress has not yet translated into consistent organisational delivery

ADVISED

- The Health Board will undertake a financial de-risking exercise and assess what is required to deliver a trajectory to the £22.1m target control total in Q1 that will be presented to the appropriate committees and Board at the earliest opportunity

RECEIVED ASSURANCE that:

- The Clinical Services Plan process and roadmap (Criterion 7) demonstrate mature programme management and organisational readiness for complex transformation

- The assessment methodology is evidence-based, drawing directly on WG correspondence, the Annual Plan, the Planning Maturity Matrix self-assessment, and the current position matrix

SPC(26)41 PO10: Population Health and Prevention Year End Report

Ms Bethan Lewis, Dr Bruce Bolam and Mr Craig Jones joined the meeting.

Ms Bethan Lewis presented the Planning Objective (PO) 10: Population Health and Prevention End of Year Report, indicating that the majority of milestones were rated amber. She explained that this reflected delivery being on track, while recognising that many programmes span multiple years and will continue into the next planning cycle. She emphasised that the amber rating should be interpreted as ongoing progress rather than delay or underperformance.

In presenting the outcomes, Ms Lewis drew attention to several areas of measurable progress, reporting that smoking cessation validation rates had improved significantly over the course of the year, increasing from approximately 8% at the beginning of the reporting period to 26% at year end, exceeding the locally agreed target of 20%. She clarified that this metric related specifically to carbon monoxide validation and did not reflect overall cessation success rates, which remained above national expectations.
Ms Lewis also reported improvements in early years and school-based interventions, noting that the proportion of schools engaged in emotional and mental wellbeing action planning had increased to 96%, representing a year-on-year improvement of approximately 10%, highlighting this as a key achievement, reflecting sustained partnership working with education partners and Local Authorities.

Ms Lewis reported that immunisation coverage remained relatively stable at around 90%, although variation between counties continued. She noted that performance has now stabilised following previous fluctuation, however, further improvement would be required to meet national targets. She also highlighted the potential impact of changes to vaccination programmes, including the introduction of the combined Measles, Mumps, Rebella (MMR) 2 vaccine and revised delivery timelines.

Ms Lewis highlighted key achievements during the year, including the successful launch of the first phase of the Population Health Dashboard, which strengthened the Health Board's ability to monitor and analyse population health outcomes. She also highlighted continued progress of multi-agency prevention work with Public Health Wales, Local Authorities and voluntary sector partners.

She also identified a number of challenges encountered during the reporting period. These included delays in digital development to support population health programmes, workforce constraints

affecting delivery capacity, and variability in public engagement and uptake across different population groups. Advising that actions had been taken to address these challenges, including recruitment to key roles, enhanced partnership working and the development of digital infrastructure to support self-management and access, Dr Gjini provided additional context to the report and emphasised that many of the programmes described formed part of longer-term, multi-year strategies. She cautioned against interpreting single-year results in isolation and stressed the importance of understanding trends over time.

Dr Gjini highlighted immunisation as a concern, noting that while access to vaccination remained critical, uptake was also influenced by behavioural and societal factors. She explained that around 80% of vaccinations were delivered through Primary Care, so delivery depends partially on GP engagement and contractual arrangements. Dr Gjini also highlighted measures to improve access, noting that targeted Health Board-led interventions, including Respiratory Syncytial Virus (RSV) clinics, had increased uptake. However, she acknowledged that overall performance remained below desired levels and required sustained effort.

Ms Marks welcomed the progress outlined in the report, however questioned whether additional action could be taken at Board and Committee level to further support the population health agenda, and ensure the work was visible and understood both internally and externally. In response, Ms Lewis highlighted the importance of strengthening communication and engagement, noting that while programmes were delivering positive outcomes, greater emphasis was needed on public awareness, community engagement and behavioural change.

Mr Maynard Davies sought assurance regarding the Health Board's understanding of population groups who were not accessing services, questioning whether sufficient data exists to enable targeted interventions and improve equity of access. Ms Lewis, confirming that relevant data was available and acknowledging that further work was required to translate this into actionable intelligence, advising that the development of the Population Health Dashboard would support improved segmentation and targeting of interventions.

Mr Neil Pryor raised a broader strategic challenge regarding the extent to which the organisation was embedding a social model of health, questioning whether sufficient emphasis was being placed on prevention and community-led approaches and highlighting opportunities to engage staff more actively as health ambassadors within communities. He also explored the potential use of digital platforms and social media to influence behaviour more effectively. Mr Craig Jones highlighted the development of professionally delivered evidence-based health coaching, while recognising the value of community and digital engagement.

Mr Weir questioned whether clear indicators exist to demonstrate whether outcomes were improving over time and whether these were sufficiently visible to support Board assurance. Dr Gjini confirmed that a range of indicators existed, including measures aligned to the Board Assurance Framework (BAF) and the newly developed Population Health Dashboard, acknowledging however, that these were not yet as visible or as routinely reported as financial or performance indicators; and agreed that further work would be required to improve transparency and clarity.

Dr Bruce Bolam provided additional assurance, noting that population health metrics such as obesity rates, vaccination coverage and other determinants were routinely monitored and that long-term trends were analysed, emphasising that improvements in population health would typically be observed over longer timeframes and were influenced by a wide range of factors beyond the direct control of the Health Board.

Mr Weir challenged the use of the term “hard to reach” and suggested that the organisation should instead focus on whether services were “hard to access”. In response, Ms Lewis acknowledged this challenge and confirmed that future work would focus on improving accessibility, including expanding service availability beyond traditional hours.

Ms Alwena Hughes Moakes, highlighting the need to ensure that digital developments were aligned with the Health Board’s communication strategy and met accessibility standards, emphasising the importance of a coordinated approach to digital engagement, avoiding fragmentation and ensuring consistency of messaging.

Mr Huw Thomas, highlighting the potential role of data analytics, digital systems and artificial intelligence in improving understanding of population needs, suggested that enhanced use of patient relationship management systems could support more sophisticated segmentation and targeting, although he acknowledged that this would need to be balanced with ethical and information governance considerations.

The Committee also discussed emerging opportunities to scale prevention initiatives through alternative funding models, including social investment approaches; and noted that early discussions were underway with external partners.

Dr Gjini, acknowledging the breadth and depth of the challenges raised and reaffirming the organisation’s commitment to strengthening its population health approach, emphasised that progress required sustained focus, partnership working and cultural change across the system.

The Committee recognised that, while significant progress had been made across a number of areas, delivery of improved population health outcomes remained complex and would require

continued strategic focus. It was acknowledged that population health improvement is inherently long-term and dependent on multiple system partners.

Decision:
The Committee **RECEIVED ASSURANCE** on 2025/26 progress and the Directorate's continued commitment to improving population health and wellbeing through embedding prevention and reducing inequities into 2026/27.

SPC(26)42 **Embedding the 20four7 Prevention Model in System Delivery – Governance, Planning and Primary Care Readiness (2026/27)**

Mr Alistair Fisher joined the meeting.

Mr Alistair Fisher introduced the Embedding the 20four7 Prevention Model in System Delivery Governance, Planning and Primary Care Readiness (2026/27) report, explaining that the 20four7 Prevention Model functions as an operating framework for Hywel Dda University Health Board (HDdUHB), embedding population health and prevention across all activities through risk stratification and segmentation, and structured around four themes: leadership and governance, workforce enablement, monitoring and evaluation, and operational delivery.

Dr Gjini outlined that the model, developed over several years, is now moving into an operational phase, with 2026/27 focused on embedding prevention into routine practice, strengthening governance, enhancing workforce capability, and developing mechanisms to monitor impact.

Dr Bolam, confirming that a system-wide task group has been established to oversee implementation, with accountability embedded across executive portfolios to reflect the cross-cutting nature of prevention, highlighted workforce readiness as a key enabler, supported through training, tools and resources, including Making Every Contact Count (MECC) and cluster toolkits.

Mr Jones, describing health coaching as a central delivery mechanism, and noting strong early engagement and expansion beyond initial pilots, outlined how the approach supports behavioural change and integrates with existing services such as diabetes care, weight management and social prescribing, promoting a more coordinated model of care. This was reinforced by reference to health coaching uptake within primary care and its role in supporting prevention discussions.

The Committee considered Primary Care readiness, noting positive engagement from clusters, albeit with variable implementation across the system. It was agreed that further work is required to ensure consistency and that clusters will be critical to successful delivery.

Dr Bolam advised that monitoring arrangements are being strengthened through the Population Health Dashboard, with reporting through established governance routes. Mr Ayres confirmed that work is underway to strengthen planning capability and embed the model into annual and operational plans, ensuring clear milestones, ownership and delivery.

Mr Pryor emphasised the importance of the social model of health and community involvement, and Dr Gjini agreed that future updates on the 20four7 Prevention Model should include clear outcome measures, adoption metrics and evidence of operational delivery at scale. **AG**

Mr Weir highlighted the scale of opportunity to embed prevention across routine patient interactions and questioned whether this was being fully maximised. Mr Jones acknowledged progress, however, noted that sustained cultural change and leadership would be required to fully embed the approach.

Mr Thomas highlighted the financial context, emphasising the need to demonstrate value and explore innovative funding approaches, including social investment. Mr Lee Davies confirmed that the model is aligned with wider strategic programmes, including the CSP and Primary Care transformation.

Ms Lewis, Dr Bolam, Mr Jones and Mr Fisher left the meeting.

Decision:
The Committee:
RECEIVED ASSURANCE that the 20four7 Prevention Model:

- Is progressing form development to implementation phase; and
- Provides a coherent strategic framework for prevention delivery in 2026/27.

SPC(26)43 Capital Programme Update

Ms Eldeg Roser joined the meeting.

Ms Eldeg Rosser presented the Capital Programme Update for 2025/26, 2026/27 and the Capital Governance Update Report, highlighting the achievement of the CRL for 2025-26 with an underspend of £37,000, subject to audit. For 2026-27, an additional £500,000 from Welsh Government for mental health quality and safety was noted.

It was also noted that delivery had been closely managed throughout the year, with effective in-year monitoring enabling the organisation to conclude the financial year with only a minimal variance. Mr Weir recognised this as a significant achievement, particularly given the complexity and scale of the capital programme.

Ms Rosser outlined the key schemes included within the programme and the process by which these had been prioritised,

advising that the programme had been developed to align with strategic priorities, including the CSP, the development of community-based care models, and estate resilience requirements. However, she emphasised that the programme had been constructed within a highly constrained capital funding environment, necessitating difficult prioritisation decisions.

In response to Mr Weir's request for the principal risks, Ms Rosser confirmed that several schemes remained dependent on factors outside the Health Board's control, including land acquisition, planning approvals and external funding. She highlighted delays to the Fishguard scheme due to difficulties in securing a suitable site, with the preferred land now on the open market and negotiations ongoing. While alternative sites had been considered, these were assessed as less suitable in terms of location, accessibility and alignment with service requirements. Ms Rosser assured the Committee that work is continuing to resolve the land issue and progress commissioning plans.

Mr Maynard Davies and Mrs Marks echoed concerns regarding the Fishguard scheme and emphasised the importance of continued collaboration with Pembrokeshire County Council. The Committee also queried contingency planning, with Ms Rosser confirming that alternative options had been explored and engagement with partners, including Local Authorities and NHS Wales Shared Services Partnership (NSWSP), remains ongoing, although some risks will persist due to external dependencies.

Members also noted that the opening of the Atriwm (formerly Carmarthen Hwb) is expected to be delayed due to additional external infrastructure works, with handover now anticipated in the final quarter of 2026 and opening projected for January 2027.

In relation to cost pressures within the capital programme, the Committee noted that several schemes were at risk of cost escalation due to market conditions, inflation and changes in scope. Mr Thomas provided financial context, advising that construction inflation and supply chain constraints continued to present significant challenges He emphasised that, although robust cost management and risk mitigation measures were in place, these risks could not be fully eliminated.

The Committee sought assurance regarding the robustness of the prioritisation process, given the limited availability of capital funding. Ms Rosser, confirming that a structured prioritisation framework had been applied, acknowledged that the constrained funding envelope meant that not all desirable schemes could be progressed within the immediate programme.

Ms Wilson outlined the framework for oversight of the capital programme, including the role of the Capital Sub-Committee (CSC) and the reporting lines into the SPC and the Board. She advised that enhanced governance arrangements had been

developed to strengthen oversight, improve risk management and ensure transparency.

The Committee welcomed the strengthened governance arrangements, however challenged whether reporting provided sufficient visibility of key risks and dependencies. Mr Weir emphasised the importance of ensuring that both current and emerging risks were clearly articulated, particularly where delay or failure to deliver could have wider strategic implications.

Mr Carruthers, highlighting the need to align capital planning with service transformation, and noting that capital schemes should not be considered in isolation but as enablers of broader service change, emphasised that the integration of capital planning with clinical strategy, workforce planning and digital development would be critical to delivering sustainable transformation.

The Committee considered alternative funding models and the potential to supplement traditional capital allocations; and Mr Thomas outlined a range of potential approaches, including mutual investment models, leasing arrangements and partnership-based developments, cautioning that while such approaches could unlock additional capital investment, they would have long-term revenue implications and would require careful consideration in the context of the Health Board's financial position.

The Committee considered whether greater emphasis could be placed on collaboration with external partners, including Local Authorities, housing associations and private sector organisations, to support delivery of capital schemes. Mr Lee Davies confirmed that partnership approaches were actively being explored and that these would form an increasingly important component of the capital strategy.

The Committee also reviewed the position in relation to targeted capital investments and infrastructure resilience. Ms Rosser highlighted key investments in areas such as energy resilience and estate maintenance, noting that these were essential to ensure the safe and effective operation of services. Members acknowledged the importance of balancing investment in strategic developments with the need to maintain existing infrastructure. The Committee noted the significant constraints affecting delivery of the capital programme. It recognised the challenge for the Health Board in balancing the need to maintain existing infrastructure, progress strategic transformation and operate within a limited financial envelope.

Mr Weir noted that the programme remained aligned with the Health Board's strategic priorities and that risks were being actively managed, although delivery of the programme would continue to require careful management and ongoing review.

Decision:
The Committee:

- **RECEIVED ASSURANCE** from the update on the Capital Programme and CRL for 2025/26
- **NOTED** the Board endorsed allocation of the DCP for 2026/27
- **RECEIVED ASSURANCE AND WILL UPDATE THE BOARD**, that the seal can be applied for all schemes listed in Annex 1
- **RECEIVED ASSURANCE** from the capital schemes governance update
- **RECEIVED ASSURANCE** from the Capital Sub Committee update in Annex 2 and the 2025/26 Annual Report in Annex 3

SPC(26)44 **Targeted Estates Fund (TEF) Project: Provision of Second Generator at Prince Philip Hospital**

Mr Simon Chiffi and Mr Julian Wheeler Jones joined the meeting.

Mr Julian Wheeler Jones presented the Targeted Estates Fund (TEF) Project: Provision of Second Generator at Prince Philip Hospital report, indicating that the project formed part of the Health Board's wider estates resilience programme; and highlighting that reliable infrastructure, including uninterrupted power supply, was fundamental to the safe operation of clinical services, particularly within acute hospital settings. The proposal therefore aimed to strengthen resilience, mitigate risk and ensure continuity of patient care in the event of power disruption.

Mr Wheeler Jones, advising that the existing generator provision at Prince Philip Hospital (PPH) was currently insufficient to provide full resilience across all critical services, indicated that while the existing infrastructure met minimum requirements, it did not provide adequate redundancy in the event of system failure, planned maintenance or prolonged outages. The installation of a second generator would therefore create a dual-redundancy system, significantly reducing the risk of service interruption.

The Committee noted that the proposal had been developed following technical assessment and risk appraisal, which had identified the current single-generator configuration as a key vulnerability within the estate. This risk was particularly significant given the increasing reliance on electrically powered clinical equipment, digital systems and infrastructure.

Mr Wheeler Jones outlined the financial position, confirming that the total project cost had been estimated at £1.197m. It was explained that funding would be sourced through the Welsh Government Targeted Estates Fund (TEF), supplemented by a required contribution from the Health Board. The Committee noted that the TEF funding represented a 70% contribution, with the remaining 30% to be met locally.

Mr Weir sought assurance regarding the robustness of the cost estimates and procurement arrangements; and Mr Wheeler Jones confirmed that the project had been subject to appropriate

procurement processes, with the preferred contractor identified through competitive tendering. It was explained that cost estimates included contingency allowances to mitigate risks associated with construction, installation and commissioning. The Committee questioned whether the contingency level was sufficient, particularly in the context of recent market volatility and cost inflation within construction and engineering sectors. In response. Ms Rosser advised that benchmarking had been undertaken against similar schemes and that the contingency provision was considered proportionate to the level of risk identified. However, it was acknowledged that residual risk remained, and this would be actively managed through project governance arrangements.

In response to Mr Weir's enquiry regarding whether the project had been appropriately prioritised within the overall capital programme, and noting the constrained financial environment and competing demands, Ms Rosser confirmed that the scheme had been prioritised based on risk, with resilience of critical infrastructure identified as a key strategic priority. It was emphasised that failure to address this risk could have significant implications for patient safety, operational continuity and regulatory compliance.

Further discussion focused on the operational implications of not proceeding with the project. Mr Wheeler Jones advised that reliance on a single generator created exposure to service failure in the event of equipment malfunction or maintenance requirements, which could lead to disruption of critical services, including theatres, diagnostic equipment and digital systems. The Committee acknowledged the potential severity of such risks and recognised the importance of proactive mitigation.

The Committee also explored the integration of this project with wider estates and capital planning; and it was confirmed that the scheme formed part of a broader programme of infrastructure investment, including energy resilience, backlog maintenance and estate modernisation. It was emphasised that such investments, although not always visible to patients directly, were essential to underpin safe and effective service delivery.

Mr Thomas provided additional financial context, noting that while the TEF funding supported a significant proportion of the scheme, the requirement for local contribution must be considered alongside competing financial pressures. He emphasised the need to balance investment in infrastructure with the broader financial position of the Health Board while acknowledging that investment in resilience represented a necessary and unavoidable cost.

Ms Rosser confirmed that the scheme would be managed through established capital governance processes, including oversight by the CSC and regular reporting on progress, risk and financial performance. It was further confirmed that key milestones,

including installation and commissioning, would be subject to formal review to ensure compliance with technical and safety standards.

The Committee discussed the potential for disruption during installation and sought assurance that risks to service delivery had been considered. Assurance was received that detailed planning had been undertaken to minimise disruption, including phasing of works and coordination with clinical teams.

Ms Eldeg Rosser, Mr Simon Chiffi and Mr Julian Wheeler Jones left the meeting.

Decision:
The Committee:

- **RECOMMENDED** for onward ratification by Board on 28 May 2026 award of the contract at £1,197,665.00 (exc. VAT) for Prince Philip Hospital to 'T. Richard Jones (Betws) Ltd', with call-off agreement to be prepared and executed by the Health Board

SPC(26)45 A Healthier Mid and West Wales Strategy Update

Mr Nathan Davies joined the meeting.

Mr Lee Davies presented the AHMWW - Healthier Lives, Well Lived Strategy Update report, advising that the Strategy had reached an advanced stage of development and was being prepared for submission to the Board for formal approval. He emphasised that the Strategy represented a significant piece of work for the organisation, forming the overarching long-term framework for service transformation, population health improvement and partnership working across the region over a projected fourteen-year period.

Ms Hughes Moakes advised that a key focus during the final stage of development had been to ensure that the Strategy was accessible, inclusive and relevant to a wide range of stakeholders. In addition to the full strategic document, a suite of supporting materials had been produced, including simplified summaries, youth-focused versions, easy-read formats, audio outputs and alternative accessible formats such as British Sign Language translations. She emphasised that this approach was designed to enable meaningful engagement with communities.,

Further, Ms Hughes Moakes, confirmed that engagement had been undertaken with a wide range of stakeholders, including patients, communities, staff, partners and third sector organisations, emphasising that feedback from this engagement had directly influenced the development of the Strategy, including the prioritisation of themes and the emphasis placed on prevention, community-based care and reducing inequalities.

Mr Weir, welcoming the progress made and emphasising the importance of ensuring that the Strategy was not only

comprehensive in scope but also understood and owned by the population it was intended to serve, challenged Members to ensure that the Strategy translated into practical changes that would be visible and meaningful to patients and communities.

The Committee considered the extent to which the Strategy aligned with other key programmes, including the CSP, the 20four7 Prevention Model and the development of integrated care systems. Mr Lee Davies confirmed that alignment had been a core principle throughout the Strategy's development, with deliberate effort made to ensure consistency across programmes and to avoid duplication or fragmentation.

The Committee, considering the challenge of implementation, emphasised that while the development of a comprehensive Strategy was important, the critical measure of success would be the ability to deliver the planned changes. There was recognition that the scale and ambition of the Strategy would require sustained commitment, significant cultural change and effective coordination across multiple organisations.

In response, Mr Lee Davies acknowledged the importance of implementation and advised that work was underway to develop detailed delivery plans and governance arrangements to support the next phase. He confirmed that the Strategy would be supported by a structured implementation framework, with clear accountability and monitoring arrangements.

Mr Weir highlighted the need for clear, measurable outcomes that would enable the Board and Committee to determine whether the Strategy would achieve its intended impact. In response, Mr Lee Davies advised that outcome measures would be aligned to existing frameworks, including the BAF and population health indicators, and that further work was being undertaken to refine these measures.

Mr Lee Davies, confirming that the Strategy had been designed with flexibility in mind and would be subject to regular review and refresh to ensure that it remained relevant and effective, advised that governance arrangements would include mechanisms for ongoing review, enabling the organisation to respond to emerging challenges and opportunities.

The Committee emphasised the importance of collaboration with Local Authorities, Primary Care, regional partners and the third sector, noted the Health Board's stance that partnership working was central to the Strategy and that delivery would be dependent on effective collaboration across the system.

The Committee reflected on the strategic significance of the programme, recognising that it provided the overarching framework within which many of the Health Board's key initiatives would sit, while Mr Weir emphasised that the Committee's

ongoing role would be to provide assurance that the Strategy was being implemented effectively and delivering its intended benefits.

Mr Nathan Davies left the meeting.

Decision:
The Committee:

- **NOTED** and **RECEIVED ASSURANCE** from the update provided in the A Healthier Mid and West Wales - Healthier Lives, Well Lived Strategy Update report.

SPC(26)46 Annual Plan 2025-26 Closure Report

Mr Dan Warm joined the meeting.

Mr Ayres presented the Annual Plan 2025-26 Closure Report, emphasising that the report should be considered not only as a retrospective review but also as a foundation for the 2026–27 annual planning process. He advised that the report demonstrated measurable progress across several key areas, while also highlighting persistent challenges and opportunities for improvement.

In providing an overview of performance against headline objectives, Mr Ayres reported that notable improvements had been achieved in cancer performance, with delivery improving against the national target, although it remained below the required standard. He also highlighted improvements in Urgent and Emergency Care pathways, alongside progress in mental health and long-term condition management, noting that these areas had been successfully de-escalated within the Welsh Government Targeted Intervention (TI) framework.

In response to Mr Weir's request for clarification on the extent to which these gains were sustainable and what mechanisms were in place to ensure continued progress, Mr Ayres indicated that while improvements had been achieved, they remained fragile and required ongoing focus, particularly given competing pressures across the system. He emphasised that sustained improvement would depend on embedding changes within operational delivery models and ensuring alignment with workforce and financial planning.

Mr Ayres highlighted theatre utilisation as a particular concern, noting that late starts and early finishes continued to impact productivity and efficiency, advising that internal analysis had identified significant variation in performance and that there was substantial potential to improve throughput through better operational discipline and management.

The Committee challenged the scale of the issue and sought clarity regarding the underlying causes. It was noted that inefficiencies were not solely attributable to individual behaviours but also reflected systemic issues, including scheduling, workforce availability and clinical pathway design. Mr Weir emphasised the

need for a holistic response rather than solely focusing on operational performance metrics.

Mr Maynard Davies noted that early finishes were significantly above expected levels and represented a clear opportunity for improvement. He also observed that, overall green-rated areas had been delivered and amber-rated were generally progressing as expected, indicating a broadly positive trajectory, albeit with some areas requiring targeted intervention.

Mr Michael Imperato raised a broader question regarding the interface between this Committee and the Finance and Performance Committee (FPC). He sought clarification on where responsibility for addressing productivity and performance issues should sit and whether there was a risk of duplication or fragmentation in oversight.

In response, Mr Ayres acknowledging that there was inherent overlap between strategic planning and performance management, and emphasising that this Committee's primary role was to ensure that credible, integrated plans existed that would enable delivery, noting that the detailed monitoring of performance metrics would be more appropriately considered within the FPC, but that strategic alignment and planning remained the responsibility of this Committee.

Mr Thomas emphasised that the focus should not be only on increasing activity, but on using resources to maximise value and improved patient outcomes. He highlighted high-value interventions, such as fracture liaison services, and opportunities to expand them, while emphasising the importance of reducing low-value activity. He noted that this work would be taken forward through the FPC, aligned with strategic planning.

The Committee noted that current reporting was fragmented and supported a more integrated approach combining financial, workforce, activity and quality information. Mr Ayres confirmed that future Board reporting would be aligned to provide a clearer picture of how delivery of the Annual Plan translates into financial and operational outcomes.

Mr Ayres indicating that, while some risks had been mitigated during the year, others had emerged or increased in significance, emphasised that this reflected the dynamic nature of the operating environment and the scale of transformation being undertaken. Ms Wilson provided further context, explaining that changes in the risk profile were expected and that movements reflected both progress in some areas and emerging challenges in others. She suggested that a mapping exercise could be undertaken to provide greater clarity on how risks had evolved over the course of the year and to support improved assurance to the Board. **JW**

The Committee supported this proposal and emphasised the importance of ensuring that risks were clearly articulated and aligned to strategic priorities.

The Committee also discussed the relationship between the Annual Plan and longer-term strategic planning. Mr Dan Warm highlighted that delivery in 2025 - 26 provided a baseline for 2026 - 27 and that there was continuity between Annual Plans and longer-term programmes such as the CSP and the Community by Design Strategic Plan (formerly the Primary and Community Care Strategy). He emphasised that progress achieved during the year should be viewed as part of an ongoing trajectory rather than as isolated outcomes.

The Committee acknowledged that the requirement to deliver significant savings within a constrained funding environment created tension between achieving financial balance and maintaining or improving performance. This was recognised as a fundamental challenge that would continue to impact delivery in future years.

The Committee noted that lessons learned had been incorporated into planning processes for 2026 - 27 and that a more structured approach to delivery planning, including clearer milestones and accountability, would be adopted. The Committee, highlighted opportunities for improvement, particularly in relation to productivity, pathway redesign and integration of services, emphasising the importance of ensuring that these opportunities were actively pursued and translated into tangible improvements in delivery.

Mr Shaun Ayres and Mr Dan Warm left the meeting.

Decision:
The Committee:

- **RECEIVED ASSURANCE** on the update on the 2025/26 Annual Plan with specific reference to the Planning Objectives aligned to the Committee and the 2025/26 Enabling Actions.

SPC(26)47 Clinical Services Plan

Mr Alex Martin joined the meeting.

Mr Alex Martin presented the CSP, outlining the future configuration of services to ensure sustainability, improved outcomes and alignment with population needs; and confirming that the programme had now moved beyond strategy development and into a phase focused on translating agreed principles and decisions into implementable delivery plans.

Mr Martin indicated that the Board had previously agreed a series of high-level decisions regarding the direction of travel for key services, including the principles of centralisation, networked care and the strengthening of community provision. The current phase

of the programme was therefore focused on operationalising those decisions, including defining detailed pathways, workforce implications, infrastructure requirements and engagement plans.

The Committee noted that while the overarching direction of travel had been endorsed, there remained areas where definitive service models had not yet been finalised. Particular attention was given to stroke services, which had been subject to ongoing engagement and development.

In response to Mr Weir's request for assurance regarding progress on Stroke services, Mr Martin confirmed that work was progressing in line with expectations, with further clinical and stakeholder engagement planned to inform the final model. He emphasised that the approach remained consistent with the strategic direction agreed by the Board and that no deviation from that direction was anticipated.

Mr Lee Davies advised that the programme remained on track from a process perspective and that it was appropriate to allow sufficient time for robust engagement and evidence gathering, particularly for complex service areas such as Stroke. It was emphasised that assurance at this stage related to the robustness of the process rather than the finality of outcomes.

The Committee considered the broader issue of implementation planning, noting that successful delivery of the CSP would require a high degree of integration across multiple domains, including finance, workforce, capital and digital. Mr Weir emphasised that without clear alignment across these enabling strategies, there was a risk that the programme would not be deliverable in practice.

In response, Mr Martin confirmed that work was underway to ensure integrated planning across all enabling domains. This included the development of detailed delivery plans setting out milestones, dependencies and resource requirements. It was acknowledged, however, that further work was required to achieve the level of granularity expected, particularly in light of feedback received from Welsh Government regarding planning maturity.

Mr Ayres reinforced this point, noting that one of the key challenges facing the organisation was the need to translate high-level strategic intent into clear, executable plans with defined accountability and timelines; and emphasising that improving planning maturity would be critical to successful implementation of the CSP.

The Committee considered the relationship between the CSP and other strategic programmes, including AHMWW Strategy and the 20four7 Prevention Model. Mr Lee Davies confirmed that alignment across these programmes had been a key consideration throughout development and that the CSP was

intended to operate as a central component within a wider system of strategic plans.

Mr Martin confirmed that implementation would be phased over a number of years, reflecting the scale of transformation and resource constraints. Initial delivery would focus on changes achievable within existing resources, with more complex or resource-intensive changes planned for later phases.

Mr Maynard Davies questioned whether the timeline for delivery was sufficiently ambitious, noting the urgency of addressing current service pressures. Mr Lee Davies acknowledged this challenge but emphasised that realism was required in planning, particularly given workforce limitations, financial constraints and the need to maintain safe service delivery during transition.

. Mr Weir highlighted the importance of maintaining public and stakeholder confidence throughout the transformation process, emphasising that transparent communication and clear articulation of benefits would be essential to securing support for change.

The Committee highlighted the need for regular, structured updates that clearly demonstrated progress against milestones, risks to delivery and alignment with enabling strategies; and Ms Wilson noted that reporting arrangements would need to be aligned with governance requirements and that the Committee's role in providing oversight of strategic planning should be clearly defined.

Mr Martin, reiterating that the programme remained in its pre-implementation phase and that the focus over the coming months would be on strengthening delivery plans, confirming resource requirements and progressing engagement activity, advised that a further update, including more detailed implementation timelines, would be presented to the Committee and Board in due course.

Mr Alex Martin left the meeting.

Decision:
The Committee:

- **RECEIVED ASSURANCE** that work is being undertaken to develop a detailed implementation plan for the eight services which received a final decision
- **RECEIVED ASSURANCE** that work is being undertaken to carry out the engagement on stroke services, to support Board to make a final decision within this planning year 2026/2027

SPC(26)48 DEFERRED: Value Based Healthcare Update

SPC(26)49 Joint Commissioning Committee Planning, Performance and Finance Sub-Committee Reports

The Committee **NOTED** the Joint Commissioning Committee Planning, Performance and Finance Sub-Committee Reports.

SPC(26)50 Strategy & Planning Committee Workplan 2026-27

The Committee **NOTED** the Strategy & Planning Committee Workplan 2026-27

SPC(26)51 Any Other Business

None.

SPC(26)52 Date and Time of Next Meeting

Thursday 25 June 2026, 09:00 - 12:30, HDD Picton - Dolau Cothi & MS Teams

Thursday 20 August 2026,
Monday 2 November 2026,
Tuesday, 22 December 2026,
Tuesday, 2 March 2027.

1.4

09:30, 5 Mins

1.4 - Table of Actions from the Strategy and Planning Committee meeting on 28 April 2026

Winston Weir (Hywel Dda UHB - Independent Board Member)

For discussion

Attachments

1.4 SPC ToA 18 06 2026.pdf

STRATEGY AND PLANNING COMMITTEE (SPC)/ PWYLLGOR STRATEGAETH A CHYNLLUNIO
02/06/2026
TABLE OF ACTIONS/TABL GWEITHREDOEDD

Key: AC-Andrew Carruthers; AG-Ardiana Gjini; AHM-Alwena Hughes Moakes; HT-Huw Thomas; JW-Joanne Wilson; WW-Winston Weir

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
28/04/2026	SPC(26)037	Table of Actions of the Strategy and Planning Committee meeting on 26 February 2026 • To ensure population health domain metrics would be presented in a deep dive at the next Committee meeting.	AG	04/06/2026	Complete On agenda - 25/06/2026.
28/04/2026	SPC(26)038	Strategy and Planning Committee 2025-26 Annual Report • To check the accuracy of the rollout dates for Electronic Prescribing and Medicine Administration (ePMA).	HT	01/06/2026	Complete Please find attached the rollout plan for EPMA which has been through the appropriate governance.
28/04/2026	SPC(26)039	Assurance and Risk Report • To ensure that audit and inspections updated timelines are included in the next Committee update, including clear links to service redesign activity.	AC	04/06/2026	In progress Verbal update to be provided.
28/04/2026	SPC(26)042	Embedding the 20four7 Prevention Model in System Delivery – Governance, Planning and Primary Care Readiness (2026/27) To ensure that future updates should include clear outcome measures, adoption metrics and evidence of operational delivery at scale.	AG	04/06/2026	Complete This is now the focus of the workplan for 20four7 and all future timely updates will be focused in this way.

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
28/04/2026	SPC(26)046	Annual Plan 2025-26 Closure Report • To ensure that a mapping exercise would be undertaken to provide greater clarity on how risks had evolved over the course of the year and to support improved assurance to the Board.	JW	04/06/2026	Complete As part of the committee's annual report for 2027/28 narrative will be included in respect of how the risks have progressed throughout the financial year.

1.5 **09:35, 0 Mins**

1.5 - Matters Arising

Winston Weir (Hywel Dda UHB - Independent Board Member)

For information

2

09:35, 0 Mins

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2 - Strategy, Planning and Partnerships

2.1

09:35, 20 Mins

2.1 - Annual Plan Progress

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Shaun Ayres (Hywel Dda UHB - Director of Delivery)

Including:
Planning Goals Update
Maturity Matrix Timeline
Maturity Matrix

For discussion

Attachments

2.1.1 SPC SBAR Annual 2026-27 June 2026.pdf

2.1.2 Annex 1 2026-04-22 JT to PK - Rapid Assessment of HD Plan 2026-27.pdf

2.1.3 Annex 2a 2026.01.19 SE letter to Lee Davies Executive Director of Strategy and Planning - Hywel Dda UHB Planning Maturity Self-Assessmen.pdf

2.1.4 Annex 2b HDdUHB Planning Maturity Self-Assessment - MS Forms Build Sp~.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR STRATEGAETH A CHYNLLUNIO
STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 June 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	2026/27 Annual Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Shaun Ayres, Director of Delivery Daniel Warm, Head of Planning 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 (WG) on 31 March 2026. Since submission, WG has issued further communication indicating that the Plan was unacceptable and unsupportable given the expected financial outturn for 2026/27.

The revised planning approach for 2026/27 continues to respond to feedback from WG and also directly to the internal audit recommendations on planning maturity, with a strengthened Maturity Matrix process underpinning the Annual Plan and ensuring readiness for scrutiny and future de-escalation. Therefore, this report also provides the Strategy and Planning Committee (SPC) with an intended approach to the review of our Planning Maturity Matrix. This approach moves the maturity review from broad workshops to a structured, evidence-based return completed online, as set out in the Assessment.

Cefndir / Background

Annual Plan

The Health Board is required, annually, to submit an Integrated Medium Term Plan (IMTP) that achieves financial balance across a three-year period. Since the Health Board's inception in 2009 it has not been able to submit an IMTP, due to the significant financial deficit it has presided over.

The Board, at its meeting on 26 March 2026, endorsed the onward submission of the Annual Plan to WG. The Plan included a Three-Year Financial Plan, with a financial deficit of £41.0m for 2026/27. The Board recognised that the Financial Plan did not deliver against the statutory requirement to break-even over a three year period, with the planned financial outturn being higher than the target control total (TCT) set by WG, which is a deficit of £22.1m.

WG through a rapid review of the Plan (Annex 1) set out the expectation that the Health Board should plan to deliver, as a minimum, the 2025/26 financial outturn of £22.1m, whilst delivering against the Planning Framework and the de-escalation criteria. Ongoing dialogue continues with an expectation that the Health Board further improves its financial forecast beyond the Plan deficit and improves upon its performance trajectories. A requirement associated with an additional allocation of £26.0m, received in 2024/25, was that the Health Board would demonstrate an improving financial trajectory, achieving a breakeven position by the 2027/28 financial year. To support this a report was presented to the Public Board on 28 May 2026: (https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2026/board-agenda-and-papers-28-may-2026/11-annual-plan-2026-27-pdf/).

Planning Goals

A key aspect of the Annual Plan remains our Planning Goals (previously referred to as Planning Objectives). Of the eight Planning Goals four are aligned to this Committee – these are, along with their primary objective(s):

- Planning Goal 3: 20Four7 Population Health (Executive Lead – Director of Public Health)
    - Reflect population health priorities that build in equality of opportunity and human rights, together with plans to reduce health inequalities
- Planning Goal 4: Community by Design (Executive Lead – Chief Operating Officer)
    - Ensure that Hywel Dda University Heath Board (HDdUHB) has a clear vision and strategic direction that secures the long-term sustainability of the organisation, both at local community and wider system levels
- Planning Goal 7: Future-Orientated (Executive Lead – Director of Public Health)
    - Connected and resilient communities
    - Establish how we will strengthen how we listen and incorporate the voice of our future generations
- Planning Goal 8: Fit for purpose, modern facilities and services (Executive Lead – Director of Strategy and Planning)
    - Determine and implement sustainable models for services within the Clinical Services Plan (CSP) programme
    - Deliver our Programme Business Case to develop fit for purpose and modern community and hospital facilities

Maturity Matrix

In response to WG's Targeted Intervention, the Health Board developed and introduced its own Planning Maturity Matrix in late 2022, benchmarking planning maturity across nine domains and scoring each from 0 (no progress) to 5 (exemplar). WG has since strengthened the Matrix and standardised it for use across NHS Wales. The revised matrix assesses six domains, with defined themes to support evidence and scoring, and retains the expectation that each organisation reaches a minimum Maturity Level of 3 (initial achievements) in every domain. For the 2026 cycle the Health Board is assessing itself against this national six-domain matrix, on the same basis as other Health Boards, which improves comparability, removes the variation and supports a better comparison with other Health Boards.

The inaugural assessment in 2023 identified mixed results, noting progress in some areas with limited progress (or regression) in others. A subsequent internal audit completed in June 2024 provided a Reasonable Assurance rating for this process, with two recommendations for improvements required in evidence usage and Board oversight. The follow-up assessments in both 2024 and 2025 continued to show areas for improvement.

Asesiad / Assessment

Annual Plan

As a Health Board we acknowledge, and agree, that the Plan is currently considered unacceptable and unsupportable, thus the work continued and an update presented to the Board in May 2026.

The Board approved submission of a 2026/27 Annual Plan with a planned deficit of £41.0m, against the target control total of £22.1m. That remains the in-year position. The detail of delivery and the savings pipeline will be scrutinised at an In Committee meeting on 18 June 2026, ahead of Board on 30 July 2026. This report addresses only the planning dimensions.

Mitigations have also been put in place to improve our performance position, in particular urgent and emergency care (UEC) and planned care (including cancer and diagnostics).

As part of implementing the UEC blueprint we are putting in a series of measures including:

- Implementation of our seven-day Clinical Streaming Hubs, expansion of Same Day Emergency Care (SDEC) and continued Six Goals delivery
- Strengthened 'front-door' pathways and procedures have contributed to improved handover and 12-hour wait performance, we are further reviewing our internal professional standards, site escalation plans and implementation priorities to support our Optimal Flow framework principles.
- Establishing an Emergency Department and Acute Medicine Medical Stabilisation Group to help develop a more stable model for medical rotas as senior decision-making capacity continues to be a challenge.

Our mitigations for planned care include:

- For referral to treatment time (RTT) this includes clinical validation, referral return, straight-to-test models, theatre utilisation at 85%, day case performance and reduced Did Not Attend (DNA) and Cannot Attend (CNA).
- For cancer and diagnostics includes Cancer Data Lake completion, histopathology capacity review, Laboratory Information Network Cymru (LINC)/ Radiology Informatics System Procurement (RISP) and targeted diagnostic capacity.
- Therapy mitigation includes prioritised deployment, pathway redesign, Demand and Capacity tool implementation and targeted workforce planning.

A full response to the rapid review was submitted to WG on 29 May 2026 and included the next steps to be undertaken in further de-risking the Plan. The actions aligned to de-risking the plan are aligned to the Finance and Performance Committee (FPC).

Planning Goals

The current status of the four Planning Goals aligned to this Committee are:

Planning Goal	Executive Lead	Q1 Status and Key Outcomes
Planning Goal 3: 20Four7 Population Health	Director of Public Health	OnTrack • The 20Four7 Prevention Model tools and supporting services are required to scale up delivery in 2026/27. Work across the Health Board for improved scrutiny of progress on key prevention metrics.

		• Ongoing discussions focused on Health Board governance and oversight of implementation. Embed 20Four7 into Quality Improvement and Transformation Programmes
Planning Goal 4: Community by Design	Chief Operating Officer	On Track Report on Community By Design and the future of Clusters taken to Board in May 2026 Activities planned for next milestone and reporting period • Planning for Board Seminar • Action Plan on next steps for Cluster work in readiness for sign off of Integrated Neighbourhoods • Planning for clinical input and links into 20four7 Matters for information: Local work on progressing the Strategy needs to align to national policy and contractual direction Risks to delivery: Delayed agreement on taking forward the work to support the transition into Integrated Neighbourhoods
Planning Goal 7: Future-Orientated	Director of Public Health	On Track • The revised Vaccine Equity Plan has been agreed, with 16 key areas, clear timelines and achievable actions. This includes targeted support for GP surgeries in areas of highest deprivation and development of a clear calendar and plan for community outreach. Support for GP delivery of vaccinations within the current contract arrangements is under investigation, including support from outside agencies. Communication lines between GPs and the vaccination team have been strengthened, including a robust approach to Public Health input into clusters, and GP representation at vaccination operational planning meetings • Healthy Ageing Workshop arranged for 23 June 2026 with a wide range of stakeholders to identify baseline of prevention and equity work and identify actions for improvements. Discussions have taken place with local frailty services and actions identified to support Health Board wide action on frailty identification and support • Healthy schools and pre-schools - secured a temporary Band 6 extension, expanded support

		for priority groups and programmes, and mapped high-deprivation settings for enhanced support • Social Model for Health and Wellbeing (SMfHW) - The Wellbeing of Future Generations (WBFG) Progress Tracker is on course for publication in June 2026, with communications and digital activity now ramping up across partner channels ahead of Volunteers Week to maximise reach and visibility.
Planning Goal 8: Fit for purpose, modern facilities and services	Director of Strategy and Planning	On Track • Continued commissioning activity for Picton Terrace and decommissioning of associated properties • Commissioning of additional space at Canolfan Pentre Awel • Programme Business Case (PBC) Addendum scrutiny grid returned to WG and milestone plan has been drafted with WG and NHS Wales Shared Services Partnership (NWSSP) officers • Further meetings with WG to discuss the PBC addendum submission and timelines • Ongoing development of Atriwm Carmarthen Hwb and CDU Pentre Awel Commissioning Plan • Preparation of Cylch Caron Integration and Rebalancing Capital Fund (IRCF) application for fees

As all the Planning Goals are covered by other agenda items for this particular Committee meeting, highlight reports have not been sought for this time around. In future, where specific Planning Goals are not covered on the agenda, highlight reports will be provided.

Maturity Matrix

Building on previous review cycles along with feedback from WG on our 2025 submission (Annex 2), the key dates are:

- Full internal evidence collation and mapping (May – June 2026)
- Structured stakeholder and scoring workshops (June – July 2026)
- Governance scrutiny and Board sign-off by 31 July 2026
- Formal submission to WG in early August 2026.

In developing this cycle, the WG feedback on our 2025 submission highlighted two key areas that we are looking to strengthen:

- *"Firstly, the evidence provided to support the scores was limited, relying primarily on high-level bullet points rather than detailed examples, such as specific actions taken or embedded documents. As a result, reviewers had to draw on their own knowledge of the Health Board's activities to provide feedback. That said, it was positive to see the honest reflections in each area.*

- *Secondly, the submission did not include any associated actions. While we understand actions are often refined following receipt of feedback, our expectation is that a set of supporting actions should already be developed and form part of the submission recognising that these are subject to adjustment based on feedback. As this process is focused on development, these actions are arguably one of the most critical components. The inclusion of action is intended to reflect the Board's commitment to improvement".*

Revised approach to assessment against planning maturity matrix

To respond directly to this feedback, we are changing the method of the review. The 2025 cycle relied on broad scoring workshops. For 2026 the review will be led by a structured planning maturity evidence return, issued through Microsoft Teams and completed as an online form, rather than by a series of open meetings. As stated in the Background this assessment will be assessed against the revised national six-domain matrix.

Each contributor scores the domains they are competent to assess and, for each, records their confidence in that score, the evidence behind it, the principal gap, and the action needed to reach the next level. The form deliberately mirrors the fields in WGs submission template: assessed level, evidence used, supporting narrative, actions, timelines and impact measurement. It therefore answers both points in the January 2026 feedback at source. Scores arrive with specific evidence rather than high-level bullet points, and each score carries an improvement action rather than waiting for feedback to generate one.

Three design choices protect the integrity of the return. Score, confidence and rationale are mandatory, so we capture informed judgement rather than instinct. Contributors who lack sufficient knowledge of a domain may record that they are not sufficiently sighted to score, which is itself useful intelligence about visibility and ownership. And every domain asks whether the score rests mainly on activity, governance, delivery or impact, which surfaces directly whether we are claiming maturity for holding a process or for demonstrating outcomes.

The return is the start of the process, not the whole of it. Responses are synthesised to show the median score, the range, confidence and evidence strength, isolating any domain where a high score rests on weak evidence. A single calibration session then tests only the disputed and high-risk domains, rather than reopening every line. The Executive Team reviews the proposed scores, evidence, gaps and actions and owns the result, and the Planning Coordination Group converts that into named action owners and evidence requirements ahead of submission.

This method also closes the two recommendations from the June 2024 internal audit. The evidence return strengthens evidence usage by design, and Executive review followed by Board sign-off strengthens Board oversight. A historic assurance finding therefore becomes current assurance.

A challenge for the Health Board is WGs consistent view that, while process and activity can be evidenced, outcome and impact cannot yet be clearly demonstrated. The maturity question is no longer whether planning processes exist, it is whether we can evidence the delivery and impact which those processes were intended to achieve. The activity-against-impact test built into the return will enable a clear and honest assessment of this.

Alongside the method, the Health Board is recruiting three Heads of Service Planning and Improvement, to be embedded within the CCGs. This adds permanent capacity to embed

continuous planning and to produce more deliverable plans. It signals that the response to weak planning maturity is targeted capability, not a further process refresh.

Two links place this work in its wider context. The Maturity Matrix is the planning maturity criterion within the Targeted Intervention framework, so reaching the minimum Level 3 across domains forms part of the evidence base for de-escalation. The Matrix and the Planning Goals are also the principal mitigations for the risk that the Health Board has no approvable Integrated Medium Term Plan by March 2028 (Risk 2212), which this report is intended to reduce.

Argymhelliad / Recommendation

The Committee is asked to:

- **ACKNOWLEDGE** the Welsh Government feedback on the 2026/27 Annual Plan
- **RECEIVE ASSURANCE** that mitigating actions are subject to robust oversight through the Finance and Performance Committee, with clear governance, monitoring arrangements, and escalation in place
- **SCRUTINISE** and **REVIEW** the updated 2026/27 Maturity Matrix

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.1 Receive assurance that the planning cycle is being taken forward and implemented in accordance with Health Board and Welsh Government requirements, guidance and timescales. 3.1.4. Receive assurance on delivery of the Health Board's Annual Plan through the scrutiny of regular monitoring reports.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 2212 - There is a risk that the Health Board will not have an approvable Integrated Medium-Term Plan (IMTP) by March 2028.(Current Risk Score: 12, Target Risk Score: 4)
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	6 Clinical services plan 7 Primary and community strategic plan 8 Estates plans 10 Population health

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:	Not applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Not applicable

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

Cyfarwyddwr Cyffredinol Grŵp Iechyd, Gofal Cymdeithasol a'r Blynyddoedd Cynnar / Prif Weithredwr GIG Cymru

Director General Health, Social Care & Early Years Group / NHS Wales Chief Executive

Llywodraeth Cymru
Welsh Government

Phil Kloer
Chief Executive
Aneurin Bevan University Health Board

22 April 2026

Dear Phil

RE: Hywel Dda University Health Board's Annual Plan 2026-27

Thank you for the submission of Hywel Dda University Health Board's Annual Plan for 2026-27. I note the health board has breached its statutory duty to develop a financially balanced, 3-year IMTP. The Plan cannot therefore be considered for full assessment via collective review, nor recommended for Ministerial approval. A rapid assessment of the plan has therefore been undertaken. General feedback and detail of action now required is provided below. Full feedback will be provided at a later date.

The Plan was considered by the Board on 26 March, and it was approved for submission.

Overall, on the basis that the Plan represents a deteriorating financial position and does not meet the clear expectations set by Welsh Government. The Plan is considered to be unacceptable and unsupportable.

General Comments:

- The Plan is set within the context of the health board's longer-term strategy; *A Healthier Mid & West Wales*, and its Clinical Services Plan.
- We note commitments have been made to regional planning and delivery. However, the tangible impact of these developments is not described. I would expect the impact of the regional committee to be articulated in the plan as well as its impact on improving performance
- Overall, the narrative plan is long and difficult to follow, with very detailed descriptions of risk and underpinning analysis which are sometimes repetitive and disjointed. Within this, it is not always clear what delivery commitments the Board has signed up to. We would suggest that reviewing how other health board plans have been structured may be helpful.

Performance:

Parc Cathays • Cathays Park
Caerdydd • Cardiff
CF10 3NQ

Jacqueline.Totterdell@gov.wales

Gwefan • website: www.gov.wales

Performance is mixed. There are some areas of improvement, but also some areas which fall below expectations:

- Planned Care:
  - Despite making massive improvements towards eliminating 104-week breaches during 2025/26, the submitted plan projects 5,507 104-week breaches by March 2027. Given the target is zero, this is a concerning and unacceptable level of deterioration in performance and requires serious consideration and review.
  - 8-week diagnostic waits are forecast to be 4,407 by March 2027. This is considerably above the level required and is not acceptable.
- Urgent and Emergency Care
  - For 2026/2027, the health board has used targeted intervention trajectory figures for >1 hour ambulance patient handover delays; a baseline of 918 patients per month forecast to improve to 590 per month by Q4. This is unacceptable as the target is for no patients to wait longer than 45 minutes for ambulance patient handover.
  - The targeted intervention trajectories are also used for the >12-hour emergency department performance target. This is forecast to improve from 9.5% to 7.3%. Whilst this is an improvement, it is unambitious and the target is zero.
  - Pathway of Care Delays are forecast to reduce from 204 to 183. The number of days delayed are not included and is an omission.

Enabling Actions:
An assessment of the enabling actions has been included, along with the baseline position and quantified opportunities.

Finance:
The submitted plan describes a deficit of £41.0m for 2026/27.

The planned deficit is neither acceptable nor supportable. Further actions are required at pace to reduce this deficit, and a recovery plan to financial balance. It is expected that this will be finalised by **29 May**.

Key reflections from a rapid review of the plan are as follows:

- The carried forward underlying deficit is materially adrift from the forecast outturn for 2025-26 and the requirements of the planning framework. Further clarity and assurance is required that all in year mitigations have been tested for recurrent delivery.

- Cost pressure growth in secondary care drugs is above the health board average; the health board should examine the assumptions underpinning the calculation of expenditure growth and identify any opportunities for improvement.

- The total workforce deployed (including substantive staff in post, variable pay staff and agency) is planned to grow by a further 279 WTE between March 2026 and March 2027. Given the challenging financial outlook, the health board is required to justify why this continued growth is essential and how this will be afforded, or if further actions are required to mitigate this growth.

- Urgent action is required to close the savings gap, currently only £5.1m (12%) of the £42.8m savings plan is supported by Green & Amber Schemes. This suggests the health board has very little plans of detailed substance and action.

- The opportunities pipeline describes £56.1m of opportunities, with a delivery ambition of £18.7m for 2026/27. Clarity is needed on how these align to the £36.0m of pipeline schemes reported in the savings tracker, and if any actions can be taken to increase the pace of conversion to reduce the deficit. In addition, ongoing work is required to continue to strengthen both the depth of the opportunities pipeline, and the timescale for conversion to delivery in support of a balanced financial position.

- The plan describes a significant level of risk at £47.7m, of which £17.2m is described as medium or high risk. This includes £10.2m medium risk to savings delivery.

Further analysis and discussion on the technical aspects of the plan will be followed up by Financial Planning & Delivery Team of NHS Wales Performance & Improvement.

The health board is required to consider and address the above feedback and provide a response to the specific actions required by **29 May**. That response must demonstrate tangible improvements to the Plan in relation to performance and finance.

Yours sincerely



Jacqueline Totterdell

cc. Dr Neil Wooding, Chair HDUHB
Nick Wood
Hywel Jones
Jeremy Griffith
Samia Edmonds

Grŵp Iechyd, Gofal Cymdeithasol a'r Blynyddoedd Cynnar
Health, Social Care and Early Years Group

Llywodraeth Cymru
Welsh Government

Lee Davies
Director of Strategy and Planning
Hywel Dda University Health Board

Our Ref: SSE/JK

19 January 2026

Dear Lee,

Re: Planning Maturity Self-Assessment

Thank you for submitting your Planning Maturity Self-Assessment and for your patience in waiting for feedback.

This exercise is designed to support a process of structured self-reflection, enabling NHS Wales organisations to assess their planning maturity against defined levels. It provides an opportunity for health boards to evaluate their current planning processes, capacity and capability, clarify future ambitions, and identify the actions and evidence needed to demonstrate progress. The maturity matrix also aims to promote meaningful discussion around integrated planning and elevate its visibility in the organisation, especially at both Board and Executive levels.

As the health board is currently in level 4 escalation for finance, strategy and planning, this submission is required as part of your health board's de-escalation criteria. Your self-assessment will be considered as part of the evidence base for the next tripartite escalation review.

As you'll recall, we introduced a revised planning maturity matrix earlier this financial year, which was shared with NHS Directors and Assistant Directors of Planning across Wales. Given that your organisation had already begun its self-assessment against a previous version of the matrix, we agreed that it was reasonable for you to continue using the framework you were already working to avoid any unnecessary duplication or disruption. I would like to take this opportunity to thank and recognise Dan Warm for his support in developing the new Maturity Matrix.

After reviewing your submission, with input from NHS Performance and Improvement, it is clear the health board approached its self-assessment with commendable transparency, and constructive self-critique. It was encouraging to see

Ffôn • Tel 0300 025 5582
Samia.Edmonds@gov.wales

Gwefan • website:
www.wales.gov.uk

Parc Cathays • Cathays Park
Caerdydd • Cardiff
CF10 3NQ

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the process used as an opportunity for objective reflection on planning capability and capacity, including the methodology used for scoring. While some of your own scoring may have been lower than you had hoped, this demonstrates a positive level of maturity - acknowledging areas for development is a critical step toward building a stronger, more resilient planning function.

The submitted transcript demonstrates strong engagement and internal discussion, adding credibility to the scoring process and reflecting organisational commitment. We hope this has also helped raise the profile of planning within the health board, which is a key aim of the maturity assessment process.

However overall, there were two areas where the submission did not fully meet expectations. Firstly, the evidence provided to support the scores was limited, relying primarily on high-level bullet points rather than detailed examples, such as specific actions taken or embedded documents. As a result, reviewers had to draw on their own knowledge of the health board's activities to provide feedback. That said, it was positive to see the honest reflections in each area.

Secondly, the submission did not include any associated actions. While we understand actions are often refined following receipt of feedback, our expectation is that a set of supporting actions should already be developed and form part of the submission recognising that these are subject to adjustment based on feedback. As this process is focused on development, these actions are arguably one of the most critical components. The inclusion of action is intended to reflect the Board's commitment to improvement.

Following a review of your submission and a constructive discussion with your team, we have prepared feedback for each domain of the matrix as outlined below:

1. Strategy Development	
HDUHB Self-Assessed Level	**1**
We agree that your organisation's analysis and scoring accurately reflects the health board's position in relation to this domain. We acknowledge the significant efforts being made in this area, despite the challenges and constraints you are facing. It is encouraging to see that the health board is actively undertaking a strategic refresh of its Healthier Mid and West Wales strategy and progressing the development of a Clinical Services Plan. These initiatives demonstrate a strong commitment to shaping a consolidated strategic plan and long-term vision. We however recognise that the current lack of agreed strategic direction is impacting service planning and the development of business cases and service change. Once these strategic pieces of work are finalised and embedded, we anticipate that the health board's position - and therefore its score - will strengthen significantly.	

2. Strategy Alignment and Development of a 3 year Integrated Medium Term Plan (IMTP)	
HDUHB Self-Assessed Level	2

We consider the organisation's analysis and scoring to be broadly in line with Welsh Government's assessment.

The health board was unable to submit an IMTP for 2025–28 and instead provided an annual plan for 2025–26. However, we recognise the progress being made towards submitting an approvable IMTP. The ongoing work to undertake a strategic refresh and develop your Clinical Services Plan, as well as ongoing work on financial recovery, will set a strong foundation for a comprehensive IMTP in the future.

We were pleased to see that the transcript evidenced a robust and constructive discussion on strategic alignment. We appreciated the clarification provided during our conversation on your plans that require alignment, and the rationale for the current score, recognising the challenges of working with a strategy still in development.

Our discussion also highlighted the health board's clear commitment to a values-based approach, supported by enabling actions and the work of a dedicated team leading major workstreams. This is an excellent step forward. To further strengthen future submissions, it would be helpful to include clearer evidence of how these principles are being embedded consistently across all levels and projects. During our discussion with you, we explored what evidence was used to inform the discussion with your colleagues on maturity scoring - This provided helpful insight into the method used for scoring.

For the key consideration of 'Operational delivery disconnect from planning intentions,' we encouraged the health board to reflect, as part of its action plan development, on ways to strengthen planning capacity across the organisation. This should build on the findings from the Sally Attwood review to ensure planning intentions are embedded throughout the organisation, including within delivery teams.

While we recognise the progress and commitment demonstrated, we noted some gaps in evidence for areas such as testing cost impact, and demand and capacity modelling. Addressing these gaps will significantly strengthen the evidence base and enhance the overall robustness of future submissions.

3. Dynamic and Engaged Planning	
HDUHB Self-Assessed Level	**2**

We agree that your organisation's analysis and scoring accurately reflects the health board's position in relation to this domain. It was encouraging to hear about the improvements being made in this area, particularly through earlier and more

structured workshops and improved engagement with operational teams – both are a clear step toward strengthening organisational planning. We note the positive progress that has been made and recognise that the work underway to develop the organisation's longer-term strategy will be key to strengthening the alignment of individual plans and overall delivery.

We valued the context provided regarding the rationale for the consideration 'struggle to plan and deliver change' and the insight into the different tensions within the organisation. It is clear the health board is actively considering and reflecting on these challenges, and we look forward to seeing how this work translates into tangible actions for improvement.

We note that the establishment of the Regional Joint Committee will support the work in this area. However, in the absence of the Committee's clearly defined outputs, it is difficult to see how this work translates across to the health boards strategic planning. It will be important to ensure that strategies and plans reflect the priorities identified by the Joint Regional Committee.

For future submissions, it would be helpful to understand how progress is being measured—both in terms of staff and partner engagement with your strategy and ownership of the annual plan/ IMTP development process, as well as the impact of actions taken to deliver change. Clearly evidencing these improvements will further strengthen your position and showcase the positive steps being taken.

4. Operational Planning

HDUHB Self-Assessed Level	**2**

We agree that your organisation's analysis and scoring accurately reflects the health board's position in relation to this domain.

Despite the lack of evidence provided in your submission, we are aware from our discussions with you, that work has been undertaken to strengthen operational planning within the health board, particularly in advancing demand and capacity planning processes — this is a positive step toward more robust planning. However, the organisation still has some way to go to do this consistently across the organisation and so it was reassuring to see that your assessments recognise the areas where further progress is needed.

Our discussions have provided greater clarity and confidence in your processes for reviewing plans and taking remedial action where necessary. To strengthen future submissions, we would encourage you build on the evidence already provided by providing great clarity on the actions your organisation is taking – potentially linking these actions to the Sally Attwood review would demonstrate how the health board is addressing regular review of service plans and operational planning capacity.

We also welcomed the conversation on the specific actions being taken to address the key considerations identified. Clearly outlining these actions in future submissions will strengthen your position and showcase progress against the challenges outlined.

5. Best Practice Approach to Improvement	
HDUHB Self-Assessed Level	**2**

We agree that your organisation's analysis and scoring accurately reflects the health board's position in relation to this domain.

We see clear opportunities to strengthen future submissions by showcasing the impact of key initiatives, such as your Quality Improvement Strategic Framework (QISF) and the national Value and Sustainability Board (VSB). From our discussion, it was encouraging to learn that the health board has mirrored national strategic groups like the VSB internally—this alignment provides a strong foundation and would provide compelling evidence of strategic coherence. It would also be valuable to highlight the positive impact this structure is having on planning and delivery capability.

We were particularly interested in the development of your internal integrated dashboard, which sounds like an excellent innovation. We would welcome a further discussion on this to explore its potential and identify opportunities for wider learning and sharing.

It was also positive to hear about the health board's dedicated Value-Based Health Care (VBHC) team, now reporting to the Strategy and Planning Committee and leading major projects. This demonstrates a strong commitment to embedding VBHC principles. To build on this, it would be helpful to develop and apply these principles consistently across all teams, beyond the dedicated VBHC team, and how their impact is being measured. We recognise the challenge of generalising benefits from specific areas of work, such as heart failure, and look forward to seeing further progress in capturing and monitoring benefits across the organisation.

Future submissions could also be strengthened by demonstrating how benchmarking with other NHS organisations is being used to drive improvement. This would provide clear evidence of learning and continuous development.

Overall, it is evident that processes are in place and that multiple approaches are being adopted to deliver improvement. The next step is to ensure these are embedded consistently and effectively across the organisation. We look forward to seeing how the health board continues to build on this strong foundation.

6. Realistic and Deliverable	
HDUHB Self-Assessed Level	**1**

We agree that your organisation's analysis and scoring accurately reflects the health board's position in relation to this domain.

The health board's progress in delivering savings through a planned approach is noted and reflects a positive trajectory. Looking ahead, the development of a financial sustainability roadmap will be a critical step in shaping future plans and supporting the organisation's journey toward long-term stability.

It is also encouraging that most ambitions within the health board's 2024/25 plan were achieved, with some areas even exceeding expectations. This success presents an exciting opportunity for future planning: the health board could consider rebalancing efforts by redirecting capacity from areas of over-performance to those requiring greater focus. Doing so could help optimise resources and ensure progress is consistently strong across all priorities.

The health board recognises that a clear multi-year plan is essential to achieving financial sustainability.

7. Systems and Processes for Performance, Accountability and Improvement

HDUHB Self-Assessed Level	2

We agree that your organisation's analysis and scoring accurately reflects the health board's position in relation to this domain.

From our discussion, we welcomed the update on the new model for Clinical Coordination Groups (CCGs), which was implemented post self-assessment. It was helpful to understand the delivery approach through these CCGs, the associated oversight arrangements, and the health board's internal escalation framework and processes - aligned to Welsh Government escalation levels. This represents an approach that supports early intervention to ensure promising improvement, and we look forward to seeing how this model develops and delivers impact.

As this approach becomes fully embedded, it will be important to demonstrate its effectiveness through clear, measurable indicators, showing the positive impact on planning and delivery, while monitoring for any unintended consequences.

Looking ahead, we would welcome more detail on techniques—such as impact improvement plans—being used to support early identification of sub-optimal performance, as referenced within the framework.

One area that could significantly strengthen future submissions is demonstrating alignment between your transformation programme and performance priorities. While we recognise the valuable work underway through your VBHC team in areas such as diabetes - providing clear evidence of how this programme links to the Cabinet Secretary's delivery expectations within the Planning Framework would showcase strategic coherence and impact of activity.

I note that the organisation's assessment highlights "concerns about excessive bureaucracy and reporting burden" and "accountability structures exist but need to be clarified" – We recognise that reporting can feel burdensome, particularly when organisations are under pressure to deliver. However, it is important that reporting arrangements are regarded as enablers. Effective reporting creates a shared understanding of priorities, risks, progress, and constraints. This supports early identification of issues, strengthens decision-making, and helps demonstrate

impact and value.

8. Measurable and Improving Performance	
HDUHB Self-Assessed Level	**2**

We agree that your organisation's analysis and scoring accurately reflects the health board's position in relation to this domain.

We agree with your assessment that the overall performance is improving across many areas, but further progress is still required. The development of SMART objectives is key to progress under this domain. We noted some discussion around the health board's key consideration describing performance as "not yet consistently measurable" rather than "reliant on measures." Providing greater clarity on this distinction in future submissions would help strengthen understanding.

We also recognise that there are areas where service delivery is not yet fully aligned with performance trajectories. Clearly evidencing the actions being taken to address these gaps will further enhance future submissions and demonstrate the health board's commitment to continuous improvement.

One development that offers significant potential is the Clinical Services Plan (CSP). The health board is well advanced in its CSP development, and there was agreement that successful delivery of this plan will play a key role in aligning service delivery with service sustainability and support the achievement of performance trajectories. We look forward to seeing the positive impact of this work once implemented.

9. Assurance	
HDUHB Self-Assessed Level	**3**

We were in some agreement with the health board's score of 3, however it was felt that some aspects of the evidence provided may have been more aligned to a score of 2. Therefore, the health board may wish to reflect on this in future submissions.

It is clear that robust assurance processes are in place and have successfully supported the organisation in navigating a challenging landscape to date. To strengthen future submissions, it would be helpful to provide clearer evidence of how these processes are tested and validated for effectiveness. This would showcase the health board's commitment to continuous improvement and transparency.

We also noted instances where clinicians have spoken publicly about service issues, which may indicate the need to further enhance assurance and engagement loops—particularly around clinical elements. Strengthening these connections will help reinforce confidence and collaboration across the organisation.

We recognise from the key considerations—and from our own knowledge—that the health board is prepared to address difficult challenges. Looking ahead, strong decision-making will be critical, particularly in relation to closing the financial gap and delivering the Clinical Services Plan. These areas represent important opportunities to demonstrate leadership and progress as part of future planning.

As I have already mentioned, this process is ultimately about self-reflection, to support development and improvement. As discussed during the recent self-assessment review with your team, while the completion of key products such as your strategy and Clinical Services Plan remains important, the primary focus of your identified actions should be on strengthening the underpinning planning capability and capacity within the organisation. This includes enhancing planning processes and engagement; clearly articulating the approach and ensuring it is supported by defined timelines, accountable owners, and measurable impacts.

We will continue to monitor progress on these actions and their impact through our scheduled touchpoint meetings. I would be grateful to receive your refined actions, reflecting the feedback that has been provided, at the earliest opportunity.

I hope that you find this feedback helpful. It is encouraging to see the progress being made by the health board in its planning maturity journey. Our feedback is intended to be constructive and supportive, helping to further develop planning capacity and capability across the organisation as well as strengthen future submissions. We would be very happy to offer an informal conversation to explore the process, scoring, and feedback with you during the monthly planning touchpoint meetings.

Yours sincerely



Samia Edmonds MBE
Director of Strategic Planning
Health, Social Care and Early Years Group
Welsh Government and NHS Wales

Strategy and Planning Maturity Matrix

Independent Self-Assessment: Microsoft Forms Design and Build Specification

Hywel Dda University Health Board

Prepared for the Planning Steering Group and Executive Team | June 2026 | Version 1.0 (draft for agreement)

In one paragraph. This specification sets out a proportionate way to assess the Health Board's planning maturity against the revised NHS Wales matrix (September 2025), using a short Microsoft Forms questionnaire that members of the Planning Steering Group, the Executive Team and wider planning contributors complete independently. It scores all twenty-four themes across the six domains, separates independent scoring from group discussion to reduce group-think, and produces the evidence base for the Board-approved annual return to Welsh Government. Sections 1 to 6 explain the design. Section 7 is the build sheet to hand to whoever sets up the form. Sections 8 to 11 cover analysis, aggregation, the route to Board approval, and the fit with Welsh Government's expectations.

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1. Purpose and how to use this document
2. Design principles
3. Recommended Microsoft Forms structure
4. Introductory wording for respondents
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7. The question bank (build sheet)
8. Collation and analysis
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10. From individual responses to a Board-agreed submission
11. How this meets Welsh Government's expectations

Appendix: build checklist for the form administrator

1. Purpose and how to use this document

This document does two things. It sets out a proportionate method for assessing how mature the Health Board's planning is, and it gives the person building the form the exact questions to enter into Microsoft Forms. The design is deliberately score-led: the primary objective is an independent, evidence-informed maturity score for each theme, with narrative and evidence collected only where they explain or substantiate that score.

The revised NHS Wales Strategy and Planning Maturity Matrix carries six domains and twenty-four themes. Welsh Government uses the self-assessment as the evidence behind one of its de-escalation criteria, namely its confidence in delivery as assessed by the planning maturity matrix. The return must be approved by the Board. The matrix is therefore not a paperwork exercise. It is the instrument through which the organisation demonstrates that it understands its own planning capability and is acting on it.

The approach here asks individuals to score in their own time, without a workshop or a group scoring session. Independent first, discussion second. That order matters. Scoring alone reduces group-think and the pull of the most senior voice in the room, it surfaces honest variation, and it gives the later validation discussion something real to work with rather than a number the group has already talked itself into.

How to use it

- **Sections 1 to 6** explain the design and the choices behind it.
- **Section 7** is the build sheet. Hand it to whoever sets up the form and they can enter it directly, theme by theme.
- **Sections 8 to 11** cover collation and analysis, aggregation options, the route from individual responses to a Board-approved submission, and how the approach meets Welsh Government's expectations.

One rule governs everything that follows: the form must be quick to complete. Senior diaries are limited. A form that is too long or too narrative-heavy will not be finished, and an unfinished form gives a weaker evidence base than a short one that everyone completes. Every design choice below is made to protect completion.

2. Design principles

Seven principles shape the form.

Score the themes, not just the domains. Six domain scores would hide more than they reveal. Twenty-four theme scores show where strength and weakness actually sit, and where colleagues genuinely disagree. This is the more credible and more useful basis for an annual submission.

Independent completion. Each person scores alone, before any group conversation. There is no shared spreadsheet and no live group scoring. This is the single most effective guard against group-think and against anchoring on a senior judgement.

Score-led, not narrative-led. The mandatory content is a number and a confidence rating. Narrative is invited only where it explains the score. We are collecting judgement and the reason for it, not an essay.

Confidence travels with the score. A 3 held with high confidence and a 3 held with low confidence mean different things. Capturing confidence lets the organisation tell a settled score from a contested one, and tells the validation discussion where to look.

Anonymous by category. The form records the respondent's category, not their name. People score more honestly when the score is not attributed to them. Category still allows the one comparison that matters for accountability: the Executive Team against the wider group.

Honest about reach. No one sees every part of planning. Each scoring question offers an option to record that the respondent cannot assess the theme, so people skip rather than guess. A guessed score is noise. An honest gap is information.

Proportionate evidence. Evidence is uploaded only where it substantiates a score that may sit apart from others. The full evidence base for the submission is assembled later, at validation, against the agreed scores. It is not crowd-sourced through the form.

3. Recommended Microsoft Forms structure

One form, organised into sections. Microsoft Forms supports sections, which keeps each domain on its own page and lets respondents see how far they have to go. The form opens with a welcome and a single question about the respondent's category, then works through the six domains in turn, and closes with an optional comment.

Form settings

- **Responses anonymous.** If the form is issued on the setting that allows only people in the organisation to respond, turn off "Record name" so responses cannot be attributed. If it is issued on the setting that allows anyone with the link to respond, it is anonymous by default. Either way, the category question does the work a name would otherwise do, without the chilling effect.
- **One response per person** where the chosen link allows it, to avoid duplicates, and the progress bar switched on so respondents can pace themselves.
- **No branching required.** Everyone passes through all six domains. The "Not able to assess" option handles relevance without the complexity of branching.

Section map

Section	What it contains	Questions
Welcome and instructions	Introductory wording (Section 4 of this document). No questions.	0
About you	Respondent category (anonymous).	1
Domain A to Domain F	One section per domain. Each theme is presented as a four-question block, followed by a single prioritisation question for the domain.	see below
Close	One optional open comment, then submit.	1

Volume and completion time

Twenty-four themes, distributed as eight in Domain A, four in Domain B, and three in each of Domains C to F. Each theme carries two mandatory clicks (a score and a confidence rating) and two optional items (a short reason and an evidence upload). Each domain adds one mandatory prioritisation question.

Item	Count	Mandatory?
Respondent category	1	Yes
Theme score (1 to 5, or Not able to assess)	24	Yes
Theme confidence rating	24	Yes
Domain prioritisation question	6	Yes
Theme reason (around 500 characters)	up to 24	Optional
Theme evidence upload	up to 24	Optional

Expected completion time is around 15 to 25 minutes for a respondent who scores and moves on, longer only where they choose to write reasons or attach evidence. This estimate assumes single-click scoring with selective narrative. Respondents are told they may score only the domains they can speak to. An operational service lead is not expected to score horizon scanning, and should not feel obliged to.

4. Introductory wording for respondents

The text below is written to be pasted into the form's opening description. It is deliberately plain, so that a clinical lead, a corporate colleague and an operational manager all read it the same way. It can be used as it stands.

> Thank you for taking part in this assessment. It asks for your independent view of how mature the Health Board's planning is today, judged against the NHS Wales Strategy and Planning Maturity Matrix. Your scores, alongside those of your colleagues, form the evidence base for the Board-approved return we make each year to Welsh Government.
>
> Please complete it on your own, before discussing your scores with anyone else. We are collecting independent views by design. Where we agree, that is assurance. Where we differ, that is exactly what the follow-up discussion needs to see.
>
> It takes around 15 to 20 minutes. For each theme you give a maturity score from 1 to 5 and say how confident you are in it. A short reason is welcome but optional. You only need to attach evidence if you believe your score needs substantiating, for example where it may sit some way from the likely consensus.
>
> **The five levels are:** 1 Basic Level, the principle is accepted and there is commitment to act; 2 Early Progress, early development is under way; 3 Results, initial achievements are in place; 4 Maturity, results are achieved consistently; 5 Exemplar, others are learning from our consistent achievements.
>
> Score the level the organisation can currently evidence, not where we aspire to be and not a single best example. If a theme sits outside your line of sight, please choose "Not able to assess". A considered gap is more useful to us than a guess.
>
> We record the type of role you hold, not your name. Please answer as openly as you can.
>
> This takes a little focus, but it gives the Board and Welsh Government an honest picture of where our planning is strong and where it needs to develop. Thank you.

Respondent category question

Question (required, single choice): "Which best describes your main role in relation to planning?"

Options: Executive Team / Planning Team / Clinical Care Group / Corporate Directorate / Operational Service / Other.

5. Scoring and confidence: the approach

Every theme is scored on the same five-level scale, taken directly from the matrix. The scale is progressive, so a respondent records the highest level the organisation can currently evidence.

Level	What it means
1 Basic Level	Principle accepted and commitment to action
2 Early Progress	Early progress in development
3 Results	Initial achievements

Level	What it means
4 Maturity	Results consistently achieved
5 Exemplar	Others learning from our consistent achievements

Choosing a level. Score what can be evidenced now, not the ambition and not the best single example. Where the evidence sits across two levels, choose the lower unless the higher is clearly the better description of the balance. This mirrors the Welsh Government guidance, which asks for evidence at one level of each theme and a judgement based on where the balance of evidence lies.

Not able to assess. This option is provided on every score question and is excluded from the averages. It keeps the data honest and stops the form punishing people for the limits of their role.

Confidence. Each score is accompanied by a mandatory confidence rating of High, Moderate or Low. Confidence is not a second score. It qualifies the first. High signals clear sight of the area and clear evidence; Moderate signals reasonable sight with some gaps; Low signals limited sight or mixed signals. Capturing it lets the organisation separate a contested 3 from a settled one, and tells the validation discussion which scores to test against evidence before they are trusted.

6. Comments and evidence: mandatory or optional

The score and the confidence rating are mandatory. The reason and the evidence are optional, by design.

Why the reason is optional and short. A guide of around 500 characters, roughly eighty words, keeps the reason to its main point. Make it mandatory and two things happen at once: completion falls, and people write to fill the box rather than to inform. Optional and short gets the reasons that matter without taxing the people whose time is scarcest. The question sits directly under each score and reads: "What is the main reason for your score?"

Why evidence is optional and targeted. The form is not the place to assemble the whole evidence file. Ask for an upload only where a respondent thinks their score may differ materially from others and wants to substantiate it. This keeps the form light and puts the right evidence next to the contested scores, which is where it earns its place. The full evidence base for the submission is built afterwards, at validation, against the agreed scores.

Item	Status	Why
Respondent category	**Mandatory**	Enables the Executive Team to be compared with the wider group.
Maturity score (1 to 5, or Not able to assess)	**Mandatory**	The core output of the exercise.
Confidence rating	**Mandatory**	Distinguishes settled scores from contested ones.
Reason (around 500 characters)	Optional	Explains the score where it helps. Capped to keep it to the point.
Evidence upload	Optional	Substantiates a score that may diverge materially from others.
Domain prioritisation	**Mandatory**	Identifies where improvement is most needed in each domain.

7. The question bank (build sheet)

This is the section to hand to whoever builds the form. The four-question block below is entered once for every theme. The only thing that changes from theme to theme is the theme name and the descriptor text, both given in the domain tables that follow. At the end of each domain, add the single prioritisation question shown beneath its table.

7.1 The repeating question block (entered once per theme)

Order	Question and settings
1. Score	**Type:** Choice, single answer. Required. **Title:** "[Theme name]: what maturity level can the Health Board currently evidence?" **Subtitle:** paste the five level descriptors for this theme from the domain table below. **Options:** 1 Basic Level / 2 Early Progress / 3 Results / 4 Maturity / 5 Exemplar / Not able to assess
2. Confidence	**Type:** Choice, single answer. Required. **Title:** "How confident are you in this score?" **Options:** High confidence / Moderate confidence / Low confidence.
3. Reason (optional)	**Type:** Text, long answer toggled on. Not required. **Title:** "What is the main reason for your score?" **Note:** Forms has no native character cap on text. State the guide of around 500 characters in the subtitle.
4. Evidence (optional)	**Type:** File upload, single file, limit 10MB. Not required. **Title:** "If your score may differ materially from others and you want to substantiate it, attach brief evidence here."

A practical caveat on evidence and anonymity. Microsoft Forms only allows file uploads when the form is restricted to the organisation, and uploaded files are stored in the form owner's OneDrive with the uploader's identity attached. A file upload is therefore not anonymous, even when the scores are. There are two clean options. Either accept that evidence is attributable while scores stay anonymous, which is reasonable because evidence usually needs an owner anyway, and tell respondents so in the question. Or replace the upload with a short text box, "Which document or source supports your score?", which keeps the form fully anonymous and still points the validation discussion to the right place. The recommendation is the first option, with a clear line to respondents.

Domain A: Strategy Development / Clarity of Purpose, Vision and Strategy

Evidence of a clear purpose, vision and strategy for the organisation. Responds to national, regional, local and partnership priorities, and the wider determinants of health. Translates national policies into local strategy, planning, and delivery.

Theme	1 Basic Level	2 Early Progress	3 Results	4 Maturity	5 Exemplar
Strategy & Plan	No CSS or delivery plan in place but strategic framework for its development in development.	Draft CSS developed or in development.	Agreed CSS and development of a co-designed clinical services plan underway, with evidence of strong clinical, stakeholder and public engagement throughout. A patient led approach is evident.	Approved CSS and CSP. Implementation underway. Organisation actively identifies risks and opportunities, outcomes are regularly monitored, and planning is informed by data, horizon scanning, and cross-functional collaboration.	The organisation has a fully implemented CSS and CSP that is continuously refined using real-time data and predictive insights. Regular strategic reviews (at least twice annually) are in place that enable flexible adjustments in response to emerging trends and priorities, in-year performance, and long-term opportunities. Strategic planning is agile, outcome-focused, and aligned with system-wide priorities, to maximise opportunities driving measurable improvements in performance and population health.
Vision & Purpose	Organisation is developing its vision and purpose. Clear outcomes are not yet defined.	Vision and purpose, scope and methodology agreed with clear commitment and leadership at a Board and strategy programme level. Clear outcomes are in development.	Organisational vision and purpose with defined outcomes are affirmed in public and internal documents. Organisation demonstrates proactive leadership at Executive and Board level.	Annual Board discussion takes place on organisational vision and purpose ensuring alignment with CSS and enabling plans, intended outcomes and the identification of risks/issues.	Have regular board debate, at least twice annually, on organisational vision and purpose, ensuring alignment with organisational actions, CSS, outcomes and performance and how in-year achievements, issues or opportunities impact on this. Organisation is able to flexibly adjust its CSS to maximise opportunities and remain responsive, outcome-focused, and future-ready.
Alignment of National Policy and All-Level partnership priorities	National policies and national, regional, local and partnership priorities are understood but are not yet translated into organisational strategies and plans.	National policies and national, regional and local priorities have been translated into strategic intent and agreed with stakeholders. WBFG Act and AHW are apparent and embedded in the agreed approach.	Organisational strategies and plans reflect national policies and national, regional and local health and partnership priorities. WBFG Act and AHW principles and integrated throughout.	Strategies and plans are regularly reviewed. They are aligned and responsive to national policy and legislation, and national/regional/local partnership priorities with clear links to the Regional Partnership Board and Public Service Boards.	Strategies and plans are regularly and proactively reviewed and aligned to emerging national policy and legislation, and local, regional and national partnership priorities. RPB's and PSB's are regularly engaged and involved in process. CSS outcomes demonstrate a contribution to the wider local economy, improved health and well-being and operational effectiveness.
Key Enablers	Key enablers, such as quality, safety, workforce, finance, digital technology, and research, are identified but not yet aligned to	Key enablers are identified, with plans underway to align them with the organisations overarching CSS. Quality	Key enablers are fully aligned with strategic objectives. Their potential is well understood and actively explored to support	Key enablers underpin the development and delivery of the CSS and CSP. Opportunities linked to enablers are translated	Key enablers are embedded across all strategic functions and are delivering measurable improvements and are

Theme	1 Basic Level	2 Early Progress	3 Results	4 Maturity	5 Exemplar
	strategic planning. Their role in enabling delivery is recognised but not actively managed or coordinated.	expectations are defined, and initial steps taken to coordinate enabler contributions across programmes.	delivery. Quality expectations are clearly defined and embedded in planning processes, with enablers contributing to strategic coherence.	into actionable deliverables. Quality is integrated throughout the key enabling strategies and plans driving performance and improvement.	considered best practice. Their impact is tracked through performance metrics, and they are continuously optimised to support innovation, agility, and system-wide transformation. Quality is not only integrated but drives strategic refinement and outcome achievement.
Engagement in Development	The duties of the Health and Social Care (Quality and Engagement) (Wales) Act (the Act) are identified as integral to the development and implementation of the CSS.	Engagement plans are in place to support the development of CSS.	Engagement plans are agreed and reflect strong clinical leadership. Plans meet the requirements of the Act	Plans are being implemented effectively with robust processes in place to capture diverse voices (internal and external) with strong clinical leadership, and where appropriate and necessary, offers opportunities for stakeholder involvement in shaping the development of CSS.	Organisation operates best practice and continuous engagement with both internal and external stakeholders, exemplifying the values seen in the quality and engagement act, ensuring voices from all communities are heard and reflected in the annual review of the CSS.
Population Health Needs Assessment	Plans are in place to undertake a population health needs assessment.	A basic high level population health needs assessment has taken place and is being used to shape the CSS.	CSS and CSP development is informed by population and health needs assessments and incorporates the wider determinants of health.	There is a single, detailed and regularly updated population health needs assessment in place. Strategies are updated regularly to clearly reflect the outcome of the assessment.	Population health needs assessment is recognised as best practice and is recognised and used by partner organisations (such as PSB and RPB) to form a common and shared understanding. CSS/CSP is regularly tested against current, emerging, and future population health needs.
Priorities & Achievability	The organisation does not have a prioritisation methodology or a recorded list of priorities. Planning is reactive and lacks strategic direction.	The organisation has an approved prioritisation framework related to population health needs assessment and has basic understanding of its priorities but is not yet reflected in plans. health needs.	A prioritisation framework is fully implemented. Priorities are recorded and aligned to population health needs assessments and Cabinet Secretary expectations. Early progress is made to reflect priorities in plans, with initial monitoring arrangements in place.	The organisation has a published, best-practice prioritisation methodology. It is fully aligned to population health needs and Cabinet Secretary expectations. Prioritised services are proactively reviewed and updated, with robust monitoring and governance of decisions embedded in planning cycles.	Prioritisation is embedded across all planning and decision-making processes. The methodology is sector-leading based on the outcome of the population health needs assessment and Cabinet Secretary's expectations. It is co-produced with stakeholders, and continuously refined through evidence, evaluation, and engagement. Priorities are transparently linked to outcomes, resource allocation, and national policy, with real-time monitoring and adaptive planning in place.
Horizon Scanning	Horizon scanning is infrequent and informal, with no structured process or discussion at Executive or Board level. Strategic planning is reactive,	Annual horizon scanning is conducted to identify key risks and opportunities. Findings begin to inform strategic thinking, but integration into	Horizon scanning is carried out regularly and used to test and validate strategic plans against future trends and risks. Insights are reviewed annually and inform planning cycles, with	Horizon scanning is embedded into strategic planning and governance processes. Findings are discussed at Board level annually, and strategies are actively validated and adjusted	Horizon scanning is systematic, forward-looking, and published. It informs biannual Board-level strategic discussions and enables flexible, data-driven adjustments to CSS. Insights are

Theme	1 Basic Level	2 Early Progress	3 Results	4 Maturity	5 Exemplar
	lacking foresight into emerging risks, trends, or opportunities.	planning and governance remains limited.	growing Board-level engagement.	based on emerging insights. The organisation uses structured methods to anticipate change and mitigate risk.	used to anticipate future scenarios, align with system-wide priorities, and ensure the organisation remains agile, resilient, and future-ready.

Prioritisation question for this domain (required, single choice). "Which single theme in Domain A requires the greatest improvement over the next 12 months?"

Options: Strategy & Plan / Vision & Purpose / Alignment of National Policy and All-Level partnership priorities / Key Enablers / Engagement in Development / Population Health Needs Assessment / Priorities & Achievability / Horizon Scanning

Domain B: Strategy Alignment and Development of an IMTP

Evidence of alignment of strategy with components of the plan.

Theme	1 Basic Level	2 Early Progress	3 Results	4 Maturity	5 Exemplar
IMTP Development	Organisation has an annual plan which responds to some but not all elements of planning framework and cannot provide a financially balanced plan over 3 years.	Organisation has an approved IMTP that aligns with the core elements of the planning framework. The plan demonstrates a structured approach to strategic priorities and is informed by baseline data. It includes initial consideration of risks, outcomes, and resource requirements.	IMTP meets almost all policy expectations and is tailored to deliver clear service transformation aligned with an agreed CSP and reflects a shift from operational delivery to strategic impact. Growing maturity in linking planning to measurable impact, return on investment, and strategic priorities. Risks are clearly identified, with evidence of controls and early mitigation strategies.	The IMTP meets all policy expectations and is consistently delivering against the quadruple aim and is embedded across the organisation and transforming services through the CSP. Risks across quality, access, workforce, and finance are actively managed with evidence of controls and mitigation and demonstrates clear alignment between planning, performance, and transformation.	The IMTP exceeds all national policy expectations. It is recognised as a benchmark for excellence, driving system-wide transformation and delivering sustained impact across the quadruple aim. The plan is co-produced, future-focused, and underpinned by robust evidence, innovation, and adaptive governance. It demonstrates clear and advanced triangulation, delivery timelines and milestones, and integrated risks and mitigation.
Alignment between Clinical Services Strategy and Plan and the IMTP or Annual Plan	Some alignment is visible between the annual plan and CSS with the organisation planning on a continuous annual cycle.	Alignment is clear and coherent between the IMTP and CSS with the organisation planning on a continuous annual cycle.	The IMTP is tailored to deliver clear service transformation in line with an agreed Clinical Services Plan. Plans are directly linked to quality, performance and accountability and informed by detailed and future facing modelling.	Coherent aligned plans, including a commissioning plan are performance managed, with staff owning, adapting, acting on and learning from variation.	Planning is owned by all staff and fully integrated and aligned across organisational tiers and system partners. There is a clear golden thread between local, national and regional strategies and partnerships with dynamic alignment to the CSS and Plan, IMTP, commissioning intentions, resulting from horizon scanning results, detailed population health needs assessment and enabling strategies (e.g. workforce, digital, estates).
Triangulation of Services	Basic high-level triangulation is taking place between services, activity, workforce and finance.	Clear triangulation between services, activity workforce and finance.	Detailed triangulation between services, activity workforce and finance at service level.	Clear detailed and robust triangulation and analysis of activity, workforce and finance which considers other holistic requirements such as training and working regionally.	Triangulation is system-wide, predictive, and continuously refined through real-time data and advanced analytics. It informs strategic decision-making, resource optimisation, and service redesign across organisational boundaries. The organisation demonstrates a proactive approach to managing interdependencies, future workforce needs, financial sustainability, and service demand, with clear links to population health, regional collaboration, and innovation.
Commissioning	The Board sets out high level commissioning intentions primarily focused on statutory requirements and broad service	The organisation has an approved and operational commissioning process. Intentions begin to reflect service	Commissioning decisions are prioritised based on service need, population health data, and performance metrics. The	The organisation has a clear, transparent commissioning plan that includes a transparent prioritisation framework and	Commissioning is strategically embedded across the organisation and system, with clear alignment to the population

Theme	1 Basic Level	2 Early Progress	3 Results	4 Maturity	5 Exemplar
	categories. Commissioning is reactive, with limited strategic alignment or stakeholder engagement.	priorities and are informed by basic population health data and stakeholder input.	impact of commissioned and supporting organisations is actively considered.	actions for both commissioning and decommissioning ensuring risk to patients are minimised. Decisions are evidence-based, responsive to changing needs and communicated effectively to stakeholders.	health needs assessment, clinical priorities, and service transformation goals. The process is co-produced with stakeholders with a clear and transparent prioritisation framework, underpinned by robust evidence, and includes pro-active decommissioning where appropriate with detailed communication strategies. Commissioning decisions are transparent, equitable, and continuously evaluated for impact on quality, access, and outcomes.

Prioritisation question for this domain (required, single choice). "Which single theme in Domain B requires the greatest improvement over the next 12 months?"
Options: IMTP Development / Alignment between Clinical Services Strategy and Plan and the IMTP or Annual Plan / Triangulation of Services / Commissioning

Domain C: Dynamic and Engaged Planning

Reflecting a dynamic, engaged and ongoing approach to planning. Process is positively influencing outcomes. Organisation identifies fragile services and has plans in place to address / mitigate risks and proposals in place for more robust service models e.g. via regional solutions, consolidation of services etc.

Theme	1 Basic Level	2 Early Progress	3 Results	4 Maturity	5 Exemplar
Stakeholder Engagement	Staff and partners are aware of CSS/CSP and there is a public commitment in place to undertake stakeholder engagement.	Organisational engagement is evident in practice and reflected in the CSS/CSP. Broad engagement to inform Equality Impact Assessments and Socio-Economic Duty Assessments.	Stakeholders are engaged in and co-design priority setting using the 'engagement cycle' model and a person-centred approach. Staff engagement at an organisation level is increasing.	Full and proactive continuous engagement including diverse communities which informs, owns and tests all impact assessments. Feedback from engagement activities influences and challenges the plan. Planning is also embedded and co-ordinated throughout the organisation.	Internal continuous engagement sees a fully engaged and informed workforce who are able to co-produce. Feedback and learning from continuous engagement activities including protected characteristic groups and socio-economic disadvantaged groups informs local priority setting and the development of the CSS/CSP.
Service Delivery Risk and Issue Management Approach	Organisation has a service risk management approach in place, but it has not been fully adopted across all areas.	Organisation has service risk management approach embedded across all areas of the organisation and has robust plans in place to address / mitigate risks	A risk management approach is evident and consistent across organisation. The organisation stop fragile services are identified.	The risk management approach enables the early identification of fragile or soon to be fragile services allowing for early intervention to ensure service sustainability. Organisation sees less urgent service changes.	Potential fragile services identified early and robust risk management across organisation pre-emptively responding to emerging service risks and the organisation is able to flexibly adjust plan. The Board are informed and regularly updated on fragile services and organisation rarely sees urgent service changes.
Service Model / Regional Design	Organisation has no route, or route is ineffective to discuss potential opportunities or joint risks. Regional collaboration is minimal, ad hoc, and lacks strategic intent.	Strengthened partnership working arrangements are in place. A methodology for working together is developed, with early efforts to align priorities and build trust.	Opportunities for regional working and shared solutions are identified and developed collaboratively. Planning is increasingly aligned across organisations, with joint priorities and resource sharing.	Agreed proposals for robust regional service models (e.g. consolidation, shared services) are in place and delivery is underway. Governance structures support joint accountability and performance management.	Regional collaboration is fully embedded, strategically led, and continuously evolving. The organisation is a proactive system leader, driving the development, implementation, and optimisation of shared service models and regional solutions. Collaboration is underpinned by co-produced strategies, shared governance, and dynamic intelligence. The organisation anticipates future needs, fosters innovation, and delivers measurable improvements in equity, efficiency, and outcomes across the region.

Prioritisation question for this domain (required, single choice). "Which single theme in Domain C requires the greatest improvement over the next 12 months?"
Options: Stakeholder Engagement / Service Delivery Risk and Issue Management Approach / Service Model / Regional Design

Domain D: Operational Planning

Evidence of demand and capacity planning, linking to triangulation of operational plans, workforce and finance. Embedding a culture of reducing unwarranted variation, improved performance and outcomes end evaluation of improvements

Theme	1 Basic Level	2 Early Progress	3 Results	4 Maturity	5 Exemplar
Demand & Capacity Modelling	Basic demand and capacity work is undertaken and contains an appropriate level of detail to support service delivery	Demand and capacity planning undertaken at speciality level to support the design of current and future services. Data is more structured and used to inform service-level decisions	Robust and profiled projections of demand and capacity are used to inform the development of individual service plans, the Clinical Services Plan, and the IMTP. Planning is increasingly data-driven and cross-functional.	The organisation uses detailed and advanced modelling capability to support strategic planning. Demand and capacity modelling is embedded in the IMTP and informs transformation, workforce, and financial planning. Predictive analytics and AI tools support long-term planning.	Demand and capacity modelling including modelling projections is at the core of planning processes across the organisation. Predictive analytics and AI tools support long-term planning. Modelling triangulates resources, staff, finance and activity. It is able to undertake modelling at all levels of prevention and illustrates scenarios for improvement for the IMTP.
Clinical Leadership & Input	Clinical leads are identified and their roles are defined. Engagement is limited to basic consultation or information sharing	Clinical leads begin to inform service planning and contribute to performance improvement discussions. Their input is considered but not yet central.	Clinical leads are embedded early in the planning cycle to ensure that service design is clinically credible and patient-centred. Clinical leads co-produce plans and provide leadership in development processes. Their involvement is structured and increasingly strategic.	Clinical leadership is embedded in operational planning. Clinical teams actively shape service direction in alignment contributing to future direction services in line with clinical services plan.	Clinical leadership sits at the heart of planning and performance with a strong focus on quality and improvement. Clinical leaders co-produce plans and drive the future direction of plans through developing a culture of quality, innovation, and continuous improvement, fostering deep engagement and ownership across clinical teams.
Planning Process	Organisation has basic operational plans and planning process in place.	Operational plans are regularly reviewed and remedial action undertaken.	Operational plans have robust triangulation and modelling of plans based on a clear and consistent approach to demand and capacity modelling across the organisation	Coherent aligned and triangulated plans with clear links to CSS and CSP, including, with staff owning, adapting, acting on and learning from variation and inequity.	Operational plans are fully aligned and integrated into the development of IMTP and CSP. Staff own the process and act on opportunities and learning to improve holistic service provision and patient experience.

Prioritisation question for this domain (required, single choice). "Which single theme in Domain D requires the greatest improvement over the next 12 months?"
Options: Demand & Capacity Modelling / Clinical Leadership & Input / Planning Process

Domain E: Best Practice Approach to Improvement

Ambition to deliver best practice levels of equity, efficiency, effectiveness, quality and safety.

Theme	1 Basic Level	2 Early Progress	3 Results	4 Maturity	5 Exemplar
Engagement	Engagement is minimal and reactive. Feedback is collected from patients and staff, but there is no structured approach to measuring the effectiveness of engagement activities or approach. Insights are rarely used to inform decision-making.	The organisation has a visible commitment to best practice, supported by training and an improvement strategy. Engagement with national programmes is active, and structured methods for collecting feedback and measuring impact are in place, though not yet fully embedded.	Organisation is developing an engagement strategy/plan and is proactive in identifying and learning from best practice in engagement to ensure voices are captured from all stakeholders especially clinical, minority and diverse voices.	Engagement is embedded across all organisational activities, planned and unplanned. The engagement strategy ensures robust inclusion of diverse and clinical voices, supported by strong data collection and analysis. Feedback directly informs action, driving continuous improvement.	Stakeholder engagement is transformational, co-designed and co-led by patients, staff, and communities. Real-time feedback tools enable adaptive responses, while inclusive practices ensure diverse voices shape decisions. The organisation is nationally recognised for its leadership in engagement, with a clear link between stakeholder input and measurable improvements
Benchmarking	Organisation is beginning to explore value-based healthcare principles, but planning remains reactive and output-focused. Benchmarking is ad hoc, with limited structure or consistency. There is minimal understanding of how comparative data can drive improvement, and benchmarking is not yet linked to strategic goals.	Value-based planning is gaining traction, and regular benchmarking is conducted with other NHS organisations. The organisation begins to use structured benchmarking methods to identify best practice, though application is inconsistent. Staff awareness is growing, and benchmarking is starting to inform service reviews and improvement discussions.	Benchmarking processes are formalised, consistently applied, and span across Wales and the UK. The organisation uses comparative data to identify performance gaps and inform strategic planning. Benchmarking is aligned with value-based healthcare principles, and results are used to prioritise improvement initiatives. Staff are engaged in interpreting data and applying insights to their areas.	Benchmarking is fully integrated into planning and performance cycles. Staff across the organisation actively lead benchmarking and improvement initiatives, using data to drive decisions and measure impact. There is a strong culture of ownership and continuous learning. Benchmarking includes qualitative and quantitative measures, peer comparisons, and outcome-focused metrics aligned with patient value. Insights are shared across teams and used to scale best practice.	Demonstrates full integration of benchmarking and value-based planning across strategic, operational, and clinical areas. Advanced analytics, including predictive and real-time data, drive proactive improvements and innovation. Recognised as a leader in the NHS, the organisation shapes best practice while fostering a culture where staff lead continuous improvement and scalable innovation.
Governance	Governance arrangements are informal, fragmented, or unclear. Oversight of IMTP development is minimal, with limited accountability, transparency, or alignment to strategic priorities. There is no structured process for risk management, stakeholder involvement, or performance monitoring.	A governance structure has been established to provide direction and oversight for IMTP development. Roles and responsibilities are defined, and basic reporting mechanisms are in place. There is growing awareness of the need for structured governance, but integration with programme-level planning and delivery is still emerging.	A formal governance and accountability framework is in place for IMTP development and monitoring at programme level. IMTP and CSS/CSP governance is aligned with strategic objectives, includes defined escalation routes, and supports performance tracking. IMTP Governance is periodically tested for improvements.	Governance is embedded across the organisation, with a mature CSS and oversight mechanisms that are reviewed annually for relevance and effectiveness. IMTP and CSS/CSP governance structures support cross-functional collaboration, robust data use, and continuous improvement. Governance is constantly and pro-actively tested for improvements.	Governance is fully integrated, agile, and strategically aligned across all levels. Oversight of the IMTP, CSS and CSP is co-produced with clinical leaders and stakeholders, supported by real-time data, predictive analytics, and dynamic risk intelligence. IMTP/CSS/CSP governance structures are benchmarked against national best practice, continuously refined, and used to drive innovation, accountability, and system-wide impact. Decision-making is transparent, inclusive, and outcome-focused.

Prioritisation question for this domain (required, single choice). "Which single theme in Domain E requires the greatest improvement over the next 12 months?"

Options: Engagement / Benchmarking / Governance

Domain F: Realistic and Deliverable

Sensitivity analyses, risk assessment of deliverability, reference to track record of delivery. Sustainable and affordable.

Theme	1 Basic Level	2 Early Progress	3 Results	4 Maturity	5 Exemplar
Risk Identification & Management	Risk identification and management are inconsistent and reactive. Risks to IMTP delivery are not systematically captured or monitored. There is limited ownership or visibility of delivery risks.	A formal risk management process exists and is applied to IMTP delivery at a high level. Risks are identified at the planning stage and tracked through basic registers and reviewed periodically. Ownership is clearer, but integration with delivery assurance is limited. Escalation processes in place but not always followed.	Risk identification and management are embedded in IMTP development and delivery processes. Risks are identified early and linked to specific objectives, milestones, and outcomes. Controls are monitored, and mitigation actions are tracked. Risk registers are dynamic and inform delivery with clear ownership.	Risk management is proactive, strategic, and forward-looking with an agreed and clear risk appetite. Risks are anticipated and identified through horizon scanning, sensitivity analysis and scenario planning. The organisation adapts delivery plans in response to emerging risks with regular reviews. Lessons learnt informs future IMTP cycles.	Risk management is fully embedded across the organisation and system partners and is triangulated across workforce, finance, digital and clinical lenses. It is predictive, real-time, and continuously informs IMTP delivery through live dashboards and predictive analysis. The organisation leads in using risk intelligence to drive improvement, resilience, and transformation. The organisation operates continuous learning and is recognised for excellence in risk-informed delivery assurance.
Development of IMTP and track record	The organisation has a track record of submitting annual plans that do not meet the requirements of the planning framework, Cabinet Secretary expectations or provide a financially balanced plan over 3 years. Planning is largely operational and short-term, with limited strategic integration and has limited clinical or financial planning alignment and limited stakeholder engagement.	The organisation consistently develops robust annual plans that build assurance as a key step toward an approvable IMTP. Plans begin to reflect medium term priorities, include a finance and delivery framework, and show early signs of strategic alignment including financial forecasts and delivery milestones.	The organisation has developed an approvable, outcomes-focused IMTP that reflects strategic priorities, enabling plans and clinical service plans. A robust 3-year sustainable financial plan is included, with clear links to service transformation (with milestones and timelines) with clearly articulated risks and mitigations.	The organisation has a history of submitting high quality IMTP's that are strategically integrated and includes a comprehensive delivery and assurance framework. It demonstrates alignment across all enabling strategies and is informed by detailed modelling, population health intelligence, and with significant stakeholder input.	The organisation is recognised for excellence in IMTP delivery and assurance and has a long history of developing and submitting high quality IMTP's which surpass policy expectations and is recognised as a system-leading exemplar. It is co-produced and informed by detailed analysis and predictive tools to drive transformation across the health system, delivers the quadruple aim.
Monitoring and Delivery	Monitoring of annual plan or IMTP delivery is ad hoc and reactive and focused on immediate operational issues. There is limited visibility of progress, and reporting is inconsistent. Accountability is unclear and delivery risks are not systematically managed.	The organisation has a structured approach to monitoring annual plan or IMTP delivery with ownership of delivery emerging across services. Key milestones and actions are tracked, and reporting mechanisms are in place through basic dashboards and reported to the Board regularly. Accountability is improving, but integration with performance and risk management is limited.	Monitoring of IMTP delivery is consistently seen as business as usual and integrated with performance management reviews and risk assurance processes. Progress is tracked against outcomes, and corrective actions are taken. Delivery is supported by enabling functions and aligned with strategic priorities. Delivery is starting to inform future planning.	IMTP delivery is monitored through a robust, outcome-focused framework which includes impact evaluation. The organisation adapts delivery plans based on performance insights, emerging risks, and system pressures. Staff are engaged in owning and delivering IMTP priorities.	IMTP monitoring and delivery are embedded in real-time, system-wide performance and governance structures. The organisation demonstrates strategic leadership in delivery assurance, advanced triangulation, using predictive analytics, scenario planning, and co-produced improvement plans. Delivery is continuously optimised to achieve the quadruple aim. Continuous improvement cycles are embedded, with clear evidence of impact and the

Prioritisation question for this domain (required, single choice). "Which single theme in Domain F requires the greatest improvement over the next 12 months?"

Options: Risk Identification & Management / Development of IMTP and track record / Monitoring and Delivery

8. Collation and analysis

The analysis is meant to be done in a morning, not modelled. Microsoft Forms exports every response to Excel as one row per respondent and one column per question. From that single export, a small set of measures and flags does the analytical work.

What to calculate, per theme

- **Mean, median and range** of the scores, excluding "Not able to assess". The mean shows the central view, the median resists outliers, and the range shows how far apart colleagues are.
- **Executive Team mean against the wider group mean,** so the leadership view and the wider view can be read side by side.
- **Low-confidence count,** the number of respondents rating their confidence Low.
- **Priority tally,** how often the theme is named as its domain's top improvement priority.

The flags that drive the discussion

- **Divergence:** a range of 3 or more, or an Executive and wider mean that differ by 1.0 or more. These are the scores to talk about.
- **Low assurance:** a third or more of scorers reporting Low confidence. These scores need evidence before they are trusted.
- **Read the evidence first:** any file or source attached to a flagged theme is read before the discussion, not during it.

Presented as one table the validation group can read in a sitting, the summary looks like the illustrative example below. The figures are illustrative only.

Theme	n	Mean	Med.	Range	Exec	Wider	Low conf.	Priority	Flag
Strategy & Plan	11	3.1	3	2 to 4	3.6	2.7	2	4	Divergence
Triangulation of Services	9	2.4	2	2 to 3	2.5	2.3	5	7	Low assurance
Benchmarking	10	3.0	3	3 to 3	3.0	3.0	1	1	Settled

A light visual helps the Board read the picture quickly: the twenty-four theme means shaded red, amber or green by flag, grouped by domain. No weighting is applied at this stage. The raw findings stay visible, because the point of the exercise is to see where the organisation agrees and where it does not.

If it would help, a ready-made Excel collation template that produces this summary and the flags automatically from the Forms export can be provided on request.

9. Aggregation and weighting options

There are three ways to turn many independent responses into an organisational position. The recommendation is to keep the weighting model simple and let a short discussion, not a formula, set the final score.

Option 1: Equal weighting. Every response counts the same; the theme score is the mean, or the median, of all responses. It is simple, transparent and treats all contributors as equal. Its weakness is that a large group from one category can pull a score, and it gives no formal weight to executive accountability.

Option 2: Separate reporting. Report the Executive Team position and the wider Planning Steering Group position side by side, without merging them. This shows alignment and gaps honestly and pairs naturally with either of the other options. It is a reporting choice rather than a weighting model.

Option 3: Executive-weighted, for example 60/40. The final score weights the Executive Team mean at 60 per cent and the wider group at 40 per cent, reflecting that the Board carries formal accountability for the return. Use it only if the Health Board wants the published position to lean towards executive judgement. The risk is presentational: it can look like the leadership marking its own homework unless the raw spread is shown alongside.

> **Recommended approach.** Collect every response independently. Review alignment and variation. Then set the final organisational score for each theme through a short Executive or Planning Steering Group validation discussion. Do not let a formula decide. Keep the raw findings visible next to the agreed score, so the Board and Welsh Government can see where there is consensus and where there is divergence. If a single starting number is needed before the discussion, use the median of all responses, because it resists outliers and needs no weighting judgement. Executive weighting remains available if the Board later wants the final position to reflect its accountability, but it is not necessary and should not replace the discussion.

10. From individual responses to a Board-agreed submission

The form is the start of the process, not the whole of it. The route from independent scores to an approved return has seven steps, with the owner shown in brackets.

1. **Issue (Planning Team).** The form is issued to the named distribution with a window of around ten working days. The covering note sets the independent-scoring expectation.
2. **Independent completion (all respondents).** Each person completes the form alone, before discussing scores with colleagues.
3. **Collation and analysis (Planning Team).** Export the responses, build the summary table and the flags. Around three to four days.
4. **Validation discussion (Executive Team and Planning Steering Group).** A single session of sixty to ninety minutes. Walk the flagged themes only, not all twenty-four. For each, look at the spread, read any evidence, and agree the organisational score. Confirm the improvement priorities for each domain. This is where the score becomes the organisation's, not an individual's.
5. **Draft the submission (Planning Team).** Populate the Welsh Government submission template with the agreed score for each theme and domain, the evidence used, and the actions for improvement drawn from the priority themes. The form's prioritisation results feed the actions directly.
6. **Board approval (Board).** The Board receives the agreed scores, the raw spread, the priorities and the action plan, and approves the return. Approval is itself part of the de-escalation criteria.
7. **Submit and retain (Planning Team).** Submit to the Welsh Government planning team, with the Board approval recorded. Retain the raw responses and the summary as the audit trail and as the baseline for next year, since Welsh Government expects successive submissions to show the development journey.

11. How this meets Welsh Government's expectations

Welsh Government is explicit that the maturity matrix exists to prompt self-reflection, to be grounded in evidence, to identify actions, and to raise planning at Executive and Board level. The design meets each expectation directly.

Self-reflection. Independent, anonymous, theme-level scoring is structured self-reflection by the people who actually run planning, not a single author's view. The confidence rating makes that reflection honest about its own limits.

Evidence. The matrix is an evidence-based judgement. Targeted evidence sits next to contested scores in the form, and the full evidence base is assembled at validation against the agreed scores and recorded in the submission template, as the guidance requires for each judged theme.

Action identification. The prioritisation question makes every respondent name where improvement is most needed. The tally points the validation discussion at the actions that matter, which become the actions for improvement, with owners, timelines and impact measures, in the template.

Executive and Board discussion. The design holds scoring and discussion apart on purpose. Independent scores first, then a short Executive or Planning Steering Group session to agree the position, then Board approval. That sequence raises the profile of planning at Board and Executive level, which the guidance names as a purpose of the exercise, and produces the Board-approved return the de-escalation criterion requires.

The de-escalation point. The criterion is Welsh Government's confidence in delivery, as assessed by the planning maturity matrix. A submission that shows independent scores, visible variation, evidence behind contested judgements, and a Board-owned action plan gives Welsh Government more confidence than a single consensus number would, because it shows an organisation that can see itself clearly.

Appendix: build checklist for the form Microsoft Teams Form

- Create the form. Set the title and paste the welcome text from Section 4 into the form description.
- Set responses to anonymous (turn off "Record name"), allow one response per person, and switch the progress bar on.
- Add the "About you" section with the respondent category question, marked required.
- For each domain, add a section, paste the short domain description, then enter each theme's four-question block from Section 7.1, using the descriptor text from that domain's table.
- Mark the score, confidence and prioritisation questions as required. Leave the reason and evidence optional.
- Decide the evidence approach, attributable upload or anonymous text reference, and set the question type accordingly (see the caveat in Section 7.1).
- Test the form with one colleague. Check the progress bar, the "Not able to assess" option, and the Excel export.
- Issue the link with the covering note, and set the closing date around ten working days out.

2.2

09:55, 10 Mins

2.2 - Partnership Assurance Report

Bruce Bolam (Hywel Dda UHB - Deputy Director Public Health/Consultant in Public Health), Trina Nealon (Hywel Dda UHB - Head of Population Health + Wellbeing / Principal Public Health Officer)

For assurance

Attachments

2.2 SPC SBAR Partnership Assurance Report 26 June 2026 FINAL.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR STRATEGAETH A CHYNLLUNIO
STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 June 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Partnership Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Ardiana Gjini, Executive Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Trina Nealon, Head of Population Health Improvement and Wellbeing/Principal Public Health Practitioner

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides the Strategy and Planning Committee (SPC) with assurance on the Health Board's engagement in key statutory and strategic partnerships that support population health improvement, service integration and innovation. It highlights the main developments, risks and opportunities currently requiring oversight, particularly:

- The Regional Partnership Board's post-Regional Integration Fund (RIF) process,
- The Ceredigion and Carmarthenshire Public Service Board (PSB) merger,
- Regional partnership climate adaptation planning,
- The Tier 2 substance use service procurement process,
- Emerging opportunities through university partnerships, the Centre for Social Innovation and Macmillan Cancer Support.

Cefndir / Background

The Health Board works through a range of statutory and strategic partnerships to improve population health, support service integration and develop innovation. These arrangements also provide an important route for assurance on delivery against wider well-being, prevention and partnership objectives.

This section summarises the main partnership arrangements covered by this report and the basis on which assurance is provided to the Committee.

West Wales Regional Partnership Board
The West Wales Regional Partnership Board (RPB) is a statutory partnership under Part 9 of the Social Services and Well-being (Wales) Act 2014. It provides regional leadership for the integration and transformation of health and social care and is therefore a key source of assurance on collaborative planning and delivery.

Public Service Boards

Public Service Boards are statutory partnerships under the Well-being of Future Generations (Wales) Act 2015. The Health Board is a member of the Carmarthenshire, Ceredigion and Pembrokeshire PSBs and must work with partners to improve local well-being, contribute to well-being plans and support the related assessment and scrutiny arrangements.

Dyfed Area Planning Board
The Dyfed Area Planning Board (APB) is the regional multi-agency partnership responsible for the planning, commissioning and performance management of substance use services. It provides the main partnership framework for assurance on strategic leadership, service development and delivery against national substance misuse requirements.

University partnerships and the Centre for Social Innovation
University partnerships support evaluation, evidence generation, workforce development and service innovation, and provide an important route for developing and testing new approaches aligned with Health Board priorities.

The Centre for Social Innovation (CfSI) is a partnership between the Health Board and the University of Wales Trinity Saint David. It supports innovation, prevention and the Social Model for Health and Wellbeing, and provides assurance on the development of new partnership-led approaches.

Asesiad / Assessment

West Wales Regional Partnership Board
The RPB has agreed the RIF year-end budget and considered the Gateway two report for the Future Funding Process.

The Future Funding Process remains the main strategic issue for the RPB. Gateway three submissions have been completed and will inform which projects may require future joint funding and which may need exit planning. This has potentially significant workforce, financial and service implications for the Health Board and partners, and will require continued oversight as final Gateway four decisions are prepared for August 2026. The RPB also continues to support wider regional priorities, including, at the most recent May 2026 meeting, dementia and urgent and emergency care.

Public Sector Boards
Ceredigion and Carmarthenshire PSBs have agreed a Merger Plan to establish a combined PSB, while Pembrokeshire PSB will remain separate. This is a significant governance change for the Health Board and requires effective transition arrangements to ensure statutory duties continue to be met, local scrutiny remains robust, and partnership activity stays aligned with local population need.

Work is underway through governance, planning and reporting workstreams to prepare for implementation of the merger. Key priorities include maintaining effective scrutiny and reporting arrangements, agreeing interim planning arrangements, and preparing the next Assessment of Local Well-being by May 2027.

A Climate Change Risk Assessment presented to the PSBs highlighted growing risks across the region, including flooding, infrastructure disruption and unequal impacts on communities. The PSBs have agreed that closer joint working, stronger shared evidence on climate risk and adaptation, and development of a joint Climate Adaptation Delivery Plan, are priority next steps.

For the Health Board, this is strategically important because climate risk has implications for population health, infrastructure resilience and future service planning.

PSBs also continue to support the Whole-System Approach to Healthy Weight, with regional work now focused on public sector food procurement following the Pembrokeshire Roots of Change workshop in March 2026.

Dyfed Area Planning Board
Substance use remains a major public health issue and continues to require coordinated multi-agency action across prevention, treatment and harm reduction. Current APB priorities include strengthening early intervention and prevention, improving access to screening and support, responding to emerging substance use issues, and sustaining effective harm reduction services across the region.

The tender for the Tier 2 Substance Use service from 2027 onwards is now open. The contract will run for five years, with bids due by the end of June 2026. This service is a key part of the regional response to substance use, providing a single point of contact for people needing support and helping to reduce substance-related harm. The procurement process is therefore strategically important for service continuity, future delivery models and effective access, including at the interface between criminal justice clients and the wider client group.

The APB is also leading work on co-occurring mental health and substance use, with a focus on improving joint working between services and embedding more integrated practice. This includes county-based Clinical Liaison Groups, staff training across services, launch of the Children and Young People's Framework in June 2027, and ongoing revision of the Adult Framework.

The APB is also developing a complex needs approach spanning mental health, housing and substance use, supported by newly established county-based panels to coordinate support for people with overlapping needs.

Following successful implementation of a Health Coaching service pilot, the APB is supporting further work to inform future spread and scale of the service, pending associated Health Board funding availability.

University Partnerships and the Centre for Social Innovation
University partnerships continue to support public health learning, evaluation and innovation. Current work includes collaboration with Aberystwyth, Swansea, Cardiff, Bangor and the University of South Wales on areas such as regional health economy, housing and health, cancer outcomes and social prescribing.

The CfSI workplan for 2026–2027 has been agreed through the joint University Wales Trinity St David (UWTSD) and Health Board Oversight Group, reporting to the Research and Innovation Sub-Committee, with the annual report due in July 2026.

The main assurance issue for SPC is that emerging opportunities continue to align with Health Board priorities and capacity. Current priorities include the Community Health and Wellbeing Workers pathfinder, work on neurodiversity, development of an international comparative research opportunity, and consideration of a Welsh Government innovation stream pilot.

The CfSI has recently been invited to pilot an innovation stream for Welsh Government. This is currently being considered, as it would add a new action to the 2026–2027 workplan. If agreed,

it would strengthen the strategic role of the CfSI and help position it at the centre of the Prevention Strategy being developed by the new Welsh Government.

Macmillan Cancer Support
A new partnership opportunity with Macmillan Cancer Support is being scoped to support the development of a Community Health and Wellbeing Worker pathfinder in west Wales, among other initiatives, through a potential three-year social investment partnership model.

Early discussions indicate a strong strategic fit with the Health Board's prevention, neighbourhood and inequalities agenda, particularly in addressing the wider determinants of health that disproportionately affect people living with or beyond cancer. Current work is focused on refining the proposed outcomes, measures, financial model and governance route, so that the opportunity can be assessed fully for strategic fit, deliverability and value.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** that the Health Board continues to meet its statutory obligations through its engagement in key partnerships
- **NOTE** the main strategic risks and opportunities arising from current developments, particularly the post-RIF funding process, the Ceredigion and Carmarthenshire PSB merger, climate adaptation planning, the Tier 2 substance use service procurement process, and emerging CfSI and Macmillan Cancer Support partnership opportunities.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.3. That, wherever possible, Health Board plans are aligned with partnership plans developed with Joint Committees, Local Authorities, Universities, Collaboratives, Alliances and other key partners, such as the Transformation Group who form part of A Regional Collaboration for Health (ARCH). 3.1.6. Consider the development of strategies and plans developed in partnership with key strategic partners and monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need. 3.1.7. Seek assurance that partnership governance and partnership working is effective and successful.
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)	5. Equitable

Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Healthier communities
Amcanion Cynllunio Planning Objectives	10 Population health
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:	Well-being of Future Generations (Wales) Act 2015 A Healthier Mid and West Wales: Our Future Generations Living Well (HDdUHB, 2019). Generations (Wales) Act 2015 Substance Misuse Strategy Working Together to Reduce Harm 2008-18' (Welsh Government, 2008) and 'Delivery Plan for 2013 to 2016'.
Rhestr Termau: Glossary of Terms:	Contained within the body of report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Previous related papers: Strategy and Planning Committee 26 February 2026 Statutory Partnership Update Report, Board Meeting 28 May 2026

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	As the APB is a multi-agency partnership. Funding for commissioned services is made up from a range of sources, with the Substance Misuse Action Fund (SMAT) and the Health Board's substance use ringfenced budget being the main budget sources. Others include partnership funding into contracts such as the Tier 2 contract – funding from which is provided by (in addition to the above) – His Majesty's Prison and Probation Service (HMPPS), Ceredigion and

	Pembrokeshire Local Authorities and the Office of the Police and Crime Commissioner (OPCC).
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Evidence of improving the well-being of the population is at the forefront of this legislation.
Gweithlu: **Workforce:**	Implementing the five ways of working required under the Well-being of Future Generations (Wales) Act 2015 should lead to evidence of increased collaboration and integration between services, professionals and communities
Risg: **Risk:**	Key risks include loss of strategic momentum or oversight across partnerships, funding and service sustainability risks arising from the post-RIF transition and commissioned service procurement, governance and accountability risks during the PSB merger transition, and the risk that emerging partnership opportunities are not aligned clearly enough with Health Board priorities and capacity.
Cyfreithiol: **Legal:**	The Well-being of Future Generations (Wales) Act 2015 (the Act) provides that HDdUHB (as a designated public body) must publish a Well-being Statement, Well-being Objectives and provide an Annual Report on progress towards meeting these objectives. The APB is a statutory body and operates under a statutory guidance and framework to deliver regional services (such as the Wellbeing of Future Generations (Wales) Act 2015 and the Crime and Disorder Act 1998, they function as partnership bodies rather than traditional statutory authorities.
Enw Da: **Reputational:**	There is a statutory requirement for HDdUHB to contribute to the work of the APB and report against Welsh Government smoking cessation Tier 1 targets.
Gyfrinachedd: **Privacy:**	Not Applicable

Cydraddoldeb: **Equality:**	A More Equal Wales is a key national goal under the Well-being of Future Generations (Wales) Act

2.3 **10:05, 15 Mins**

2.3 - Value Based Healthcare Strategic Plan

Mark Henwood (Hywel Dda UHB - Executive Medical Director), Leighton Phillips (Hywel Dda UHB - Director Research, Innovation and Value), Simon Mansfield (Hywel Dda UHB - Head of Value Based Healthcare)

Refreshed Strategic Approach

For approval

Attachments

2.3.1 Strategic Approach to VBHC FINAL.pdf

2.3.2 Appendix A - Strategic Approach to Value Based Health Care FINAL.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR STRATEGAETH A CHYNLLUNIO
STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 June 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategic Approach to Value Based Health Care
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr. Mark Henwood – Executive Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Simon Mansfield – Head of Value Based Health Care

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 previous Value Based Health Care (VBHC) strategic approach ended at the end of March 2025. A refreshed strategic approach for 2026–2031 has therefore been developed to reflect the lessons learned from experiences to date, respond to current organisational and system pressures, and set a clearer direction for embedding a value-driven approach across the Health Board. The final draft of the Strategic Approach to VBHC has been approved by the Formal Executive Team and is attached to provide assurance to the Strategy and Planning Committee (SPC).

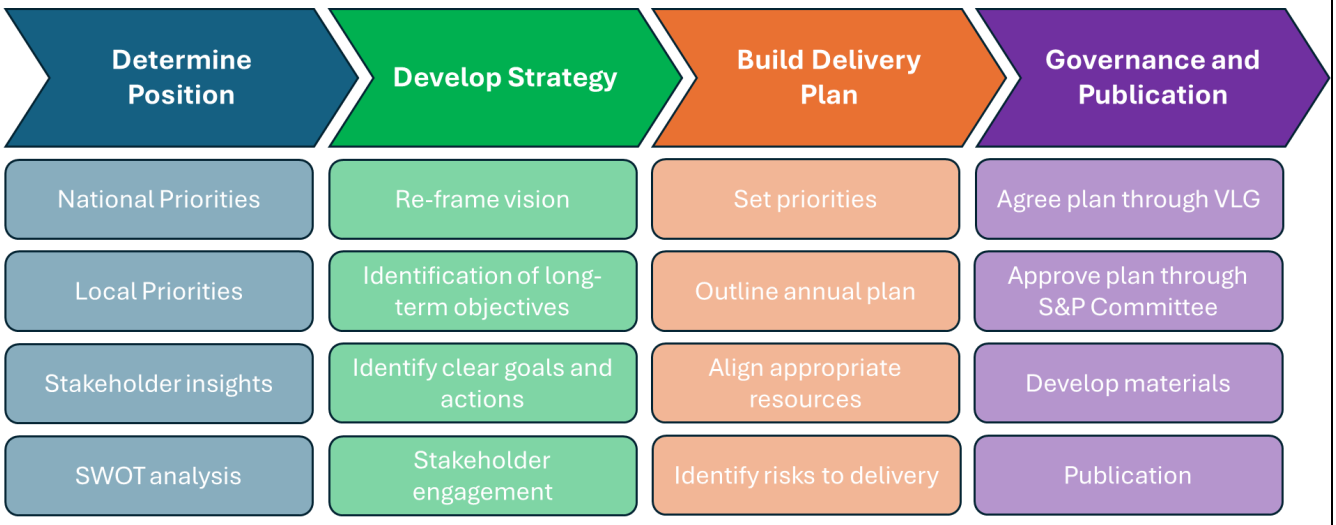
Cefndir / Background

Since the introduction of VBHC within Hywel Dda University Health Board (HDdUHB) in 2019, significant progress has been made to develop capability in this area, supported by dedicated teams and resulting in a number of collaborative projects. Despite these successes, challenges remain in achieving consistent adoption and the sustainable integration of VBHC initiatives into core operational business. The evolving health and care landscape, including the increasing financial pressures and population health needs, provides the imperative to adopt a more cohesive and embedded VBHC approach going forwards.
The current Strategic Approach to VBHC expired at the end of Financial Year (FY) 2025/26 and a refreshed approach to VBHC has been developed for publication. The process for development of the new approach to VBHC has taken into consideration the reflections of progress made against the previous strategic approach as well as the national and local priorities for Value-driven services.

Asesiad/Assessment

The refreshed Strategic Approach to VBHC, has been informed by the lessons learned from the implementation of VBHC in HDdUHB. The development process has incorporated both national and locally prioritised areas of focus. A comprehensive stakeholder engagement exercise has been undertaken along with independent review by a recognised industry expert. The development of the Strategic Approach has been refined through continued stakeholder

engagement, through the Value Leadership Group (VLG) and more recently through the Formal Executive Team.



During the period covered by the previous Strategic Approach to VBHC (2022-2025), there have been a number of notable achievements, these have included:

- Successful implementation of digital Patient Reported Outcome Measures (PROM) collection solution and wide scale roll out of collection in circa (c.)30 pathway areas,
- Transition through a national framework and regional assessment to procure a new digital PROM collection solution and transition of c.30 pathways to this new platform,
- Collection of 60% of all digital PROMs in NHS Wales using the Promptly Health platform,
- Development of comprehensive VBHC Education Programme 'Bringing Value to Life' run as residential course and online offerings,
- Expansion of the initial education offering to an 'Advanced Practitioner Programme' to practically accelerate VBHC Projects,
- Creation of Rapid Value function, that has facilitated over £1.5m of cash releasing and productivity benefits per annum,
- Alignment with National prioritised 'high value, high impact areas,
- Development of prototype PROM dashboards to be used by clinical colleagues,
- Completion of high impact VBHC Projects including Nephrology prehabilitation, Cellulitis Improvement Programme, Heart Failure, Atrial Fibrillation, Vascular Podiatry, Fracture Liaison Service and Obstructive Sleep Apnoea.

Despite these successes, there have been challenges, which have impeded the potential impact of the VBHC Programme:

- Demand for VBHC input has grown exponentially, leading to challenges in responding effectively to individual demands and diluting the impact of the function,
- PROM and other outcome data, is not available in a usable format to consistently drive change in the way we deliver services,
- Data interoperability and information governance issues have prevented the wider rollout of PROM collection beyond outpatient settings, and has precluded meaningful implementation in primary care settings,
- VBHC Projects have demonstrated significant benefits for patients and for the system, but in many cases these benefits have not been operationalised due to the difficulties in sustainably funding new ways through the disinvestment in lower value activity.

The stakeholder engagement exercise has provided clear insight into the priorities of decision makers, and the challenges that we face:

- ***There is a strong appetite for outcomes measurement:***
  Staff expect VBHC to be driven by measurable outcomes (including PROMs and PREMs) and want actionable metrics.
- ***Patient-centred philosophy is understood and valued:***
  Staff link this to operational realities (pathways, teams, and coordination) rather than abstract rhetoric.
- ***Data/IT is a bottleneck:***
  People want dashboards, integrated records, and clearer data flows to make outcomes measurement meaningful.
- ***Operational constraints (capacity, waiting lists, time) are real:***
  These issues threaten the VBHC Programme unless the issues of capacity and workflow are addressed.
- ***Multidisciplinary working and pathways:***
  These are considered essential levers to deliver VBHC but require standardisation and shared governance.
- ***Finance is on people's minds:***
  There is interest in aligning incentives, but uncertainty around the practical commissioning and delivery models.

Considering the achievements and challenges so far and the insight that has been gained from the stakeholder engagement, the refreshed Strategic Approach has been developed around a vision and three primary aims.

Vision:
"Value will be integral to all that we do, using the voice of our population to inform the choices that we make in all parts of our system, leading to a positive impact in the ways that we provide healthcare."
Primary Aims:

1. **Impact** – 'from insight to impact'
   The things that a value-driven approach enable us to do will demonstrably transform services by focusing our scarce resources on the things that really make a difference and are of importance to our population, our organisation and the nation. Our engagement and communications will ensure that our population understands how to engage with us and the difference that their voice can have in improving their lives. Insight alone is not enough; we must strive to use this insight to make a real difference.

2. **Embedded** – 'from peripheral to core'.
   For VBHC to become a core part of all that we do, our work should be planned from the outset rather than as a series of opportunistic and unconnected projects. The VBHC Programme must integrate with the Clinical Services Plan (CSP), Clinical Care Groups (CCGs) and colleagues from across the Health Board to fully understand and respond to the priorities of the organisation. In working more closely with the structure of the organisation, the work of the VBHC Team can be better aligned with core activities.

3. **System-wide** – 'from condition to life course'
   VBHC seeks to understand the outcomes and goals that are important to an individual. In achieving this, it becomes increasingly important to consider the life course of individuals rather than seeing people through the lens of their presenting complaint. There is also significant focus on the prevention agenda and the 'shift left'. This objective is best served

by a more coherent approach that takes into consideration the choices that are made in Primary and Community Care, as well as in Secondary Care and working with Local Authorities, third sector organisations, individuals and communities.

The development of the Strategic Approach to VBHC 2026-2031 has concluded with a final draft, which is attached as Appendix A for assurance. This draft provides a clear, but broad strategic direction of VBHC for the next five years and will be supported by detailed annual delivery plans, which will be informed by engagement with executive colleagues and governance structures to ensure that strategic planning objectives are reflected in the work of the VBHC Team year by year.

Argymhelliad / Recommendation

The Committee is asked to;

- **RECEIVE ASSURANCE** from the final draft of Delivering Value Based Health Care Across the Life Course – Our Strategic Approach 2026–2031, which is currently being produced as a professionally typeset document.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Seek assurance on delivery against all Planning Objectives aligned to the Committee, considering and scrutinising the plans, including the medium-term financial plans, savings plans and decarbonisation 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:	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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Hywel Dda University Health Board - “Our Approach to Value Based Health Care – 2022-2025"
Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Value Leadership Group Formal Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Welsh Government funding of the HDdUHB Value Based Health Care Programme and the accountability for driving Value centred change.
Ansawdd / Gofal Claf: Quality / Patient Care:	VBHC is designed to improve outcomes and the use of resources in delivering them. It is also driven by prudent healthcare principles drive the delivery of equitable services across the Health Board.
Gweithlu: Workforce:	None
Risg: Risk:	None
Cyfreithiol: Legal:	None

Enw Da: **Reputational:**	None
Gyfrinachedd: **Privacy:**	Privacy Impact Assessment has been completed for PROM and PREM capture as part of the VBHC Programme.
Cydraddoldeb: **Equality:**	Equality Impact Assessment completed.

Appendix A

Delivering Value Based Health Care Across the Life Course – Our Strategic Approach 2026-2031

Foreword

Hywel Dda University Health Board (HDdUHB) faces a defining moment in how we shape and deliver care for the people and communities we serve. The challenges facing health and care - rising complexity of need, innovative technologies, and constrained resources - require us to move beyond traditional models of efficiency and productivity to ensure that every pound spent actually makes a difference in providing health and care that is fit for the future. Value Based Health Care (VBHC) is a data-driven discipline that supports the transformation required, ensuring that the actions we take are anchored in delivering outcomes that really matter to our population.

This Strategic Approach builds on the progress we have made and sets out how VBHC will become an integrated delivery mechanism for our organisational strategy 'A Healthier Life Well-lived.' Value-Based Health Care requires us to take a system-wide view and achieve the best possible outcomes, equitably, for our population. It requires collaboration across professions, pathways and partners with a shared focus on delivering outcomes that are meaningful to our population; it guides us to use our resources wisely by investing in the things that have demonstrable impact; it is rooted in 'Community by Design' recognising that the greatest value is often created within communities through prevention, early intervention and partnership working.

Over recent years, HDdUHB has made considerable progress in building an organisational culture and infrastructure to support Value-Based approaches to care design and delivery. This includes the capability to capture patient-reported outcomes, providing rich insights into what matters most to people and revealing opportunities to redesign care. Our focus has been to combine the voice of our population through Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) alongside existing data sources and provide our clinicians, managers, and leaders with access to actionable insights, enabling unwarranted variation to be tackled, outcomes to be improved, and unmet need in our population to be addressed.

Through this Strategic Approach we are looking to go further. The scope of our ambition is to move beyond isolated projects to a cohesive system of Value Managed Health Care, which improves outcomes for every person, in every community, at every stage of life. This requires collective ownership, informed prioritisation, and a willingness to re-examine how we work. It also requires imagination and collaboration across organisational boundaries, recognising the value of working together and embracing innovation where it delivers meaningful benefit. This is how we aim to deliver equitable, high-value care that is sustainable into the future.

Vision

Value will be integral to all that we do, using the voice of our population to inform the choices that we make in all parts of our system, leading to a demonstrable improvement in patient outcomes, equity, and sustainability.

Aims

To progress towards our vision of a Value Based Health Care driven system, we have identified three principal aims and the priorities within them. The aims are:

1. Impact – Insight to Impact. To ensure that evidence from patients, staff and pathway analysis drives the redesign of services, reduces unwarranted variation, and strengthens stewardship, resulting in better outcomes and better value for our population.

2. Embedded – Peripheral to Embedded. To embed VBHC as a core organisational approach, ensuring that value drives everyday decision-making, resource allocation and service improvement across HDdUHB.

3. System-Wide – Condition and life-course. To take a system-wide approach to VBHC that strengthens prevention, supports population health, and aligns care across the whole continuum to deliver the outcomes that matter most to our communities.

Aim 1: Impact – Insight to Impact

To ensure that evidence from patients, staff and pathway analysis drives the redesign of services, reduces unwarranted variation, and strengthens stewardship, resulting in better outcomes and better value for our population.

What we will deliver and why

Translating insight into impact is essential to the delivery of VBHC because data, feedback, and analysis only create benefit when they drive real changes in care delivery. Taking a data driven approach we seek to identify and proactively support people and communities most at risk, particularly those with unmet need, through Value-Based resource allocation. Insights from PROMs/PREMs stratified by ethnicity and deprivation, pathway reviews, resource analysis, staff feedback, and improvement work, provide a rich picture of outcomes, experience, efficiency, inequality, and unwarranted variation. But without a structured approach to acting on these findings, HDdUHB risks becoming “data rich but action poor,” gathering evidence without applying it to the delivery of better outcomes or improved value.

While considerable progress has been made over the past four years, including HDdUHB being one of the largest collectors of PROMs in NHS Wales, its action to embed these data in clinical decision making and ensure value is part of operational and strategic planning has been more limited.

This strategic approach to VBHC sets out to build upon the foundational work already undertaken. This will include focusing analysis and improvement across national high-value, high-impact pathways, and local priority areas, so that our scarce capacity is targeted where the greatest population benefit can be achieved. The insights facilitated by the programme will also support tackling unwarranted variation, including aligning to the focus on conditions with a high preventable burden, Urgent and Emergency Care (UEC), the Getting it Right First Time (GIRFT) programme, getting the basics right in chronic disease management, embedding supported self-management within models such as Community by Design and the focus on the most disadvantaged sections of our population through the 20four7 approach. By aligning insight with organisational priorities, we will be able to strengthen service reconfiguration and design, ensuring decisions about fragile services, including those within the Clinical Services Plan (CSP), or new models of care are grounded in the needs, outcomes, evidence, and priorities of our population. This approach will be underpinned by collaborative working with other parts of our health system, as well as with Local Authorities and third sector organisations.

VBHC insight is equally important for strengthening stewardship, allowing HDdUHB to identify and address low-value care, optimise interventions and productivity, and ensure that clinical time and resources are channelled into activity that has demonstrable impact. It underpins priority agendas such as holistic care for older people, end of life pathways, women’s health plans, and mental health services, helping teams design pathways around what matters to individuals rather than around organisational boundaries. It also enables Value-Based procurement by providing the

evidence needed to select products and technologies based on their real effect on outcomes, experience, and resource use.
Ultimately, translating insight into impact ensures that HDdUHB's strategic and national priorities are delivered through evidence-based action, focusing improvement and resource in the areas of highest need, reducing variation, strengthening stewardship, and creating a learning system that continuously improves outcomes, experience and value for patients and communities.

How we will deliver

Priority 1: Strengthen the collection, quality, and use of standardised outcomes and wider VBHC Insight

We will systematically address unmet need by improving the collection, analysis, and integration of standardised outcomes including population and activity data and PROMs, PREMs, to ensure that the voice of our population and the outcomes they achieve meaningfully shape clinical practice and service design. This will be delivered through:

- Embedding a broad range of standardised outcome measures into clinical decision-making, establishing reliable processes so that clinicians can efficiently access, interpret, and integrate standardised outcomes into consultations and shared decision-making alongside existing data sources.

- Developing a clear prioritisation framework to determine where PROM/ PREM collection should be focused based on the likelihood of influencing clinical decisions, pathway redesign, or strategic planning.

- Reviewing and optimising the digital PROM collection platform, ensuring it is user-friendly, efficient, and fully aligned to wider digital transformation programmes. Collaborating with colleagues to effectively review and analyse existing data sets alongside the collection of new data.

- Leveraging advanced analytics, including segmentation, risk stratification, and outcomes modelling, to enable the organisation to convert VBHC insights into actionable improvements at pathway, service, and organisational levels. This will be supported by an agreed VBHC scorecard, which will include:

    - Outcomes that matter to people
    - Experience
    - Value and productivity
    - Equity
    - Sustainability

Priority 2: Embed VBHC into strategic and operational planning across the organisation and with partners.

We will ensure that VBHC becomes a core method for delivering organisational and national priorities by systematically aligning insight with planning, resource allocation and strategic decision-making. This will be delivered through:

- Embedding VBHC within annual and medium-term planning cycles, including those led by Clinical Care Groups (CCGs), so that inequalities, outcomes, experience, and value are central to operational and strategic goal-setting. Where appropriate, the Value Delivery Fund will be invested to facilitate the transition to higher value activities, providing there is a clear focus on long term sustainability and clarity about the reduction of services that add little or no value.

- Systematically identifying and reducing low value activities to ensure that our scarce resources can be targeted on the areas of highest need and inequity.

- Integrating VBHC into all investment and business cases, ensuring the Executive Team and Board receive proposals supported by robust outcomes analysis and Value-Based assessments, linked with the analytical capabilities of the TriTech Institute.

- Working with academic partners to create the capability and methodology for shifting resources from low-value to high-value activities, supporting HDdUHB to make evidence-based decisions and maintain performance in a fiscally constrained environment.

- Aligning planning and improvement efforts across organisational boundaries, ensuring VBHC methods are used collaboratively with partners including Local Authorities, Primary Care, and Community Care, as well as neighbouring Health Boards. The focus with each will be supporting whole-system, outcomes-driven change.

Priority 3: Build the capacity and capability of staff to apply VBHC across planning and operational priorities.

We will grow the skills, confidence, and capability of staff across all services to apply VBHC methods to the issues that matter most in their clinical, operational, and strategic contexts. This will be delivered through:

- Strengthening our partnership with the VBHC Intensive Learning Academy at Swansea University, offering staff access to high-quality formal education, and continuing to expand our joint work on strategic and operational planning.

- Expanding opportunities for staff development, including targeted programmes, applied learning, coaching and project-based learning linked to priority pathways and service challenges.

- Developing international learning partnerships to understand how leading health systems across the world are implementing VBHC, enabling HDdUHB to adopt and adapt best practice from global exemplars.

- Building internal capability for advanced analytics, outcomes interpretation and Value-Based decision-making, ensuring teams have the skills and support needed to turn insight into practical, measurable improvement.

Aim 2: Embedded – Peripheral to Core

To embed VBHC as a core organisational approach, ensuring that value drives everyday decision-making, resource allocation and service improvement across HDdUHB.

What we will deliver and why

Embedding Value Based Health Care across HDdUHB is essential to moving Value from the periphery of organisational activity to the core of how we operate every day. The next phase of implementing VBHC across the organisation will involve it becoming a conscious, routine part of planning, decision-making and service delivery. This means ensuring that Value is not confined to the individual projects of the interested and committed few but becomes part of everyone's daily business. In other words, it becomes an organising principle for how we understand need, allocate resources, design pathways, and measure improvement. We cannot rely on additional investments in health and care to bring about change. We need to use the existing resources we have in a different configuration.

Over the past four years, HDdUHB has built a solid foundation in VBHC. The organisation has invested in the infrastructure to support implementation and has cultivated a cadre of VBHC trained professionals equipped to lead meaningful change. This movement has already delivered tangible benefits. We have embedded Value-Based approaches within priority pathways including heart failure, bone health, respiratory (including recent work on the sleep pathway), trauma and orthopaedics, and diabetes. Several of these are nationally prioritised high value, high impact pathways. Through the VBHC Delivery Fund, we have supported targeted improvements in areas such as the vascular podiatry service, atrial fibrillation service, and the acute kidney injury service, demonstrating that even modest investments, when guided by outcomes and value principles, can yield significant impact. Our own Applied Practitioner Programme and partnership with the VBHC Intensive Learning Academy at Swansea University has strengthened organisational capability further, including recent work supporting the CCGs in understanding the potential of VBHC in the context of their operational plans.

The next stage is to ensure that VBHC is fully embedded operationally as "the way we do things." This requires the organisation to draw together insights from the data infrastructure we have developed, including PROMs/PREMs, clinical audit, resource utilisation and unwarranted variation, and population need. It is imperative that these datasets consistently drive better decision making, prioritisation and resource allocation. Embedding VBHC means that service decisions are grounded in outcomes evidence; that unwarranted variation is systematically identified and addressed; and that investments are guided by clear value considerations that maximise improvements in outcomes and sustainability. This includes strengthening the organisation's ability to make difficult but necessary decisions about resource allocation, ensuring consistent focus on activities that deliver the greatest impact for patients and communities

To achieve this shift, HDdUHB will develop a systematic approach to harnessing the enthusiasm, expertise and lived experience of the multi-professional VBHC community

across the organisation. This includes creating a structure through which clinical teams, managers, analysts, and improvement specialists can work together to overcome barriers, apply VBHC methods to real operational challenges, and celebrate progress. Strengthening our academic partnerships will remain central, not only with Swansea University's Intensive Learning Academy, but through growing our international learning relationships to understand how leading systems around the world are implementing VBHC.

Embedding VBHC across the organisation will allow HDdUHB to move from pioneering pockets of best practice to a fully integrated, outcomes-driven, learning health system. By making VBHC part of everyone's work, we ensure that every decision, from patient consultations to Board-level strategy, advances the outcomes that matter most to our population and the sustainability of our healthcare system.

How we will deliver

Priority 1: Secure organisational ownership of VBHC and service delivery functions

HDdUHB will ensure that VBHC is owned, led, and driven by operational teams, supported by specialist expertise, so that value becomes a routine part of how services are planned, delivered, and improved. This will be achieved by:

- Establishing a VBHC business partnering approach, to provide operational teams with VBHC guidance and support, ensuring that the organisation's analytical and methodological capability is directed where it can have the greatest impact on outcomes, unwarranted variation, and resource utilisation.

- Supporting a rolling programme of change, led by CCGs and other stakeholders, enabling VBHC priorities to be systematically identified, worked through and, where appropriate, implemented. A new approach to the VBHC Delivery Fund will be developed, to 'enable change' rather than running new services in parallel with existing models of care.

- Strengthening leadership responsibility for VBHC within CCGs and service areas so that each group takes ownership of applying VBHC insights to the issues that matter most to their populations and pathways.

Priority 2: Develop a unified and coordinated organisational approach to VBHC across corporate functions.

VBHC will be integrated into the full range of corporate activities so that planning, finance, digital, workforce, improvement and clinical governance functions consistently use VBHC principles in how they guide and support operational teams. This will be achieved by:

- Aligning corporate processes and governance mechanisms so that VBHC becomes a consistent method for prioritisation, risk management, investment decision-making and assurance.

- Embedding VBHC in financial, workforce and digital planning, ensuring corporate functions actively enable the shift towards outcomes-driven service design and reductions in unwarranted variation.

- Creating consistent organisational standards for outcomes-driven decision-making, ensuring that PROMs/PREMs, clinical audit insights, resource utilisation and population need intelligence are used systematically across all functions.

- Providing clear governance and direction through the Value Leadership Group and Board oversight through the Strategy and Planning Committee.

Priority 3: Sustain and expand delivery of national and local high-value, high-impact pathways.

This will be achieved by:

- Continuing to focus on national priority areas, with reports to national Value and Sustainability Board, mirrored locally by the Value and Sustainability Group.

- Aligning VBHC with major service changes, including those set out in the Clinical Services Plan, ensuring that population need, outcomes evidence and resource utilisation insights directly shape decisions about pathway redesign and service configuration.

- Optimising the potential of VBHC to drive productivity improvements, ensuring that outcomes evidence, unwarranted variation analysis and resource utilisation insights are used to identify opportunities to streamline pathways, reduce avoidable activity, improve flow, and release capacity that can be redirected to areas of highest value.

- Leveraging population health data to highlight inequities and unmet needs as well as the outcomes we would expect to see in our population compared to our observations and data.

Aim 3: System-Wide - Condition and Life Course

To take a system-wide approach to VBHC that strengthens prevention, supports population health, and aligns care across the whole continuum to deliver the outcomes that matter most to our communities.

What we will deliver and why

We believe that the greatest opportunities to improve outcomes and sustainability lie in addressing the root causes of ill health and not just the symptoms. Investing in prevention is one of the highest value actions we can take to improve outcomes sustainably and ameliorate the predicted increased demand for our services.

Supporting prevention requires a 'system wide' approach. Moving forward, the reach of the VBHC programme will extend into all parts of the system, spanning preventive services, Primary and Community Care, hospital services, and end-of-life care. This reflects a simple but powerful truth: the highest-value care often happens outside of hospital settings and long before an individual enters a disease-specific pathway. For our VBHC programme to realise its full potential, it must reach beyond episodic treatment and focus on the broader determinants of health and the lived experience of our population.

The healthcare needs of our communities are not static. They evolve across the life course, shaped by changing circumstances, acute events, chronic conditions, and the pursuit of wellbeing at every stage of life. A system-wide VBHC approach will enable HDdUHB to respond to this dynamic reality by considering the needs of distinct population segments, for example, people living with chronic disease, those in need of palliative and end-of-life care, or older individuals at risk of falls and frailty. VBHC provides a structured method to ensure that pathways, models of care and resource allocation are aligned to the needs of these sub-segments, rather than being constrained by organisational or traditional service boundaries.

High quality outcomes are shaped by a wide range of factors, from prevention and early intervention to effective management of long-term conditions and dignified, person-centred end-of-life care. No single part of the system is responsible for delivering these outcomes alone. A system wide VBHC approach therefore requires multi-stakeholder participation, bringing together the collective insight and capability of Primary and Community Care, Public Health, Local Authority partners, CCGs, digital and analytics teams, and the wider voluntary and community sector. This collaborative focus, embracing the Social Model for Health and Wellbeing, is essential to achieving the optimum allocation of resources across the care continuum and ensuring that investment is guided by the outcomes that matter most.

This strategic approach will place a major emphasis on this system-wide approach. VBHC demands that we work in partnership to build health in our communities, not just treat illness when it presents. By engaging the entire system, HDdUHB can ensure that prevention, early intervention, pathway redesign, resource utilisation, and population outcomes all reinforce one another. This shift will enable us to move from a collection

of isolated initiatives to a unified, outcomes-driven health and care system delivering better value, better experience, and better long-term outcomes for our communities.

How we will deliver

Priority 1: Maximise the contribution of VBHC to the Social Model for Health and Wellbeing

HDdUHB will strengthen the role of VBHC in supporting prevention, community resilience, and the wider determinants of health, ensuring that value is generated long before people require hospital-based care. This will be delivered through:

- Working in partnership with the Centre for Social Innovation at the University of Wales Trinity St David, to support community-focused approaches, including the Community Health and Wellbeing Workers programme, to improve outcomes through earlier, person-centred intervention.

- Examining and promoting preventative and lifestyle-based approaches, including lifestyle medicine, behaviour change and supported self-management, to improve health outcomes at reducing the need for more complex or acute interventions. This will support the work on Health Coaches and Community Health and Wellbeing Workers.

- Strengthening the use of population segmentation and insight, ensuring that interventions are designed and targeted to the needs of different population groups across the life course.

- Ensuring VBHC supports a shift towards building health in our communities, not just managing illness, by aligning resources to prevention and early intervention where the potential value is greatest.

- Evaluating social investment models, which are geared towards enabling early intervention and prevention.

Priority 2: Maximise VBHC implementation and impact in Primary Care

We will collaborate more closely with Primary Care colleagues to advance our collective understanding of individuals and segments of our population. We will seek to share data so that we can identify and address the needs of our population, understanding the key role that Primary Care has in the pathway of care. We will achieve this by:

- Working with Primary Care colleagues on shared VBHC initiatives that seek to improve outcomes and reduce variation in all parts of the healthcare system.

- Developing an understanding of the existing data that is collected routinely in Primary Care and working towards the collection of standardised outcome measures throughout the life course of our citizens to understand then things that are important to them in all parts of their life.

- Aligning VBHC with Primary Care transformation programmes, including chronic disease management, urgent primary care, and preventative pathways.

- Strengthening collaboration between Primary Care, Community Care, Public Health, and CCGs, ensuring that a consistent VBHC methodology underpins pathway development and resource allocation across the interface.

Priority 3: Develop a strong ‘people and communities’ approach.

To understand and demonstrably respond to the collective voice of our population voice, we will:

- Set up and routinely engage with a citizen panel, which may co-opt individuals as specific service areas are considered. This will also include patient advocacy groups to provide summarised feedback.

- Develop and strengthen community-based approaches that embed prevention into all pathways and address unmet social need.

- Ensure that PROM and PREM data is transparently fed back to individuals and to the wider population to provide assurance that the voice of the population is being heard and considered in all that we do.

- Work with citizens in the co-design of services, considering the activities that they believe add highest and lowest value so that through approaches like the Socio-Technical Allocation of Resources (STAR) we can move scarce resources to where they will have the greatest impact.

Delivering the plan: how the VBHC Team will work

Delivering this Strategy requires a clear operating model for how the VBHC Team will support clinical and operational services to translate insight into measurable improvement. The VBHC Team will act as an enabling function: building capability, providing analytical and methodological support, brokering partnerships, and helping teams to prioritise and deliver change that improves outcomes, experience, equity, and stewardship. Our approach will be practical and delivery-focused, working alongside CCGs, corporate functions, and system partners to embed VBHC into routine planning and improvement, rather than running standalone projects.

How we will organise the VBHC Team

- Value partnering with services –VBHC resources will align with CCG priorities and help teams define the outcomes that matter, interpret variation, and support services to turn insight into actionable improvement plans.

- Insight and analytics – a dedicated analytical function will develop and maintain the VBHC scorecard, support segmentation, and risk stratification, and provide timely pathway insight (PROMs/PREMs, utilisation, variation and equity) to inform decisions.

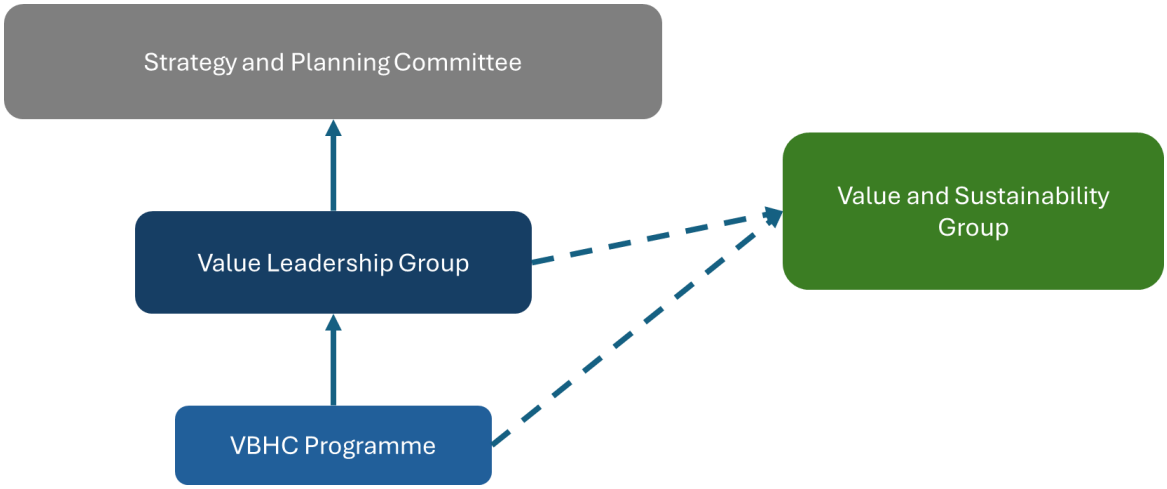
- Improvement and implementation support – improvement practitioners will support prioritised pathway redesign and evaluate the impact of those changes.

- Education, coaching, and community of practice – the team will curate learning pathways (including the Swansea University partnership), provide coaching, and convene a multi-professional VBHC community to spread effective practice.

- Partnership and system working – a system interface will connect VBHC work with Primary Care, Local Authorities, Public Health, Third Sector and neighbouring Health Boards, supporting shared outcomes and whole-system pathway change.

Governance, prioritisation, and decision-making

- Strategic oversight will be provided through the Value Leadership Group, with Board assurance via the Strategy and Planning Committee (SPC):



- A transparent prioritisation process will be used to select pathways and improvement opportunities based on population need, outcomes opportunity, unwarranted variation, equity impact, feasibility, and system sustainability.

- Integration with planning cycles – VBHC insight will be embedded into annual and medium-term planning, business cases, and investment decisions so that value considerations shape resource allocation and delivery commitments.

- Value Delivery Fund as an enabler – where used, investment will be time-limited and focused on implementation support and transition to higher value care, with clear benefits realisation and sustainability plans, including the reduction of low value activity where appropriate. Wherever possible, this will be through 'buying out' time of staff to work on implementing VBHC approaches within their structure. It is recognised that occasionally the VBHC Team will need to be bolstered to directly support.

- Clear escalation and assurance – delivery risks (e.g., digital dependency, capacity constraints, clinical safety, or inter-organisational barriers) will be escalated through agreed governance routes, supported by routine reporting against the VBHC scorecard.

Ways of working

The VBHC Team will work to support operational and corporate teams to facilitate their work in improving the outcomes for our population. We will achieve this through:

- Co-delivery with frontline teams – VBHC work will be delivered in collaboration with operational teams, with clear roles, timelines, and system ownership for implementation.

- Regular delivery rhythm – routine pathway 'huddles' to review insight and progress, with quarterly value reviews to evaluate benefits realisation, learning, and next priorities.

- Standard products and toolkits – the VBHC team will support services with consistent templates for pathway baselines, outcomes sets, measurement plans, value cases, and benefits tracking.

- Knowledge management – learning from pathway work will be documented and shared across the organisation through a VBHC community of practice and accessible resources.

Engagement and communications

- Population voice at the centre – PROMs/PREMs and qualitative feedback will be routinely used alongside clinical and operational data, with transparent feedback to people and communities on what we heard and what we changed.

- Citizen and patient involvement – the VBHC Team will support the development and facilitation of a citizen panel and pathway specific engagement, enabling co-design and ensuring improvement is grounded in lived experience.

- Staff engagement and capability – we will use a clear communications plan to explain the purpose of VBHC, celebrate progress, and make it easy for teams to access support, training, and practical tools.

- Partner alignment – communications and engagement will be coordinated with system partners so that shared outcomes, responsibilities, and dependencies are explicit, supporting smoother whole-system delivery.

Success will be judged by demonstrable improvement in outcomes that matter to people, measurable reductions in inequity and unwarranted variation, improved patient outcomes and experience, stronger equity, and clearer stewardship of resources. The VBHC scorecard will provide a consistent line of sight from pathway activity to organisational priorities, and will support regular review, learning and accountability. By working in this structured way, the VBHC Team will help HDdUHB move from pockets of innovation to a coordinated, outcomes-driven system that reliably delivers higher value care.

2.4 **10:20, 0 Mins**

2.4 - DEFERRED: Pharmaceutical Needs Assessment: Annual Review

Mark Henwood (Hywel Dda UHB - Executive Medical Director), Owain Williams (SBU - Pharmacy & Medicines Management)

For assurance

3

10:20, 0 Mins

---

3 - Population Health, Primary and Community

3.1

10:20, 10 Mins

3.1 - Planning Goal 4: Community by Design

Gareth Cottrell (Hywel Dda UHB - Deputy Chief Operating Officer), Sarah Bolton (Hywel Dda UHB - Head of Primary Care Transformation)

For information

Attachments

3.1 SPCSBARCbDJune2026.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR STRATEGAETH A CHYNLLUNIO
STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 June 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Community By Design Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rhian Bond, Assistant Director of Primary Care

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Since the Community By Design (Primary Care and Community Services) Strategic plan update was presented to the Board in January 2026, work has focussed on the future model for Primary Care Clusters, with a further paper considered by Board on 28 May 2026.

Cefndir / Background

Primary Care Clusters have been functioning for several years and have contractual requirements that mainly link back into the General Medical Services contract. Cluster budgets have historically been allocated on a population basis allowing for time limited projects to be developed or commissioned to test innovation and improve population health. Whilst there have been a number of successful Cluster projects that have been positively evaluated, the scale-up and roll-out of those, to enable wholescale system change, has proved to be challenging. Clusters in their current format are limited in their ambition through funding, employment of staff and have limited system influence.

Hywel Dda University Health Board (HDdUHB) has seven Primary Care Clusters across three counties, supported by Professional Collaboratives and with oversight through the “Healthier” county-based groups (otherwise known as Pan Cluster Planning Groups). Whilst there is strong clinical support and evidence of local, small-scale innovation, the remit of Clusters largely provides a co-ordination function, which is project focused, with short-term funding, limited influence over commissioning decisions and weak alignment between ambition and resource allocation.

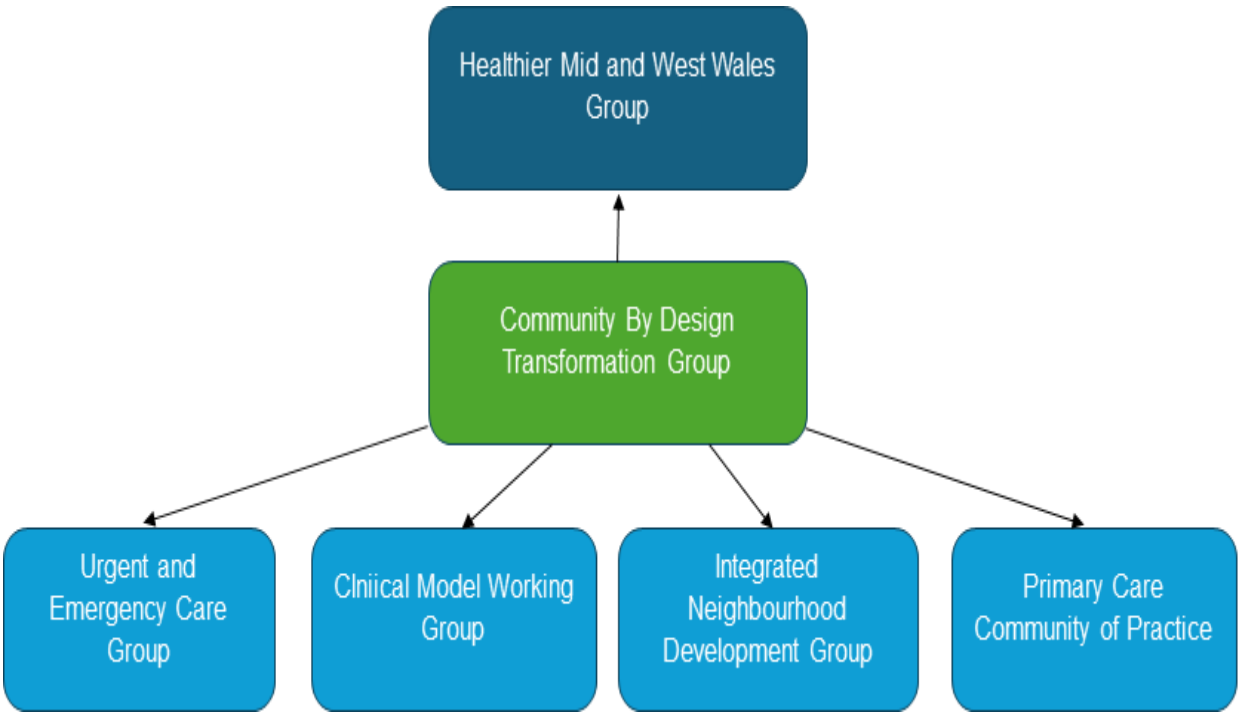
The future aspiration is to recognise the work that Clusters have undertaken but seeking to move forward with a new model that shifts the focus from short term funded projects on a small scale to enhanced clinical leadership on a system wide basis that drives sustainable change and improved patient outcomes by ensuring that the work is coterminous with the 20four7 programme. The development of Integrated Neighbourhoods that report into system wide leadership is a key development in moving from the current “project” focussed model into wider system leadership and development. There will be the opportunity through the Operational

services Organisational Change Process (OCP2) to consider how this leadership is shaped to drive both local operational and wider organisational strategic change.

Whilst there was a supportive discussion during the May 2026 Board meeting it was noted that further discussions on the proposed revised model were required through a future Board Seminar session.

Asesiad / Assessment

To ensure that appropriate oversight arrangements are in place, it is proposed that the current meeting structure and arrangements across a number of key areas are revised and brought into a new reporting structure, whilst also ensuring that the Health Board is able to meet the national requirement for a local Community By Design meeting.



The Community by Design Transformation Group is being established to provide strategic oversight and direction for the implementation of the Community by Design transformation programme locally. It will ensure delivery aligns with national requirements and the Health Board's strategic objectives, monitors progress and performance across key workstreams, supports the development of integrated community-based services, and enables resolution of barriers, risks, and variation to drive sustainable system-wide change. Reporting into the Healthier Mid and West Wales Group, the Community By Design Transformation Group will focus on linking the national CbD work into the HDdUHB context, having oversight of the HDdUHB Community By Design Strategic Plan, oversight of the Integrated Neighbourhood plan, supporting the operationalisation of the 20four7 programme across Primary Care, oversight of the Urgent and Emergency Care (UEC) programme and the Clinical Model for Primary Care. The Group will seek to commission the Primary Care Community of Practice Group to deliver a programme of work that supports the strategic objectives.

Terms of Reference for the sub groups will be developed and considered at the first meeting of the Community By Design Transformation Group which is being arranged for mid-July 2026.

The current Locality Leads meetings will be reorganised into quarterly development sessions as the Clinical Leads and Integrated Neighbourhood Leads will be engaged through the

Primary Care Community of Practice and Integrated Neighbourhood Development groups with the chairs reporting into the Community By Design Transformation Group.
Argymhelliad / Recommendation The Committee is asked to **NOTE** the Community By Design Update report.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.15.Seek assurances on the development and delivery of the Primary Care and Community Strategic Plan.
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	7 Primary and community strategic plan
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 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 6. Contribute to global well-being through developing international networks and sharing of expertise 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Not Applicable

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable

Cydraddoldeb: Equality:	Not Applicable

3.2

10:30, 10 Mins

3.2 - Annual Managed Practices Assurance Report

Gareth Cottrell (Hywel Dda UHB - Deputy Chief Operating Officer), Anna Swinfield (Hywel Dda UHB - Head of GMS Sustainability (Primary Care))

For assurance

Attachments

3.2.1 SPC SBAR Managed Practices June 2026.pdf

3.2.2 App 1 HDU-2526-25 Managed Practices - Final Internal Audit Report.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR STRATEGAETH A CHYNLLUNIO
STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 June 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Annual Review of Managed Practices
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rhian Bond, Assistant Director of Primary Care

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

At the time of review, no formal mechanism was in place for the oversight of Health Board Managed Practices. This prompted a discussion within the Primary Care Contracts Review Group (PCCRG), including the Local Medical Committee (LMC) member, who agreed that the introduction of a process would provide appropriate oversight and help inform the future direction of Managed Practices.

Cefndir / Background

An Internal Audit report into Managed Practices was undertaken in the latter part of 2024 and published in early 2026 (Appendix 1). The report provided a reasonable assurance, with limited assurance and a high priority regarding Managed Practice budgets and the future strategic direction for Managed Practices.

Work had previously been undertaken in establishing baseline budgets for Managed Practices. However, these had not been finalised, and a programme of work is ongoing to agree a baseline budget that is aligned to the current General Medical Services (GMS) contract. This allows for an element of adjustment to take into account the increased costs associated with running a service that has an element of GP locum reliance, along with Transfer of Undertakings (Protection of Employment) (TUPE) staff and Agenda for Change rates of pay (Agenda for Change is not mandated as a pay scale for staff in independent contractor practices).

A strategic plan for Managed Practices had been considered by the Health Board in March 2023; however, this had been superseded with the work to develop the Primary Care and Community Services Strategic Plan (Community By Design). No decision on whether the future model of GP Practices in Hywel Dda University Health Board (HDdUHB) should continue as a mixed economy of independent and managed practices has been reached.

There is no formal mechanism to consider how to return a Health Board Managed Practice back into independent contractor status, however the recent consideration around options for the future of Meddygfa'r Sarn was undertaken in line with the 2006 (063) Welsh Health Circular General Medical Services Practice Vacancies – A Guide to Good Practice. Noting that this guidance is circa 20 years old, this is currently subject to national review, with the expectation that new guidance will be issued.

The current Vacant Practice Process (VPP) requires the Health Board to convene a panel to consider the future of a GP Practice with the outcomes being:

- Commissioning of an Independent Contractor GP Practice either through a GMS or an Alternative Provider Medical Services (APMS) contract
- Dispersal of a Practice list to other neighbouring practices
- Health Board Managed Practice

The membership of the VPP includes representatives from the Local Medical Committee and Llais; however, both have declined voting rights. As a result, recommendations are made by Health Board officers and subsequently considered by the Board.

Asesiad / Assessment

The first annual review of the HDdUHB Managed Practices was held on 22 April 2026. The purpose of the Panel is to consider each managed practice on its own merits and make a recommendation for consideration by a Vacant Practice Panel for the future of that practice. It makes recommendations on the ongoing management or reconfiguration of practices, including potential contractual changes, and supports the development of the Health Board's broader strategic plans. Whilst there has been an upward trend in the recruitment of salaried GPs, there continue to be challenges within the administrative and nursing teams across the majority of the practices that is impacting on service delivery and operational management.

The Panel recognised that the time allocated to the discussion was limited and therefore there were some common challenges such as budgets and workforce that were applicable across several of the practices. Members believed that there was no opportunity to test the market with any of the Managed Practices until such point as the budgets were finalised and the full range of expenditure was available as any procurement exercise would need to be explicit around both the contract value and the associated costs in running the practice, as well as identifying income streams, to ensure that due diligence could be undertaken to safeguard the ongoing sustainability of the practice.

Members also noted that, due to historical recruitment challenges, some Managed Practices had adopted a multi-disciplinary team approach. However increased recruitment of salaried GP has since created tensions within this model and contributed to financial instability. It was also recognised that the recent advice around TUPE when "managing out" a Managed Practice could result in making them less attractive due to existing terms and conditions and rates of pay that are not replicated in independent contractors.

Members of the Panel thought that an annual review of managed practices was appropriate, however without the information required to enable them to be considered as a realistic opportunity this was not something that could be recommended on this occasion. Work is in train to have final budgets in place by 30 June 2026; in doing this work it is recognised that

some of the current budgets may require adjustment and where this is the case a reduction or agreed investment plan will be needed.

Currently the Managed Practices have established Planning and Performance as well as Quality Health and Safety meetings in the diary to have oversight and transparency of their management and any arising issues.

By default, the very issues that are reported as risks around the continued management of managed practices (premises, workforce etc) were the very issues that prevented the panel from being able to make a recommendation on the way forward for each Practice. It is therefore proposed that on conclusion of the budget setting work, the team undertakes an internal review on each of the managed practices to develop a prioritised list for consideration at the next review meeting, with those that have limited risk around budget and workforce being considered first. It is anticipated that this will be undertaken in Quarter 3 to allow for consideration and future reporting on the recommendations ahead of the next financial year.

Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** the process that has been established
- **RECEIVE ASSURANCE** that a regular review of managed practices will be undertaken to assess their longer-term feasibility.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.14.Seek assurance on plans, systems and processes to deliver health improvement and increase health equity and seek assurance on the work of the Health Board to reduce avoidable health inequalities. 3.1.15.Seek assurances on the development and delivery of the Primary Care and Community Strategic Plan.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	2209 Risk of service disruption due to lack of alternative premises (8) 1852 Risk of non-compliance with national premises guidance due to occupational arrangements (9) 1109 Risk of no doctor days in managed practices (6) 1851 Risk of clinical error in managed practices due to electronic notes not being summarised to the required standard (8) 1850 Risk of infection in managed practices due to inadequate cleaning (12) 2210 Risk to inadequate service delivery in managed practices due to staffing (16)
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	7 Primary and community strategic plan
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:	Not Applicable
Rhestr Termau: Glossary of Terms:	Not Applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	A budget review to ensure that the managed practice allocations are in line with contractual direction and have an element that allows for Health Board management will hopefully assist in reducing the current risk of over expenditure against budget.
Ansawdd / Gofal Claf: Quality / Patient Care:	Any adjustment (positive or negative) in the current clinical staffing model could have an impact on patient care and outcomes
Gweithlu: Workforce:	Staff are likely to feel challenged by any formal process to change the status quo of managed practices which is likely to impact on retention.

Risg: **Risk:**	Not Applicable
Cyfreithiol: **Legal:**	Not Applicable
Enw Da: **Reputational:**	Any change around a GP practice is likely to raise reputational challenges from both a political and media perspective
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Not Applicable

Managed Practices

Final Internal Audit Report

2025/26

Hywel Dda University Health Board



Reasonable Assurance

Contents

Executive Summary 1
Findings & Agreed Action Plan 3
Appendix A 9

Review Reference	HDU-2526-25
Fieldwork	September – November 2025
Executive Sign Off	3 February 2026
Audit Committee	10 February 2026
Executive Lead	Andrew Carruthers, Chief Operating Officer
Audit Team	James Johns, Head of Internal Audit
	Sophie Corbett, Deputy Head of Internal Audit

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

Executive Summary

Purpose

Health boards have a statutory duty to ensure the delivery of primary care medical services to their resident population. In the absence of a GP partner contract, it is sometimes necessary for the Health Board to directly manage a practice to ensure service continuity. This is a broad scope, high level review to assess the arrangements in place for the management of key systems and risk areas in relation to Health Board managed practices.

Overview

It was pleasing to note that operational governance arrangements introduced in April 2025 have been adopted, with a Managed Practice Integrated Governance Group holding regular Business, Planning, Performance & People and Quality Health & Safety meetings following the recommended agenda template. These meetings incorporate risk, finance, workforce and quality/safety matters. Engagement with finance business partners has improved during 2024/25, and workforce metrics are positive.

We have concluded **Reasonable** assurance overall. The matters requiring management attention include:

1. Inconsistent risk management practices, with some risks recorded and managed via Datix and others recorded and managed via practice-level registers which in some cases do not follow the Boards risk management methodology. **[Finding 1]**
2. Risk is a standing agenda item for the Managed Practice governance groups and there was evidence of discussion of a specific risk, but there was no evidence that risk registers have been presented and discussed. **[Finding 2]**
3. Budgets are based on historic GMS allocations at the point of transfer to the Health Board and do not reflect actual requirements. **[Finding 3]**
4. Complaints registers were not available for three practices, and those that were do not follow a consistent format. Complaints received and managed by the practices are not graded in line with PTR. **[Finding 4]**
5. A small number of incidents dated prior to March 2025 remain open. **[Finding 5]**
6. The strategic vision for managed practices presented to the Board in March 2023 requires updating. **[Finding 6]**

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

Scope & Assurance Summary

Objectives (The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.)		Related Findings	Assurance
1	Risks are identified, monitored and managed.	1, 2	**Reasonable**
2	Budgets are determined in line with the GMS contract and financial performance monitored.	3	**Limited**
3	Incidents, complaints and claims are managed and monitored to assess and ensure quality and safety of services to patients.	4,5	**Reasonable**
4	Staff absence, training and performance is managed and monitored.	-	**Substantial**
5	Performance measures have been defined and are regularly monitored and reported within the Health Board.	-	**Substantial**
6	A strategy for transitioning managed practices back to commissioned services via the GMS contract has been developed and progress reported to the Health Board.	6	**Limited**

Management Actions

2

High Priority

4

Medium Priority

Themes



Risk Types

Financial Loss

Legal & Regulatory Non-Compliance

Quality or Safety Issues

Findings & Agreed Action Plan

Objective 1: Risks are identified, monitored and managed	Reasonable

There are eight risks related to managed practices recorded on Datix, including six amber and one red all of which are above tolerance with mitigating actions identified and evidence of regular review. Most risks are generic and applicable to all practices.

In addition to the risks on Datix, the managed practices within Pembrokeshire also maintain a separate risk register with more operational, practice specific risks recorded. A number of issues were identified with these registers. Separate registers are not maintained for the Carmarthenshire practices. **[Finding 1]**

Whilst risk features as a standing agenda item for the *Managed Practices Integrated Governance Group (IGG)* meetings, risk registers (Datix or otherwise) have not been presented and discussed. However, there is evidence of regular discussion of one Datix risk and escalation to the Primary Care CCG IGG. **[Finding 2]**

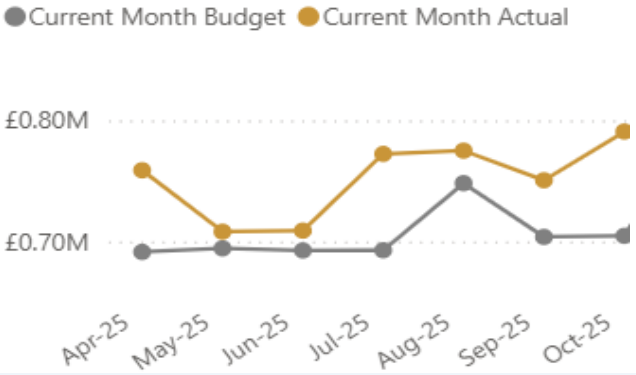
	Key Findings	Risk & Impact	Agreed Management Action
1	**Inconsistent Risk Management Practices** Risk management practices are inconsistent, with practice-level risk registers are maintained by practices in Carmarthenshire but not by those in Pembrokeshire. The risks on these registers are not recorded on Datix. In addition: • Target scores have not been identified so it is not clear whether the risks are within or above tolerance (and therefore whether further action and/or escalation is required). • In some cases the risk assessment matrix had not been correctly applied to determine the current risk assessment score and RAG rating, which could cause confusion and misinterpretation of the risk significance. • Ashgrove risks had not been reviewed since April 2025	Materialisation of risks due to improper management/mitigation.	**Agreed Action:** Risks for all MPs will be reviewed, streamlined and captured and managed via the Datix system. All risks will be reviewed and discussed through the Managed Practice IGG QHS meeting escalating as appropriate into the Primary Care CSG IGG QHS meeting. **Expected Evidence of Implementation:** Evidence of risk review (e.g. date of last review, progress update) and all open risks recorded on Datix. Evidence (e.g. minutes/papers) of review/discussion of risks at the Managed Practice IGG QHS meeting, with onwards escalation to Primary Care CSG IGG QHS meeting (where appropriate).
		Medium Priority	**Officer:** Anna Swinfield, Head of GMS Sustainability **Target Implementation Date:** 31 March 2026
	Theme: Risk Management	Control Design	
2	**Risk Monitoring & Reporting** Risk a standing agenda item for the Managed Practices Integrated Governance Group meetings and there is evidence of discussion of a specific risk (Tenby Surgery water ingress).	Materialisation of risks due to improper management/mitigation.	**Agreed Action:** The individual MP risk register will be presented and discussed at each Managed Practice IGG meeting. Managed Practices will be reminded that they are responsible for their individual Practice risk monitoring and reporting.

	However, risk registers (Datix or otherwise) have not been presented and discussed.		**Expected Evidence of Implementation:** Managed Practice IGG agendas/papers/action notes demonstrating review of risks.
		Medium Priority	**Officer:** Anna Swinfield, Head of GMS Sustainability
	Theme: Risk Management	Control Operation	**Target Implementation Date:** 31 March 2026

Objective 2: Budgets are determined in line with the GMS contract and financial performance monitored — Limited

The core budget component for practices operating under the GMS contract is the Global Sum, calculated based on a per-patient capitation formula adjusted for practice list size and demographics. For health board managed practices, the annual budgets are based on the historic GMS allocation at the time the practice transferred to the health board. We are advised that there are difficulties in operating managed practices within the global sum allocation due in part to variation in pay costs, and there have been limited adjustments to account for capitation changes or inflation increases (with the exception of pay awards). Workforce establishment reviews were ongoing at the time of audit. **[Finding 3]**

We were advised that finance meetings did not take place during 2024/25. However, with effect from April 2025, financial performance is now monitored via the monthly *Managed Practice IGG Business, Planning, Performance and People (BPPP)* meetings, with Finance Business Partner representation. Although no reports were taken to the meetings held April – August, a formal finance report covering in month overview, budget statement, staff analysis and savings was taken to the September and October 2025 meetings.



2025-26	Budget	Forecast Variance Y/E	
Pay	£7,059,929	£1,029,220	15%
Non-Pay	£940,445	£46,330	5%
Total	**£8,000,374**	**£1,052,662**	**13%**

Figure 1 Financial Position as at M5

Key Findings		Risk & Impact	Agreed Management Action
3	**Budget Setting** Budgets are based on historic GMS contract allocations at the point of becoming a managed practice, in some cases many years ago, and are therefore require review and updating to reflect actual requirements. Workforce establishment reviews	Budgets are inaccurate and outdated potentially resulting in under/overspend, inability to effectively	**Agreed Action:** Managed practice budgets will be reviewed and updated where appropriate to achieve better alignment with GMS contract funding arrangements, and incorporate the outcomes of the ongoing workforce establishment reviews.

	were ongoing at the time of audit with an anticipated completion date of March 2026.	manage financial performance, and poor decision-making.	**Expected Evidence of Implementation:** Outcome of budget review / updated budgets.
		High Priority	**Officer:** Anna Swinfield, Head of GMS Sustainability
	Theme: Finance Management & Control	Control Design	**Target Implementation Date:** 30 June 2026

Objective 3: Incidents, complaints and claims are managed and monitored to assess and ensure quality and safety of services to patients — Reasonable

Complaints

There is no single central record of complaints relating to managed practices. **[Finding 4]**

Complaints received direct to the practice are managed by the Practice Manager and recorded on local, manual complaints registers – they are not recorded on Datix. Review of the complaints registers for Minafon, Sarn and Tenby noted inconsistent format, and complaints are not graded in line with the Putting Things Right guidance. A total of 29 complaints are recorded across the three practices since March 2025, seven (24%) of these remain open. Registers were also requested but not received for Ashgrove, Penrhyn or Neyland. **[Finding 4]**

Complaints made directly to the Health Board are recorded on Datix. Review of Datix identified 19 complaints received since January 2023, three of which remain open. All closed complaints were graded 1 ("low to medium harm or service disruption" as per PTR guidance) at outcome stage.

Incidents

Incidents are reported by the Practice to the Datix Team for recording on the Datix system. There are 22 incidents recorded since March 2025; 68% have a 'reporters initial harm assessment' of 'Low' or 'None' and 77% are closed. A small number of incidents reported prior to March 2025 (with one dating back as far as November 2023) remain open. **[Finding 5]**

Claims

Four claims were opened during 2024, all managed by the Health Board legal team. No claims have been opened in 2025. Concerns are a standing agenda item on the *Managed Practice IGG – Quality Health & Safety (QHS)* meetings.

Key Findings		Risk & Impact	Agreed Management Action
4	**Complaints Registers** We were unable to confirm whether complaints registers are maintained for Ashgrove, Penrhyn or Neyland practices. The registers maintained by Minafon, Sarn and Tenby do not follow a consistent format – the registers used in Minafon and Sarn are more comprehensive.	Lack of oversight of complaints. Signs of systemic issues (such as repeated or serious complaints) may be missed. Non-compliance with PTR.	**Agreed Action:** A standard template will be issued to managed practices for recording complaints received by the practice. All formal complaints will be captured on Datix to ensure there is appropriate oversight and support provided (where required) to ensure that the complaint is managed and responded to in accordance with the PTR regulations.

	Complaints received and managed by the practices are not graded in line with Putting Things Right guidance.		All complaints will be reviewed by the Managed Practice IGG QHS meeting **Expected Evidence of Implementation:** Consistent complaints registers for all managed practices, recording the Datix reference number as confirmation of it has been captured on the system. Evidence (e.g. minutes/papers) of complaints reviewed/discussed at CSG IGG QHS.
		Medium Priority	**Officer:** Anna Swinfield, Head of GMS Sustainability **Target Implementation Date:** 31 March 2026
	Theme: Information, Data Quality & Data Accuracy	Control Design	
5	**Open Incidents** A datix report of all incidents recorded for managed practices for the period October 2023 – September 2025 identified five incidents (two severe, three moderate) reported prior to March 2025 that remain open.	Failure to learn from incidents resulting in recurrence. Patient harm / negative experience. Non-compliance with PTR.	**Agreed Action:** Open incidents will be reviewed by the individual Practice Manager to ensure that they have been concluded, and subsequently closed on Datix. **Expected Evidence of Implementation:** Aged incidents closed (where appropriate).
		Medium Priority	**Officer:** Anna Swinfield, Head of GMS Sustainability **Target Implementation Date:** 31 March 2026
	Theme: Quality, Safety & Patient Experience	Control Operation	

Objective 4: Staff absence, training and performance is managed and monitored — Substantial

Sickness Absence

Managed practices utilise the All Wales Managing Attendance at Work Policy for the management of sickness absence. As of October 2025, the sickness absence rates for Pembrokeshire and Carmarthenshire managed practices was 3.53% and 7.82% respectively. The higher sickness rate in Carmarthenshire exceeds the Health Board aspiration <6.6% and is attributed to long-term illness.

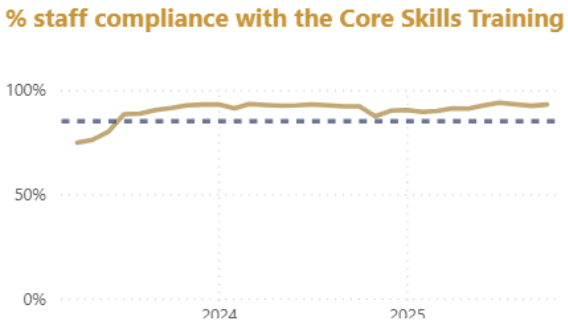
Statutory & Mandatory Training

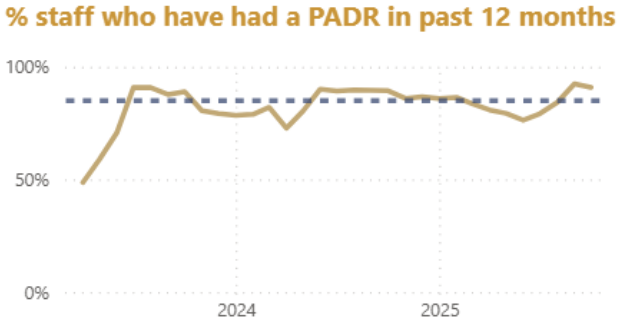
Mandatory training compliance exceeds the Health Board target of 85% with compliance rates for Pembrokeshire and Carmarthenshire practices at 98.5% and 92.6% respectively.

Performance

Managed practices utilise the standard Health Board template for PADRs, and compliance exceeds the Health Board target. Sample review of PADRs confirmed that they had been completed, using the appropriate template and had been completed to a high standard.

Workforce matters, including absence training and performance, are a standing agenda item for the *Managed Practice IGG BPPP* meetings.





Objective 5: Performance measures have been defined and are regularly monitored and reported within the Health Board — Substantial

Workforce and finance performance is monitored through the Health Board IRIS Power BI dashboards and discussed at the Managed Practice IGG meetings, which are aligned to the standard agenda templates for Clinical Care/Service Group governance meetings. These are covered in more detail under each objective.

Objective 6: A strategy for transitioning managed practices back to commissioned services via the GMS contract has been developed and progress reported to the Health Board	Limited

A paper to the Health Board in March 2023 set out the strategic vision for managed practices, acknowledging the challenges faced in securing GMS contracts but also recognising the benefits and opportunities that Health Board managed practices can present.

There have been no further updates following this paper and it is not clear what the current strategic plans are for managed practices, with one exception - we understand that the Vacant Practice Panel met is due to convene to consider expressions of interest received in relation to one practice, with a view to making a recommendation to the Board in this regard.

Key Findings		Risk & Impact	Agreed Management Action
6	**Managed Practices Strategy** The strategic vision for managed practices presented to the Board in March 2023 requires updating to reflect the current position and strategic intentions for the future of managed practices. This is important for determining the extent to which a practice is integrated into Health Board operations, future financial and service planning.	Lack of strategic direction for managed practices. Increased strategic risk regarding future GMS contract management.	**Agreed Action:** A recommendation following a Vacant Practice Panel for Meddygfa'r Sarn will be considered by Board in January 2026. The commitment has been given to establishing an annual review process for Managed Practices which will start in 2026/27. The Primary and Community Services Strategic Plan will take into consideration the future delivery model for General Medical Services which may include Managed Practices
			Expected Evidence of Implementation: Outcome of Board discussion in January 2026. Implementation of a Managed Practice annual review process Evidence of reporting to Board.
		High Priority	**Officer:** Anna Swinfield, Head of GMS Sustainability **Target Implementation Date**: 31 May 2026
	Theme: Strategy	Control Design	

Appendix A

Assurance Opinion

 **Substantial**	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
 **Reasonable**	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
 **Limited**	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
 **Unsatisfactory**	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
 **Advisory**	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Hywel Dda University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Hywel Dda University Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership]

3.3 **10:40, 10 Mins**

3.3 - Healthy Weight Implementation Plan

Bruce Bolam (Hywel Dda UHB - Deputy Director Public Health/Consultant in Public Health), Zoe Paul-Gough (Hywel Dda UHB - Head of Nutrition and Dietetics Service), Claire jones (Hywel Dda UHB - Weight Management Clinical Pathway Lead)

Attachments

3.3.1 SPC SBAR Healthy Weight Plan 26 June 2026.pdf

3.3.2 SPC Healthy Weight Implementation Plan 2026-2029 Final Draft 03.06.20~.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Pwyllgor Strategaeth a Chynllunio
Strategy and Planning Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	25 June 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Healthy weight implementation plan and 2026-27 delivery priorities
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Dr Ardiana Gjini, Executive Director Public Health
SWYDDOG ADRODD: **REPORTING OFFICER:**	Dr Bruce Bolam, Deputy Director / Consultant in Public Health, Elin Brock, Head of Research, Innovation & Improvement Claire Jones, Weight Management Clinical Pathway Lead Zoe Paul-Gough, Head of Nutrition and Dietetics Service

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

Welsh Government has identified healthy weight, particularly among children and young people (CYP), as a priority area for prevention and population health in 2026–27. The Healthy Weight Oversight Group serves as the key governance forum within Hywel Dda University Health Board (HDdUHB) for overseeing and aligning services and partnership activities aimed at promoting a healthy weight.

Healthy weight is increasingly recognised as a population health protection issue, driven by avoidable and unfair differences in exposure to unhealthy environments, including the commercial determinants of health such as food availability, pricing and marketing.

This report aligns the Plan with a Marmot-informed approach, ensuring that from the outset the healthy choice is the easy choice, with explicit focus on reducing inequalities.
The foundations of a whole-systems regional approach to healthy weight are in place through the Whole Systems Approach (WSA), delivered under the Healthy Weight: Healthy Wales (HWHW) strategy. This approach focuses on coordinated, system-wide action to address the wider environmental and societal determinants of healthy weight.

While this will deliver meaningful benefits over time, current capacity remains insufficient to meet population need. This is reflected in the scale of the challenge, with two in three adults and almost one in three children and young people in our region living with overweight or obesity.

The Healthy Weight Implementation Plan 2026/27 to 2028/29 (the Plan), attached at Appendix 1, reflects national and Health Board strategic priorities and sets out evidence-based actions deliverable within existing resources. It will underpin future business cases to

scale effective interventions, progressively working towards our goal to increase the proportion of adults, children and young people at a healthy weight at a population level.

This report seeks approval of the Plan by Strategy and Planning Committee (SPC), for subsequent Board ratification.

Cefndir / Background

The national and health board context

Healthy Weight, Healthy Wales is the long-term national strategy to prevent and reduce obesity. Healthy weight is a Welsh Government NHS delivery expectation for 2026–27, with an emphasis on CYP. Evidence supports this preventive focus as obesity in early life continues into adulthood: around 55% of children living with obesity continue to live with obesity during adolescence, and approximately 80% of adolescents living with obesity go on to live with obesity as adults.

Healthy weight is one of HDdUHB's most pressing population health challenges. Two in three adults, and almost one in three children and young people across our region, are living with overweight or obesity, with the highest rates concentrated in our most disadvantaged communities, notably including Llanelli, Carmarthenshire.

The Plan is aligned with the Well-being of Future Generations (Wales) Act and positions healthy weight as both a long-term prevention priority and a children's rights issue, recognising the need to reduce inequitable exposure to unhealthy environments across the life course.

The evidence shows that obesity is not evenly distributed, however follows a clear social gradient, reinforcing this as a Marmot inequality issue requiring system-level action, not solely individual behaviour change.

Weight-related avoidable healthcare demand

The prevalence of diabetes in HDdUHB is already above the Welsh average and continues to rise, with around 8.4% of adults (approximately 28,000–29,000 people) living with Type 2 Diabetes, projected to increase to nearly 39,500 by 2030 if current trends continue. This creates significant and avoidable pressure on urgent and emergency care, with around one in six of our hospital beds occupied by people with Type 2 Diabetes, many of whom have multiple long-term conditions linked to unhealthy weight.

While the Health Board's Diabetes Planning and Delivery Group is overseeing improvements in early identification and management through delivery of the Welsh Government Diabetes Quality Statement, further progress is increasingly constrained by rising weight-related prevalence, workforce pressures and widening social inequality. Sustained improvement therefore depends on strengthening primary prevention and addressing the underlying determinants of healthy weight, which is a core purpose of the Plan.

These determinants include commercial, environmental and socio-economic drivers, where communities in more deprived areas experience higher exposure to unhealthy food environments, lower access to healthy options, and fewer opportunities for physical activity.

HDdUHB response

The Healthy Weight Oversight Group, established in October 2024 as part of Public Health governance arrangements reporting to A Healthy Mid and West Wales (AHMWW) Group, has developed a three year Plan that provides the organising framework for aligning healthy

environments, healthier settings, and strengthened weight management pathways with wider Public Service Board (PSB) partnership action through the work of the Whole Systems Approach (WSA) team.

The Plan is structured around the four priority areas of the Healthy Weight, Healthy Wales strategy and in summary, the key actions are:

Healthy environments

- Work with local food partnerships to increase access to healthy food in deprived communities, reduce food insecurity and improve local food resilience.
- Collaborate with the Welsh Institute of Physical Activity, Health and Sport, alongside Activate West Wales and the Mid Wales Sports Partnership, to increase physical activity among Health Board staff and across the region.

Healthy settings

- Improve the availability, pricing, placement and promotion of healthier food and drink across retail, catering and vending on Health Board sites.
- Increase promotion and provision of healthy food in early years and schools settings.
- Increase and widen participation in parkrun and other physical activity opportunities among staff, patients and communities.

Leadership and enabling change

- Ensure whole-system governance and oversight and build leadership and operational capability across the Health Board and partner agencies.
- Through the WSA facilitate public sector action on healthier, more sustainable and local food procurement as a shared priority across the HDdUHB and Swansea Bay University Health Board (SBUHB), health economy and Public Sector Boards.
- Leadership for delivery sits with the Executive Director of Public Health Team, working through the Healthy Weight Oversight Group and Public Services Boards, ensuring an action-focused whole system approach aligned to regional partnership priorities, particularly public sector food procurement.

Healthy people

- Scale the first 1,000 days infant nutrition pilot across the Health Board.
- Expand access to universal and targeted lifestyle and weight management services, including establishing a Level 3 service for CYP.
- Strengthen and modernise the weight management pathway by improving digital and Level 2 access and integrating sustainable provision of Glucagon-Like Peptide-1 (GLP-1) medications.

The Plan has been developed to prioritise evidence-based actions deliverable within current resources and within the Health Board's scope of control. It will be used to develop business cases to build our capability and capacity to deliver our population health and healthcare goals.

Assessing impact

Our goal is to increase the proportion of adults and children who are a healthy weight. Currently, 63% of adults aged 16+ in HDdUHB are overweight or obese, including 27% who are obese (National Survey for Wales 2022–23). Among children, 28.5% of four- to five-year-olds are overweight or obese at school entry, with 13.9% classified as obese (Child Measurement Programme 2024–25).

While many drivers sit outside the Health Board's direct control, the Plan is designed to deliver year-on-year improvement through measurable changes in outcomes, service performance and system change, aligned to the four priority areas. Successful implementation is expected to support:

- Reduced inequalities in access to healthy food and physical activity;
- Increased participation in lifestyle and behaviour change programmes;
- More health-promoting early years and school environments;
- Improved access and outcomes within weight management services (including reduced waits for Level 2 and Level 3 and an equitable GLP-1 prescribing model embedded within multidisciplinary support).

A key deliverable is development of a set of proxy measures for avoidable healthcare utilisation attributable to overweight and obesity, for example emergency admissions for weight-related chronic conditions, prescribing volumes for associated conditions, elective procedures impacted by excess weight, and maternity outcomes linked to high maternal Body Mass Index (BMI). This will require agreed coding approaches and improved access to linked primary care data; initial work will focus on establishing consistent code sets and baseline trends for incorporation into the population health dashboard.

This Plan supports delivery of national expectations while positioning HDdUHB within the trajectory towards a Marmot-informed system and a nationally coordinated approach to reducing health inequalities.

Key issues
The scale of the challenge reflects system-wide inequities in exposure, requiring coordinated action across partners to influence the wider determinants of health.

The key challenge is our limited capacity and resource to influence population outcomes, given the scale and long-term increase in overweight and obesity, alongside the complex social, economic and environmental drivers of this issue.

Three additional key issues and opportunities are highlighted for awareness:
- Improving public sector food procurement (healthy, sustainable, local) as a regional WSA priority;
- Actions to meet Welsh Government expectations on child and youth obesity in 2026/27; and forward planning for the introduction of GLP-1 medications within the weight management pathway.

These are set out in further detail below.

Health board and partnership influence on healthy food access
Through the work of the regional WSA Team, and recognising the role of commercial determinants of health, action to improve public sector food procurement, action to improve public sector food procurement has been identified by all five Public Services Boards across HDdUHB and SBUHB as the top partnership priority. The Health Board has a considerable contribution to make as a productive partner and member of the PSBs.

Internal reviews show clear potential to improve the affordability, availability and promotion of healthier food across NHS sites through procurement, pricing, retail reform and alignment with forthcoming national High Fat, Salt and Sugar (HFSS) food regulations. A Healthy Food Provision Task & Finish Group is developing a phased improvement programme for executive approval and subsequent implementation over 12–18 months.

Action for CYP
A key element of the healthy weight implementation plan, three priority areas for children and young people underpin our 2026–27 delivery focus:

- Improving nutrition and infant feeding in the first 1,000 days, including increasing breastfeeding rates
- Achieving measurable improvements in healthy weight in preschool and school settings, with particular emphasis on disadvantaged communities
- Delivering a new CYP Weight Management Service

The first 1,000 days, from pregnancy to age two, are critical for lifelong health, shaping nutrition, development and emotional wellbeing. While breastfeeding rates in HDdUHB are higher than the Wales average, they decline by almost 50% between birth and six months, following the national trend.

To strengthen consistent, proactive and responsive infant-feeding support, the Health Board is maintaining UNICEF Baby Friendly Initiative (BFI) standards across health visiting services and working with maternity and neonatal services to support their implementation, demonstrating sustained excellence in breastfeeding support, infant feeding guidance and parent-infant relationship development. During 2026/27, the focus will be on scaling the pilot Infant Feeding Service across the region and embedding it into routine care.

Alongside this, early years and school-based programmes are central to building healthy behaviours. In 2026/27, further work will strengthen preschool and school capability across nutrition, oral health, physical activity and emotional wellbeing, as part of a whole system approach to health promoting early years and school settings. Targeted initiatives will be undertaken in Llanelli, a region that has some of the highest rates of childhood overweight and obesity within disadvantaged communities in Wales.

Weight management pathway development
Beyond partnership action on the determinants of healthy weight, the Health Board has a central role to play in the provision of the All-Wales Weight Management Pathway. In 2026/27 the Health Board will implement a Child and Youth Weight Management Service, aiming to improve outcomes for the 2,000 children with the most complex needs requiring structured support.

Furthermore, recent Welsh Government circulars on GLP-1 treatments, such as Tirzepatide (Monjaro®), introduce new governance requirements and financial risks. Public demand for these new therapeutics has driven rapid growth in demand for weight management services, while unstructured prescribing risks significant overspend, widening inequalities, and poor outcomes due to potential complications without appropriate wraparound and weight regain without behavioural support. The Health Board therefore requires a coherent, targeted prescribing approach embedded within the pathway.

A Task and Finish Group within the Healthy Weight Oversight Group has been established to interpret national guidance, evaluate operational and financial impacts, and propose an organisational strategy to address current service pressures while developing a forward plan for medium- to long-term scaling of access. This Group will engage with and be informed by national discussion on these issues.

Participation as a subcontractor in the successful national Obesity Pathway Innovation Programme (OPIP) bid, instigated in large part by HDdUHB and led by Public Health Wales, will provide around £840k to the Health Board over three years from 2026/27 to test new service models, combining improved digital support, GLP-1 medications and multidisciplinary care to support weight loss maintenance for priority patients. This approach will help pump-prime a sustainable and scalable Health Board model to manage demand for GLP-1

medications as an integrated element of our weight management pathway in an evidence-based, safe and systematic manner, though financial and sustainability risks will require careful oversight.

Asesiad / Assessment

Overall, the Plan represents a shift towards a prevention-led, population health protection approach, focused on reducing inequalities through system action on environments, settings and access.

1. Children and young people

- Implementation of a Child and Youth Weight Management Service in 2026/27 will help meet immediate Welsh Government delivery expectations and start to provide measurable improvements in outcomes for an estimated 2,000 children who require structured support in our region.
- Better nutrition and infant feeding during the first 1,000 days and promoting healthy weight among preschoolers and school-aged children, particularly in Llanelli, will lead to improved population health and help close gaps in inequality over time.

2. Healthy NHS food environments

- Across the food system, healthier options are routinely less affordable, visible and convenient than higher fat, salt and sugar alternatives.
- The Health Board has considerable leadership opportunity for healthier food procurement, pricing, placement, and promotion. These efforts will support the wider work of the WSA team, working with the five PSBs and health economy focus of the Regional Joint Committee with SBUHB. Regulation from Welsh Government Food (Promotion and Presentation) (Wales) Regulations (2025), which came into force on 26 March 2026, requires new restrictions on the promotion of High Fat, Salt and Sugar food (HFSS) for some retailers on hospital sites.

3. GLP-1 medications

GLP-1s are clinically effective, but face significant implementation challenges, notably:

- Affordability: Full population roll-out is impossible without major national funding.
- Equity: Widespread private sector access to GLP-1 medications risks widening socio-economic inequalities in weight-related outcomes.
- Sustainability: Weight regain is rapid without structured support and medicines must be embedded within multidisciplinary care to minimise harms and maximise benefits by ensuring longer term lifestyle change. This will require increased capacity within the weight management pathway to ensure high quality care for the growing number of patients prescribed these medications.
- Demand management: Divergence in medication availability between England and Wales is causing public confusion.

Current challenges within HDdUHB include:

- Ambiguity in Welsh Health Circular wording about which professionals may be considered “suitable prescribers” and what governance and service supports should apply.
- Limited specialist capacity for prescribing.
- Significant and rising public interest, fuelled by media coverage, leading to increased Level 3 service waits and complaints.
- The risk that unplanned demand for treatment may grow faster than the organisation can safely or affordably support.

- The need to align prescribing decisions with the All-Wales Weight Management Pathway and NICE guidance.
- Workforce wellbeing risks and service fragility already recorded on the Health Board risk register.

A national Innovate UK Obesity Pathway Innovation Programme (OPIP) bid submitted through Public Health Wales, with Hywel Dda and Cym Taf University Health Boards as pathfinders, has been approved. The grant intends to test viable models for sustainable implementation of GLP-1 provision as part of the weight management pathway. Key elements of the grant proposal, to be further refined for health board application, are:

- Community and third sector support to enable ongoing support for healthier lifestyles in communities care closer to home.
- Targeted primary care and pharmacy development and integration in the weight management pathway.
- Digital service front door development to better manage demand and increase access to all levels of weight management services.

Although the grant does not fund medicines and increasing GLP-1 prescribing remains a financial risk, this approach offers a structured means to better plan and manage currently uncontrolled prescribing demand. The subcontractor model offers flexibility, and scrutiny will be maintained regarding cost controls, eligibility criteria, prescribing governance and sustainability through the Healthy Weight Oversight Group and other Health Board governance forums as appropriate.

4. System pressures

Across the pathway:

- Level 1 and 2 provision is inconsistent and insufficient to meet population need.
- Level 3 service demand significantly exceeds capacity, with current waits of up to three years to access the service.
- Digital options require significant further development to increase the accessibility and capacity of the pathway to meet population and service demand.

Organisational risks:

- While targeted actions aim to reduce inequalities, there remains a significant risk that unequal exposure to unhealthy environments and differential access to services, including private provision of GLP-1 therapies, could widen avoidable and unfair health outcomes if not actively managed.
- Reputational risk with Welsh Government and the public if measurable improvements are not achieved.
- Inequitable access and widening inequalities in outcomes.
- Workforce wellbeing risks for staff currently managing significantly increase demand for weight management services.
- Escalating financial pressures related to uncontrolled growth in obesity driven chronic disease.

Argymhelliad / Recommendation

The Committee is asked to:

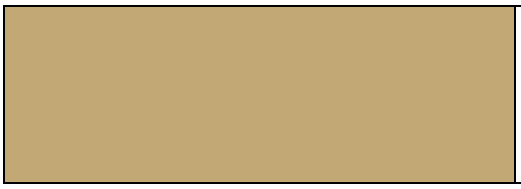
- **APPROVE** the Healthy Weight Implementation Plan 2026/27 to 2028/29 for subsequent Board ratification.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.13.Consider population health and wellbeing assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans.
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	10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Not Applicable

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Healthy Weight Oversight Group A Healthy Mid and West Wales Formal Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Delivery of the 2026–27 healthy weight priorities will require additional investment to address service gaps, particularly the development of a Child and Youth Weight Management Service and will necessitate strengthened cost control measures for GLP-1 prescribing to mitigate significant financial risk. The capacity of the WSA regional team is also a risk, given the short-term funding up until March 2027.
Ansawdd / Gofal Claf: Quality / Patient Care:	Implementation will improve access to consistent, evidence based healthy weight, infant feeding and emotional wellbeing support, but unmanaged GLP1 demand and current CYP pathway gaps pose risks to care quality and equity.
Gweithlu: Workforce:	Delivery will require strengthened shared leadership and additional clinical, behavioural change and specialist prescribing capacity, with current pressures and rising public demand presenting clear risks to staff workload and wellbeing.
Risg: Risk:	Key risks include uncontrolled GLP-1 prescribing demand, widening inequalities, service fragility across Levels 1–3 of the health board weight management pathway, reputational risks with Welsh Government, and potential failure to meet national delivery expectations
Cyfreithiol: Legal:	Changes in national prescribing guidance, HFSS regulation and pathway governance introduce legal and compliance requirements that the Health Board must meet to avoid challenge or non-compliance.
Enw Da: Reputational:	Failure to manage GLP-1 demand, address service gaps, or meet national priorities could generate political, public and media scrutiny, while effective delivery offers clear reputational benefit.
Gyfrinachedd: Privacy:	Digital pathway entry, triage and data sharing within multiagency systems require robust information governance safeguards to protect patient confidentiality and ensure compliant use of health data.
Cydraddoldeb: Equality:	Targeted early years action and a structured, equitable approach to GLP1 prescribing support a reduction in inequalities; however, unmanaged demand, private sector access and current service gaps risk exacerbating disparities.



Healthy Weight Implementation Plan 2026-2029

Hywel Dda University Health Board



GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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1. Executive Summary

Healthy weight is one of Hywel Dda University Health Board's (HDdUHB) most pressing population health challenges. Two in three adults, and almost one in three children and young people across our region, are living with overweight or obesity, with the highest rates concentrated in our most disadvantaged communities. These patterns are driving rising levels of avoidable chronic disease, particularly Type 2 diabetes, placing significant pressure on health and care services and contributing to widening health inequalities. The arrival of new Glucagon-Like Peptide-1 (GLP-1) medicines for weight management is transforming expectations and demand, further highlighting the need for a stronger, integrated prevention and treatment system.

Healthy weight is not solely an issue of individual behaviour; it is fundamentally shaped by the conditions in which people are born, grow, live, work and age. In HDdUHB, avoidable and unfair differences in exposure to unhealthy food environments, limited opportunities for physical activity, and wider socio-economic disadvantage are driving unequal outcomes. This plan therefore positions healthy weight as a population health protection issue, requiring action on the commercial, environmental and social determinants of health to reduce inequitable exposure and create the conditions for healthier lives.

This three-year Healthy Weight Implementation Plan (2026–2029) sets out how the Health Board will meet this challenge. It brings together our statutory responsibilities, national direction from *Healthy Weight: Healthy Wales*, Ministerial Priorities in the NHS Wales Planning Framework, and our own strategic commitment to the 20four7 Prevention Framework and the Social Model for Health and Wellbeing (SMfHW). The plan is informed by a detailed mapping of the All-Wales Weight Management Pathway (AWWMP) and the Health Board's 2024 population needs assessment.

Our ambition

Our goal is to increase the proportion of adults and children who are a healthy weight and to reduce avoidable, unfair differences in exposure to the drivers of unhealthy weight. In line with Marmot principles, we will act by shaping environments, systems and services rather than relying solely on individual behaviour change, such that:

- The healthy choice is the easy choice.
- Prevention and early intervention are embedded across all settings.

- Children, families, communities and staff are supported to achieve and maintain a healthy weight; and
- People who need specialist support can access it quickly, equitably and sustainably.

Our priorities

The plan focuses on four interconnected priority areas:

1. **Healthy Environments**: Improving access to affordable, nutritious food and creating places that support everyday physical activity.
2. **Healthy Settings**: Transforming our hospitals, workplaces, early years and schools to consistently promote healthy eating and active living.
3. **Healthy People**: Scaling behaviour change and weight management support, strengthening digital and face-to-face options, and ensuring fair access to effective services, including GLP-1 therapies.
4. **Leadership and Enabling Change**: Embedding a whole system approach across our regional partnerships, strengthening governance, aligning with regional Public Services Boards (PSBs), and driving system-wide action on the commercial, environmental and social determinants of healthy weight, with a clear focus on reducing inequitable exposure.

What will be different?

Over the next three years we will:

- Support local food partnerships to expand access to healthy, affordable food for our communities.
- Improve Health Board sites and ways of working to promote healthy food choices and a more active workplace culture.
- Strengthen early years and school-based healthy weight programmes, with a targeted approach in Carmarthenshire and Llanelli where childhood obesity is highest.
- Improve access to structured lifestyle and weight management support, reduce long waiting times, and introduce a safe, equitable and financially sustainable model for GLP-1 medicines.
- Establish a children and young people's weight management service that meets Welsh Government (WG) standards.
- Expand digital support and hybrid weight management service delivery models to increase reach.

- Implement a regional whole system approach, working with PSBs across Carmarthenshire, Ceredigion, and Pembrokeshire.

Gauging our success

Our goal is to increase the proportion of adults and children who are a healthy weight. Currently, 63% of adults aged 16+ in HDdUHB are overweight or obese, including 27% who are obese (National Survey for Wales 2022–23). Among children, 28.5% of four- to five-year-olds are already overweight or obese at school entry, with 13.9% classified as obese (Child Measurement Programme 2024-25). While many of the drivers of this epidemic are outside our direct control, we aim to achieve a year-on-year improvement on these outcomes. Our impact will be assessed across population outcomes, service performance and system change across the four priority areas of the Plan, as presented in the Our Priorities section of the Plan. Successful implementation will result in:

- Reduced inequalities in access to healthy food and physical activity.
- Increased participation in lifestyle and behaviour change programmes.
- More health promoting early years and school settings.
- Increased capacity and measurable outcomes through our weight management services.
- Shorter waiting times for Level 2 and Level 3 services.
- A safe, equitable prescribing model for GLP-1 treatments as part of our weight management pathway.

Delivery will be overseen by the Healthy Weight Oversight Group and aligned to the A Healthier Mid and West Wales (AHMWW) Strategy and regional PSB structures. Task and finish groups will drive specific workstreams, with clear accountability across public health and a multi-disciplinary workforce including dietetics and other allied health professionals, medical and nursing workforces, primary care, digital, procurement, estates and key external partners.

2. Strategic Background

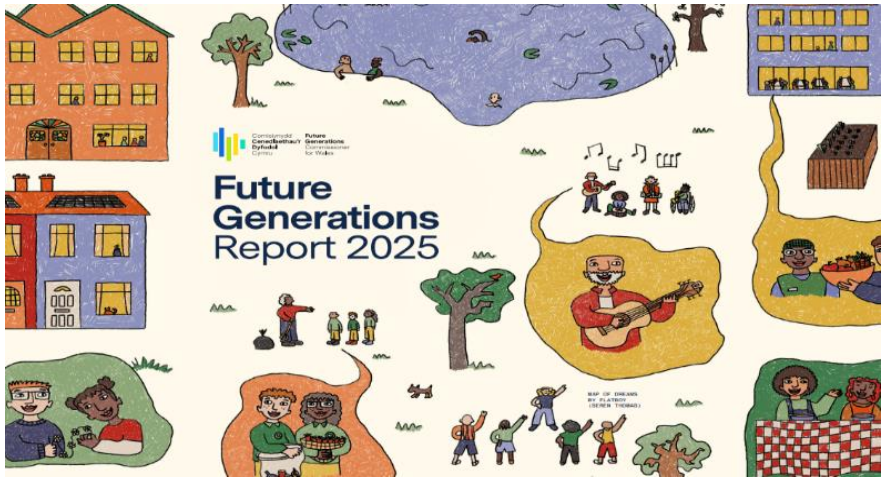
The reduction of obesity and the promotion of healthy weight is a key priority outlined by the Future Generations Report 2025, underpinned by the Well-being of Future Generations (Wales) Act 2015 and the Healthy Weight: Healthy Wales Strategy (2019).
This plan also recognises healthy weight as a children's rights issue, reflecting the right of every child to grow up in environments that support their health and wellbeing. Preventing obesity in childhood requires action on the environments children are exposed to, including food marketing, availability, affordability and access to safe spaces for play and physical activity.

In line with the Future Generations Act, this Plan takes a long-term, preventative and equity-focused approach, ensuring that actions improve outcomes not only for current populations, but for future generations across our communities.



Source: [Healthy weight strategy (Healthy Weight Healthy Wales) | GOV.WALES]

The Future Generations Report 2025 outlines 40 recommendations which apply to WG, public bodies and PSBs. Those relating, or impacting on healthy weight, have been incorporated into our key priorities (Appendix 2).



Source: FG Report 2025

As part of NHS Wales Planning Framework, 2026-2029[3] healthy weight in children is a key strategic priority for population health and prevention with a Ministerial delivery expectation for 2026-2027 to increase the proportion of children in Wales who are a healthy weight by halting the rise, and contributing to a year-on-year decrease in the levels of overweight and of obesity as measured and reported through the National Child Measurement Programme.



Figure 1: HWHW, Welsh Government, 2019

The most recent *Healthy Weight: Healthy Wales Delivery Plan 2025 to 2027*[4] sets out 23 actions across the spectrum of healthy weight in Wales, reflecting the four key strands of healthy weight, as outlined in WG's HWHW Strategy to help prevent and reduce obesity in Wales (Figure 1).

2.2 Local Planning Priorities

Our regional Whole Systems Approach (WSA) delivers the leadership and enabling change theme of the WGs HWHW strategy, uniting Public Health Wales (PHW), Health Boards, PSBs and wider partners to address the structural and environmental determinants of healthy weight. WSA is a different and dynamic way of thinking and working. It brings diverse partners together to develop a deeper and shared understanding of the challenge and builds collaboration aimed at identifying and testing solutions to bring about sustainable, long-term system change. It requires sustained effort to influence the system to create fair opportunities for all.

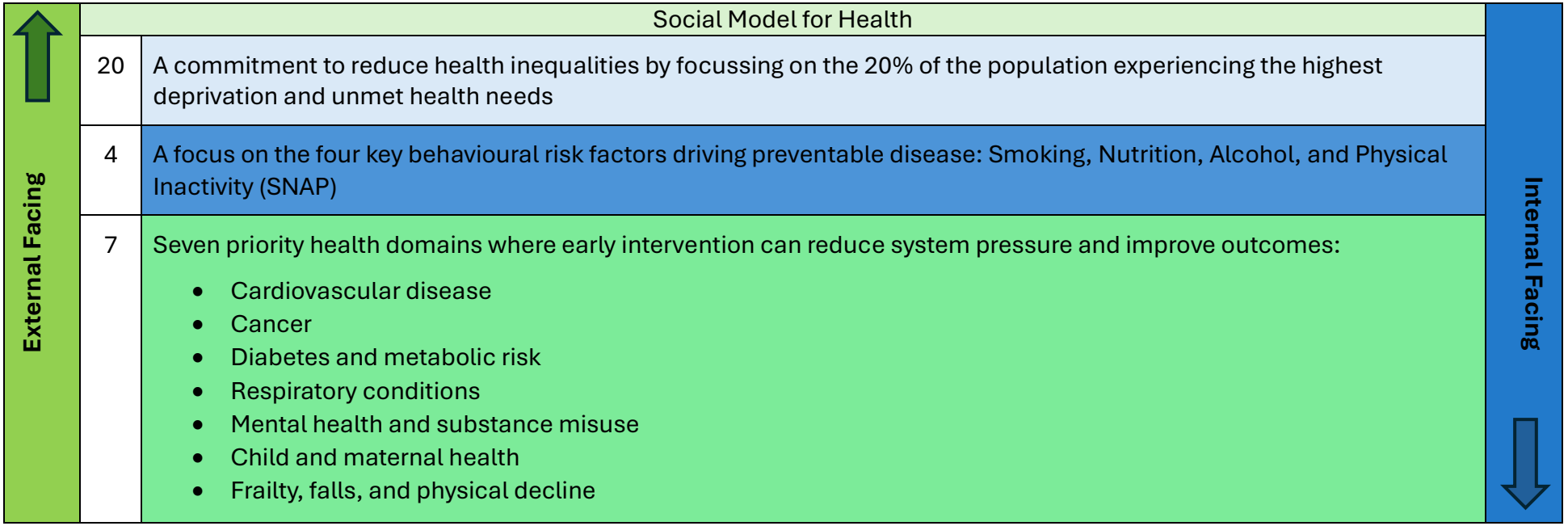
Commencing in April 2024, our shared WSA team has enabled both Hywel Dda and Swansea Bay University Health Boards, and the five PSBs they are members of, to identify access to food, especially affordability and availability, as the pre-eminent regional priority for collective action. Following workshops in 2025 and early 2026, all five PSBs in the Hywel Dda and Swansea Bay areas went on to identify public sector food procurement as the top priority for immediate action, demonstrating regional commitment to building a healthier, fairer, and more secure food future through collaboration and long-term planning. The shared commitment is reflected in Priority Action Area 3, Healthy Settings, of this Plan.

Healthy weight is a key priority and features prominently in HDdUHB's Annual Plan, and is reflected in the 20four7 prevention model, a three-year transformation programme to further embed prevention as a core system function across all services. The model has three interlinked priorities for prevention, which align with the Health Board's commitment to the SMfHW and the NHS Wales Planning Framework with a focus on more prevention, earlier help, and better outcomes for everyone (Figure 2).

This work must also address the commercial determinants of health, including the availability, pricing, marketing and placement of food and drink, which disproportionately influence consumption patterns, particularly in more disadvantaged communities. Through our partnerships with PSBs and Local Authorities, preparing for the implementation of Health Impact Assessment Regulations, we will use our collective influence to shape healthier local food systems and mitigate harmful exposures.

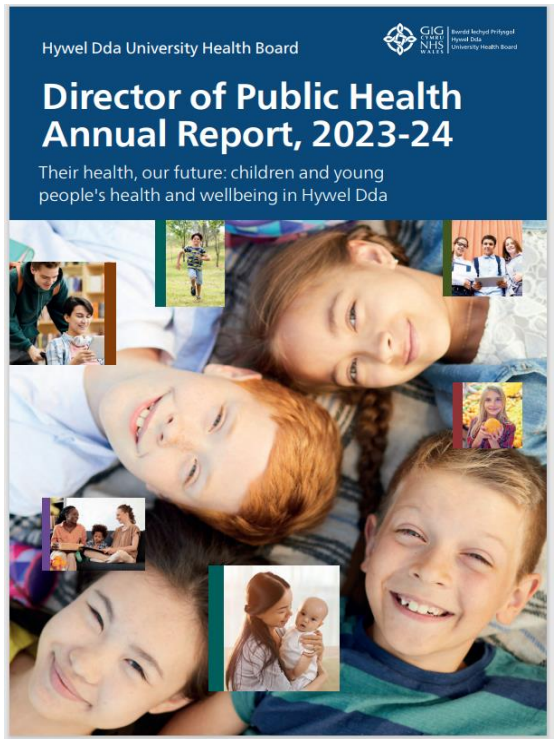
The Healthy Weight Implementation Plan supports the prevention framework through all three elements. Many of the seven diseases are in part caused or exacerbated by obesity. Nutrition and physical inactivity are two core drivers of obesity and will be targeted in this plan.

Figure 2: 20four7 Prevention Model



The Executive Director of Public Health Annual Report 2023-24[5] focussed on the health and wellbeing of children and young people, from the first 1000 days to late adolescence and early adulthood, across HDdUHB. The Report recognised the need for action on childhood obesity due to the concerning levels across HDdUHB and the negative impacts that it has on our populations. Recommendations include a focus on promoting healthy nutrition and prioritising healthy weight initiatives in primary schools.

The 2025 report focusses on the 20four7 model which as outlined above, many of the seven priority health domains are in part caused or exacerbated by obesity, two of the four modifiable risk factors are core drivers of obesity and levels of obesity are highest in the most deprived communities across HDdUHB.



Source: DPH AR 2023/24



3. The scale of the challenge

Across the Hywel Dda region, two in three adults and almost one in three children and young people are living with overweight or obesity, with the highest levels found in our most disadvantaged communities. Although many residents meet recommended activity levels, physical activity among children and young people remains worryingly low. Childhood obesity is of particular concern in Carmarthenshire, where levels are the highest in the Health Board area, especially in Llanelli. A full summary of healthy weight data for HDdUHB is provided in Appendix 1.

These patterns are driving some of the highest rates of weight-related chronic disease in Wales, particularly Type 2 diabetes. Diabetes prevalence in HDdUHB is already above the Welsh average and continues to rise, with around 8.4% of adults, approximately 28,000 to 29,000 people, currently living with diabetes. Projections indicate this could rise to nearly 39,500 people by 2030 if the current trend continues. These patterns are not random. They reflect systematic, avoidable and unfair differences in exposure to unhealthy environments, including higher density of fast-food outlets, lower access to green space, and economic barriers to healthy food; factors which disproportionately affect our most deprived communities. This places significant and avoidable pressure on urgent and emergency care, with around one in six HDdUHB hospital beds occupied by someone with diabetes, often alongside multiple other long-term conditions linked to unhealthy weight. Diabetes is associated with longer lengths of stay, higher rates of emergency admissions, increased risk of complications and greater demand on both primary and secondary care services.

While the Diabetes Planning and Delivery Group has overseen significant improvements in the early identification and management of Type 2 diabetes through delivery of the Welsh Government Diabetes Quality Statement, further progress is increasingly constrained by rising prevalence of obesity, workforce pressures and social inequality. Sustained improvement depends on strengthening primary prevention and addressing the underlying determinants of health, which is the central purpose of this plan.

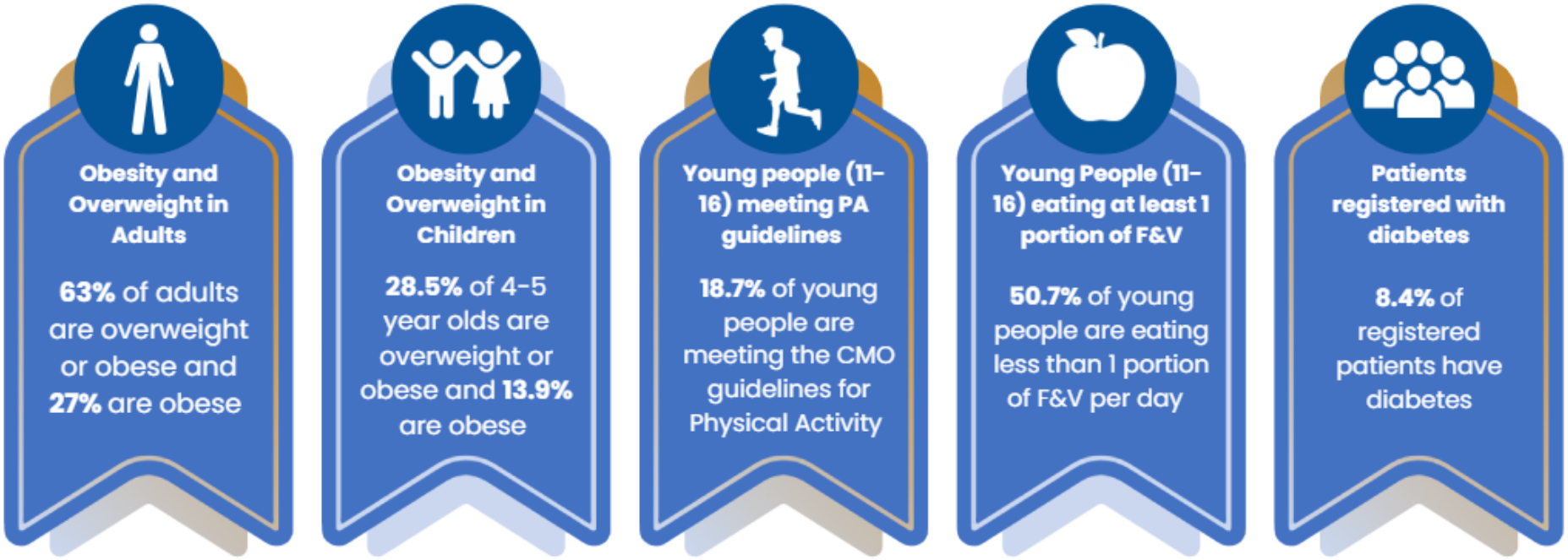
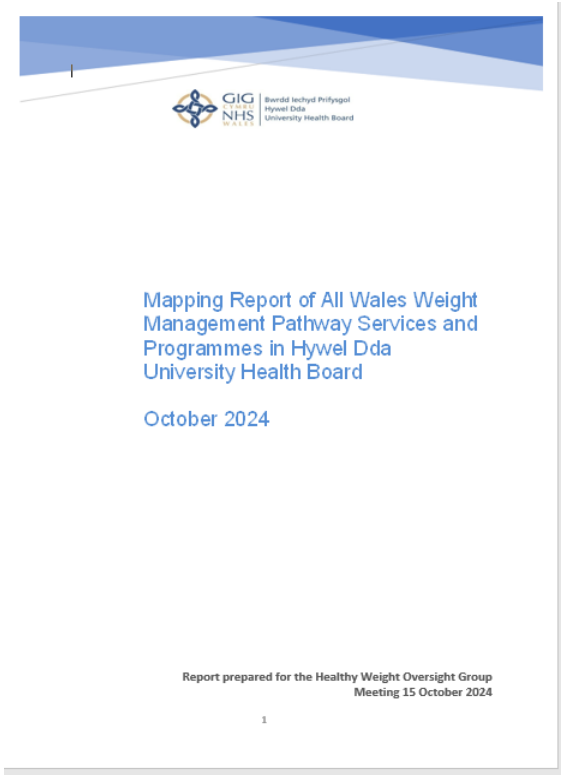


Figure 3: Summary of data across HDdUHB

Sources: CMP 2024-25; National Survey for Wales 2022-23; Quality Assurance and Improvement Framework (QAIF) (WG), 2021/22; Secondary School Children's Health and Wellbeing Survey 2023

3.1 Our weight management pathway

A mapping report for HDdUHB completed in late 2024, found that many parts of the AWWMP have only limited services available[6]. An overview of the AWWMP for adults and children and young people is available on the WG website[7,8]. The report also found that although many lifestyle services, sources of support, signposting and routine advice are provided through local health services, especially in primary care, these are usually delivered as part of managing long-term conditions like diabetes, rather than as dedicated weight management support. They are not routinely recorded within the formal weight management pathway, but they still make an important contribution to the wider system.



A summary of the key findings:

- Inconsistent offer of Level 1 services across HDdUHB with some areas receiving more support than others with services not joined or interlinked
- No consistent pathway to signpost people to self-help resources in Level 1 and 0 (0 refers to prevention services that do not meet the criteria for Level 1 of the AWWMP)
- Limited Level 2 provision
- Level 3 demand is significantly exceeding capacity
- There is a clear gap in the provision for children and young people at Levels 2 and 3
- Limited capacity for accredited nutrition training from the HDdUHB for prevention services, which ensures an evidence-based, consistent approach to nutrition messages
- Short term funding across obesity prevention services and initiatives
- Absence of primary care programmes to tackle overweight and obesity
- Partnership working needs to be strengthened

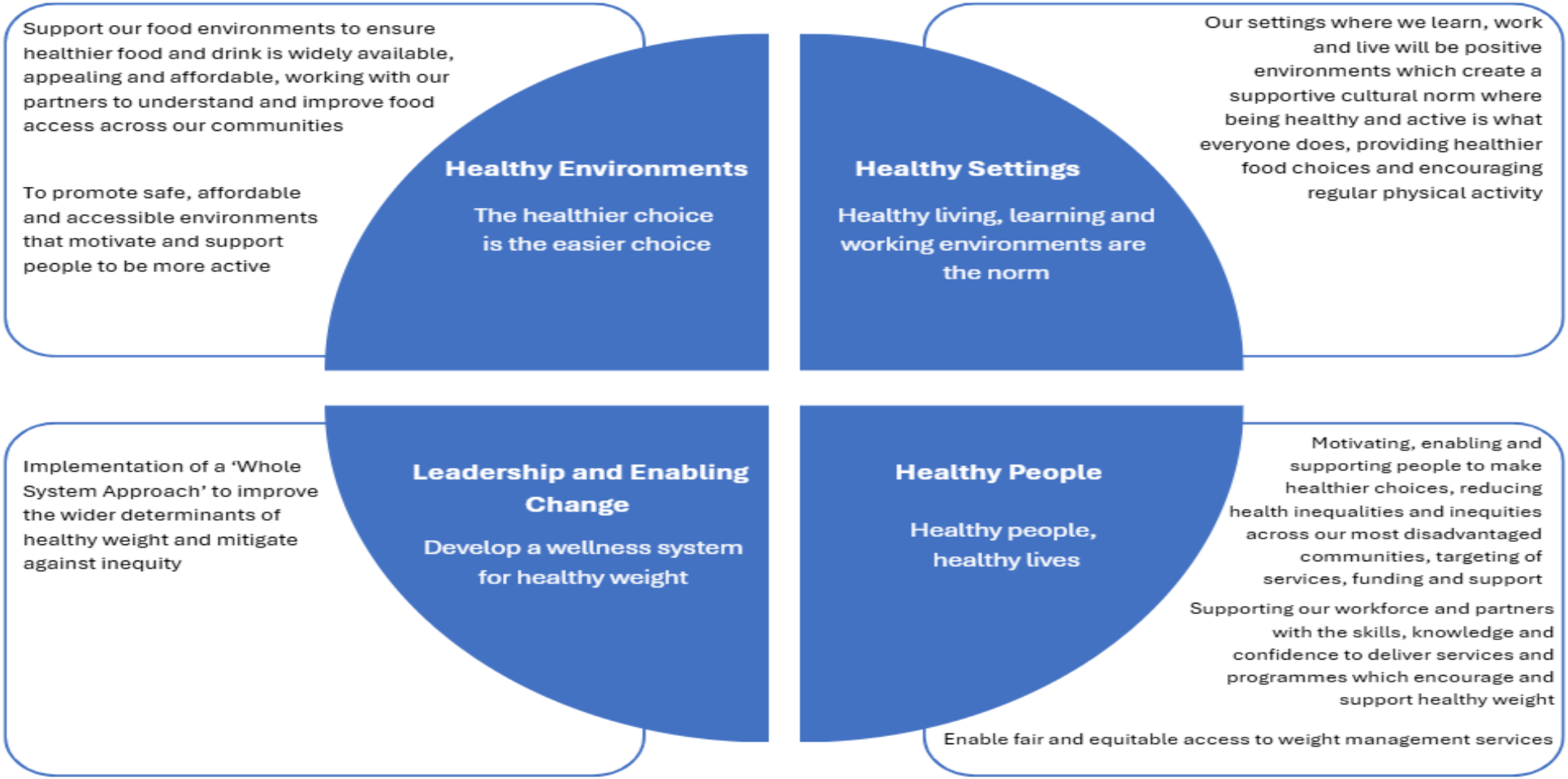
The arrival of GLP-1 medications, known under brand names such as Ozempic® and Wegovy®, has created a major shift in how and why people access and experience the weight management pathway. Demand for pharmacological treatment has increased sharply, with referrals to Level 3 weight management services rising and waiting lists growing rapidly, as people now come forward primarily seeking medication rather than behavioural support alone. While these medicines can offer significant benefits, they also introduce new pressures and risks: unstructured or inconsistent prescribing will lead to overspend, widening inequalities, and poor outcomes if not combined with proper lifestyle support. GLP-1 therapies also intensify the need for stronger digital triage, better data, and integrated pathway redesign, because the current AWWMP predates these treatments and is not built to manage such high demand. Overall, GLP-1 medicines present an important new opportunity for clinically effective weight management, but only if embedded within a structured, well-governed and much larger scale weight management system that supports long-term behaviour change and protects service sustainability.

4. Implementing our 3-year plan

A Healthy Weight Oversight Group established in October 2024, provides the strategic direction and oversight of the key programmes of work that support HDdUHB's healthy weight agenda. It brings together Primary and Secondary Care directorates across the Health Board and other work streams including the weight management service, Diabetes Prevention Programme, WSA to healthy weight and related programmes of work.

The group ensures the provision of high quality, evidence-based programmes of work which promote equity and inclusion whilst contributing to the reduction of obesity and promoting a healthy weight across the life course within our communities.

4.1 Our Priorities



4.2 Our Priority Actions

To support with the evaluation and oversight of obesity and overweight, a dashboard is in development which will hold available data for obesity and overweight across the Health Board. It is acknowledged that there are currently limitations with the availability of data, however we will work internally and with partners to improve this (Appendix 3).



4.2.1 Healthy Environments

'The healthy choice is the easier choice'.

Outcome One: Support our food environments to ensure healthier food and drink is widely available, appealing and affordable, working with our partners to understand and improve food access across our communities.

Outcome Two: To promote safe, affordable and accessible environments that motivate and support people to be more active.

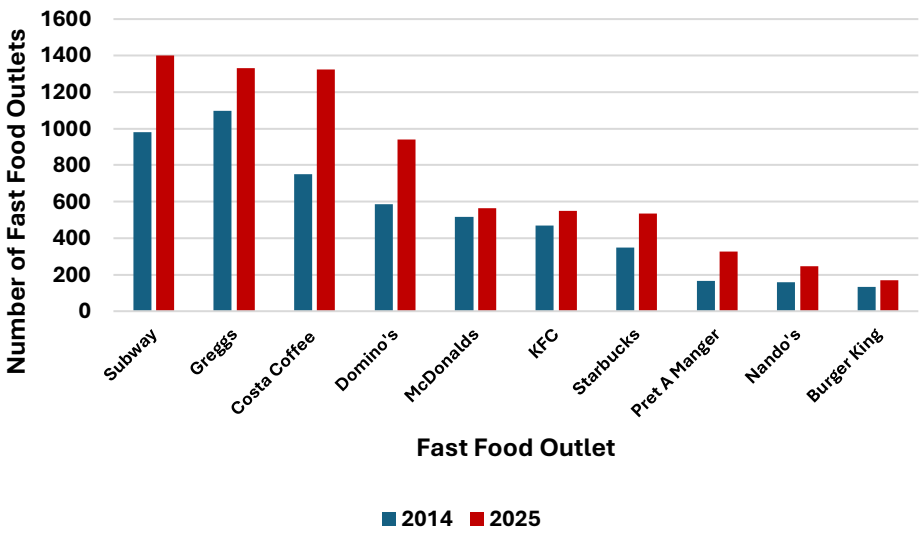
Why is this a priority?

Over the past five decades society has radically changed with major shifts in work patterns, transport, food production and sales. What we eat has changed. Foods that are often high in sugar, fat and salt are appealing to us in taste and, for people with less time, are also convenient. Alongside this we move less – travelling by car more often and in the type of work we do. It's not that we have less willpower than previous generations but many influences on our behaviour are outside of our direct control.

People living in the most deprived parts of our communities face even greater barriers to accessing affordable, nutritious food and to being active. There are fewer green spaces and safe places to play and generally a higher number of takeaways.

An analysis by the University of Cambridge and Bite Back charity[9] (Figure 5) found a significant increase in the number of fast-food outlets within 400 meters of a school. Seven out of the ten of the chains studied had at least a 25% increase. They also found that 14.2% of schools had a major fast-food outlet within 400 meters.

Figure 5: Number of Fast Food Outlets within 400 metres of a school 2014 and 2025 in Great Britain



Source: ***Fuel us, don't fool us: Big food & our communities: Where are food chains expanding?*** **(Out-of-Home), Bite Back charity, 2024**

All fast-food outlets measured saw increases in stores within 400 metres of a school between 2014 and 2025. The biggest increases were Pret A Manger at 96%, Costa Coffee at 77% and Domino's at 61%. The highest number of stores in 2025 were Subway with 1399, Greggs with 1331 and Costa Coffee with 1325.

Families and individuals on a low income or government benefits spend a greater proportion of money on food, and healthier food, particularly fresh fruit and vegetables, is more expensive. In recent years, those in our poorest communities have seen the most significant increases in weight, contributing to a widening health gap between the richest and poorest parts of society.

How can we make a difference?

There are three established food partnerships across HDdUHB, each serving a county council and are driving innovation and best practice in all aspects of healthy and sustainable food. They do this through forming local cross-sector food partnerships for public agencies, community organisations, academics and businesses to collaborate for lasting change. They all work across a framework of six key focus areas, which include "Healthy Food for All: Tackling food poverty, diet related ill-health and access to affordable healthy food"[10]. As members of each steering group, we have influence on the direction of the food partnership and can advocate for public health priorities, including those which will positively impact on obesity and overweight.

The Welsh Institute of Physical Activity, Health and Sport (WIPHAS) is based in Swansea University and brings together a range of expertise in the physical activity and sport world. A collaboration between WIPHAS and the Health Board has been agreed to develop a set of options for increasing physical activity across HDdUHB.

What next?

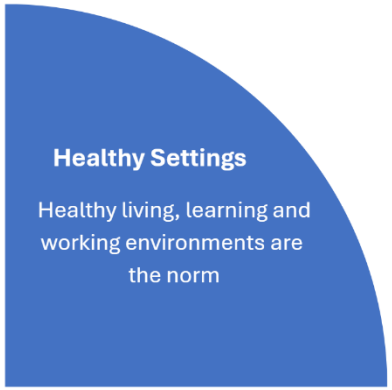
Over the next two years, the Health Board will work closely with local food partnerships to support them to improve inclusive access to nutritious food, addressing the root causes of food poverty, and strengthening the promotion of healthy eating across our communities.

In relation to physical activity, we will deepen our collaboration with WIPHAS and agree a set of evidence-based, system-wide actions to increase physical activity levels across the Health Board region. These actions will be developed with partners, aligned to national priorities, and supported through clear implementation and monitoring arrangements.

This priority represents a population health protection approach, focusing on reducing harmful environmental exposures and reshaping the conditions that influence behaviour. This includes addressing the density of fast-food outlets, the affordability of healthy food, and the physical and social environments that either enable or constrain healthy living.

We will also work closely with the newly formed sports partnerships and are in conversation with them to understand how best we can support and work together to increase physical activity levels across the region.

Priority: **'The healthy choice is the easier choice'**				
Outcomes	**Actions**	**Responsibility**	**What does success look like**	**Metrics**
Our food environments will offer healthier food and drink choices that are widely available, appealing and affordable, working with our partners to understand and improve food access across our communities.	1.1 Provide support for the food partnerships to enable the inclusive access to healthy food across our communities	Public health and dietetics staff will work with the food partnerships	• Communities across the Health Board have better access to affordable, healthy food • Various local schemes are widely adopted and support people to access healthy food • Barriers to accessing healthy food in deprived communities are addressed and overcome • The food partnerships are productive and enable effective collaboration between organisations working to improve access to healthy food • Data shows reduced food insecurity in targeted areas • Barriers to being physically active across HDdUHB are removed and our environment actively encourages physical activity	• % of people reporting having access to healthy food in deprived areas • % of people reporting eating five fruit and vegetables per week
To promote safe, affordable and accessible environments that motivate and support people to be more active.	2.1 Collaborate with WIPHAS to establish realistic and evidence-based initiatives to increase levels of physical activity across the Health Board	Public health staff will collaborate with WIPHAS and other partners		• % of people reporting meeting national physical activity guidelines



4.2.2 Healthy Settings

'Healthy living, learning and working environments are the norm'

Outcome: Our settings that we live, learn and work in actively promote a supportive culture where being healthy and active is what everyone does. Providing healthier food choices and encouraging physical activity are part of everyday life.

Why is this a priority?

The access to food plays a key role in shaping the health outcomes for patients, staff and visitors. Our lifestyle behaviours are heavily influenced by the environment in which we live, work and play. HDdUHB is one of the largest employers and providers of service in West and Mid Wales. The Health Board employs approximately 14,300 staff, which makes up approximately 10% of the total workforce in the three Local Authorities, and the Health Board delivers services for approximately 375,000 people. In order to positively contribute to the health and wellbeing of the 14,300 staff that the Health Board employs, and the patients who visit Health Board sites every year, we will create an environment across our sites where individuals are supported to adopt new behaviours, and specifically in this instance, choose a healthier food or drink option and be physically active.

With the integration of food procurement improvements with price incentives, marketing adjustments and public engagement, HDdUHB and the NHS more broadly can transition towards a healthier food environment whilst also managing the cost, acceptability and operational constraints of the changes.

Schools and pre-school settings are key in prevention and early intervention for challenges with maintaining or becoming a healthy weight, because children and young people spend a substantial amount of time in these settings, which in turn have a big influence on their behaviours in these years, but also into their adult life. Schools, early years settings and workplaces are critical settings for reducing inequalities and enabling lifelong healthy behaviours. Consistent with Marmot principles, we will prioritise action in areas of greatest need and ensure that all settings contribute to making the healthy choice the easy choice from early childhood onwards.

How can we make a difference?

Supporting people to change their dietary habits and physical activity levels is a gradual process. Changes in dietary habits will necessitate long-term thinking and a change in how we procure, prepare and sell our food. It will require broader action across sectors to normalise a healthy food environment, and we will work with colleagues in the WSA to Healthy Weight team to support a broader transition. However, providing a hospital/Health Board site environment which encourages and makes the healthy choice much easier, will have a real impact due to the number of people who use our sites.

There is both national work and work on-going by other Health Boards which can support best practice; however it is important to take a personalised approach that is specific to HDdUHB. National and regional partnership work with Swansea Bay University Health Board (SBUHB) work will support progress in our Health Board and engage in network and oversight meetings.

The Starting and Developing Well team consists of healthy school co-ordinators, who work closely with primary and secondary schools to, amongst other priorities, support them in improving their settings to be more health promoting. The co-ordinators have good, trusting relationships with the schools and are in a good position to support these important settings in increasing the number of children who are of a healthy weight.

Leadership for this work sits with the Director of Public Health team and the public health function, working in partnership with Local Authorities, Public Services Boards, and wider system partners. This reflects the need for coordinated system leadership across organisational boundaries to influence the wider determinants of health. Delivery will be action-focused, using PSB structures to align priorities, mobilise collective levers, and ensure that agreed actions translate into measurable system change rather than policy intent alone.

What next?

Developing our procurement practice alongside national and local policy will be key in driving this priority forward. A preventative approach to keep people well through healthier food provision and encouraging the staff and patients to make healthier choices, is in line with our public duty to act and ensure the Well-being of Future Generations (Wales) Act 2015[11].

The food environment is also a key priority within the HWHW strategy, and we will work with colleagues to ensure a joined-up approach which stems from our sites.

The Starting and Developing Well team is currently running and are in the planning phase of several initiatives which look to directly or indirectly support children in being a healthy weight. To tackle some of the highest rates of childhood overweight and obesity in Wales and reduce inequalities across our region, the team will be prioritising action in Carmarthenshire, particularly in Llanelli, by strengthening healthy eating, feeding practices, and opportunities for active play in the early years.

Priority: **Healthy living, learning and working environments are the norm**				
Outcome	**Actions**	**Responsibility**	**What does success look like**	**Metrics**
Our settings that we live, learn and work in actively promote a supportive culture where being healthy and active is what everyone does. Providing healthier food choices and encouraging physical	3.1 Engage in thorough stakeholder engagement across the Health Board on our food environment and convene a task and finish group to decide on phased actions to improve our food environment	Facilities and procurement hold much of the responsibility for the delivery of these actions, supported by Public Health and dietetics staff	• On site food provision provides affordable and accessible healthy options for staff • Vending machines offer 24-hour access to healthy meals • Our staff are supported and feel empowered to make healthy behavioural choices	• % of healthy food options available in vending machines • % of healthy food options in staff prepared meals • Level of compliance with national/locally set guidelines

activity are part of everyday life.	3.2 Pilot the food environment initiative as an evidence-based model, incorporating clear evaluation metrics 3.3 Engage national policymakers around the food environment to ensure regional alignment with national policy objectives 4.1 Develop a parkrun people network across HDdUHB, to encourage and promote parkrun events and run health themed events 4.1 Increase the uptake of the Healthy & Sustainable Pre-School Scheme in early years settings 4.2 Increase the number of primary and secondary schools which create health promoting school environments	Public health and the communications team will share the responsibility and work with local and national parkrun teams The Starting and Developing Well team will lead this work	• The Board and Executive Team fully support and facilitate changes to our work environment • The Health Board can lead the way, and show leadership in the space for other public sector organisations to follow • Staff across the Health Board are aware of and engage in parkrun events through active participation or volunteering • All schools and pre-school settings actively promote, encourage and support children and young people to have healthy lifestyle behaviours	• Staff reported satisfaction with healthy meal and confectionary options • % increase in parkrun participation • Number of health aspects completed by pre-school settings • % of schools engaged in an 'active offer' • % of overweight and/or obesity in the childhood measurement programme



4.2.3 Healthy People

'Healthy people, healthy lives'

Outcome one: Motivating, enabling and supporting people to make healthier choices, reducing health inequalities and inequities across our most disadvantaged communities, targeting of services and funding and support.

Outcome two: Supporting our workforce and partners with the skills, knowledge and confidence to deliver services and programmes which encourage and support healthy weight.

Outcome three: Enable fair and equitable access to weight management services.

Why is this a priority?

The first 1,000 days of life from conception to age two set a child's long-term growth pattern, so supporting families early helps prevent unhealthy weight. Breastfeeding protects against rapid weight gain and reduces the risk of childhood obesity and improving rates of breastfeeding is a Public Health priority. Early years settings play a key role by helping families build healthy routines from the start, and when issues do arise, children and families should be linked smoothly into weight management services for timely, appropriate support.

There is a clear and concerning gap in our services for children and young people who need support to manage their weight. Evidence suggests that up to 40% of the 10,000 children and young people living with obesity in HDdUHB also have other health conditions[12,13,14]. Many of these children and young people will benefit from specialist weight management support, improving their health and reducing future healthcare costs.

For the adult population, preventative services, alongside the AWWMP, are essential to support communities living in environments that make unhealthy weight more likely. Of the four key behavioural risk factors outlined in the 20four7 Framework, two structured services are in place providing smoking cessation and alcohol misuse support. There is no unified and scalable service model to support healthy eating and physical activity across the population. Both lifestyle behaviours are important in the prevention of obesity, whilst also holding

several other benefits for health and wellbeing. As a result, we are committed to scaling a structured offer for nutrition and physical activity.

When the AWWMP mapping report was completed, 1,850 adults were already waiting for Level 2 and Level 3 services, far beyond available capacity. Since then, demand has grown substantially as interest in pharmacological treatments has increased.

Digital weight-management services offer an opportunity to deliver multidisciplinary support more efficiently. Some provide prescribing and monitoring of weight-management medicines, while others offer coaching and behavioural support. For people who are not digitally excluded, these online services can reduce waiting times, speed up access and provide flexible support that does not rely on travel. They can be offered following referral and clinical assessment but can also act as a self-referral option for early support.

A stronger digital offer would help reduce pressure on in-person services, freeing capacity and improving waiting times, while still enabling tailored, accessible care. For those with limited digital access or skills or confidence, additional help, or a face-to-face alternative, will continue to be provided to ensure equitable access.

How can we make a difference?

Strengthening nutrition and infant-feeding support through the first 1,000 days and early years, and increasing breastfeeding rates, are some of the most effective ways we can improve healthy growth. Expanding a pilot infant feeding service and embedding it into routine care is a key priority, giving families consistent, practical help from pregnancy onwards. Implementing a specialist weight management service for children and young people with the most complex weight-related needs will improve patient outcomes and reduce future healthcare demand.

Broader strengthening of our weight management pathway will allow us to provide earlier, more consistent, and more effective support for people at risk of overweight and obesity. By improving access at every stage, from community-based prevention and self-referral options through to structured Level 2 and specialist Level 3 services, we can intervene sooner, reduce escalation of need, and help people make sustainable changes before their health deteriorates. A more coordinated pathway will also ensure that behavioural, psychological and medical components work together rather than in isolation, giving people the right support at the right time. This

joined-up approach will not only improve individual outcomes but also reduce pressure on secondary care by preventing the progression of weight-related conditions such as Type 2 diabetes, cardiovascular disease, and musculoskeletal problems.

A strengthened pathway will also create the conditions to safely and equitably introduce new pharmacological treatments, including GLP-1 medicines, as part of a comprehensive model of care. Clear referral routes, robust assessment processes and strong links between digital, community and clinical services will ensure medications are prescribed appropriately, supported by behaviour change interventions, and monitored effectively. Alongside this, expanding digital support and hybrid delivery models will help us manage rising demand, reduce waiting times and reach people who may otherwise struggle to access in-person services. Together, these improvements will make the pathway more accessible, resilient, and person-centred, creating a system more capable of meeting current and future needs while tackling inequalities in access and outcomes.

What next?

1. Implementing a weight management service for children and young people
2. Offering better online tools and support for adults waiting or unable to access face-to-face services
3. Developing and scaling lifestyle and weight management support services
4. Ensuring equitable and sustainable access to GLP-1 medications as part of the weight management pathway

Priority: **Healthy people, healthy lives**				
Outcome	**Actions**	**Responsibility**	**What does success look like**	**Metrics**
Motivating, enabling and supporting people to make healthier choices, reducing health inequalities and inequities across our most disadvantaged communities, targeting of services and funding and support.	6.1 Increase the availability and accessibility of lifestyle and behavioural change support services, including for weight management and health coaching 6.2 Strengthening nutrition and infant feeding support through the first 1,000 days and early years and increasing breastfeeding rates.	Public Health staff will work closely with dietetics, primary care, value-based healthcare, external providers and other stakeholders outside of the Health Board to deliver these outcomes	• People across our communities and across the life course are supported in their weight management journey • People have access to weight management support and behaviour change support in a way that suits them • The pressure on our clinical weight management services is reduced to manageable levels • Preventative services are embedded into communities • GLP-1 medications are accessed by those who need them with wrap-around support for lifestyle changes	• Patient Reported Outcome Measures (PROMS)/ Patient Reported Experience Measures (PREMS) • % of clinically meaningful changes • Number of settings engaged in the programme • % of engaged individuals who increase their healthy lifestyle behaviours
Supporting our workforce and partners with the skills, knowledge and confidence to deliver services and programmes which encourage and support healthy weight.	7.1 Support the Health Board workforce and other stakeholders to develop, deliver and evaluate healthy weight interventions 7.2 Provide strategic leadership for Health Board initiatives in the promotion of healthy weight across services			• Number of joined up services which support the prevention of overweight and obesity (Level 1 AWWMP) • Number of initiatives which are brought through the Healthy Weight Oversight Group • % overweight and obesity across HDdUHB
Enable a fair and equitable access to weight management services.	8.1 Implement and evaluate a Level 2 digital weight management service for adults 8.2 Implement a children and young people weight	Dietetics will implement this outcome with support from Public Health colleagues		• PROMS/PREMS • Level 2/3 waiting list reduction • % of clinically meaningful weight loss

	management service which meets WG guidelines and standards 8.3 Develop and implement a phased introduction of GLP-1 therapies to ensure safe, equitable and financially sustainable access while strengthening the wider healthy weight pathway			• % overweight and obesity across HDdUHB



4.2.4 Leadership and Enabling Change

‘Develop a whole system approach for healthy weight’

Implementation of a ‘Whole System Approach’, to improve the wider determinants of healthy weight and mitigate against inequity.

Why is this a priority?

Developing a whole system approach for healthy weight is a priority because overweight and obesity are driven by a complex network of social, economic, environmental and behavioural factors that no single service can address in isolation. A whole system approach recognises that food access, affordability, local environments, early years experiences, physical activity opportunities, income, housing and wider inequalities all interact to shape people’s ability to achieve and maintain a healthy weight. This is reflected in the Healthy Weight: Healthy Wales strategy and seen in our own region, where Public Services Boards have identified access to food as a shared priority and where the Healthy Weight Oversight Group has emphasised prevention, healthy environments and equity as core principles. By building a wellness system, linking prevention, early intervention, healthy settings, supportive environments, and strengthened pathways, we can anticipate need earlier, prevent avoidable ill health, reduce the impact of inequality, and create the conditions where healthy weight becomes the easier, more attainable outcome for everyone.

How can we make a difference?

Facilitated by an 18-month programme of work by the regional WSA to a Healthy Weight team, access to food, including affordability and availability, was agreed as the regional priority for collaborative work across all five PSBs across both Hywel Dda and Swansea Bay University Health Board areas, with an initial focus on public sector food procurement.

What next?

With this whole system consensus in place, the next step is to identify the opportunities, barriers, enablers and practical actions needed to implement healthier food access across public services in the region. Within HDdUHB we will support this work with a

focussed review of food procurement, alongside the development of a phased three-year programme to achieve measurable improvements in healthy food access.

Develop a whole system approach for healthy weight				
Outcome	**Actions**	**Responsibility**	**What does success looks like**	**Metrics**
Implementation of a Whole System Approach that supports and anticipates health needs, prevents ill health, and reduces the impact of inequality.	1. Embed the Healthy Weight Oversight Group as the system level governance mechanism for healthy weight within the Health Board.	Public Health (Strategic Lead) with Planning and Performance	Clear governance with defined accountability; programme decisions are timely, transparent and evidence-based	• Meeting cycle and compliance • Delivery of work programme
	2. Create and coordinate Task & Finish groups for: (a) Food Environments; (b) Healthy Settings; (c) Digital & Data; (d) Children and Young People Weight-Management Service; (e) Adult Pathway & GLP-1.	Healthy Weight Oversight Group with Directorate Leads	Task and Finish groups deliver outputs on time and inform system-wide improvements	• Completion of Task and Finish group milestones • Risks/issues resolved through governance
	3. Align the WSA programme with WG, Regional Partnership Board and PSB priorities, particularly public sector food procurement, ensuring joint planning across Health Boards and Local Authorities.	Public Health; PSB Partner Leads	Cross-sector alignment and shared delivery; public-sector food procurement becomes a regional system priority	• Number of PSB joint actions delivered • Evidence of aligned plans across partners
	4. Develop and implement a three-year whole-system food access programme, beginning with a review of NHS procurement and affordability options.	Procurement; Estates; Public Health	Health Board demonstrates leadership in food environment improvement across the region	• % sites adopting healthier procurement standards

				• Implementation of food environment roadmap
	5. Build system capacity for prevention through training (Making Every Contact Count (MECC), health coaching, nutrition) and leadership development.	Workforce; Dietetics; Public Health; Organisational Development	Workforce across multiple departments equipped to support healthy-weight conversations and interventions	• Number of staff trained • Uptake of coaching/nutrition modules
	6. Strengthen data, digital and evaluation capabilities to provide a robust evidence base for decision-making and impact assessment.	Digital; Performance; Public Health	System-wide intelligence on activity, outcomes and equity informs planning and resource decisions	• Dashboard completeness • Routine reporting adopted
	7. Ensure financial governance and sustainability, including a controlled and equitable introduction of GLP-1 therapies.	Finance; Dietetics; Medicines Management	GLP-1 prescribing remains within a sustainable envelope while supporting those with highest need	• GLP-1 spend versus plan • Monitoring, stop-rules compliance

4.3 Phased Delivery Plan (2026–2029)

A successful healthy weight system in HDdUHB will be one where:

- The healthiest options are consistently the easiest, most accessible and most affordable choices across all communities.
- Children grow up in environments that protect their right to health, with reduced exposure to unhealthy food environments and increased opportunities for active play.
- There is a measurable narrowing of inequalities, with the greatest improvement seen in our most deprived communities.
- Public services, through PSBs and regional partnerships, act collectively to shape local food systems, environments and economic conditions that support health.
- Prevention is embedded across all services, with a shift from treatment to early intervention and system-wide action.

To achieve this, we will utilise key system levers available to us:

- Public sector procurement – influencing the food environment at scale across NHS and Local Authority settings.
- Planning and licensing influence via Local Authorities – contributing to healthier high streets and food environments.
- Partnership governance through PSBs – aligning action across sectors and ensuring delivery at scale.
- Health Board leadership as anchor institution – modelling best practice in workplaces, procurement and service design.
- Data and intelligence – identifying inequities and targeting action where need is greatest.

These levers will be used deliberately to reduce avoidable harm, improve population health, and ensure that our approach is consistent with our ambition to become a Marmot-aligned system and contribute to Wales' direction as a Marmot nation.

Year One

- During the first year, we will establish programme governance by confirming accountable leads and creating task and finish groups.
- We will review GLP-1 provision as part of weight management services, including eligibility criteria, and monitoring processes, and begin phased adoption.
- The procurement and implementation of the Level 2 digital weight management service will commence.
- We will agree on priorities for improving the Health Board retail food environment, aiming to pilot healthier vending and catering in at least two priority sites.
- Early years and school programmes will be prioritised in Carmarthenshire, starting in Llanelli, with a clear evaluation plan in place.
- We will finalise design and commence implementation of the children and young people's weight management service.
- Healthy weight aspects of the population health dashboard will be reviewed, including activity and outcome measures PROMS, PREMS.

Year Two

- In the second year, we will expand the healthier food environment work across priority sites and extend the initiative to additional hospitals and community settings.
- Digital and hybrid support for adults will be expanded, and services reviewed aiming to reduce Level 2 and Level 3 waiting times.
- We will continue to scale weight management and broader Health Board capacity and capability for children and young people and adult services, including MECC, health coaching, nutrition training and developing sustainable provision of GLP-1 medications.
- Regional actions aligned with PSBs on public sector food procurement will be implemented.

Year Three

- In the third year, the GLP-1 pathway will be further developed within a stable and sustainable prescribing and review process.
- An independent evaluation of outcomes, equity impact, and value for money will be conducted, and planning for the next three-year cycle will begin.

4.4 Outcomes & Measures

We will track a balanced set of measures across three levels to reflect population impact, programme performance and enabling capacity:

System outcomes	Programme outcomes	Enablers
Year-on-year increase in children at a healthy weight; narrowing deprivation gap	Reduced Level 2/Level 3 waits; % achieving clinically meaningful weight loss	Workforce trained (MECC/health coaching/nutrition); data completeness
Reduced emergency admissions and spend linked to obesity/diabetes (trend)	Improved PROMS/PREMS across services	Digital uptake; coverage of healthier food environment sites
Improved access to healthy food and safe active spaces in priority areas	Children and Young People Weight Management service activity and outcomes to WG standards	Governance: actions delivered via Task and Finish groups; risk/finance controls active

Alongside immediate reporting, we are committed to working with system partners to strengthen data capability over time. This includes collaborative work with Local Authorities, Public Health Wales, Digital Health and Care Wales (DHCW) primary care, and voluntary and community partners to improve access to relevant datasets, agree consistent definitions, and develop proportionate data sharing arrangements. This partnership approach recognises that many of the most important indicators sit beyond our immediate access and that building shared data capacity is essential to understanding population need, tracking inequalities, and assessing longer-term impact.

Further descriptions of key metrics to be developed to monitor progress and impact of this plan are outlined in Appendix 3.

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Appendix 1: Healthy Weight Needs Assessment

Figure 1: Percentage of Adults (16+) who are obese

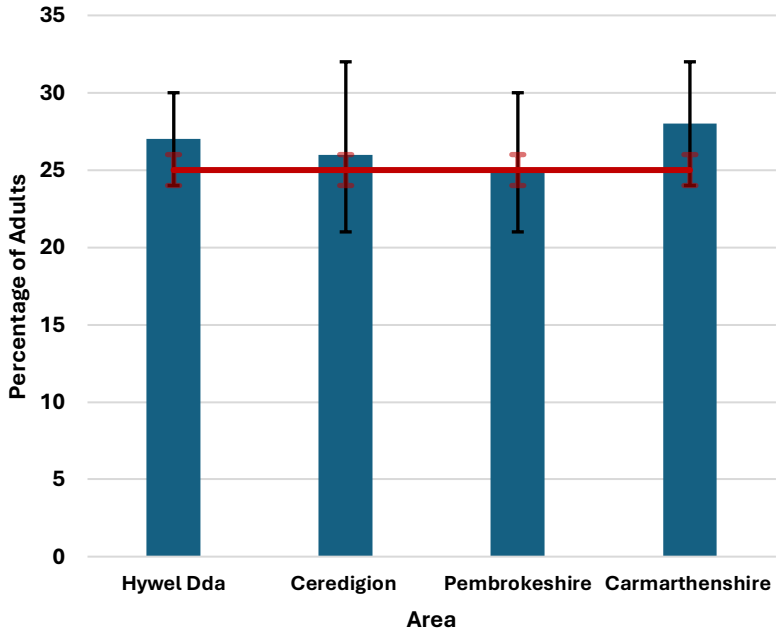
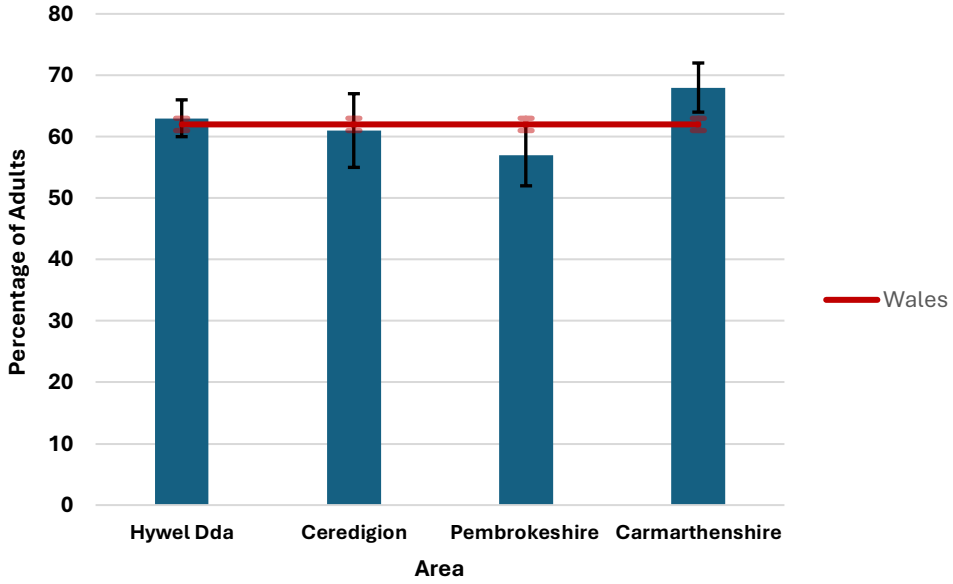


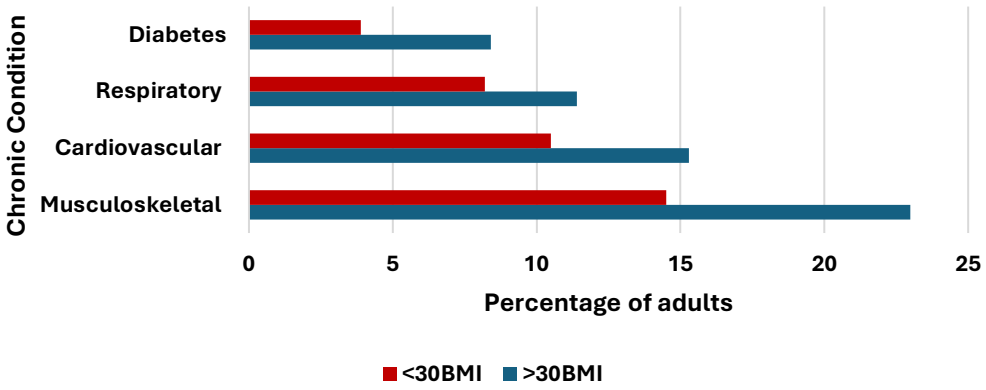
Figure 2: Percentage of Adults (16+) who are overweight or obese



Source: ***National Survey for Wales 2022/23***

Across HDdUHB, rates of physical inactivity, alcohol consumption, poor diet and other unhealthy behaviours are not improving. The prevalence of adults in Wales living with obesity has increased by 44% in the last 20 years[1] (Figures 1 and 2). Several complex, inter-connected factors contribute to obesity and overweight. This increase in obesity has brought with it many health and wider societal costs. Obesity contributes to the risk of long-term health conditions such as diabetes, heart disease and some cancers, poorer quality of life and mental health challenges, particularly depression[1].

Figure 3: Percentage of adults (16+) in Wales who are living with a chronic condition, obesity versus not obese



Source: ***National Survey for Wales, observed percentage, 2022/23***

Living with obesity[1] (Figure 3) is also associated with emotional and behavioural disorders, lower self-esteem and depression during childhood[2]. The consequences of overweight and obesity widen the inequalities that exist within our society and contribute to worse health outcomes for those poorly served in our communities. In addition to the well documented health costs of obesity, there is a great economic burden that obesity places on our health and societal systems. There is an increased direct cost of obesity, which is seen through increasing healthcare costs associated with treating obesity and related conditions. Research conducted by Welsh Government estimated the cost of obesity to be £73m per year and £83m[3], when including overweight. Furthermore, it is estimated by PHW that the cost of obesity for Wales in 2050 will be £465m for the NHS and the wider societal costs will total £2.4b[4].

High levels of childhood Obesity

HDdUHB has some of the highest levels of childhood obesity across Wales and the United Kingdom [5]. Carmarthenshire has the highest percentage of 4-5 year olds who are obese (Figures 4 and 5).

Childhood obesity, like adulthood obesity is caused by a variety of factors. A systematic review[6] with 200,777 children who were followed up as adults found that children and adolescents who were obese, were approximately five times as likely to be obese as adults compared to children who were not obese. Additionally, 55% of obese children are still obese in adolescence and 80% of adolescents remain obese in adulthood. A pilot project by PHW and Cwm Taf Morgannwg University Health Board[7] also attempted to trace the continuation of obesity. In 2013, they found that 82.5% of children measured to be obese at 4-5 years old were still obese at

follow-up at 8-9 years old, 78.4% of 4–5-year-olds who were a healthy weight at 4-5 years old, were still a healthy weight at 8-9 years old. Obesity early in life can lead to the development of 'adult diseases' at an early age which increases the risk of poor health consequences[6]. Parental influence plays a big role in childhood obesity - families in our communities fall into an inter-generational cycle

Figure 4: Percentage of 4-5 year olds who are obese

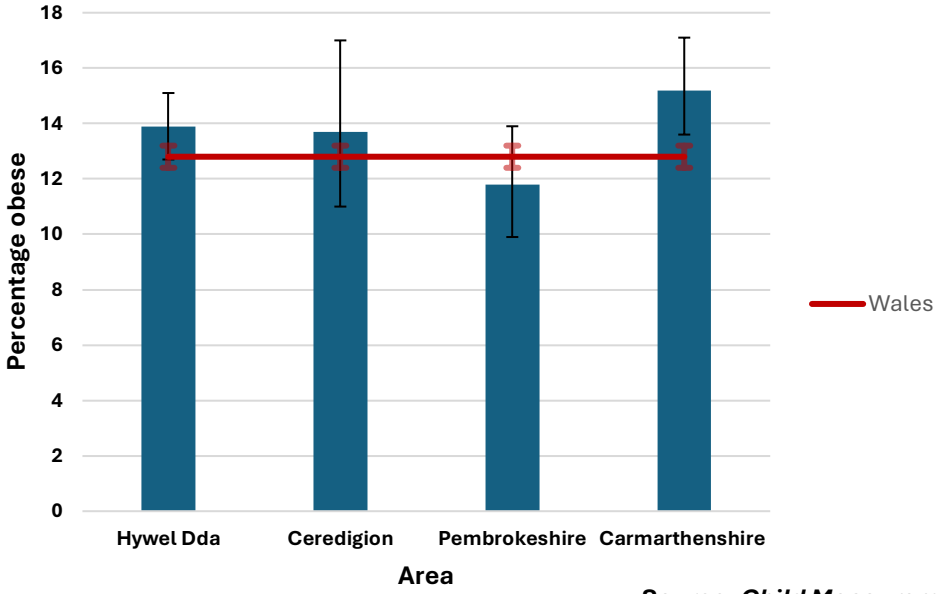
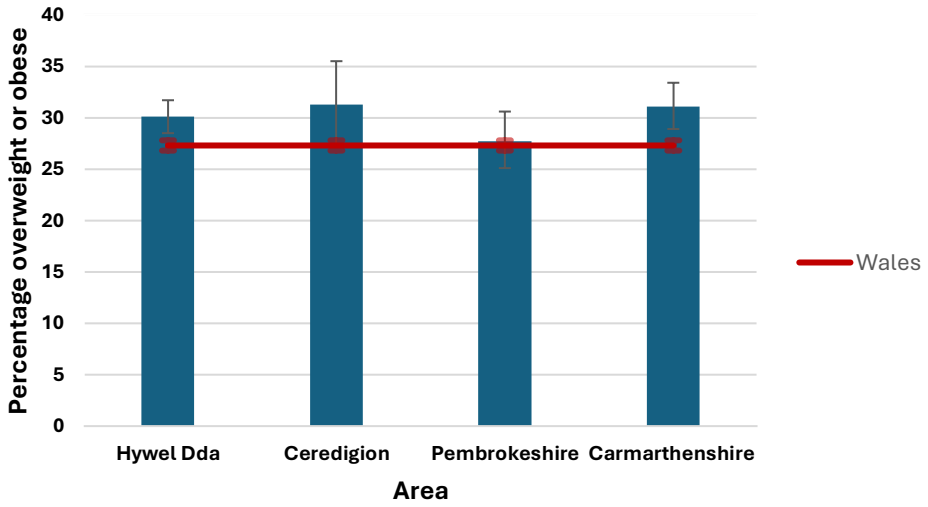


Figure 5: Percentage of 4-5 year olds who are overweight or obese



Source: ***Child Measurement Programme 2024/25***

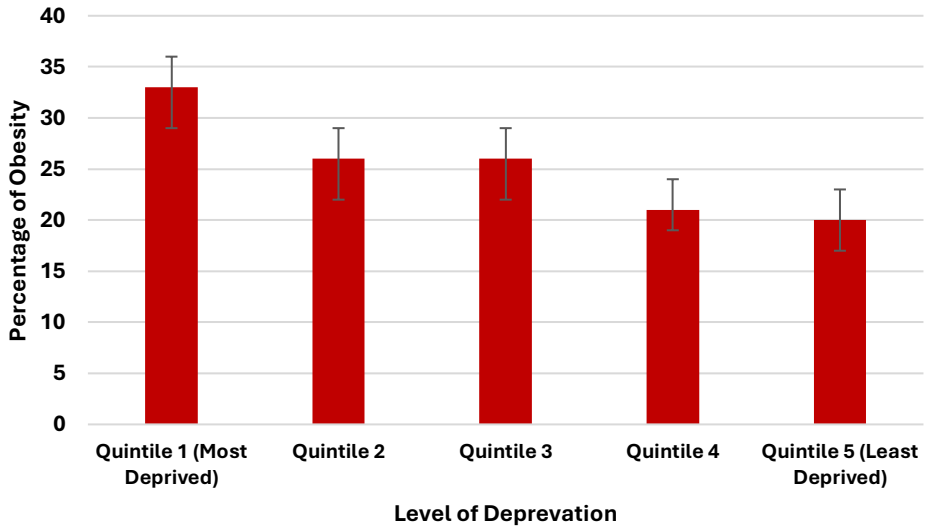
of obesity. As evidence suggests obesity in childhood is continued into adulthood, and that our rates of obesity in children are some of the highest in Wales, it signals an overwhelming need to prioritise supporting children and families to be a healthy weight.

Deprivation

The prevalence of obesity is not equally distributed across society. There is a positive relationship between overweight and obesity and socio-economic deprivation or what is also referred to as being at a lower socio-economic status[1]. In general, being from a lower socio-

economic status means being met with multiple barriers to achieving a good quality of life. The Welsh Index of Multiple Deprivation (WIMD)[8] measures deprivations using eight measures: Income, Employment, Health, Education, Access to Services, Housing, Community Safety and the Physical Environment. Higher levels of obesity are seen in areas of higher deprivation[9] (Figure 6). People living in areas of high deprivation will often face limited access to healthcare and healthy food options, fewer opportunities for physical activity, poorer education, higher levels of stress and anxiety and inadequate accommodation. All of which can make being a healthy weight more difficult for these communities.

Figure 6: Obesity in adults (16+) across Wales by WIMD Quintile (2019)



Source: ***National Survey for Wales 2019***

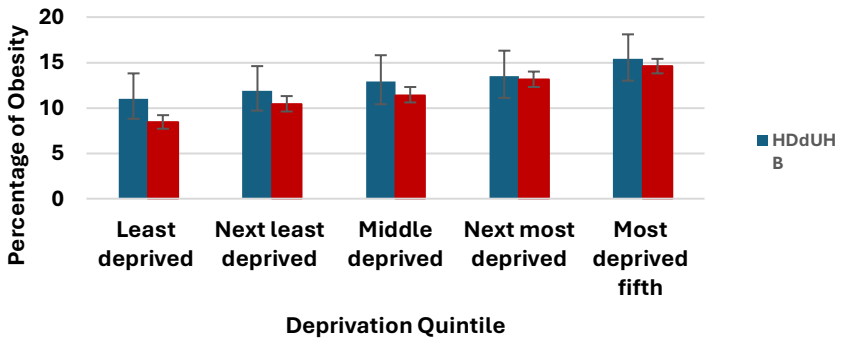
This divide between the most and least deprived in terms of obesity is not only seen in adults, but also in children and young people[5]. In Wales (Figure 7), the prevalence of obesity in the most deprived quintile is 14.6% and in the least deprived quintile it is 8.4%.

A positive relationship can be seen between deprivation and obesity on an All-Wales level – although not all differences between quintiles are statistically significant. It is less clear on a HDdUHB level, with the most deprived quintile being 15.4% and the least deprived being 11%. The lack of statistical significance at this level is likely due to the smaller geographies.

HDdUHB shows similar trends to other Health Boards in Wales, where higher levels of deprivation also show higher levels of obesity. The relationship is clearer on an all-Wales level. An explanation for this could be the smaller geographies associated with HDdUHB compared to Wales, which is also reflected in the large confidence intervals. In the least deprived quintile in Wales, levels of obesity are 8.4% (95% CI [7.7-9.2]). In the most deprived quintile, the levels of obesity are 14.6% (95% CI [13.8-15.4]) which is a statistically significant difference. In HDdUHB, the least deprived quintile has an obesity level of 11% (95% CI [8.8-13.8]) and the

Source: ***Child Measurement Programme 2023/24 and Welsh Index of Multiple Deprivation 2019.***

Figure 7: Percentage of 4-5 year olds who are obese by deprivation quintile (WIMD)



Obesity by WIMD is highest in those in the most deprived quintile (20% most deprived based on eight measures of deprivation), at 33% (95% CI [29 - 36]). A non-perfect but positive linear relationship can be seen in levels of deprivation and obesity in adults, with levels of obesity typically declining with lowering deprivation. The least deprived quintile's level of obesity is 20% (95% CI [17 – 23]). The clear and statistically significant finding is that those in Quintile 4 and 5 (40% least deprived), have significantly significant lower levels of obesity.

Table 1: Adults Physical Activity and Dietary Lifestyle Behaviours

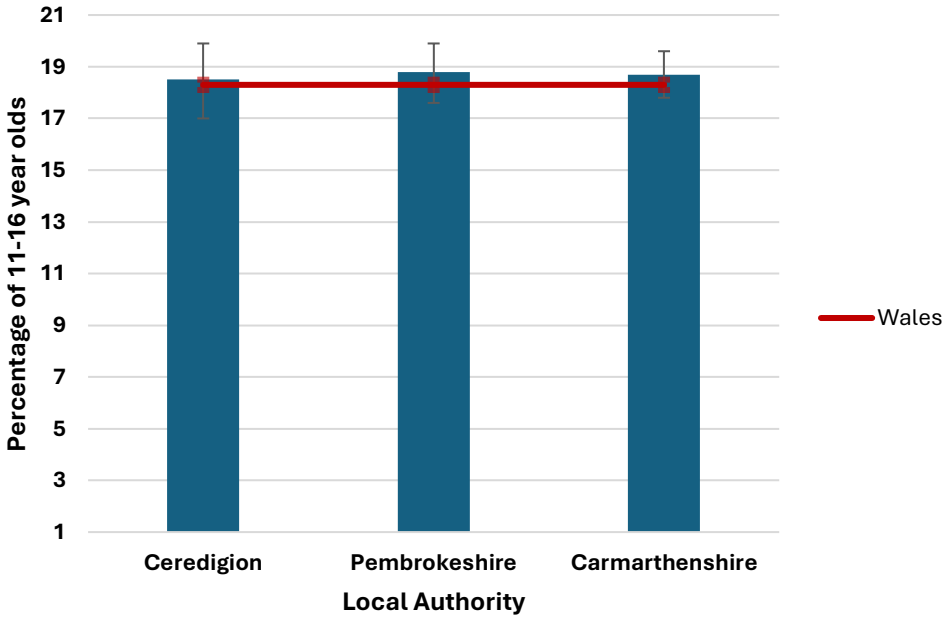
	Indicators		
	% Meeting CMO guidelines for PA	% Active less than 30 minutes in the last week	% Ate at least 5 portions of fruit and veg the previous day
Wales	56	31	29
Health Board	60	26	32
Ceredigion	64	25	29
Pembrokeshire	55	28	32
Carmarthenshire	61	25	32

Lifestyle Behaviours

Lifestyle behaviours play a key role in obesity and overweight, they are heavily influenced by our environments, cultures, and other factors.

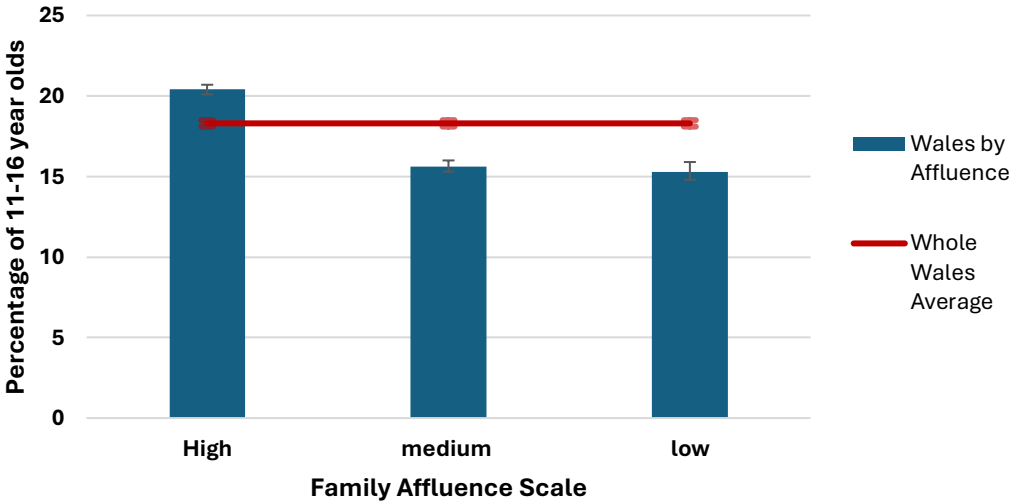
There is no statistical difference between any of the geographies displayed in self-reported lifestyle factors (Table 1). Large proportions of our communities are not active and not meeting dietary recommendations. Data from the School Health Research Network[10] (SHRN) also allows the analysis of young people's (11-16 years old) lifestyle behaviours. Overall, a low percentage of young people across HDdUHB are meeting the physical activity guidelines, ranging from 18.5% in Ceredigion to 18.7% in Carmarthenshire (Figure 8). This is not statistically significantly different to the Wales average of 18.3%. This percentage declines by age group, with 23.2% of young people across Wales meeting the guidelines in school year 7, however this

Figure 8: Percentage of 11-16 year olds reporting being active at least 60 minutes everyday for the last seven days



declines to only 13% in year 11. However, when SHRN data is applied to the family affluence scale (Figure 9) HDdUHB data is statistically significantly higher than the Wales average.

Figure 9: Percentage of 11-16 year olds who report being physically active for at least 60 minutes per day in the last seven days by family affluence



Source: ***Student Health and Well-being Surveys 2023/24, School Health Research Network***

The percentage of young people aged 11-16 meeting the physical activity guidelines is consistently low across the three Local Authorities, with no statistically significant difference between any of the Local Authorities, and the all-Wales average. Ceredigion was 18.5% (95% CI [17-19.9]), Pembrokeshire was 18.8% (95% CI [17.6-19.9]), Carmarthenshire was 18.7% (95% CI [17.8-19.6]) and the Welsh average is 18.3 (95% CI [18.1-18.5]). The earliest available date for comparison is 2017. There has been no significant

Young people from high family affluence have statistically significantly higher levels of adherence to CMO guidelines at 20.4% (95% CI [20.1-20.7]). Whereas both medium and low family affluence young people are statistically significantly lower than the Welsh average at 15.6% (95% CI [15.3-16]) and 15.3% (95% CI [14.8-15.9]). The medium and low family affluence values are comparable with no statistical significance between the two.

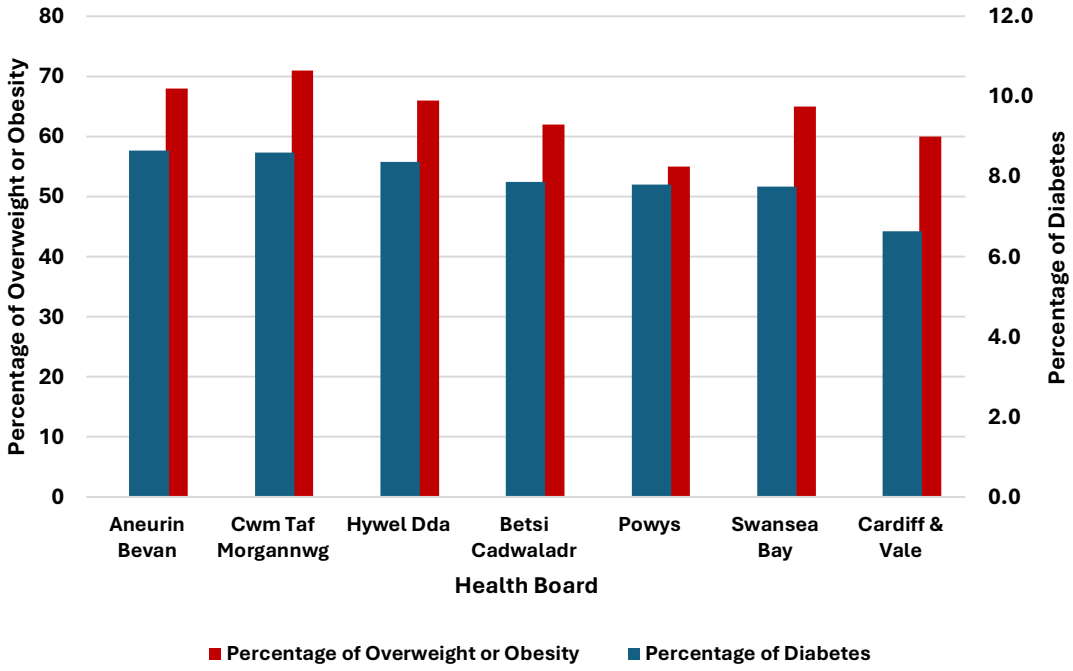
Chronic Conditions: Diabetes

Obesity is the greatest risk factor for developing Type 2 Diabetes (T2D) Mellitus, it is responsible for 80 – 85% of an individual's risk of developing the condition[11]. Patients with T2D are two times more likely to die prematurely than those without it[12], as well as being more likely to suffer a range of other diseases[13].

Diabetes in Wales has been on the rise in recent years. PHW estimates that an additional 67,000 people will be living with Diabetes in 2035/36 compared to 2021/22 which is an increase of nearly a third (32%)[13].

The financial cost of Diabetes on our health service is vast. £105m was spent on drugs to manage diabetes in Wales in 2022/23. The rise in prescribing costs since 2014/15 equates to almost double, and the items prescribed to treat Diabetes have risen by about one third[13]. Hospital admissions and stays in hospitals relating to Diabetes cost £428m in 2021/22[13].

Figure 10: Percentage of registered patients (17+) with diabetes (Type 1 and 2) and the percentage of adults (16+) who are overweight or obese



Source: ***Quality Assurance and Improvement Framework (QAIF) (WG), 2021/22 and National Survey for Wales 2022-23***

HDdUHB has a prevalence of 8.4% of patients registered over 17 years old, who have Diabetes Type 1 or 2 (Figure 10)[13]. This is above the Welsh average of 8%. Differences between Health Boards will be partly explained through the differences in population profiles, i.e. older age groups in more rural Health Boards and more younger people in cities, who typically have lower rates of diabetes compared to the older age groups.

Three Health Boards have a prevalence of Diabetes (Types 1 and 2) above the Welsh average of 8%. Those are Aneurin Bevan University Health Board, 8.7%, Cwm Taf Morganwg University Health Board, 8.6% and HDdUHB at 8.4%. These Health Boards also have the highest levels of overweight or obesity.

The Amman/Gwendraeth, Llanelli and South Pembrokeshire GP Clusters all have age standardised rates of Diabetes that are significantly higher than the Welsh average. All other clusters in HDdUHB have levels which are statistically significantly lower than the Welsh average.

When comparing emergency admissions for Type 2 Diabetes, only Llanelli is statistically significantly different to the Welsh average at 62 admissions per 100,000 population. All other areas are not statistically significantly different and therefore, comparable to the Welsh average of 40 admissions per 100,000 population[14]. This is highlighted in Table 2 below.

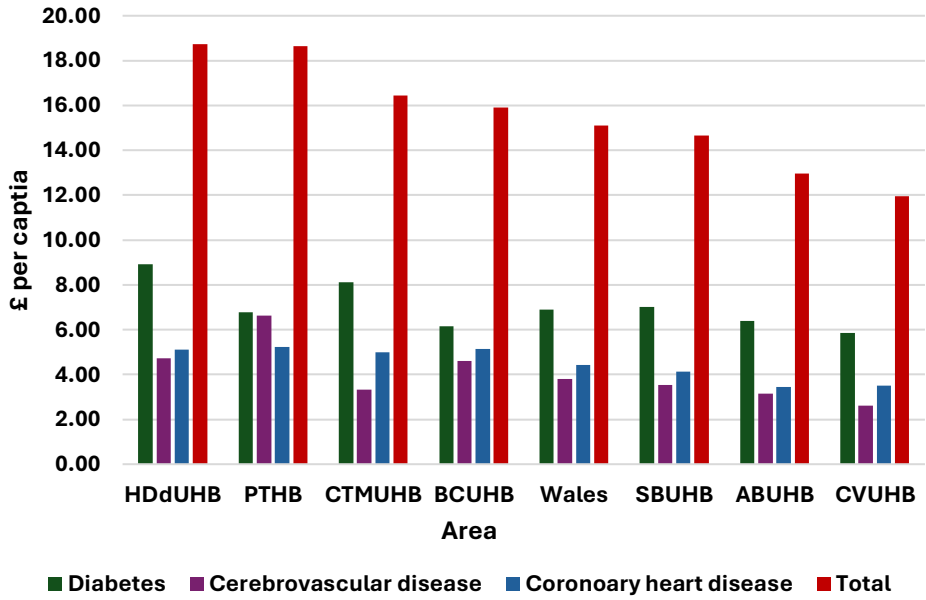
Table 2

		Indicator	
		Diabetes Register*	Emergency Admissions for Diabetes Type 2*
	Wales	7694	40
Local Authority	Primary Care Cluster		
Carmarthenshire	Amman/Gwendraeth	8082†	45
	Llanelli	8251†	62†
	Taf/Tywi	6868‡	34
Pembrokeshire	North Pembrokeshire	7335‡	34
	South Pembrokeshire	7977†	29
Ceredigion	North Ceredigion	6618‡	27
	South Ceredigion	6761‡	25

A recent analysis by PHW of per capita spending – that being the average amount spent per person in a population - on chronic conditions attributable to physical inactivity[15] shows that HDdUHB has the highest total across three chronic conditions, spending £18.73 on average. HDdUHB also has the highest expenditure for diabetes, at £8.91. In total expenditure, not captured in figure 13, £3.433m expenditure is attributable to diabetes in HDdUHB, and a total of £7.214m across the three selected health conditions.

The evidence presented in this section underpins the prioritisation of healthy weight within HDdUHB. It draws on local and national data to demonstrate the scale and impact of obesity across the population. Adult obesity has risen significantly over the past two decades, contributing to a range of chronic health conditions and placing increasing pressure on health services. Childhood obesity is also a major concern, with rates in Carmarthenshire among the highest in Wales, and evidence showing that early-life obesity often persists into adulthood.

Figure 11: Estimated per capita expenditure (£) on chronic conditions attributable to physical inactivity 2022/23*



Source: ***National Survey for Wales, 2022, Welsh Government***

Source: ***Patient Episode Database for Wales (PEDW) 2023 and Audit+ Digital Health and Care Wales (DHCW) 2023***

*European Age Standardised rate per 100,000 (EASR)

† Statistically significantly higher than the Welsh Average

The section highlights the strong association between obesity and socio-economic deprivation, with higher prevalence observed in more deprived communities. Lifestyle behaviours, including physical inactivity and poor diet, are widespread and influenced by

*Please note that these figures draw on meta-analyses from a range of prior scientific studies, extent to which the populations studied in these sources are comparable to the population in Wales is unclear.

Caution should be exercised when interpreting the data.

environmental and cultural factors. Finally, the section outlines the burden of chronic conditions such as Type 2 Diabetes, which is intricately linked to obesity and is rising in prevalence across the region. The financial costs associated with diabetes care are substantial and projected to increase.

		Overweight and Obesity across the health board				Risk Factors for obesity							
Local Authority	Area	% Adult Overweight and Obesity	% Adult Obesity	% Childhood Overweight and Obesity	%Childhood Obesity	% Adults meeting CMO Guidelines	%Young people (11-16) meeting CMO Guidelines	%Adults eating at least 5 portions of Fruit and Veg per day	%Young people (11-16) eating at least 1 portion of Fruit or veg per day	%of area in the most deprived fifth	Fast food density per 100,000 people	Supermarkets per 10,000 people	%Adults with Level 3 qualification or above
	Wales	62	25	25.5	11.8	55.4	18.3	28.5	46.5		100.65	3	64.6
	Health Board	63	27	29.3	13	58.9	18.7	28.3	49.3	9			
Carmarthenshire	Amman/Gwendraeth	68	28	30.2	14.1	58.9	18.7	30.9	46.2	5	89.01	2.7	70.2
	Llanelli									23			
	Taf/Tywi									2			
Pembrokeshire	North Pembrokeshire	57	25	28.1	11	55.5	18.8	25.6	50	11	76.98	3	63.4
	South Pembrokeshire									13			
Ceredigion	North Ceredigion	61	26	28.5	13.6	64.6	18.5	26.3	55.7	0	99.86	2.2	67
	South Ceredigion									5			

Indicator Map for levels of overweight and obesity and range of risk factors* for obesity

*There are many risk factors for obesity, this selection is not exhaustive.

Appendix 2: Future Generations Report 2025 – Healthy weight recommendations

Theme	Recommendations
Prevention-Focused Healthcare	Embed prevention in clinical pathways; address social determinants of ill-health
Funding & Policy	Ring-fence prevention funding
Food Systems	Create a national food resilience plan; fix broken food systems
Multiple-Benefit Interventions	Promote initiatives combining diet, local economy, and equity outcomes

Appendix 3: Metrics and Measures

As part of our implementation plan, we will develop a dashboard, as an extension of the population health dashboard, in order to have a quarterly update of routinely collected data/statistics which are related to healthy weight.

Below are proposed indicators with some needing further development. However, it is planned that the below will form the basis of the dashboard over the period of the Plan.

Headline system level goals

1. Childhood Healthy Weight: Preventing the increase of childhood obesity in HDdUHB, focussing on narrowing the inequalities between the most and least deprived
    a. Child measurement programme: measured annually with 4-5 year olds
    b. Most recent data is for 2024/25
    c. Baseline: Obesity: 13.9 (95% CI 12.7-15.1); Obese or Overweight: 30.1 (95% CI 28.5-31.7)
2. Adult Healthy Weight: Halt the rise in adult (18+) obesity and overweight in HDdUHB, focussing on narrowing inequalities between the most and least deprived groups
    a. National Survey for Wales: measured annually, self-reported height and weight
    b. Most recent data 2022/23
    c. Likely to be underestimated by 6+ percentage points (A third of adults in Wales live with obesity, according to new analysis | Nesta)
    d. Baseline: Obesity: 27 (95% CI 24-30); Obese or Overweight: 63 (95% CI 60-66)

Key action areas and proposed metrics

Healthy Environment

1. **Food insecurity**
    a. National-level survey data only; not robust at Health Board level.

b. Proposed proxy: use of food banks through Local Authorities and food partnerships.
c. Opportunity to establish a baseline distinguishing regular from crisis use.

2. **Workplace physical activity**
    a. No consistent Health Board-wide initiatives or routine participation data.
    b. Would require new programmes and agreed monitoring mechanisms.
    c. Not recommended as a short-term metric, included as an aspiration.

3. **Community physical activity (e.g. parkrun)**
    a. Participation data is routinely available.
    b. Potential to access postcode-level data from parkrun to enable deprivation analysis, subject to data-sharing agreements.
    c. Suitable for trend reporting rather than absolute targets.
    d. Longer term possibility to work with local providers, e.g. leisure centres, to understand trends in participation.

Healthy Settings

4. **Healthy food standards (retail, catering, vending)**
    a. No routine audit data currently available.
    b. New Welsh Government regulations provide a future policy hook, but monitoring arrangements are unclear.
    c. Working with the facilities and audit team, we will begin to monitor our adherence to guidance and regulations.

5. **Healthy food availability and staff experience**
    a. No baseline staff survey data exists.
    b. Would require development of new audit or feedback tools, potentially via workforce.

6. **Early years and schools**
    a. Healthy pre-school and school programme uptake: feasible using existing programme data.

b. Schools delivering an ‘active offer’: realistic to establish a baseline and annual reporting.
c. These represent some of the most immediately deliverable metrics.

Healthy People

7. **Tier 2/3 weight management services**
    a. Outcomes aligned to the emerging All-Wales Minimum Data Set, including:
        i. Percentage weight change.
        ii. Patient-reported outcome measures (PROMs).
        iii. Patient-reported experience measures (PREMs).
    b. Longer-term ambition to estimate uptake among the eligible population, similar to smoking cessation services.

8. **Waiting times**
    a. Median waiting time for Tier 2 and 3 services is measurable and suitable for quarterly reporting.

Leadership and Enabling Change

9. **Governance**: Number of Oversight Group meetings held versus planned; timeliness of dashboard reporting.
10. **Task and Finish groups**: Proportion of agreed outputs delivered on time.
11. **Partner adoption of healthy procurement approaches**:
    a. Reporting every six months, in line with national reporting requirements.

Healthcare utilisation impact

As part of the Plan, we want to measure avoidable healthcare usage which is partly or fully attributable to overweight or obesity.

We will work with the Healthy Weight Oversight Group and data colleagues in the Health Board and DHCW to develop our ability to monitor and understand what the impact of obesity and overweight are in terms of increased demand, and the impact our activities have on healthcare utilisation.

Proposed proxy indicators

- Emergency admissions for weight-related chronic conditions.
- Prescribing volume for obesity-related conditions.
- Elective procedures accelerated by excess weight (e.g. joint replacements).
- Maternity outcomes linked to high maternal BMI.

Key challenges

- Obesity is inconsistently coded in routine datasets.
- Attribution is indirect and requires clear caveats.
- Access to GP-level data is complex and other databases can be difficult to access (e.g. SAIL, data-sharing agreements).
- Initial analyses likely to be bespoke, one-off requests via DHCW.

Way forward

- Agree a limited set of ICD-10 and procedure codes with clear rationale.
- Use trends over time rather than point estimates.
- Treat early analyses as exploratory, with a view to longer-term service-level agreements if data proves useful.

3.4

10:50, 10 Mins

3.4 - Deep Dive: Healthy Domain Metrics

Bethan Lewis (Hywel Dda UHB - Assistant Director of Public Health Strategic Business and Operations), Michael Thomas (Hywel Dda UHB - Consultant in Public Health Medicine)

Attachments

3.4.1 SPC SBAR Deep Dive Healthy Domain Metrics Report June 2026.pdf

3.4.2 Exec Summary - Deep Dive Healthy Domain Metrics Report.pdf

3.4.3 SPC Appendix 1 Presentation Deep Dive Healthy Domain Metrics June 202~.pdf

3.4.4 SPC Appendix 1 Presentation Deep Dive Healthy Domain Metrics June 202~.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR STRATEGAETH A CHYNLLUNIO
STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 June 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Deep Dive: Healthy Domain Metrics Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Ardiana Gjini, Executive Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Bethan Lewis, Assistant Director of Public Health Strategic Business and Operations; Dr Michael Thomas, Consultant in Public Health Medicine

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 purpose of this paper is to provide the Strategy and Planning Committee (SPC) with assurance through a Deep Dive on Healthy Domain Metrics, bringing together progress against Population Health Escalation Metrics since September 2025 and key insights from the Population Health Dashboard.

Cefndir / Background

The Healthy Domain Metrics integrates Population Health Escalation Metrics, which assess system maturity, delivery confidence, and performance, with Population Health Dashboard intelligence, which provides insight into health outcomes, drivers of ill health, and inequalities.

The Escalation Metrics were launched in September 2025 with formal assessment of all care groups / directorates in the Health Board. The foundation indicators included staff uptake of influenza vaccination, business continuity plans, and inpatient smoking status. There is a phased approach to introducing additional indicators.

The Our Population Health Dashboard was formally launched in February 2026 to provide teams with a shared, system-wide view of key health trends, challenges, and opportunities for prevention. The dashboard brings together insightful and accessible data to help make informed decisions and prioritise interventions where they can make the greatest impact. There is a phased approach to the dashboard launch building on the available data as work progresses to improve accessibility to wider datasets.

Asesiad / Assessment

Escalation Metrics – Progress Since September 2025

There has been measurable progress in system maturity and oversight since implementation of the escalation metrics for Population Health. Governance and reporting are now more structured, regular, and consistent, providing greater clarity and transparency for performance

management. Accountability across programmes has been clarified, enabling more defined ownership of delivery. The system has also strengthened its ability to identify underperformance and respond through escalation, resulting in increased visibility of risks and delivery challenges.

Business Continuity Plan compliance shows an improved position between September 2025 and April 2026. There has been strong improvement in some areas, particularly Operational Allied Health and Health Sciences, Nursing, Medical and Primary Care with all areas now engaged.

Staff flu uptake improved across most areas when comparing with uptake at the end of 2024/25 programme and March 2026, the end of 2025/26 timescale. The strongest increases were seen in Finance, Nursing, Community and Integrated Medicine, Public Health, and Estates and Facilities. However, uptake reduced in Strategy and Planning, Workforce and Organisational Development, and Medical, which may require targeted follow-up ahead of the next vaccination campaign.

Smoking metrics remain requiring ongoing support and engagement. Recording of smoking status generally has been strong, however referrals to Help me Quit (HMQ)and provision of Replacement Therapy (NRT) remaining low along with informing patient on admission of Health Board no smoking policy. These indicators currently impact on Community and Integrated Medicine and Planned and Specialist Care Clinical Care Groups (CCGs) only due to reliance on Welsh Nursing Clinical Record (WNCR) data with the ambition of scoping opportunities across Mental Health and Learning Disabilities inpatient areas and Maternity.

Population Health Dashboard – Key Insights

An overview of the Our Population Health dashboard can be found within Appendix 1. Key insights have been identified for the purpose of this deep dive.

While life expectancy and healthy life expectancy are at similar levels to the All-Wales average, we know that not all of the population have an equal experience. There are pockets of deprivation often masked by measures that do not fully take account of rurality, particularly with reference the access to services and support that can improve the health and wellbeing of the population.

The region already has an ageing population, with this projected to increase over the next twenty years. The increase in the number of older people is likely to lead to a rise in the prevalence of chronic conditions such as circulatory and respiratory diseases and cancers.

In terms of the priority health areas, cancer incidence rates are gradually declining with Ceredigion have the highest cancer mortality rates for the three Local Authority area. Carmarthenshire has the highest number of cardiovascular deaths. In terms of the prevalence of atrial fibrillation, heart failure and secondary prevention of Chronic Heart Disease (CHD) Amman Gwendraeth, South Ceredigion and Taf Tywi GP Clusters have the higher rates in the region. Diabetes prevalence is highest in Amman Gwendraeth, South Pembrokeshire and Llanelli clusters. Pembrokeshire has the highest prevalence for Chronic Obstructive Pulmonary Disease (COPD) in the region. In terms of mental health, Ceredigion reports the highest sense of life being worthwhile, lowest levels of anxiety and the highest percentage of life satisfaction among the three counties, exceeding the Wales average. Hywel Dda University Health Board (HDdUHB) has a lower rate of hospital admissions related to illicit drug use than the Wales average.

Vaccination rates are higher than the Wales average, with slight regional variation. Maternal obesity within HDdUHB is higher than the Wales prevalence rates, the percentage of women smoking during pregnancy is lower, and the breast-feeding rates are higher. Overall teenage conception rates across HDdUHB are below the Wales average overall; however rates in Pembrokeshire remain comparatively high.

In terms of risk factors, Carmarthenshire has the highest prevalence of smoking of all three counties. The latest data indicates that HDdUHB has the highest prevalence rates of overweight and obesity among children aged four to five in Wales. The proportion of young people aged 11 to 16 achieving at least 60 minutes of daily physical activity over the past seven days is comparable to the Wales average. All three counties have a higher percentage of young people aged 11 to 16 reporting alcohol consumption than the All-Wales average. In addition, 16.8% of adults exceed the recommended alcohol consumption guidelines, with the highest levels observed in Pembrokeshire.

Actions and Next Steps
As we progress into the 2026-27 work has begun on expanding the escalation metrics to include the additional indicator of Level 1 Making Every Contact Count (MECC) training for new and existing staff, and to scope the inclusion of uptake of the Measles, Mumps, Rubella (MMR) vaccine in healthcare staff. Work is also underway to strengthen a renewed focus on scaling prevention activity, with the longer-term indicators including outcomes relating to cancer, respiratory diseases, diabetes and cardiovascular disease (CVD).

In parallel, work is underway to enhance real-time population health intelligence and strengthen outcome tracking, enabling a clearer understanding of impact over time. Through a Population Health Intelligence Group, the inclusion of further datasets into the Our Population Health Dashboard will be prioritised and enabled. This will ensure our approach to benchmarking against the Wales average and best-performing Health Boards is being used to inform improvement and accelerate adoption of effective interventions.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** from the Healthy Domain Metrics Report regarding the progress made in strengthening escalation metrics and system maturity, acknowledge the ongoing challenges in improving outcomes and reducing inequalities
- **SUPPORT** the prioritisation of targeted, prevention-focused action to improve population health outcomes.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.13.Consider population health and wellbeing assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans. 3.1.14.Seek assurance on plans, systems and processes to deliver health improvement and increase health equity and seek assurance on the work of the Health Board to reduce avoidable health inequalities.

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	10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	All noted within body of report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	While this is an assurance report, it has service and value implications through its focus on prevention, targeted improvement and use of intelligence to prioritise action. Strengthening escalation metrics and population health insight supports more effective deployment of resources, earlier intervention and better targeting of services to population need.

Ansawdd / Gofal Claf: **Quality / Patient Care:**	This report supports quality and patient care by strengthening oversight of prevention and population health measures, improving visibility of variation, inequalities and underperformance. This enables more targeted action to improve outcomes, patient experience and equitable access to services across Hywel Dda.
Gweithlu: **Workforce:**	This report has workforce relevance through its focus on staff health improvement, prevention capability and compliance with key escalation measures. It highlights the need for targeted support to improve staff vaccination uptake and training, strengthening the workforce contribution to prevention and population health outcomes.
Risg: **Risk:**	The report identifies ongoing risks relating to variation in performance, health inequalities, prevention delivery and the maturity of population health intelligence, which require continued oversight and targeted improvement action.
Cyfreithiol: **Legal:**	No legal impacts identified.
Enw Da: **Reputational:**	This report has reputational relevance as it demonstrates the Health Board's oversight of population health improvement, prevention and inequalities. Continued progress in these areas supports organisational credibility, while failure to respond to identified variation or underperformance could carry reputational risk.
Gyfrinachedd: **Privacy:**	No privacy impacts identified.
Cydraddoldeb: **Equality:**	EqIA screening is not required for this assurance report; however, the content has a clear equality and health inequalities focus, highlighting variation in outcomes, deprivation, rurality and access to services, and supporting targeted action to improve equity across the population.

Strategy and Planning Committee

Executive Summary: Deep Dive Healthy Domain Metrics Report

Sefyllfa / Situation

This report presents the findings of the Health Needs Assessment (HNA) for the population served by Hywel Dda University Health Board (HDdUHB). The HNA provides a comprehensive overview of population health, inequalities, risk factors, and future demographic pressures.

The purpose of this report is to inform the Committee of the key findings and emerging themes from the HNA, to support understanding of current and future population health needs and to inform future strategic discussions, service planning, and prevention priorities.

Some overarching information is also captured within the Our Population Health Dashboard which enables all Health Board staff to view some of the HNA information in an easily accessible format.

Cefndir / Background

The HNA has been developed to support strategic planning and ensure that services are aligned to population need. It reflects the three prevention priorities across the HDdUHB region outlined in the 20four7 model:

- Focusing on the 20% most vulnerable populations
- Addressing four key modifiable risk factors
- Reducing the burden of seven priority health conditions.

Overall life expectancy and healthy life expectancy in HDdUHB are broadly comparable to the Wales average. However, inequalities persist, particularly within rural communities where deprivation may be less visible but continues to impact access to services and health outcomes.

The Our Population Health Dashboard was formally launched in February 2026 to align with the implementation of the 20four7 model and provide our Clinical Care Groups (CCGs), Directorates, and wider teams with a shared, system-wide view of key health trends, challenges, and opportunities for prevention. The dashboard brings together insightful and accessible data to help make informed decisions and prioritise interventions where they can make the greatest impact. There is a phased approach to the dashboard launch building on the available data as work progresses to improve accessibility to wider datasets.

Asesiad / Assessment

This HNA report describes the health and wellbeing needs of the population served by HDdUHB.

The findings show that whilst life expectancy and healthy life expectancy are at similar levels to the all Wales average, we know that not all of the population have an equal experience. There are pockets of deprivation often masked by measures that do not fully take account of rurality, particularly with reference to access to services and support that can improve the health and wellbeing of the population.

The region already has an ageing population, with this projected to increase over the next 20 years. The increase in the number of older people is likely to lead to a rise in the prevalence of chronic conditions such as circulatory diseases, respiratory diseases and cancers. Meeting the needs of these individuals will be a key challenge for the Health Board and its partners.

Carmarthenshire has the highest number of cardiovascular deaths. In terms of the prevalence of atrial fibrillation, heart failure and secondary prevention of Chronic Heart Disease (CHD), Amman Gwendraeth, South Ceredigion and Taf Tywi GP Clusters have the higher rates in the region. Diabetes prevalence is highest in Amman Gwendraeth, South Pembrokeshire and Llanelli clusters. Pembrokeshire has the highest prevalence for Chronic Obstructive Pulmonary Disease (COPD) in the region.

In terms of the priority health areas, Ceredigion has the highest cancer mortality rates for the three local authority areas, although cancer incidence rates are gradually declining.

In terms of mental health, Ceredigion has the highest sense of worthwhile, lowest sense of anxiety and the highest percentage of life satisfaction of the three counties, and higher than the Wales average. HDdUHB has a lower rate of hospital admissions related to illicit drug use than the Wales average.

Vaccination rates are higher than the Wales average, with slight regional variation. Maternal obesity within HDdUHB is higher than the Wales prevalence rates, the percentage of women smoking during pregnancy is lower, and the breast-feeding rates are higher. Teenage conception rates for HDdUHB are below the Wales rate overall, though Pembrokeshire has a higher rate.

In terms of risk factors Carmarthenshire has the highest prevalence of smoking of all three counties. The latest prevalence rates for children aged four to five with overweight or obesity are the highest in Wales in HDd UHB. Young people aged 11 to 16 reporting at least sixty minutes of physical activity every day for the last seven days is similar to the All Wales figure. All three counties have a higher percentage of young people aged 11 to 16 reporting alcohol consumption than the All Wales average. 16.8% of adults drink more than the recommended guidelines with Pembrokeshire having the highest consumption.

The HNA and Our Population Health Dashboard provides an overview of key health indicators and lifestyle risk factors across the Hywel Dda region, highlighting important regional, local, age-related and gender differences. Clearly the HNA describes a

number of important health indicators and describes variation across the three counties and primary care clusters. These findings will enable actions to be taken to reduce risk factors and improve quality of life, together with addressing health inequalities. The comprehensive HNA may also be used to support effective planning of services across the region to ensure they truly meet the needs of the population.

Population Health Intelligence

Lead Director:

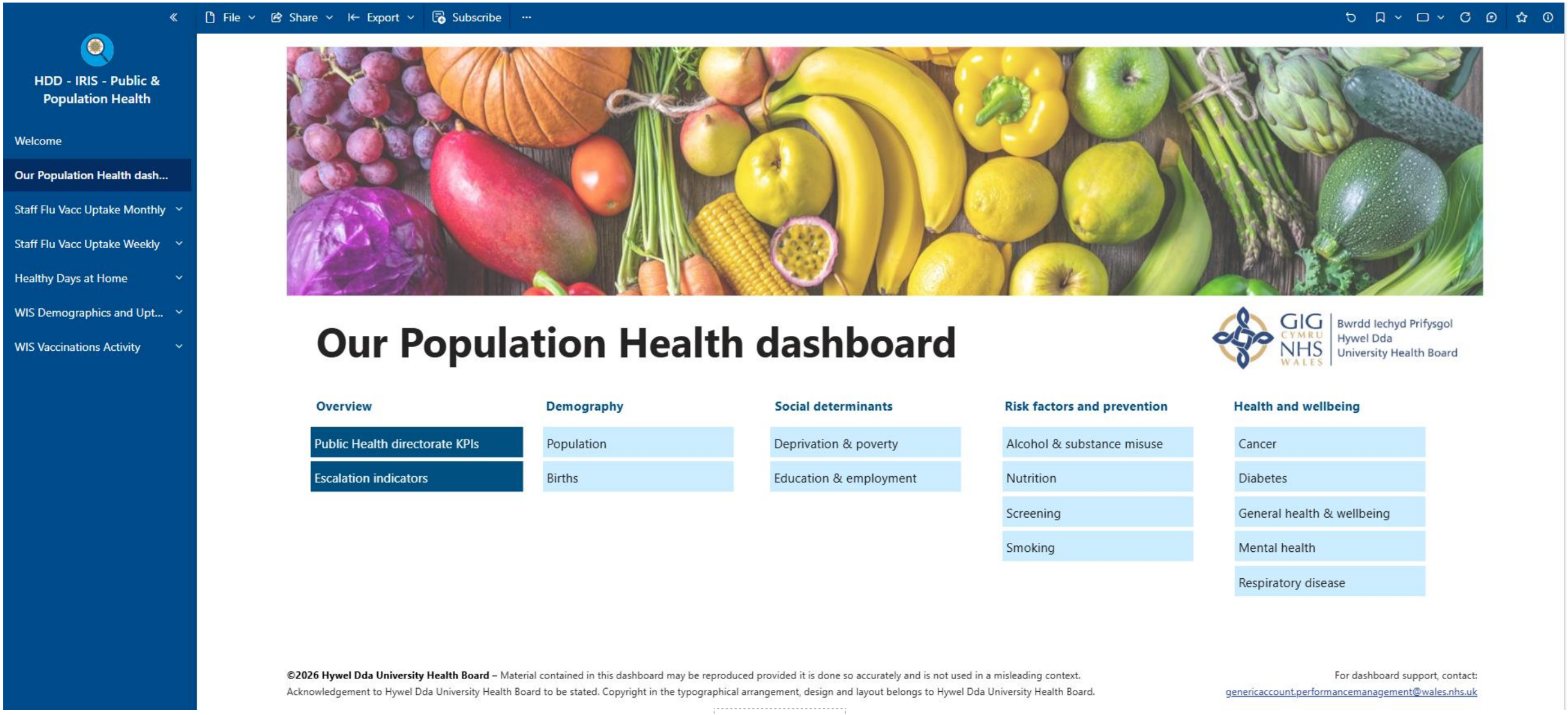
Dr Ardiana Gjini, Executive Director of Public Health

Reporting Officers:

Bethan Lewis, Assistant Director of Public Health Strategic Business and Operations

Dr Michael Thomas, Consultant in Public Health Medicine

Our Population Health dashboard - Power BI



Population Health Intelligence

Comprehensive Health Needs Assessment completed as part of the Pharmaceutical Needs Assessment April/May 2026

- Provides an up-to-date overview of the health needs of the population served by Hywel Dda University Health Board (HDdUHB)

- Detailed view of the area and its population

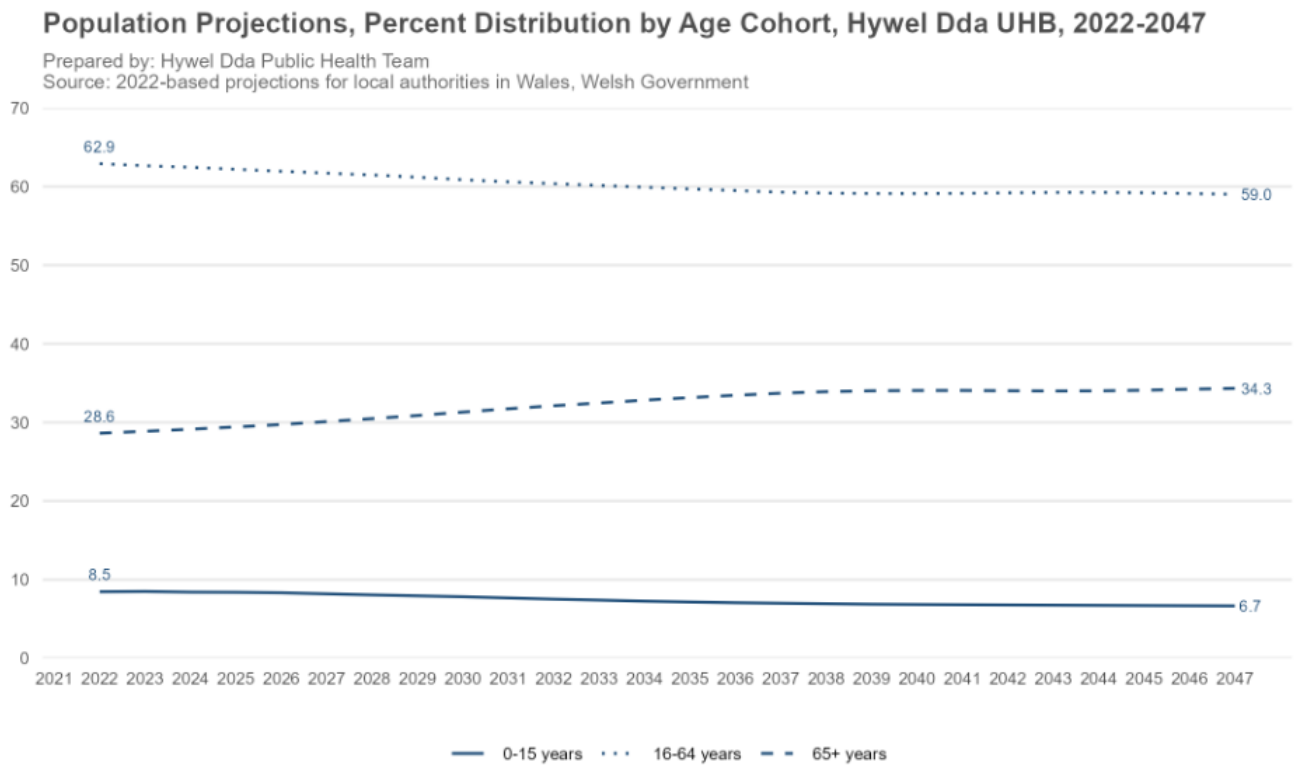
- Focuses on:
  - The health needs of the population in the seven priority health domains where early intervention can improve outcomes, reduce system pressure and support healthier lives.
  - The four modifiable behavioural risk factors which together drive a substantial proportion of preventable illness, early death and health inequality
  - Health Issues that relate to different section of the population

- Can be used to inform planning, delivering, and reviewing pathways, services and treatments.

Population Health Intelligence

Population profile

HDdUHB has an ageing population, this is set to increase over the next 20 years, and at a faster rate than Wales as a whole (34.3% of the population of HDdUHB will be 65 and over compared to 28.7% in Wales)
This is likely to lead to a rise in the prevalence of chronic conditions, meeting the needs of these individuals will be a key challenge for us and our partners.



Population Health Intelligence

Chronic condition register change from earliest available data to 2023/24

Group	Condition	From	Count	Count in 2023/2024	Percentage increase
Diabetes	Diabetes (aged 17+)	2009/10	19783	29267	47.9%
Cardiovascular Disease	Atrial Fibrillation	2009/10	7881	12994	64.8%
	Heart Failure	2009/10	3905	5792	48.3%
	Hypertension	2009/10	62859	68650	9.2%
	Stroke/ TIA	2009/10	8716	9925	13.8%
Respiratory	Asthma	2009/10	26459	29632	12%
	COPD	2009/10	7394	9544	29%
Musculoskeletal	Osteoporosis (50+)	2012/13	352	818	132.4%
	Rheumatoid Arthritis	2013/14	3505	3916	11.7%

Table: A table showing a number of disease registers and the percentage and count change between when data was first collected and the latest available data. Quality and Outcomes Framework and the Quality Assurance and Improvement Framework, Welsh Government

Population Health Intelligence

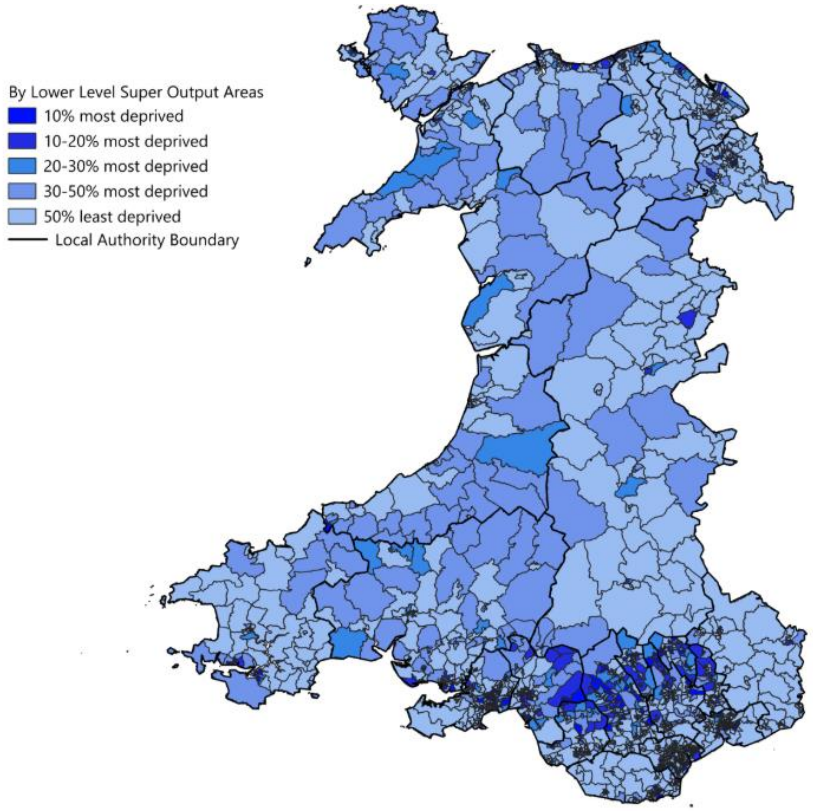
Life Expectancy and Healthy Life Expectancy

- Life expectancy in Wales has stalled.
- Male healthy life expectancy has declined since 2011-2013 from 61.3 to 59.2 years in 2022-24. Female healthy life expectancy has declined more from 61.9 in 2011-2013 to 58.5 in 2022-24.
- The difference in healthy life expectancy between deprivation quintiles remains high at roughly seven years between the most deprived and least deprived. These inequalities shape quality of life, mental wellbeing, and the ability to work, and they place significant demand on health and social care services.
- Levels in HDdUHB are similar to the Wales average, but not all the population have an equal experience.

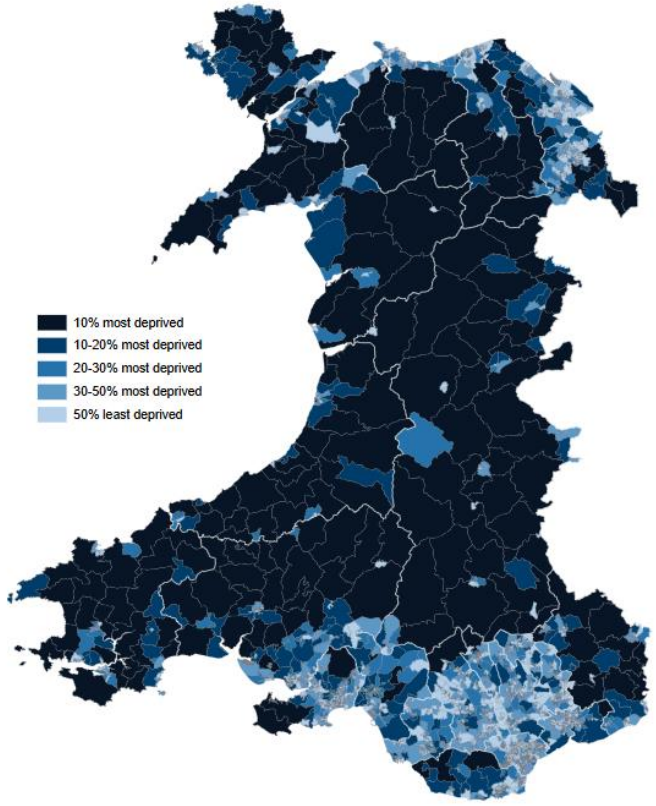
	Males			Females		
	Life Expectancy	Healthy Life Expectancy	Percentage of life expectancy in good health	Life Expectancy	Healthy Life Expectancy	Percentage of life expectancy in good health
Ceredigion	79.7	63.3	79.4	83.3	63.2	75.9
Pembrokeshire	78.8	61.6	78.2	83.1	61.5	74.0
Carmarthenshire	78.7	57.7	73.3	81.9	56.2	68.6
Hywel Dda UHB	79.1	60.1	76	82.4	59.3	72
Wales	77.9	59.2	76	82.4	58.5	71

Population Health Intelligence

Deprivation: the lack of access to opportunities and resources, which we might expect in society.



Five areas in Carmarthenshire in the most deprived Lower Layer Super Output Areas (LSOAs) in Wales, three in Pembrokeshire (Pembs) and one in Ceredigion



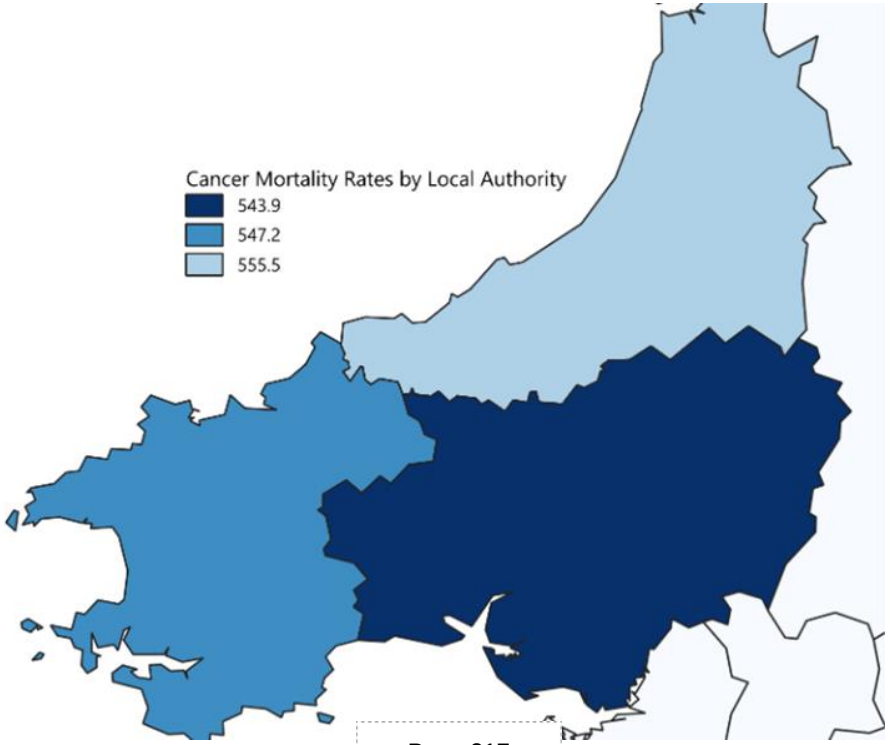
Welsh Index of Multiple Deprivation 2025: Access to services domain. Ceredigion has 44% of areas in the 10% most deprived, Pembs has 35% and Carmarthenshire (Carms) has 23%

Population Health Intelligence

Seven Priority Health Domains:

Cancer

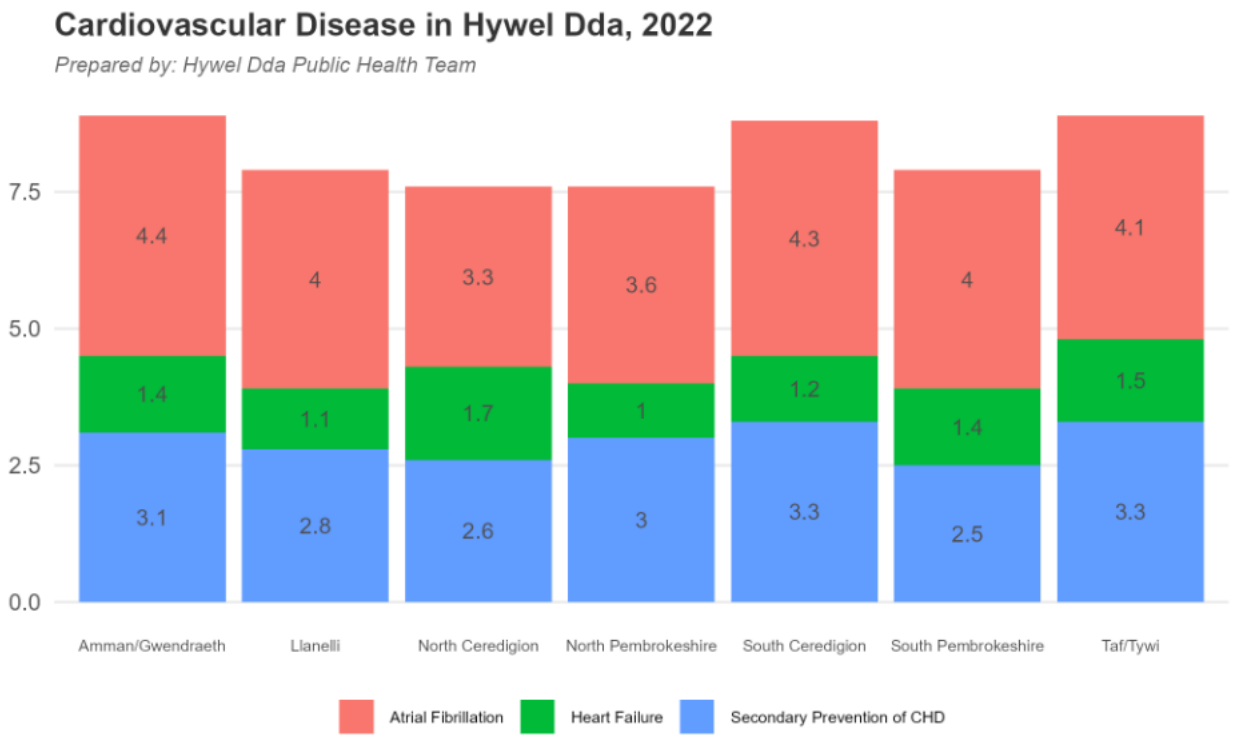
- In HDdUHB the lowest age standardised mortality rates per 100,000 population for cancer was in Carmarthenshire at 541.9, with Ceredigion being the highest at 555.5.
- HDdUHB's mortality rate for men with prostate cancer is 48.5 in 2024 which is slightly above the Wales average of 42.6. Female breast cancer rates in HDdUHB are slightly below the Wales average at 29.5 (Wales average – 32.1).



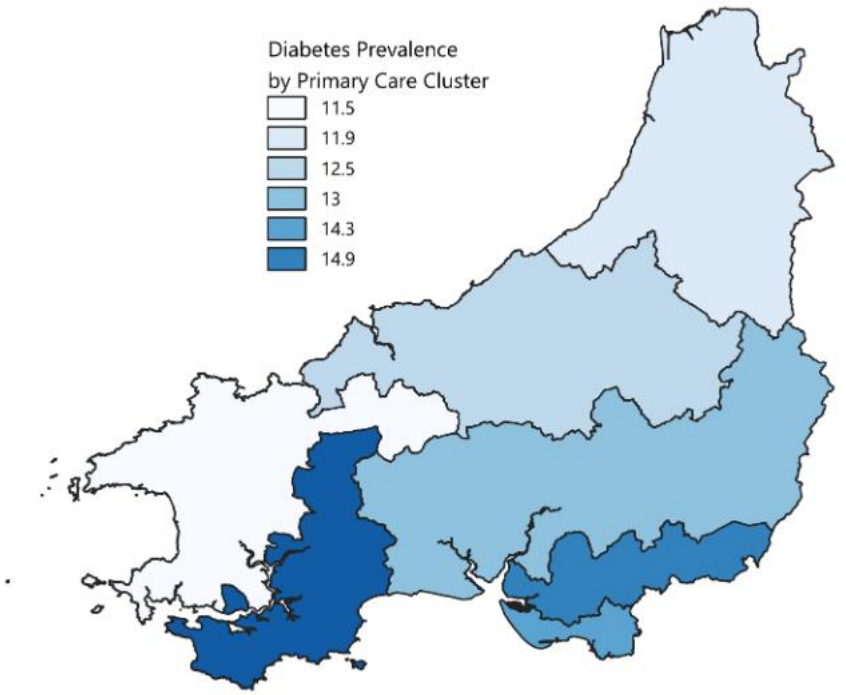
Population Health Intelligence

Carmarthenshire has the highest number of cardiovascular deaths.

Amman Gwendraeth, South Ceredigion and Taf Tywi GP Clusters have the higher rates of atrial fibrillation, heart failure and secondary prevention of Chronic Heart Disease (CHD).



Diabetes prevalence is highest in Amman Gwendraeth, South Pembrokeshire and Llanelli clusters.



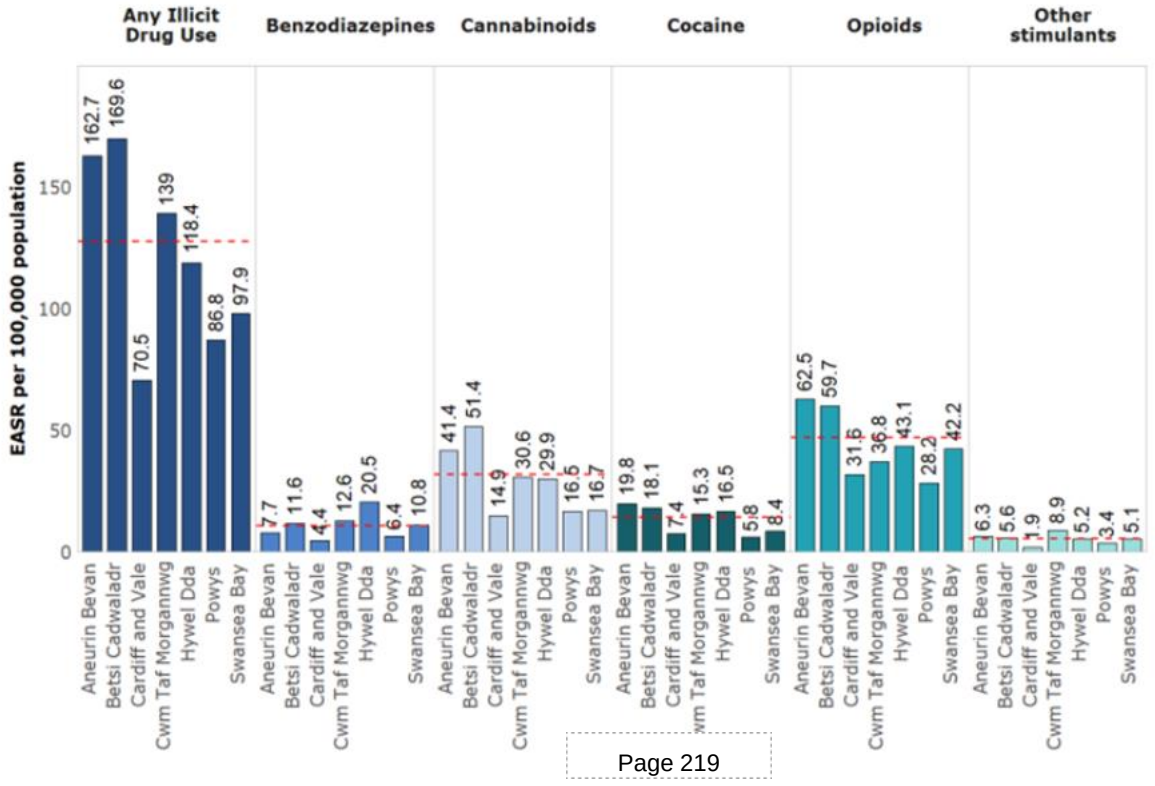
Population Health Intelligence

Mental health

Ceredigion has the highest sense of worthwhile, lowest sense of anxiety and the highest percentage of life satisfaction of the three counties, and higher than the Wales average.

Substance misuse

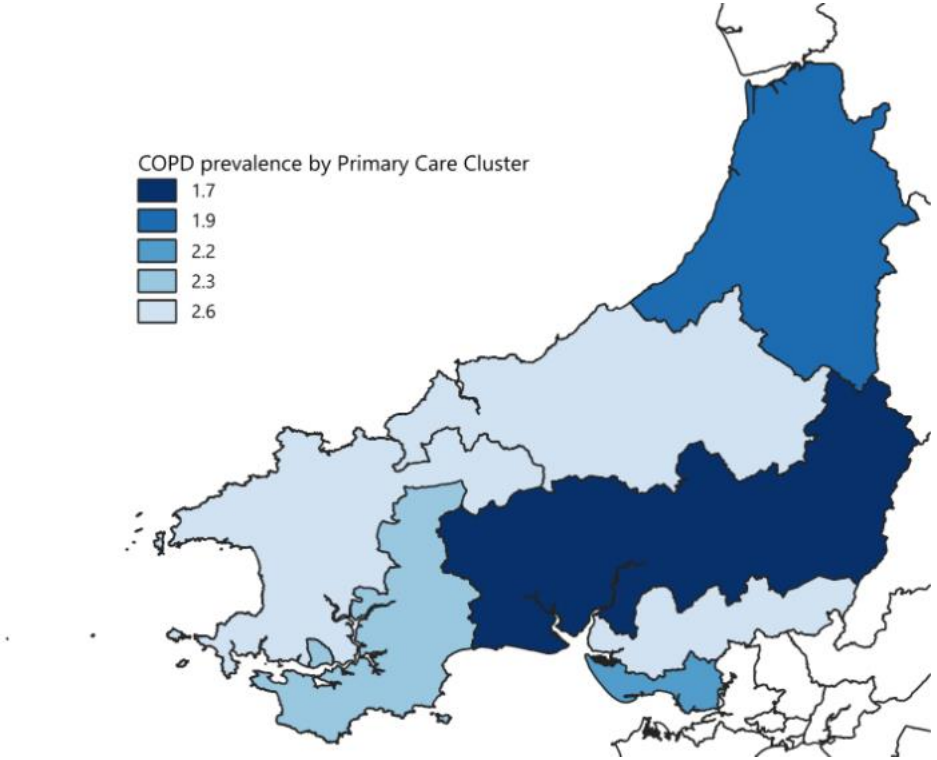
HDdUHB has a lower rate of hospital admissions related to illicit drug use than the Wales average.

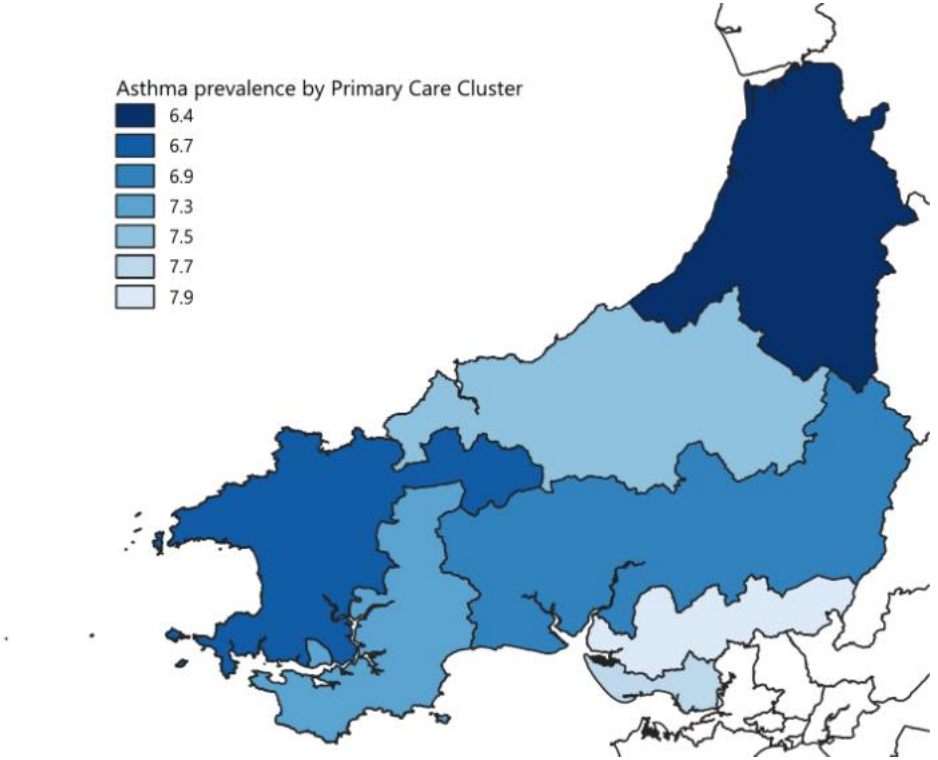


Population Health Intelligence

Respiratory Disease

The most common respiratory diseases are chronic obstructive pulmonary disease (COPD), asthma, occupational lung diseases such as coal miners' pneumoconiosis, pneumonia and pulmonary hypertension. COPD prevalence is highest in North Pembrokeshire, and asthma prevalence is highest in Amman Gwendraeth.





Population Health Intelligence

Child and Maternal Health

Across Wales the percentage of children who were up to date with their Hib/MenC booster, '4 in 1' DTaP/IPV pre-school booster and Measles, Mumps, Rubella (MMR) vaccines by four years of age was 85.3%. The percentage in HDdUHB was 87%, with slight regional variation (Carmarthenshire 86.1%, Ceredigion 89.4%, Pembrokeshire 87.3%), which remains below the World health Organisation (WHO) target of 95%. The gap in uptake between the most deprived and least deprived quintile in HDdUHB is 12.1%.

HDdUHB have the second highest rate in Wales of pregnant women having a Body Mass Index (BMI) of 30+ at initial assessment (33.1% (Wales 32.1%)).

10.3% of women giving birth were recorded as smokers, lower than 12% across Wales.

Rates of breastfeeding at birth, six weeks and six months are higher in HDdUHB than for Wales at 69.2% compared to 61.9%, 34.3% compared to 30.7% and 26.2% compared to 23.2% for exclusive breast feeding respectively.

Pembrokeshire has the highest teenage conception rate in the locality and is higher than the rate for Wales (18 per 1000 females under 18 compared to 15.7 per 1000).

Population Health Intelligence

Frailty, falls, and physical decline

- In HDdUHB 1,333 people were admitted to hospital following a 999 call due to Level 1,2 and 3 falls in people 60 and over in 2025.

- Falls are a major cause of disability and death in older people in Wales, and result in significant human costs in terms of pain, loss of confidence and independence.

- Dementia is the leading cause of death in England and Wales
  - Estimated number of people living with dementia in West Wales is 6,161
  - Total number of people living with a diagnosis of dementia in West Wales in 2025 is 3,210
  - In 2024 the dementia diagnosis rate in West Wales was 52.1%
  - Estimated that 2,951 in West Wales are undiagnosed with dementia
  - There is a projected regional increase of 41% to 2030 (severe dementia) in West Wales, with variation as follows (West Wales MSR 2020): Carmarthenshire=41%, Ceredigion=37%, Pembrokeshire=44%.

Population Health Intelligence

The four modifiable behavioural risk factors

Smoking

- Smoking prevalence in HDdUHB has decreased significantly in the last two decades from 26% in 2003-05 to 13.4 % in 2021-23 (Carmarthenshire (14.1%) Ceredigion (13.9%) and Pembrokeshire (12.6%)).

- The European Age-standardised Rate (EASR) for smoking attributable mortality for HDdUHB is 172, per 100,000 lower than the Wales rate of 190 per 100,000. [48] Similarly, the smoking attributable hospital admission rate per 100,000 people in HDdUHB is significantly lower at 734 per 100,000 than the Wales rate (862 per 100,000).

Nutrition

- Latest figures releases last month show that the prevalence of children living with obesity was the highest All-Wales prevalence recorded since the Child Measurement Programme began (12.8%), as was the prevalence of children living with overweight or obesity (27.3%).

- The prevalence of children living with obesity in HDdUHB area is the highest in Wales at 13.9% (along with Cwm Taf Morgannwg), with variation by locality (Pembrokeshire 11.8%, Ceredigion 13.7%, Carmarthenshire 15.2%).

- The prevalence of children living with overweight [illegible]y in HDdUHB was the highest in Wales (30.1).

Population Health Intelligence

Alcohol

- 16.8% of residents of HDdUHB drink more than the recommended guidelines, higher than the Welsh average of 16.4%.

- Pembrokeshire (20.3%) is higher than the Welsh average. Ceredigion with 16.3% and Carmarthenshire, with 14.9% of its residents drinking more than the recommended guidelines are lower.

- In relation to hospital admissions for an alcohol specific condition Pembrokeshire had a higher rate (443 per 100,000) than the Wales rate (370 per 100,000), both Carmarthenshire and Ceredigion had lower rates (343 per 100,000 and 352 per 100,000 respectively).

Physical Activity

- 18.7% of children in HDdUHB surveyed reported at least 60 minutes of physical activity every day for the last seven days, at a similar level to All-Wales, and this was similar for all three counties (School Health Research Network Student Health and Wellbeing survey for 11 – 16 year olds, 2023).



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

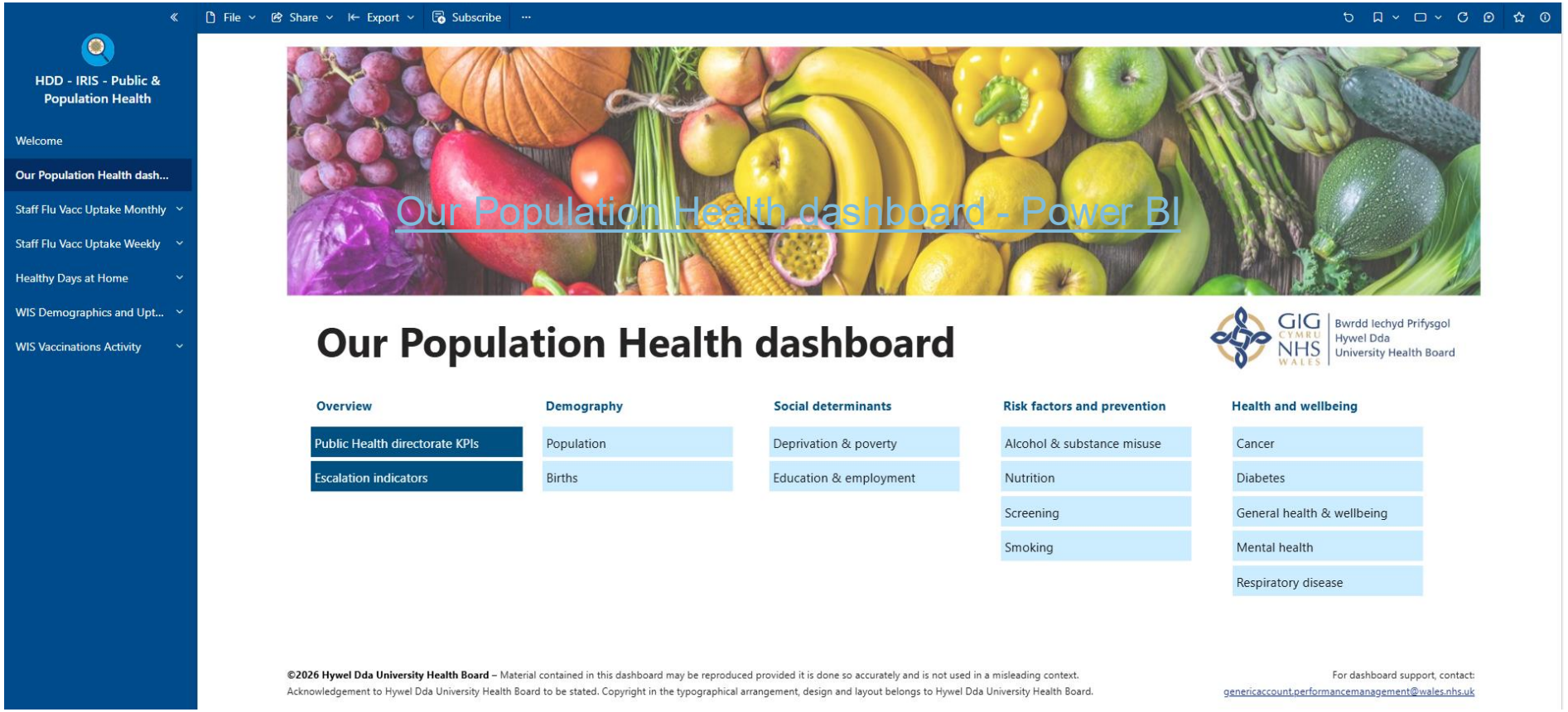
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Population Health Intelligence

Our Population Health dashboard - Power BI



Population Health Intelligence

Phase One includes:

Demography

Population
- Estimates by sex and age group Wales, Health Board and Local Authority

Births
- Any breast feeding at 10 days Wales, Health Board

Population Health Intelligence

Social Determinants

Deprivation and Poverty

- Percentage of the population cohort living in material deprivation and low income households trend: Wales
- Number of rough sleepers: Wales and Local Authority
- Occurrences of people placed into temporary accommodation Wales and Local Authority
- Looked after children Wales and Local Authority

Education and employment

- Average (median) gross earnings by Local Authority
- Highest qualification level of working age adults by Local Authority
- Jobseekers allowance claimants by Local Authority

Population Health Intelligence

Risk factors and prevention

Alcohol and Substance Misuse

- Alcohol attributable admission rates Wales, Health Board, Local Authority

Nutrition

- % Women with BMI 30+ at initial assessment Wales, Health Board

Screening

- % children with recorded Healthy Child Wales contacts Wales, Health Board, Local Authority
- % women having initial assessment by 10 completed weeks of pregnancy Wales, Health Board.

Smoking

- % residents Carbon Monoxide (CO) validated as successfully quitting at 4 days post quit date by Health Board
- Smoking at birth Wales, Health Board

Population Health Intelligence

Health and Wellbeing

Cancer

- Cancer related hospital Admission rates Wales, Health Board, Local Authority.
- Cancer mortality rates Wales, Health Board, Local Authority

Diabetes

- Diabetes Mortality rates Wales, Health Board.

General Health and Wellbeing

- Health in general is good or very good, Wales, Health Board, Local Authority

Mental Health

- % pregnant women reporting a mental health condition at their first assessment Wales, Health Board.

Respiratory Disease

- Respiratory related hospital emergency admission rates Wales, Health Board, Local Authority
- Respiratory disease mortality rates Wales, Health Board, Local Authority

Phase Two being developed by the Population Health Management Group chaired by Dr Michael Thomas

Demographics

Population

Population Estimates Hywel Dda University Health Board

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year

2024

Health board

Hywel Dda UHB

Local authority

All

Sex

Persons

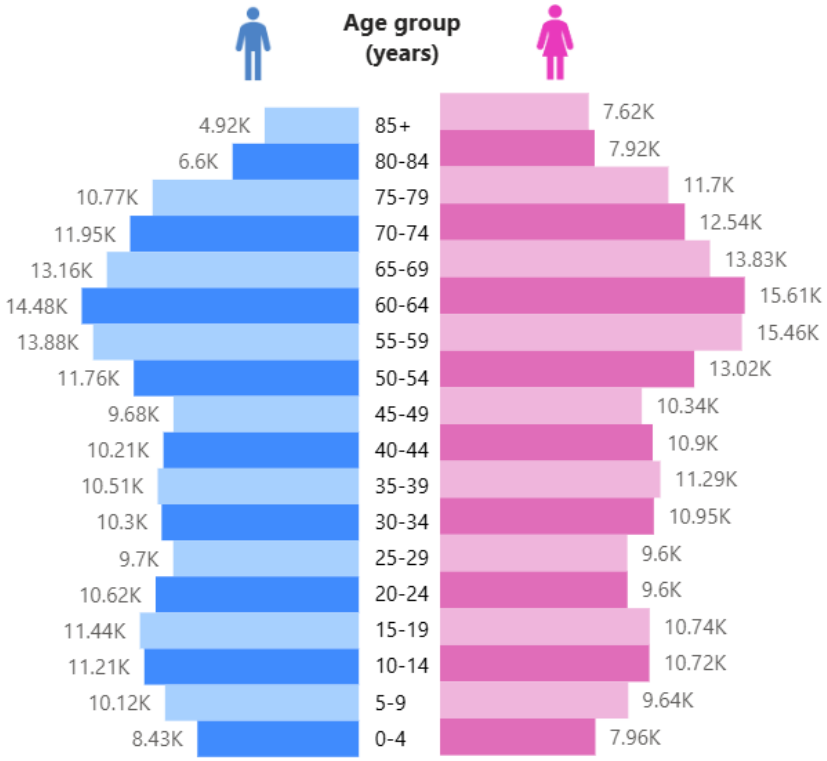
Age group

All

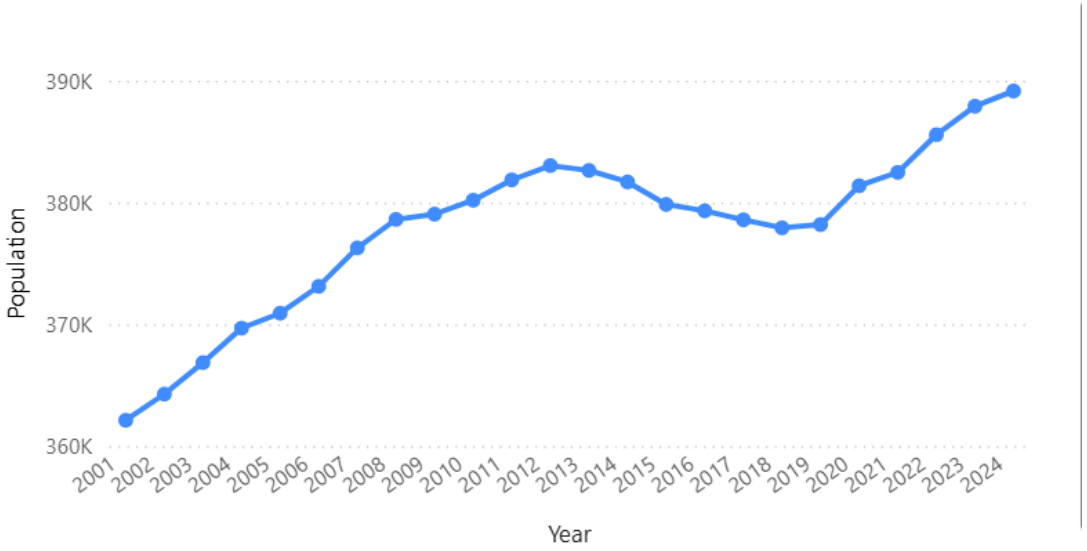
Population estimates

Data source: mid-year population estimates, Office for National Statistics (accessed via StatsWales)

Population estimates by sex and age group: Hywel Dda UHB, 2024



Population estimates trend: Hywel Dda UHB (Persons, Age: All)



Population estimates by area of residence

Health board | Local authority

% Population by age group and area of residence

Health board | Local authority

Population Estimates Carmarthenshire

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year

2024

Health board

Hywel Dda UHB

Local authority

Carmarthenshire

Sex

Persons

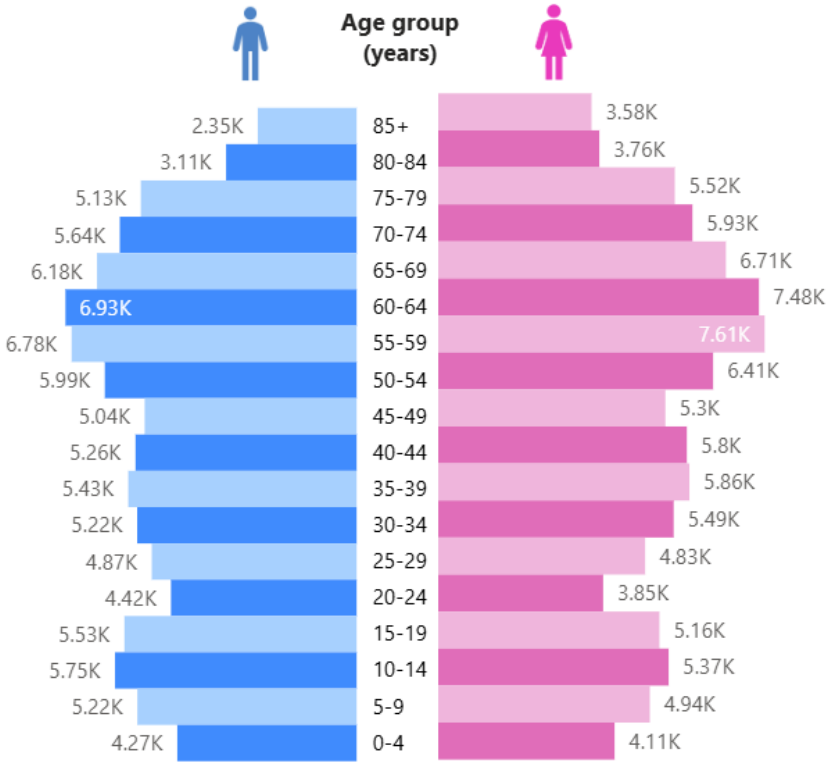
Age group

All

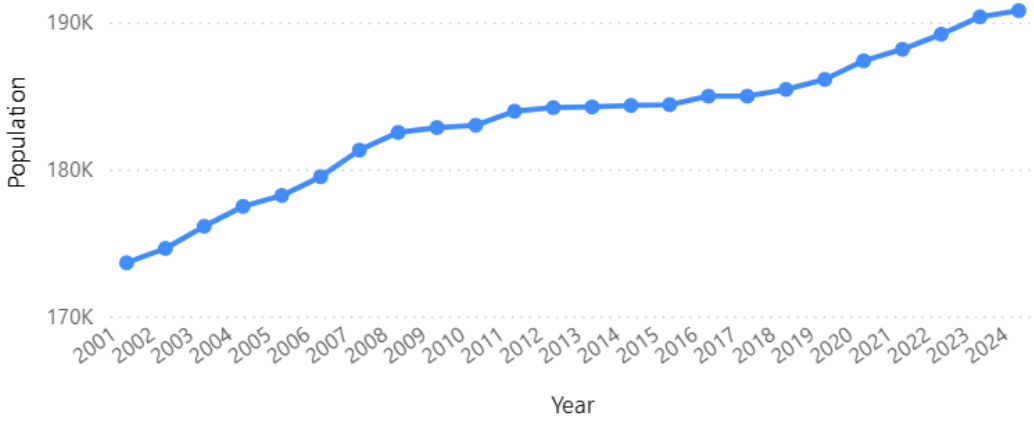
Population estimates

Data source: mid-year population estimates, Office for National Statistics (accessed via StatsWales)

Population estimates by sex and age group: Carmarthenshire, 2024



Population estimates trend: Carmarthenshire (Persons, Age: All)



Population estimates by area of residence

Health board | Local authority

% Population by age group and area of residence

Health board | Local authority

Population Estimates Ceredigion

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year

2024

Health board

Hywel Dda UHB

Local authority

Ceredigion

Sex

Persons

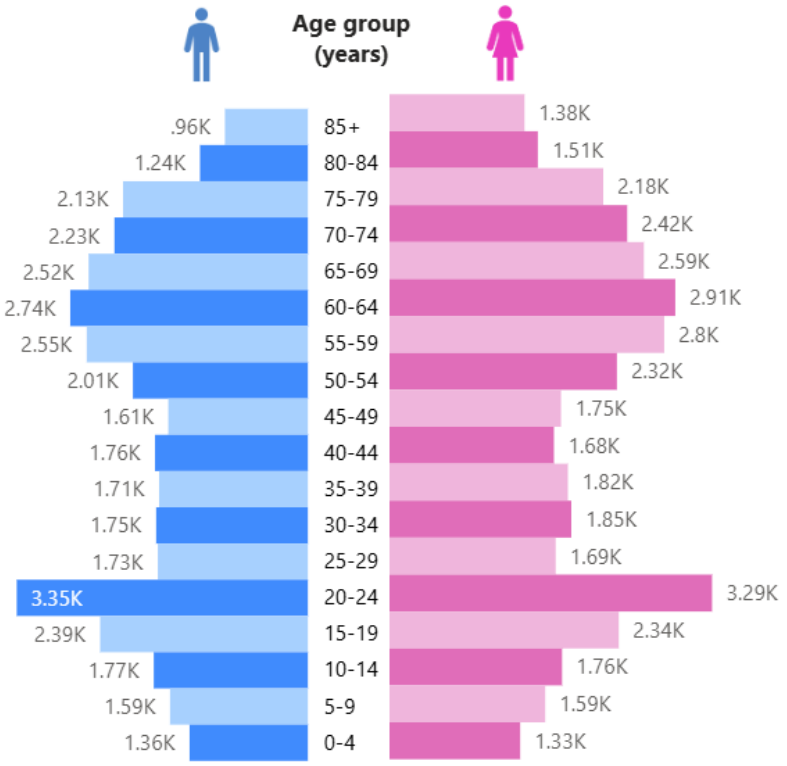
Age group

All

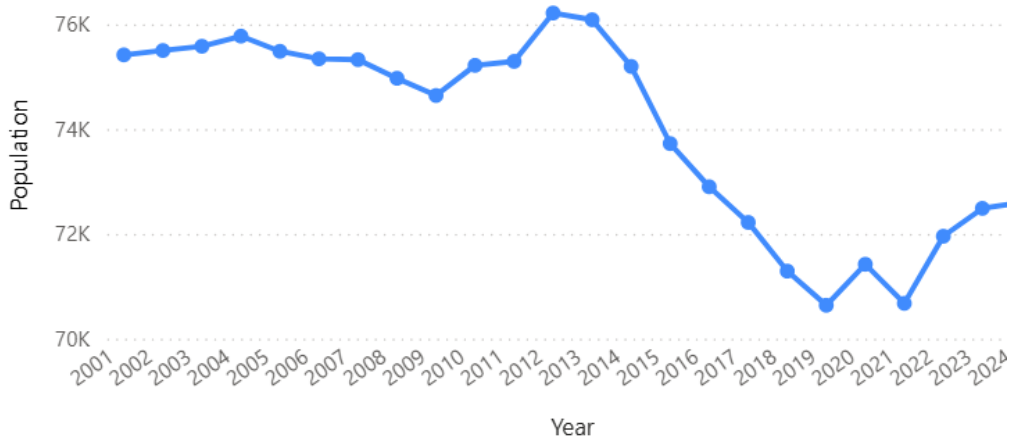
Population estimates

Data source: mid-year population estimates, Office for National Statistics (accessed via StatsWales)

Population estimates by sex and age group: Ceredigion, 2024



Population estimates trend: Ceredigion (Persons, Age: All)



Population estimates by area of residence

Health board | Local authority

% Population by age group and area of residence

Health board | Local authority

Population Estimates Pembrokeshire

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year

2024

Health board

Hywel Dda UHB

Local authority

Pembrokeshire

Sex

Persons

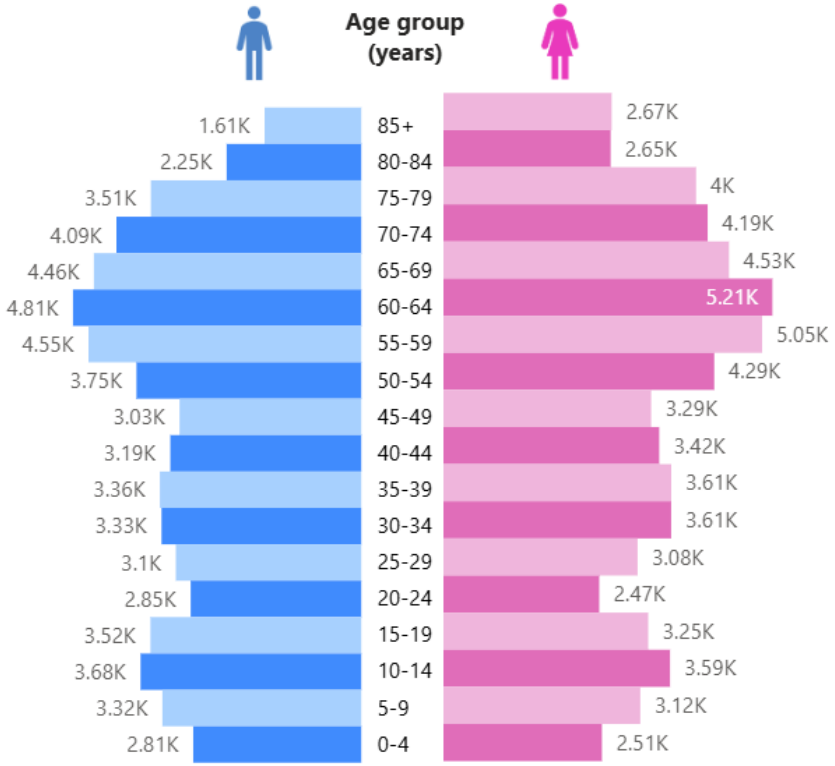
Age group

All

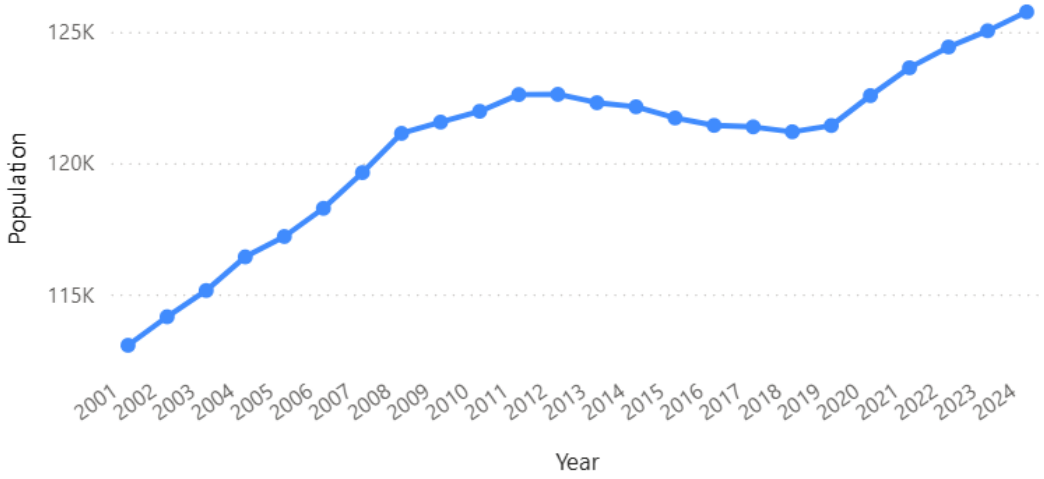
Population estimates

Data source: mid-year population estimates, Office for National Statistics (accessed via StatsWales)

Population estimates by sex and age group: Pembrokeshire, 2024



Population estimates trend: Pembrokeshire (Persons, Age: All)



Population estimates by area of residence

Health board | Local authority

% Population by age group and area of residence

Health board | Local authority

Demographics

Births

Breastfeeding Hywel Dda University Health Board

Period

Jul-Sep 2025

Area

Hywel Dda UHB

Status

Exclusive breastfeeding

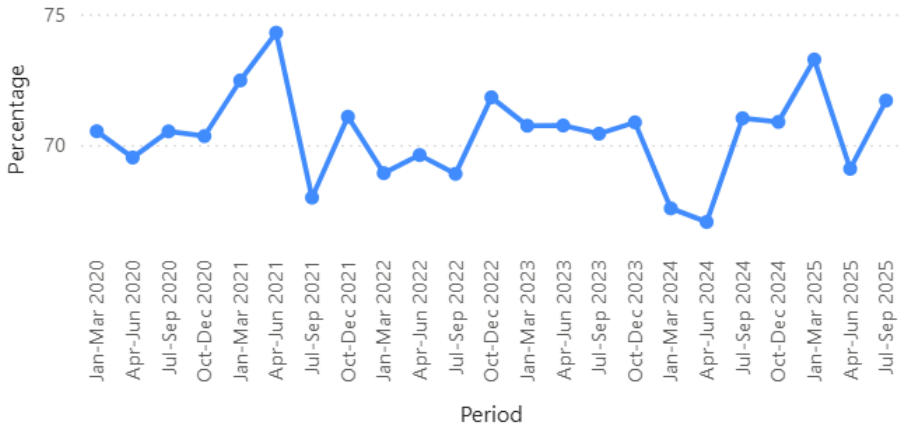
Age

Birth

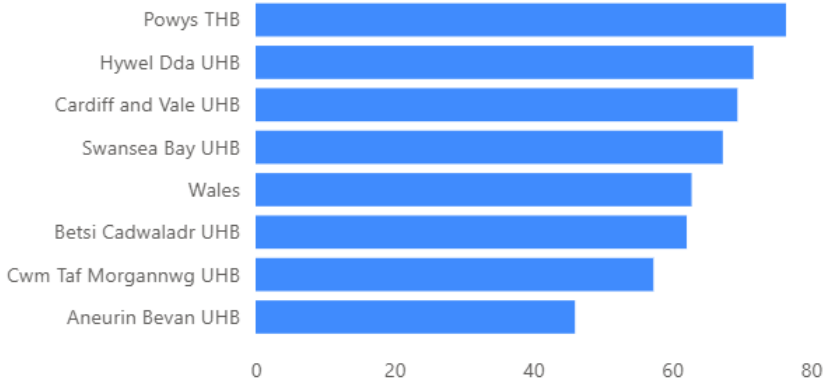
Breastfeeding

Data source: National Community Child Health Database (NCCHD) (accessed via StatsWales)

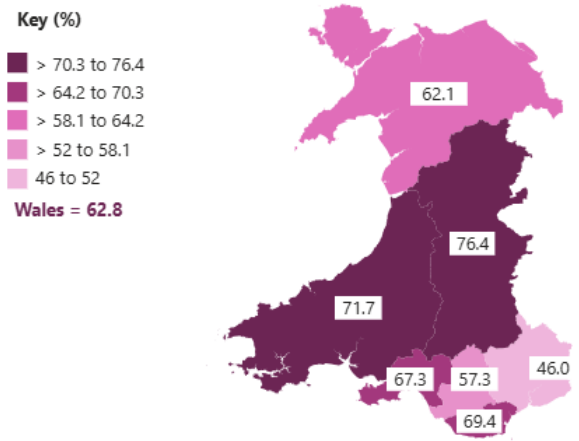
Trend by quarter: Hywel Dda University Local Health Board, Age: Birth, Status: Exclusive breastfeeding



% by health board: Jul-Sep 2025, Age: Birth, Status: Exclusive breastfeeding



% by health board: Jul-Sep 2025, Age: Birth, Status: Exclusive breastfeeding



Social Determinants

Deprivation and Poverty

Deprivation and Poverty, Homelessness and Looked After Children Wales

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

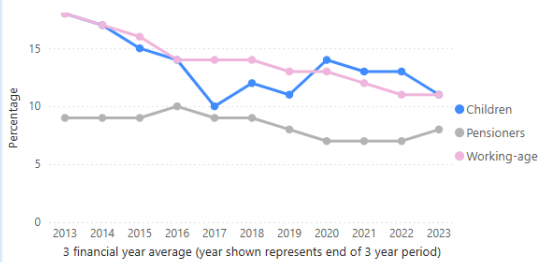
Cohort

- Children
- Pensioners
- Working-age

Material deprivation

Data source: Family Resources Survey, Department for Work and Pensions (accessed via StatsWales)

Percentage of the population cohort living in material deprivation and low-income households trend: Wales



3 financial year average (year shown represents end of 3 year period)

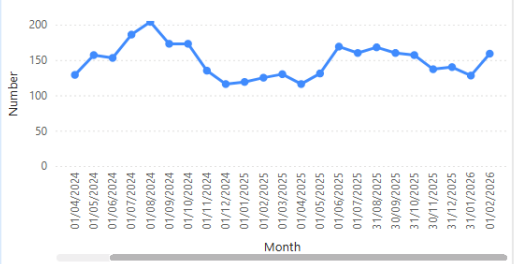
Local authority

Wales

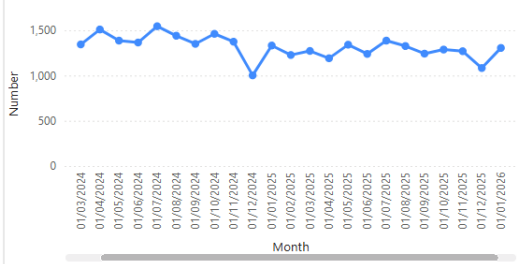
Homelessness

Data source: Homelessness data collection, Welsh Government (accessed via StatsWales)

Number of rough sleepers: Wales



Occurrences of people placed into temporary accommodation: Wales



Year

2024

Local authority

Wales

Sex

Persons

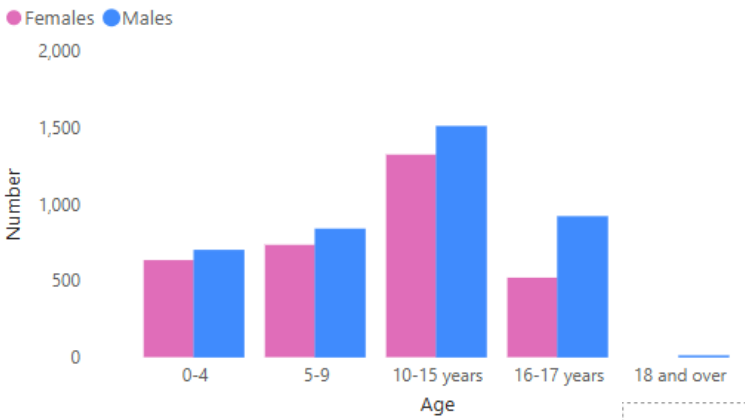
Age group

All ages

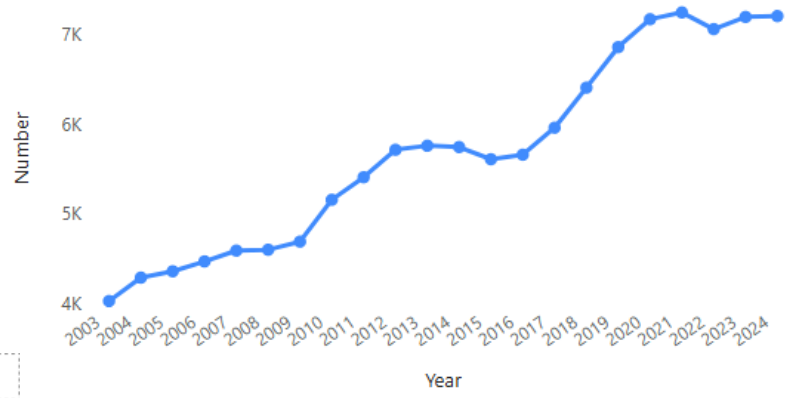
Looked after children

Data source: Looked after children census (accessed via StatsWales)

Looked after children: by age and sex (as at 31st March)

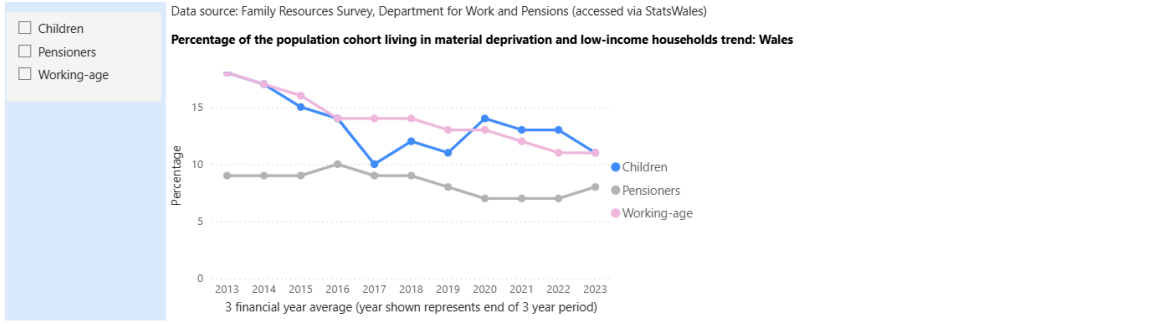


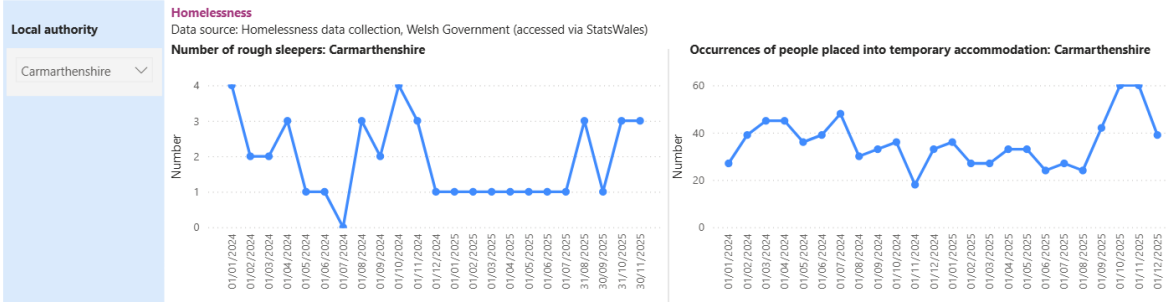
Looked after children: Annual trend

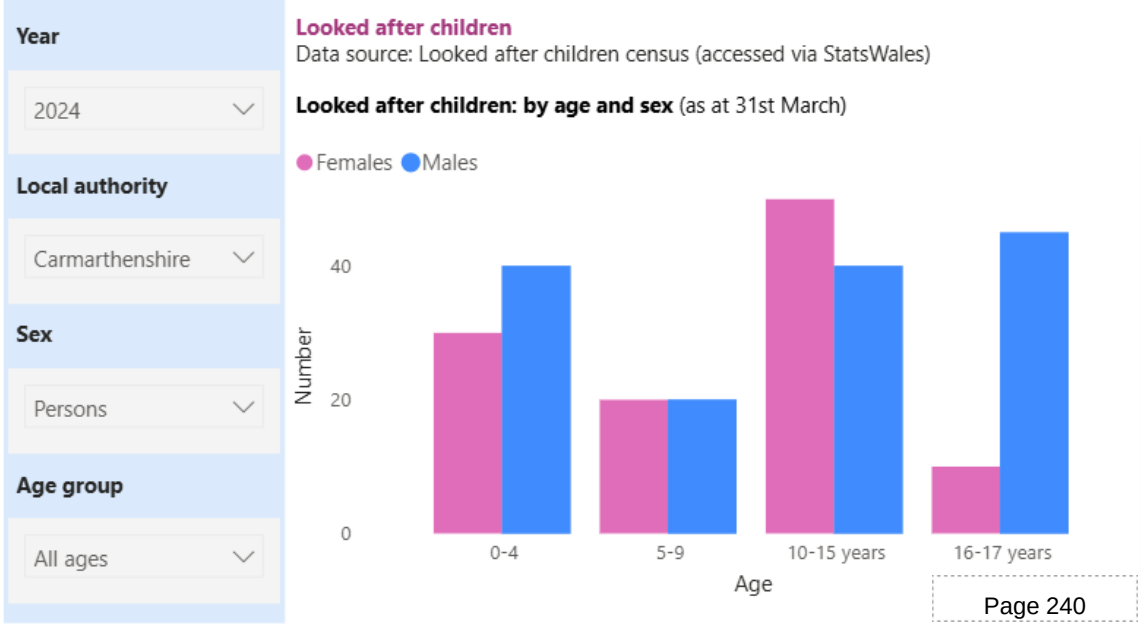


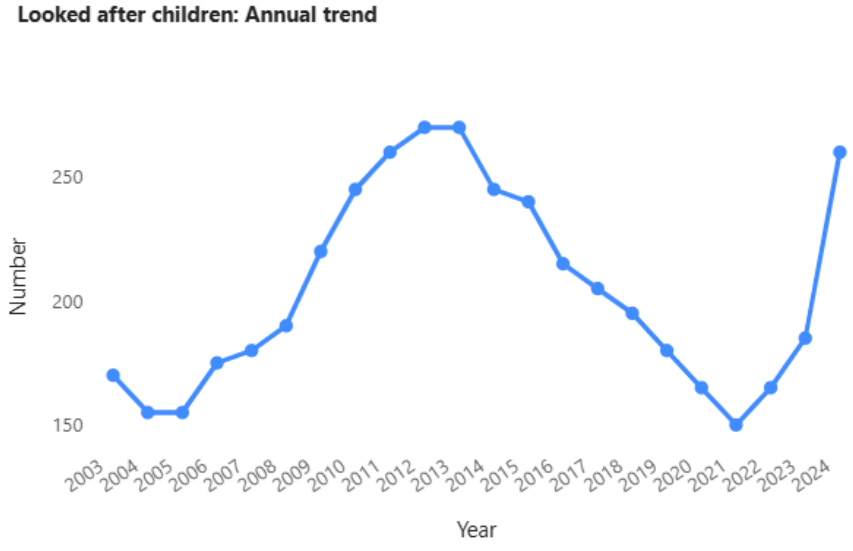
Deprivation and Poverty, Homelessness and Looked After Children Carmarthenshire

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board



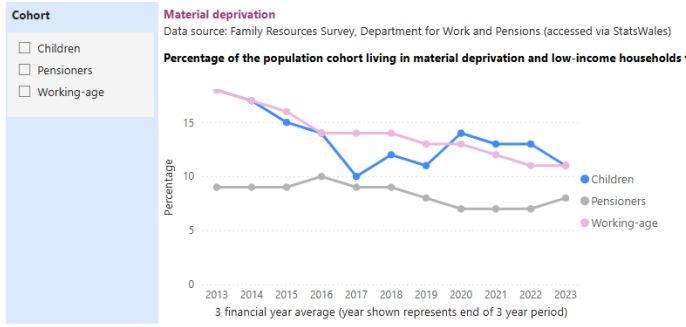


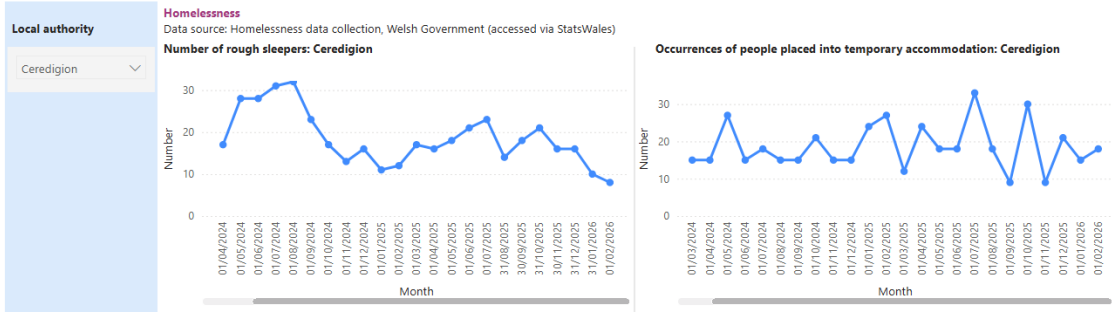


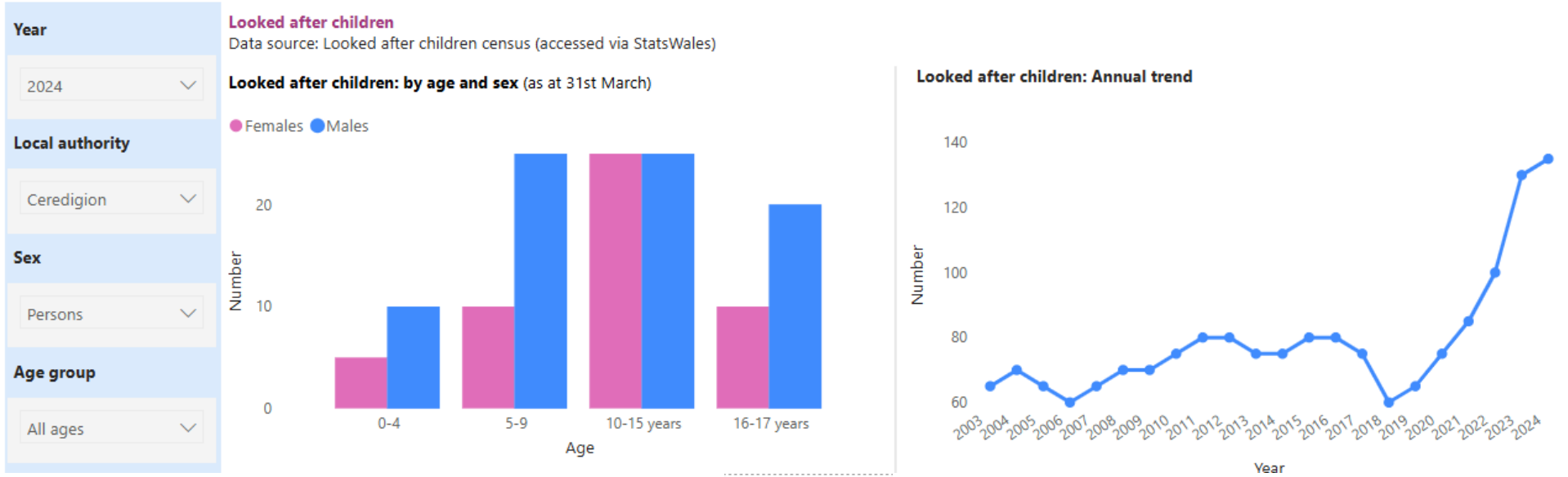


Deprivation and Poverty, Homelessness and Looked After Children Ceredigion

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board







Deprivation and Poverty, Homelessness and Looked After Children Pembrokeshire

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

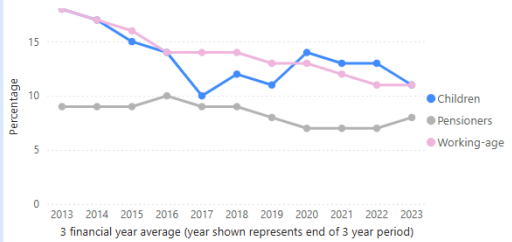
Cohort

- ☐ Children
- ☐ Pensioners
- ☐ Working-age

Material deprivation

Data source: Family Resources Survey, Department for Work and Pensions (accessed via StatsWales)

Percentage of the population cohort living in material deprivation and low-income households trend: Wales



3 financial year average (year shown represents end of 3 year period)

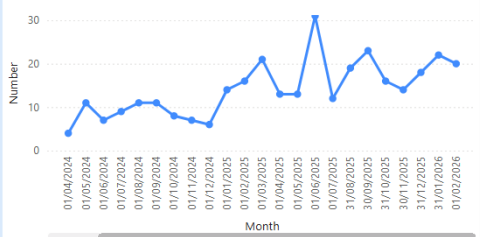
Local authority

Pembrokeshire

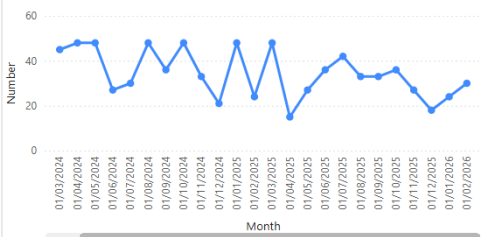
Homelessness

Data source: Homelessness data collection, Welsh Government (accessed via StatsWales)

Number of rough sleepers: Pembrokeshire



Occurrences of people placed into temporary accommodation: Pembrokeshire



Year

2024

Local authority

Pembrokeshire

Sex

Persons

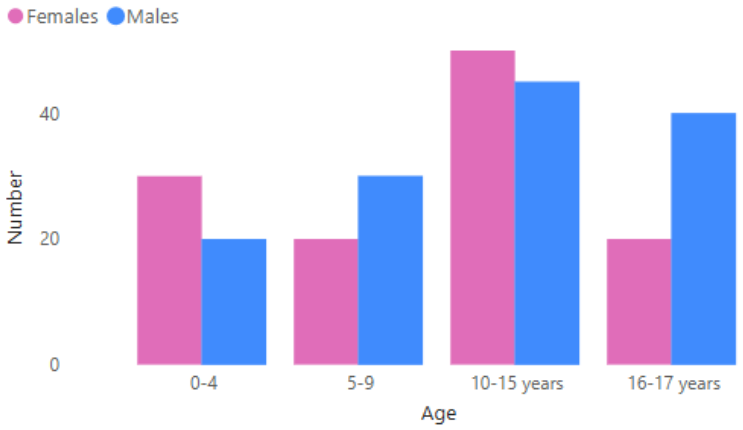
Age group

All ages

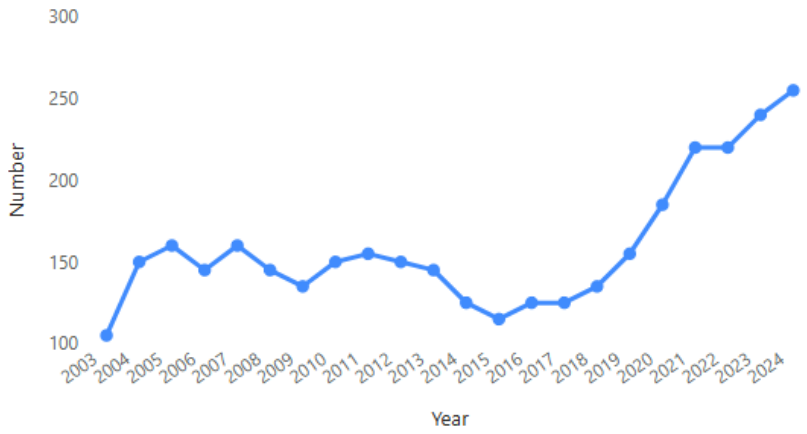
Looked after children

Data source: Looked after children census (accessed via StatsWales)

Looked after children: by age and sex (as at 31st March)



Looked after children: Annual trend



Social Determinants

Education and Employment

Average Gross Earnings Wales

GIG | Bwrdd Iechyd Prifysgol
| Dda
rsity Health Board

Year

2025

Local authority

Wales

Sex

Persons

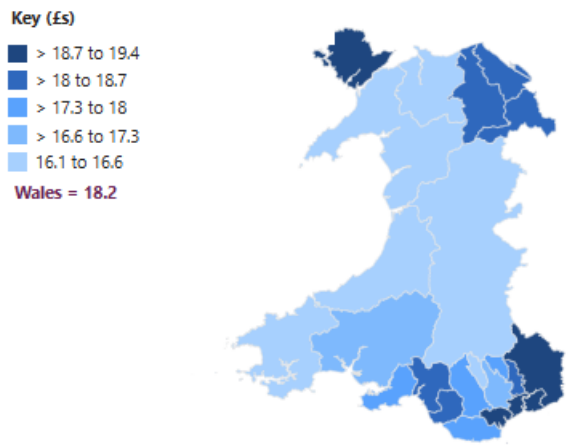
Measure

Hourly

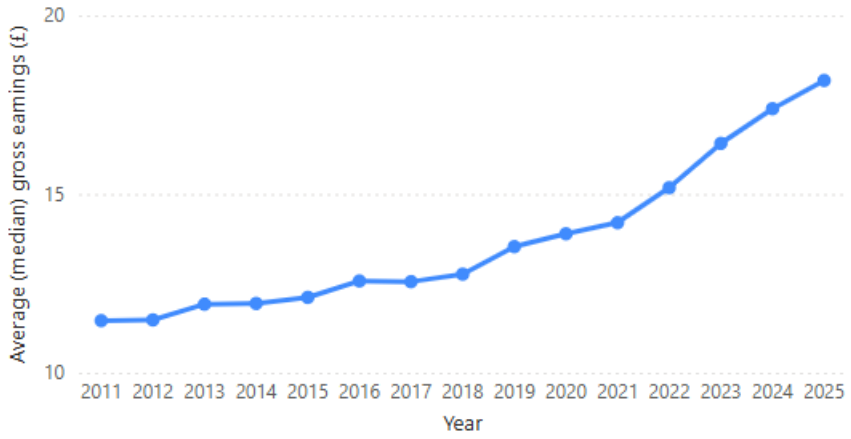
Average (median) gross earnings

Data source: Annual Survey of Hours and Earnings, Office for National Statistics (accessed via StatsWales)

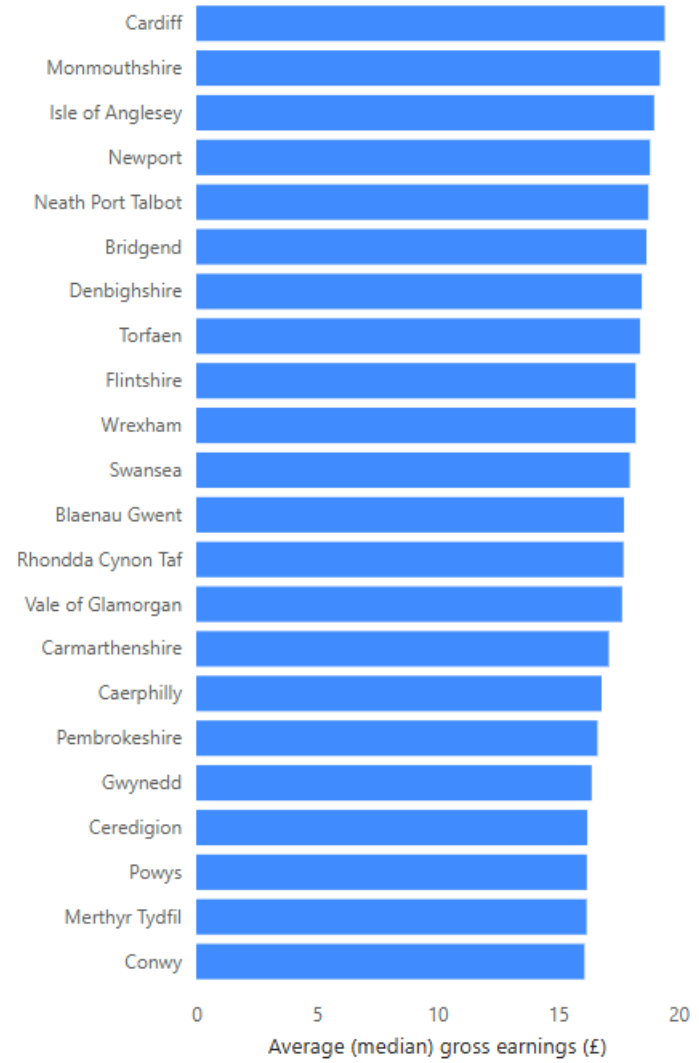
Local authority map: 2025, Persons, Hourly



Trend: Wales, Persons, Hourly



By local authority: 2025, Persons, Hourly



Average Gross Earnings Carmarthenshire

Year

2025

Local authority

Carmarthenshire

Sex

Persons

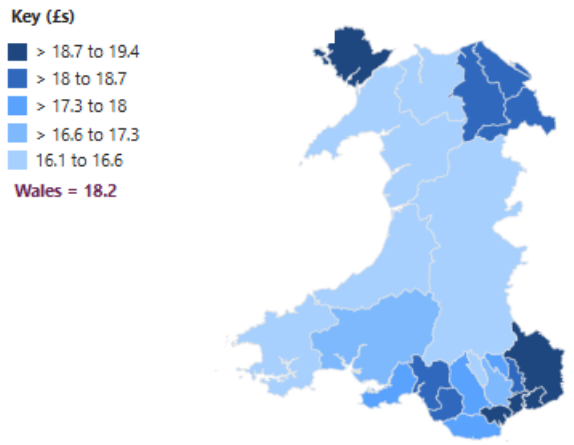
Measure

Hourly

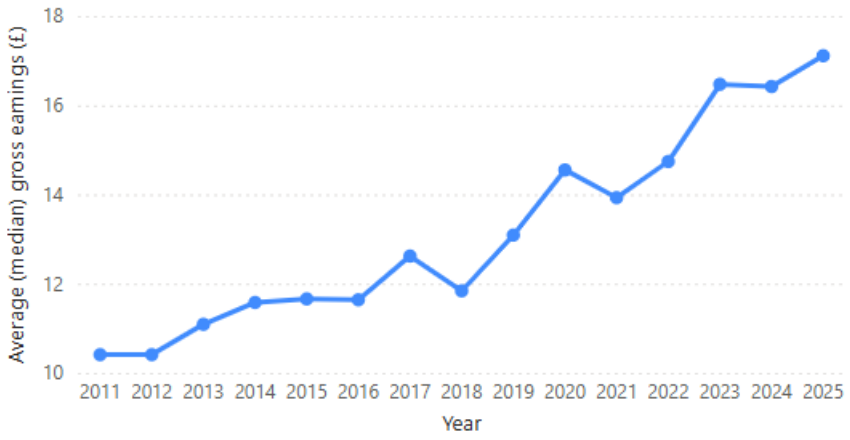
Average (median) gross earnings

Data source: Annual Survey of Hours and Earnings, Office for National Statistics (accessed via StatsWales)

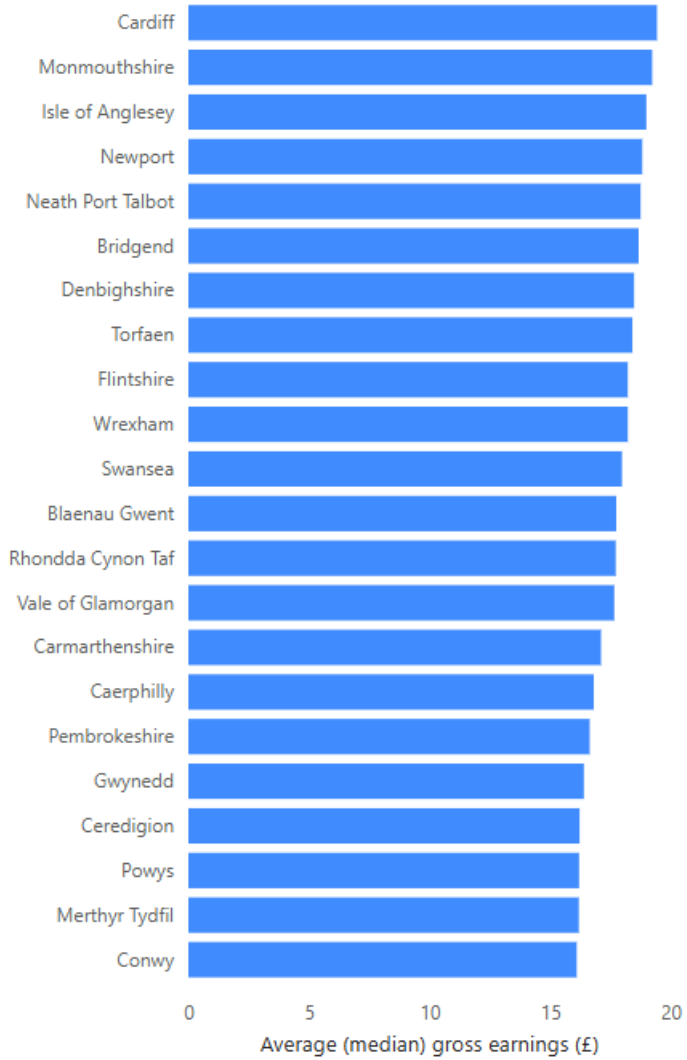
Local authority map: 2025, Persons, Hourly



Trend: Carmarthenshire, Persons, Hourly



By local authority: 2025, Persons, Hourly



Average Gross Earnings Ceredigion

Year

2025

Local authority

Ceredigion

Sex

Persons

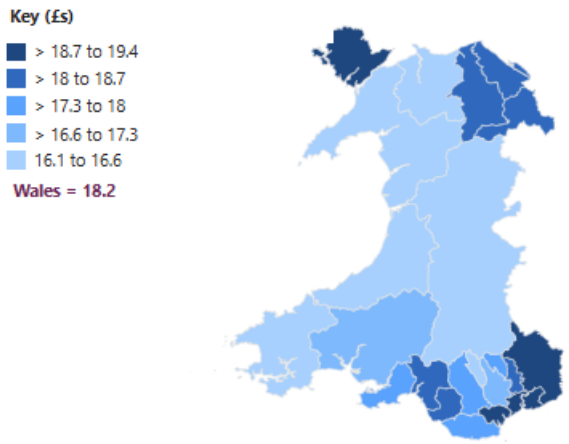
Measure

Hourly

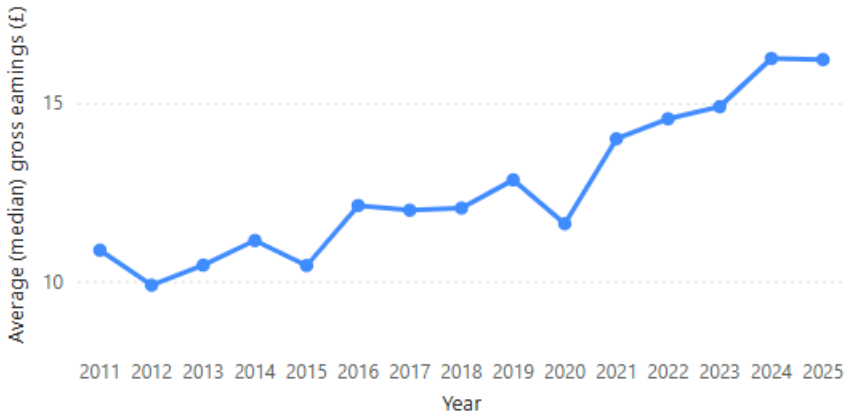
Average (median) gross earnings

Data source: Annual Survey of Hours and Earnings, Office for National Statistics (accessed via StatsWales)

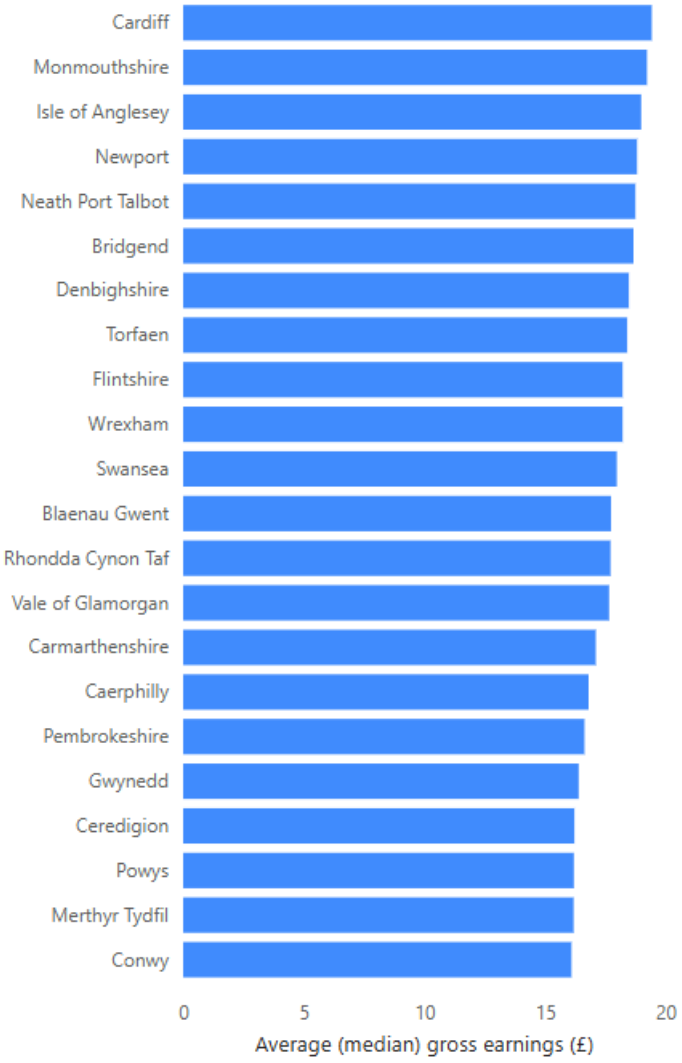
Local authority map: 2025, Persons, Hourly



Trend: Ceredigion, Persons, Hourly



By local authority: 2025, Persons, Hourly



Average Gross Earnings Pembrokeshire

Bwrdd Iechyd Prifysgol
vel Dda
versity Health Board

Year

2025

Local authority

Pembrokeshire

Sex

Persons

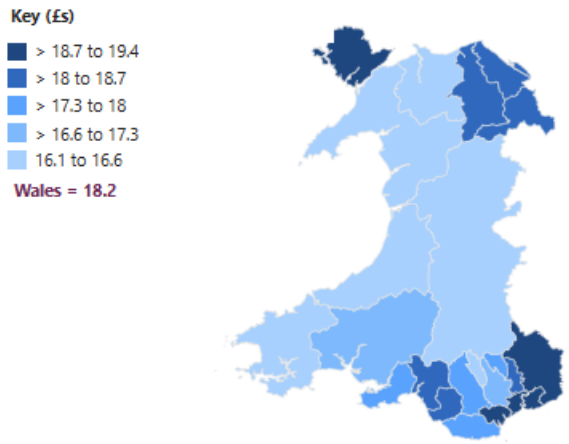
Measure

Hourly

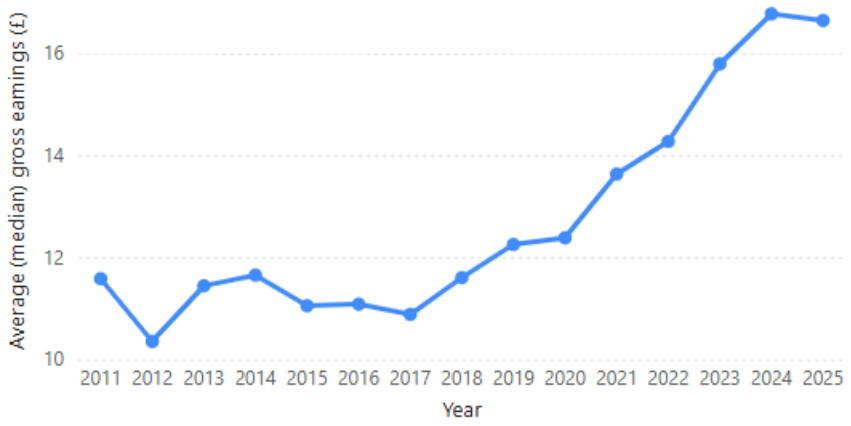
Average (median) gross earnings

Data source: Annual Survey of Hours and Earnings, Office for National Statistics (accessed via StatsWales)

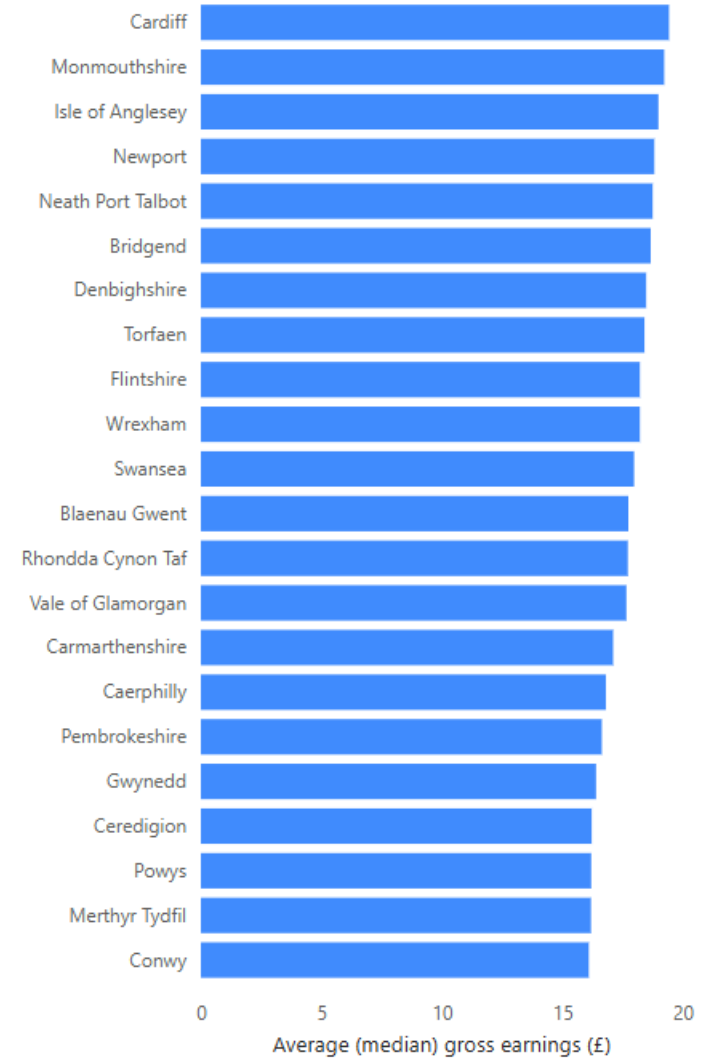
Local authority map: 2025, Persons, Hourly



Trend: Pembrokeshire, Persons, Hourly



By local authority: 2025, Persons, Hourly



Risk Factors and Prevention

Alcohol and Substance Misuse

Alcohol Admission Rates Wales

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year

2024/25

Area

Wales

Sex

Persons

Alcohol attributable admission rates (age-standardised) per 100,000 population

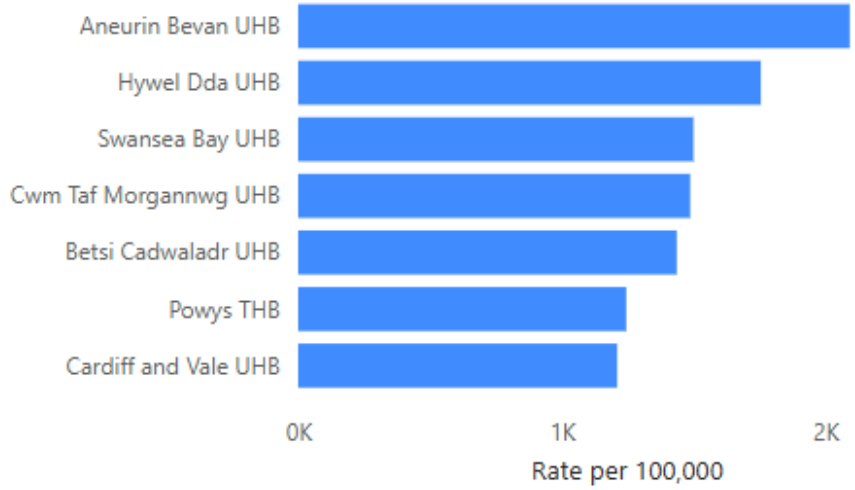
Data source: Admitted Patient Care (APC) dataset for Wales analysed by Public Health Wales Observatory (accessed via Health Maps Wales, DHCW)

Trend: Wales, Persons



By area: 2024/25, Persons

Health board | Local authority



Alcohol Admission Rates Hywel Dda University Health Board

Year

2024/25

Area

Hywel Dda Universi...

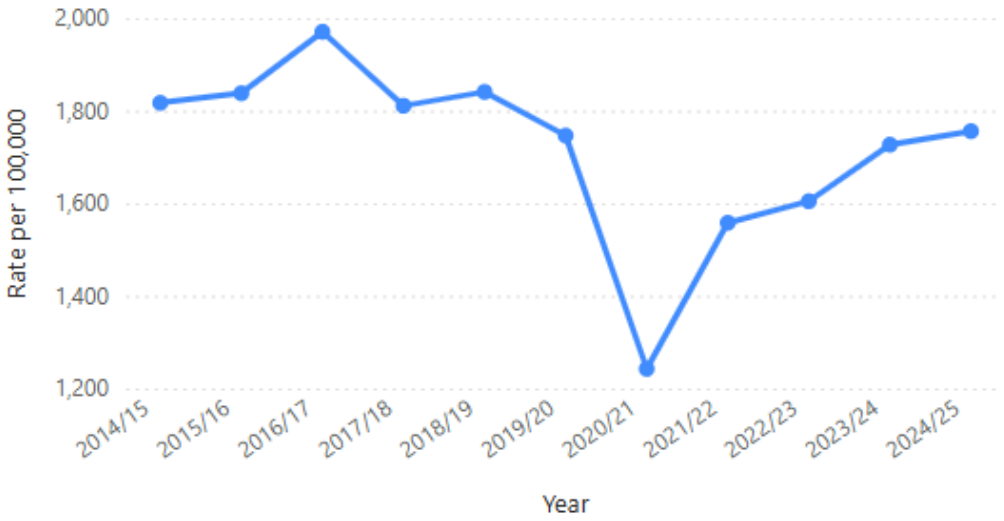
Sex

Persons

Alcohol attributable admission rates (age-standardised) per 100,000 population

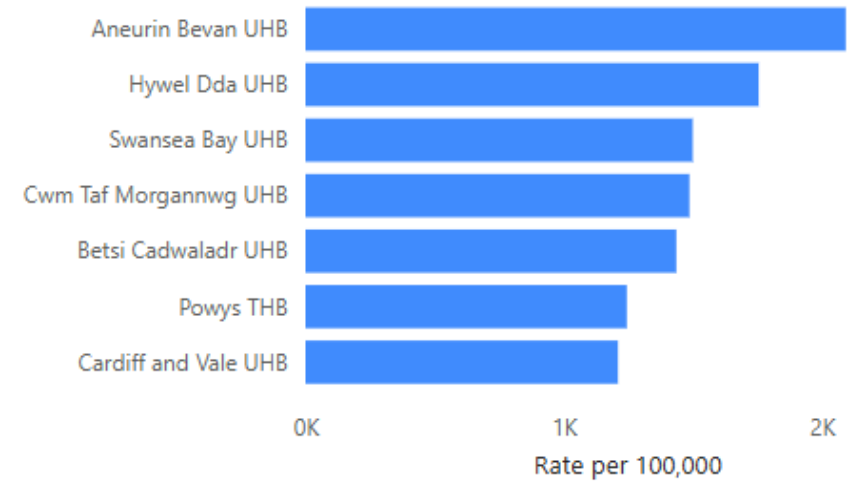
Data source: Admitted Patient Care (APC) dataset for Wales analysed by Public Health Wales Observatory (accessed via Health Maps Wales, DHCW)

Trend: Hywel Dda University Health Board, Persons



By area: 2024/25, Persons

Health board | Local authority



Alcohol Admission Rates Carmarthenshire

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year

2024/25

Area

Carmarthenshire

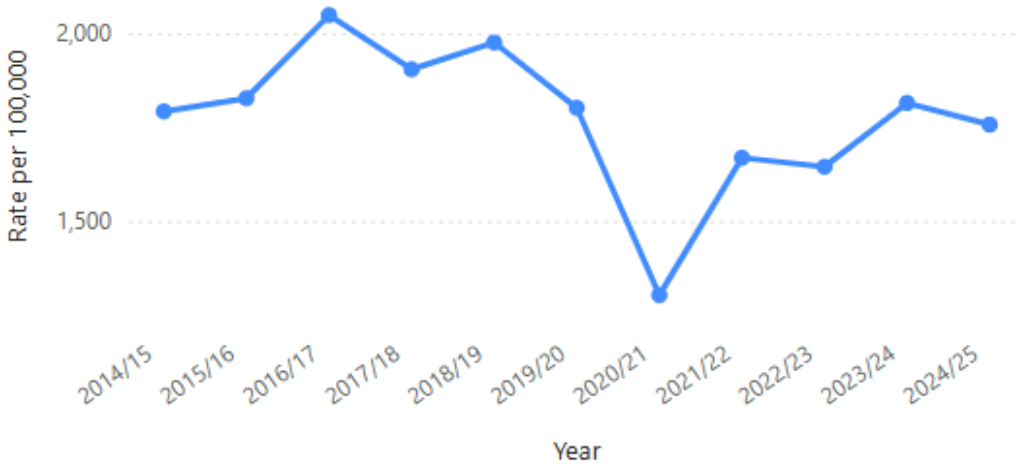
Sex

Persons

Alcohol attributable admission rates (age-standardised) per 100,000 population

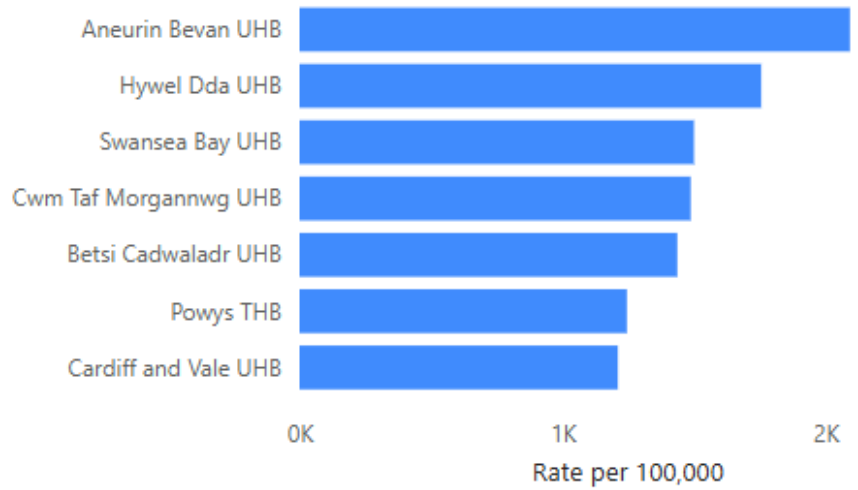
Data source: Admitted Patient Care (APC) dataset for Wales analysed by Public Health Wales Observatory (accessed via Health Maps Wales, DHCW)

Trend: Carmarthenshire, Persons



By area: 2024/25, Persons

Health board | Local authority



Alcohol Admission Rates Ceredigion

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year

2024/25

Area

Ceredigion

Sex

Persons

Alcohol attributable admission rates (age-standardised) per 100,000 population

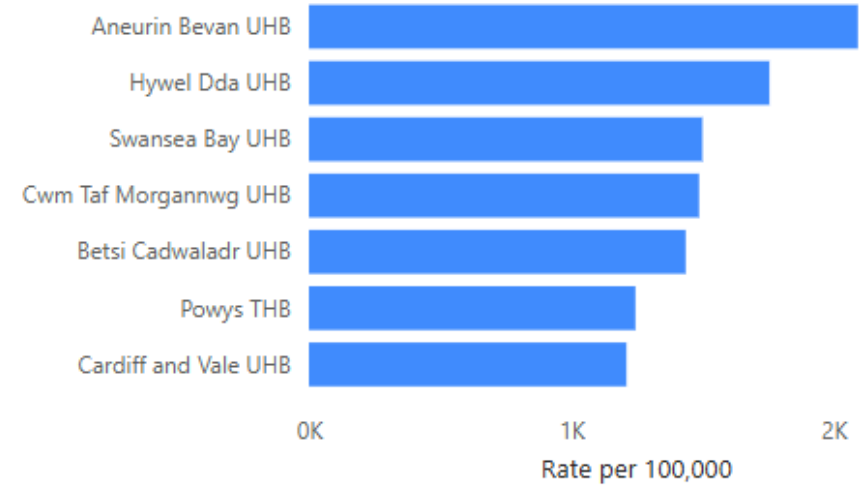
Data source: Admitted Patient Care (APC) dataset for Wales analysed by Public Health Wales Observatory (accessed via Health Maps Wales, DHCW)

Trend: Ceredigion, Persons



By area: 2024/25, Persons

Health board | Local authority



Alcohol Admission Rates Pembrokeshire

Year

2024/25

Area

Pembrokeshire

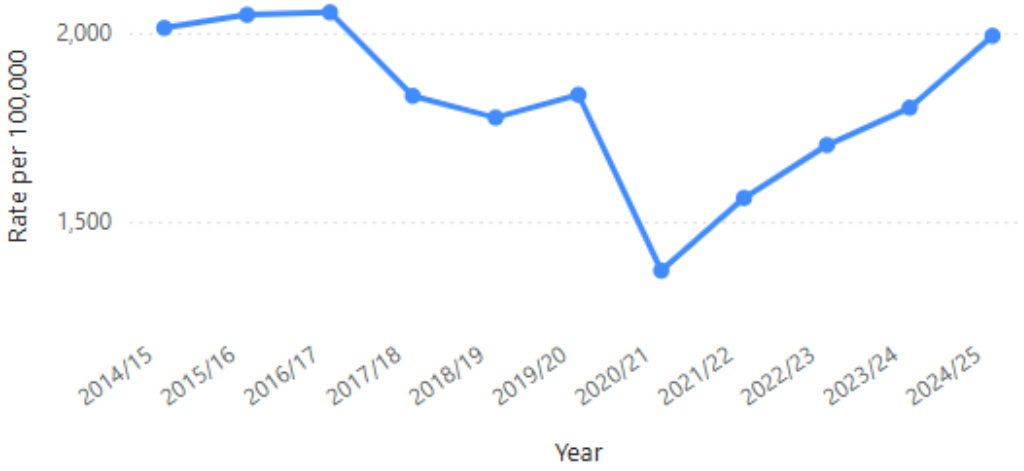
Sex

Persons

Alcohol attributable admission rates (age-standardised) per 100,000 population

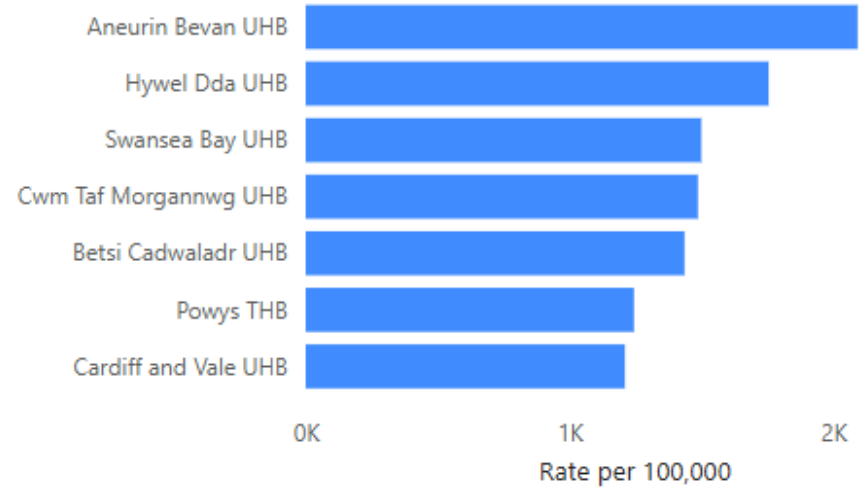
Data source: Admitted Patient Care (APC) dataset for Wales analysed by Public Health Wales Observatory (accessed via Health Maps Wales, DHCW)

Trend: Pembrokeshire, Persons



By area: 2024/25, Persons

Health board | Local authority



Risk Factors and Prevention

Nutrition

Pregnant Women with BMI 30+ AT Initial Assessment Wales

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year

2024

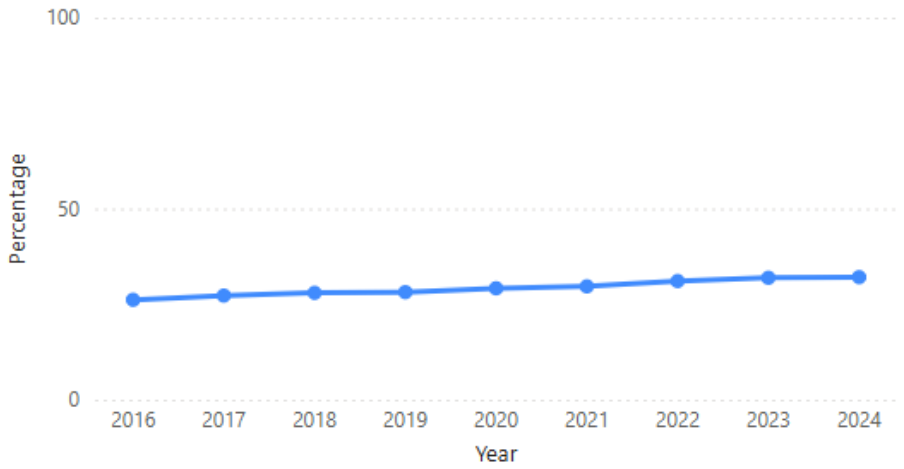
Area

Wales

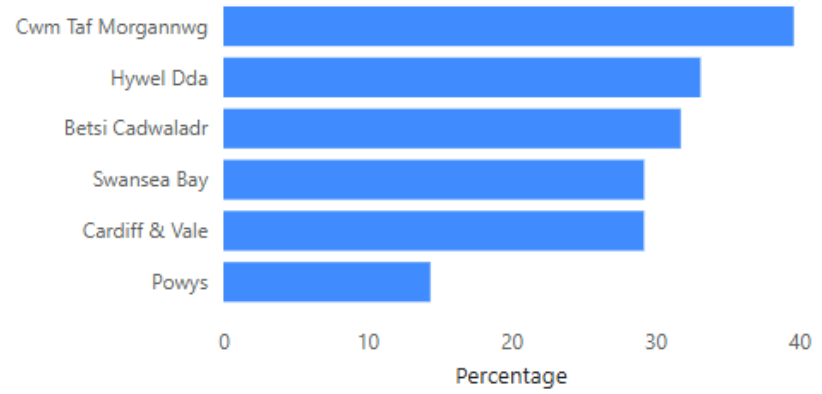
% pregnant women with BMI 30+ at initial assessment

Data source: Maternity indicators dataset (accessed via StatsWales)

Trend: Wales



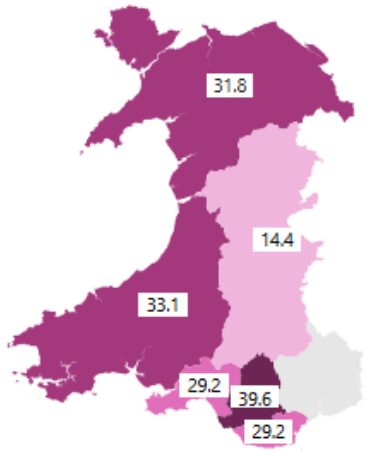
By health board: 2024



Key (%)

- > 34.6 to 39.6
- > 29.6 to 34.6
- > 24.6 to 29.6
- > 19.6 to 24.6
- 14.4 to 19.6

Wales = 32.1



Pregnant Women with BMI 30+ AT Initial Assessment Hywel Dda University Health Board

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year

2024

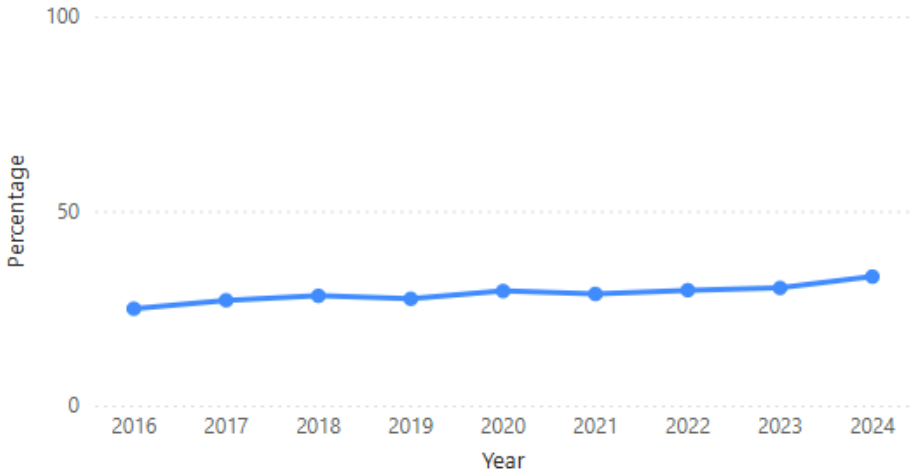
Area

Hywel Dda

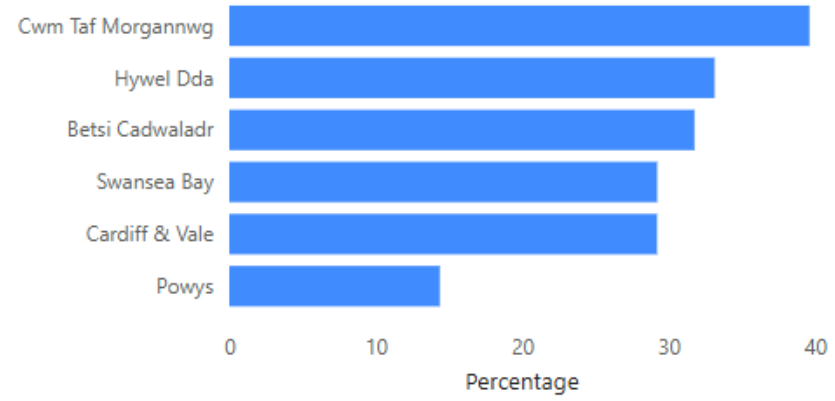
% pregnant women with BMI 30+ at initial assessment

Data source: Maternity indicators dataset (accessed via StatsWales)

Trend: Hywel Dda



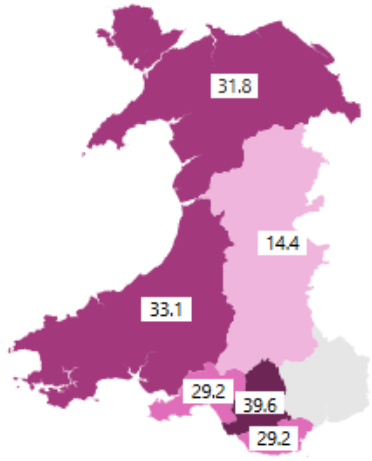
By health board: 2024



Key (%)

- > 34.6 to 39.6
- > 29.6 to 34.6
- > 24.6 to 29.6
- > 19.6 to 24.6
- 14.4 to 19.6

Wales = 32.1



Risk Factors and Prevention

Screening

Children with Recorded Healthy Child Wales Contacts Wales

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Quarter

Jul-Sep 2025

Area

Wales

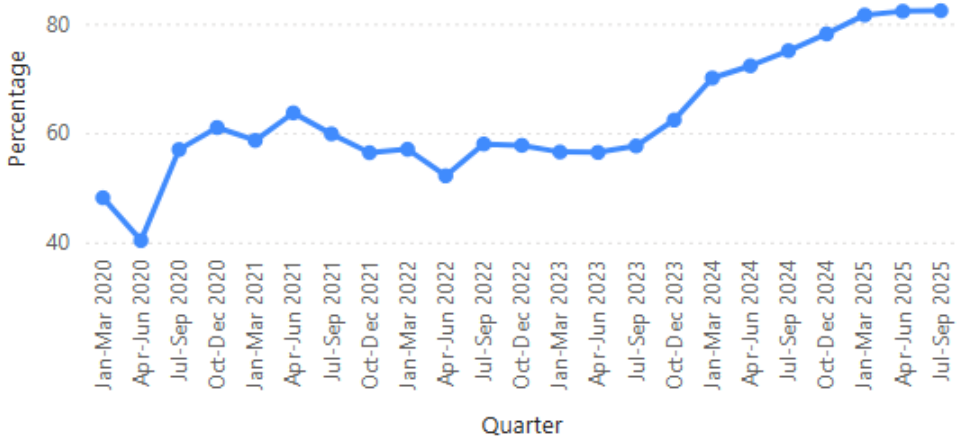
Contact type

Contact at 3.5 years pre-school

% children with recorded Healthy Child Wales contacts

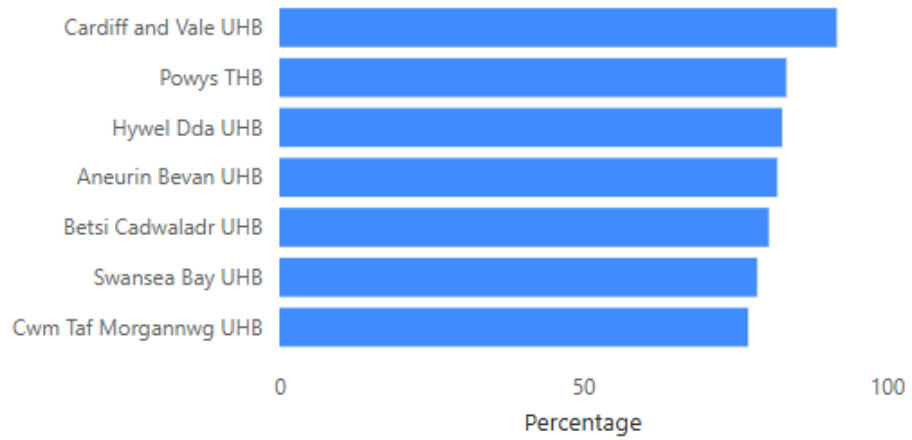
Data source: National Community Child Health Database (NCCHD), DHCW (accessed via StatsWales)

Trend: Wales, Contact at 3.5 years pre-school



By area: Jul-Sep 2025, Contact at 3.5 years pre-school

Health board | Local authority



Children with Recorded Healthy Child Wales Contacts Hywel Dda University Health Board

Quarter

Jul-Sep 2025

Area

Hywel Dda

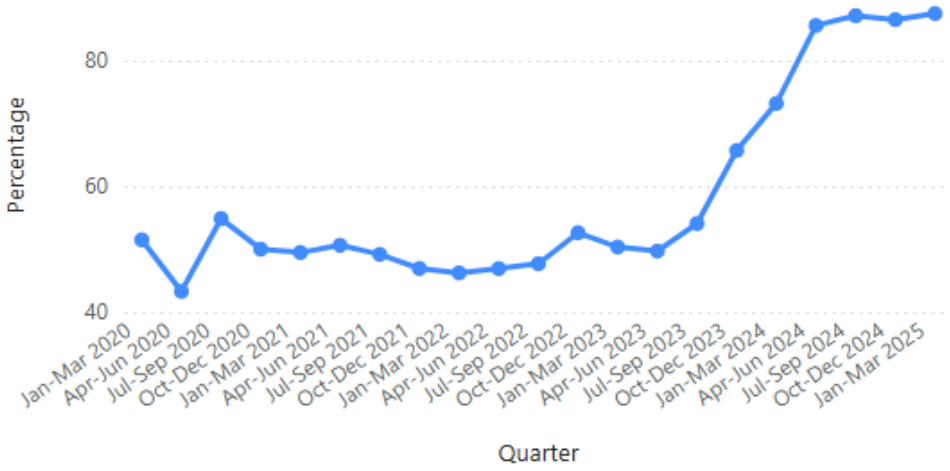
Contact type

Contact at 3.5 years pre-school

% children with recorded Healthy Child Wales contacts

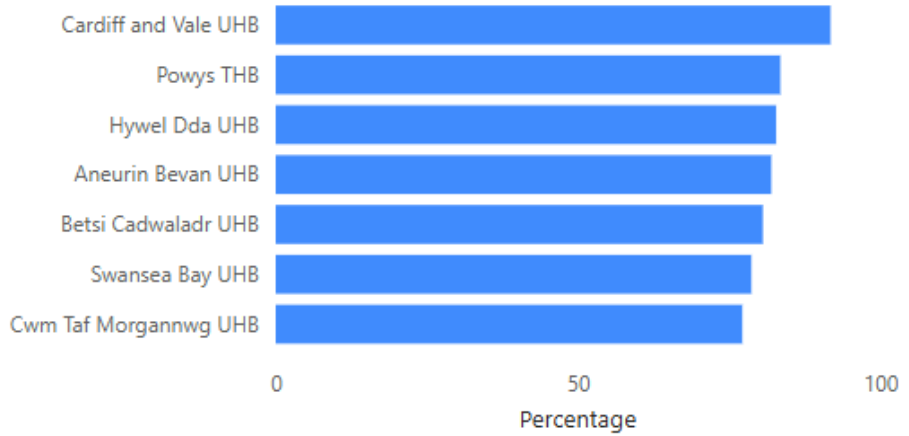
Data source: National Community Child Health Database (NCCHD), DHCW (accessed via StatsWales)

Trend: Hywel Dda, Contact at 3.5 years pre-school



By area: Jul-Sep 2025, Contact at 3.5 years pre-school

Health board | Local authority



Children with Recorded Healthy Child Wales Contacts Carmarthenshire

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Quarter

Jul-Sep 2025

Area

Carmarthenshire

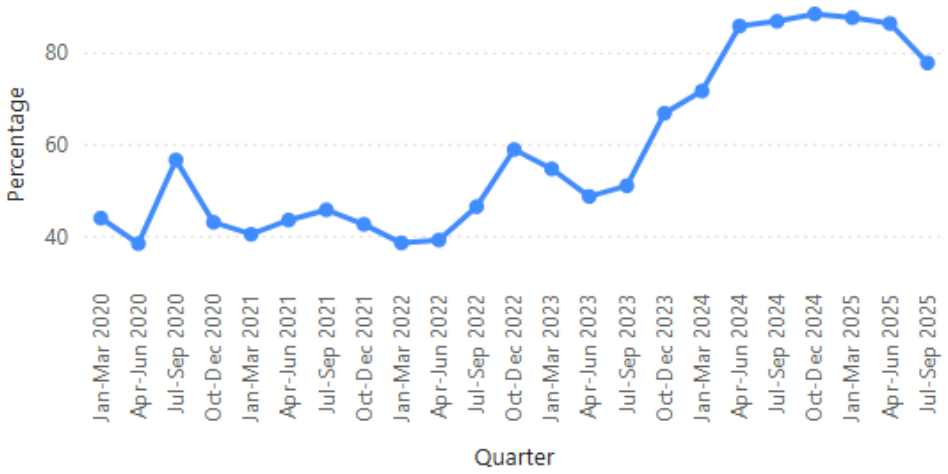
Contact type

Contact at 3.5 years pre-school

% children with recorded Healthy Child Wales contacts

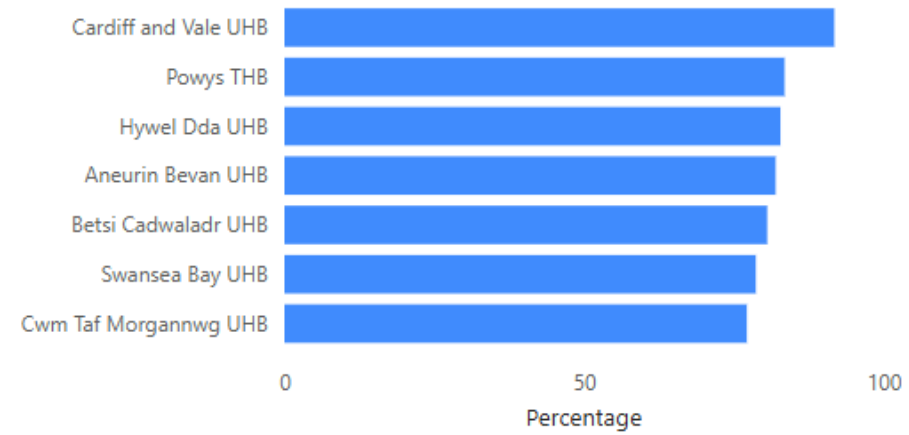
Data source: National Community Child Health Database (NCCHD), DHCW (accessed via StatsWales)

Trend: Carmarthenshire, Contact at 3.5 years pre-school



By area: Jul-Sep 2025, Contact at 3.5 years pre-school

Health board | Local authority



Children with Recorded Healthy Child Wales Contacts Ceredigion

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Quarter

Jul-Sep 2025

Area

Ceredigion

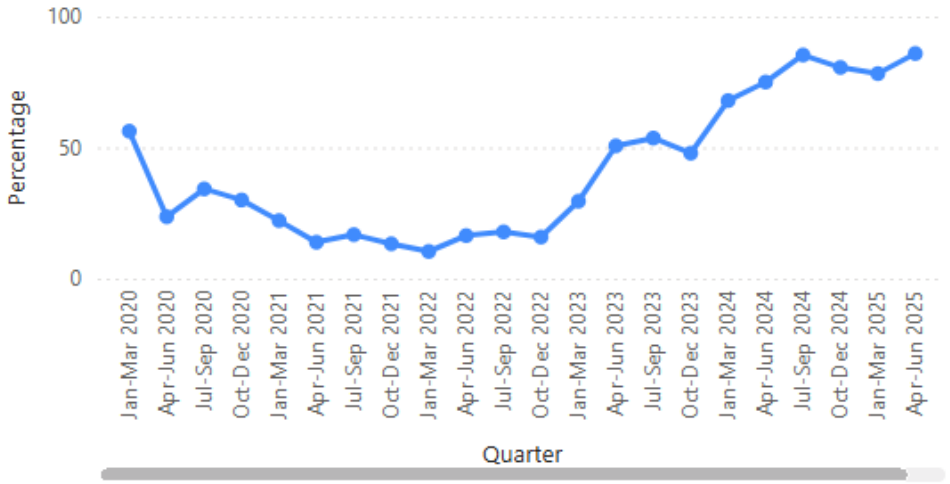
Contact type

Contact at 3.5 years pre-school

% children with recorded Healthy Child Wales contacts

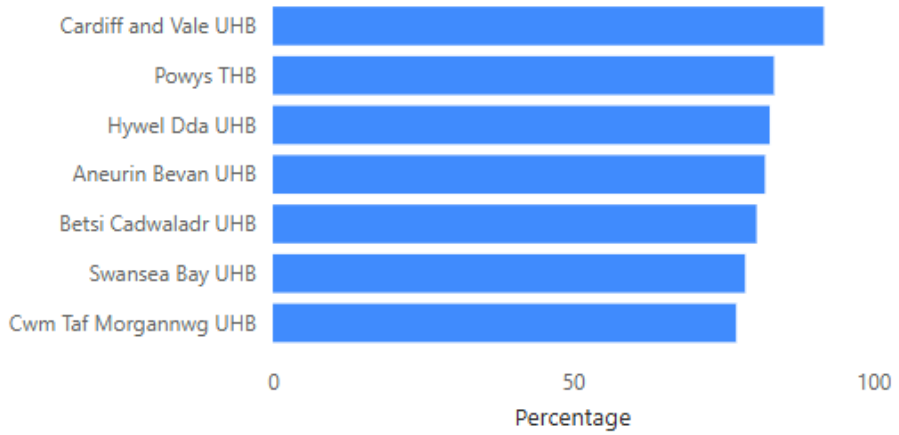
Data source: National Community Child Health Database (NCCHD), DHCW (accessed via StatsWales)

Trend: Ceredigion, Contact at 3.5 years pre-school



By area: Jul-Sep 2025, Contact at 3.5 years pre-school

Health board | Local authority



Children with Recorded Healthy Child Wales Contacts Pembrokeshire

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Quarter

Jul-Sep 2025

Area

Pembrokeshire

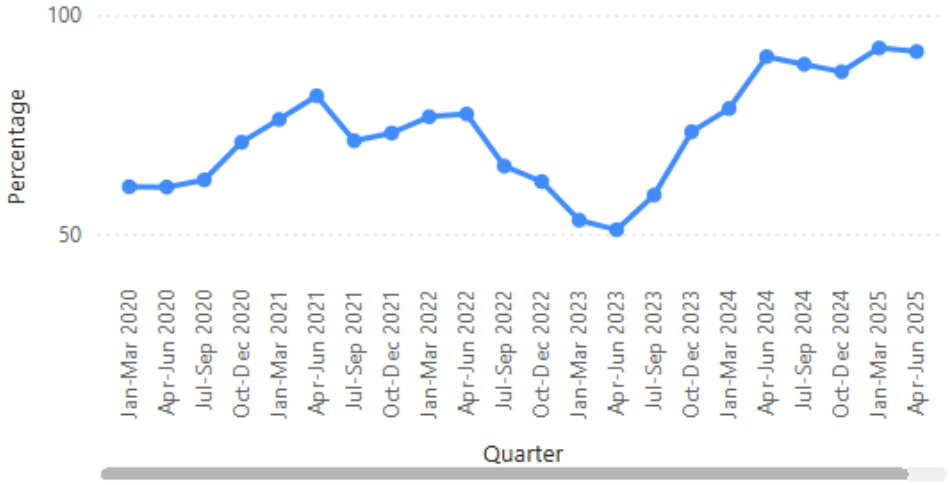
Contact type

Contact at 3.5 years pre-school

% children with recorded Healthy Child Wales contacts

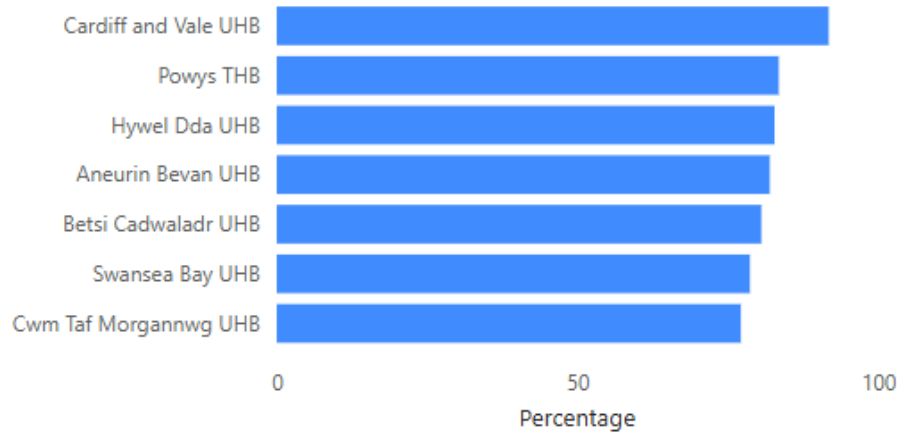
Data source: National Community Child Health Database (NCCHD), DHCW (accessed via StatsWales)

Trend: Pembrokeshire, Contact at 3.5 years pre-school



By area: Jul-Sep 2025, Contact at 3.5 years pre-school

Health board | Local authority



Risk Factors and Prevention

Smoking

Residents CO Validated as Successfully Quitting at 4 Weeks Post Quit Date Wales

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Quarter

Oct-Dec 2025

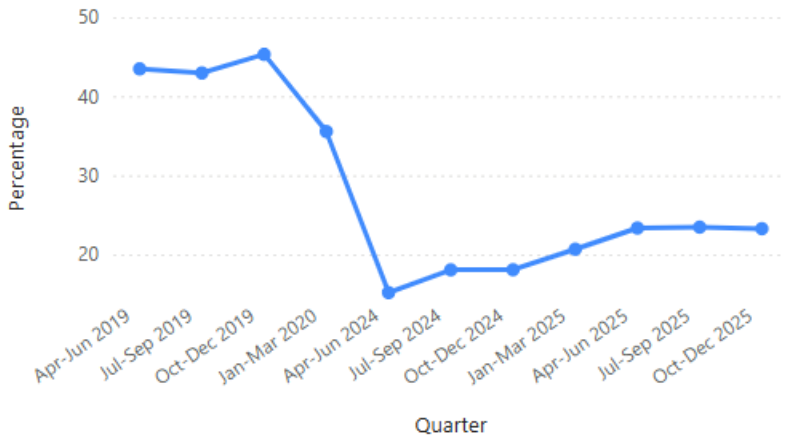
Health board

Wales

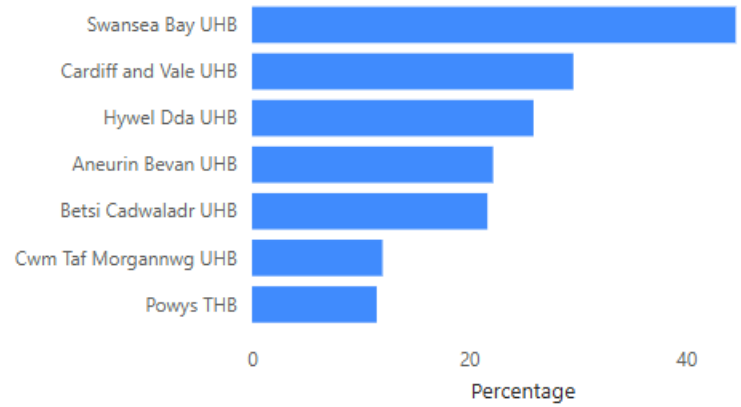
% residents CO-validated as successfully quitting at 4 weeks post quit date

Data source: Smoking Cessation Services Data Collection, Welsh Government (accessed via StatsWales)

Trend: Wales



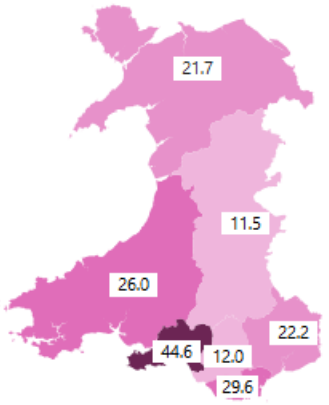
By health board: Oct-Dec 2025



Key (%)

- > 38 to 44.6
- > 31.4 to 38
- > 24.8 to 31.4
- > 18.2 to 24.8
- 11.5 to 18.2

Wales = 23.3



Residents CO Validated as Successfully Quitting at 4 Weeks Post Quit Date Hywel Dda University Health Board

Quarter

Oct-Dec 2025

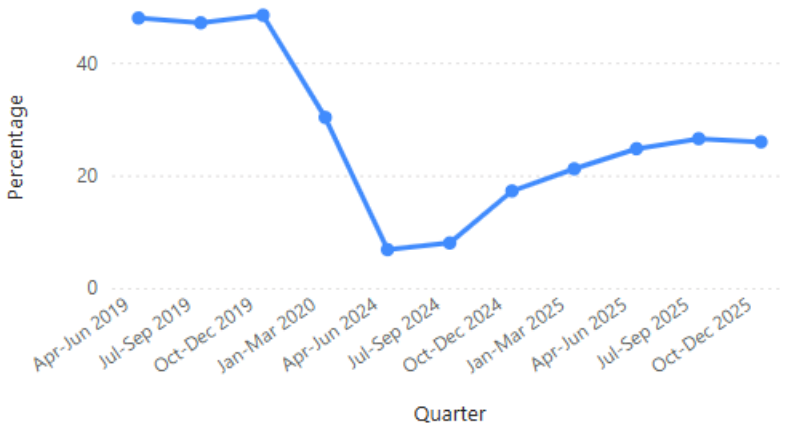
Health board

Hywel Dda UHB

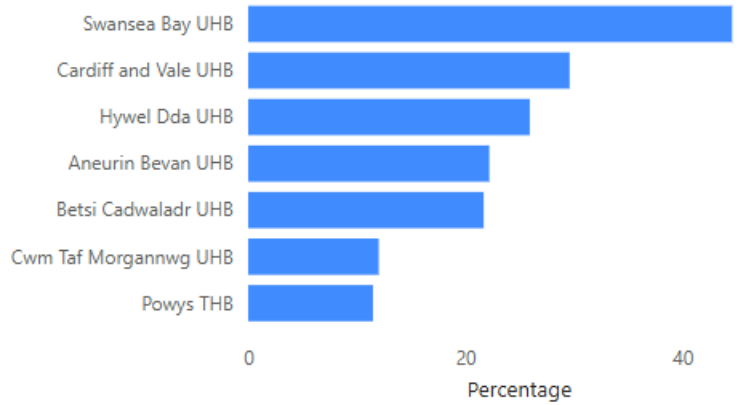
% residents CO-validated as successfully quitting at 4 weeks post quit date

Data source: Smoking Cessation Services Data Collection, Welsh Government (accessed via StatsWales)

Trend: Hywel Dda UHB



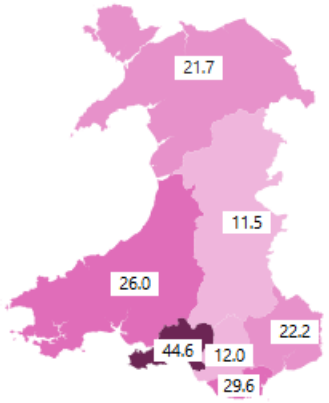
By health board: Oct-Dec 2025



Key (%)

- > 38 to 44.6
- > 31.4 to 38
- > 24.8 to 31.4
- > 18.2 to 24.8
- 11.5 to 18.2

Wales = 23.3



Health and Wellbeing

Cancer

Cancer Admissions and Mortality Wales

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year

2024/25

Area

Wales

Sex

Persons

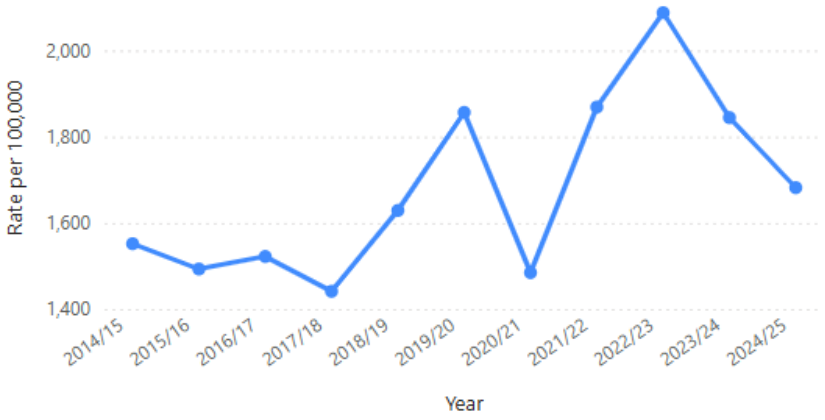
Cancer site

All

Cancer related hospital admission rates per 100,000 population

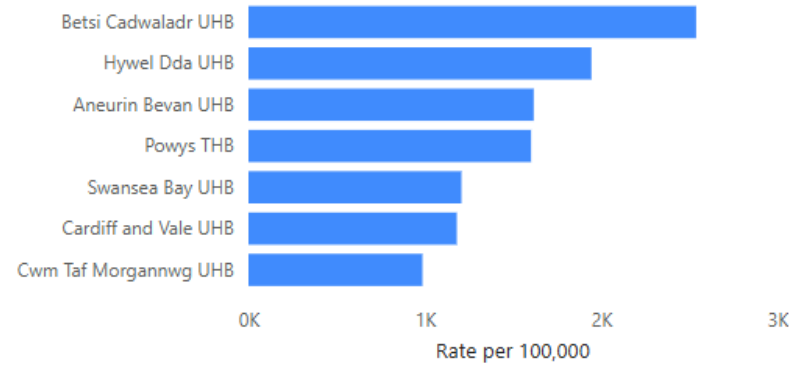
Data source: Admitted Patient Care (APC) dataset for Wales (accessed via Health Maps Wales, DHCW)

Trend: Wales, Persons, All



By area: 2024/25, Persons, All

Health board | Local authority



Year

2024

Area

Wales

Sex

Persons

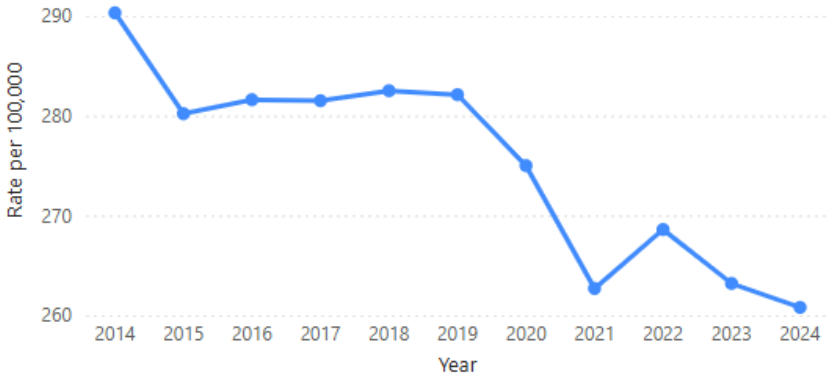
Cancer site

All

Cancer mortality rates per 100,000 population

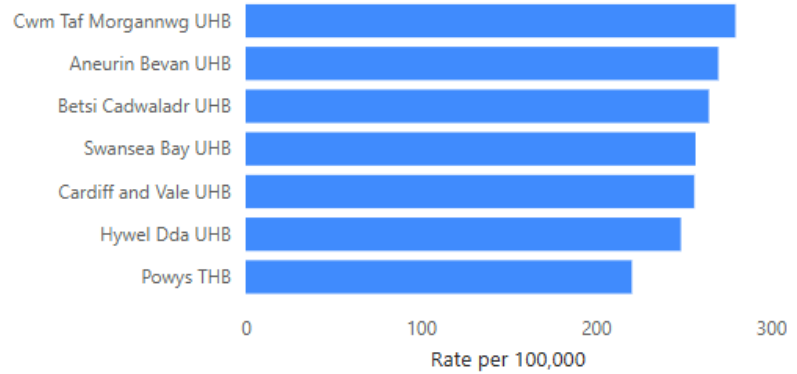
Data source: Annual District Deaths Extract (ADDE), Office for National Statistics (accessed via Health Maps Wales, DHCW)

Trend: Wales, Persons, All



By area: 2024, Persons, All

Health board | Local authority



Cancer Admissions and Mortality Hywel Dda University Health Board

GIG | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year

2024/25

Area

Hywel Dda Universi...

Sex

Persons

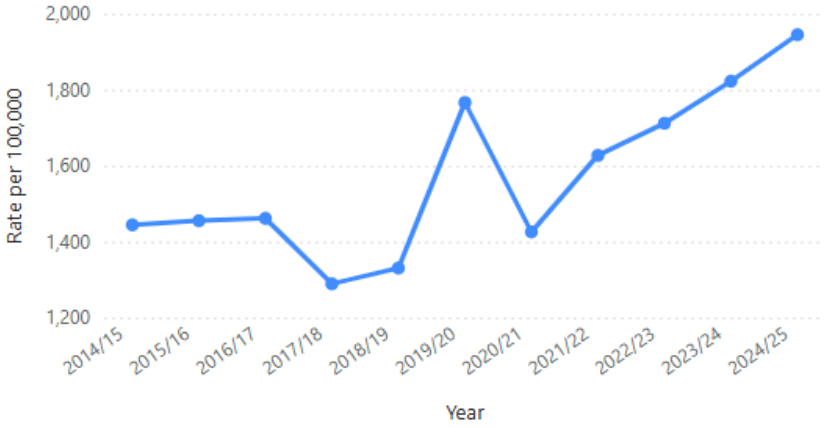
Cancer site

All

Cancer related hospital admission rates per 100,000 population

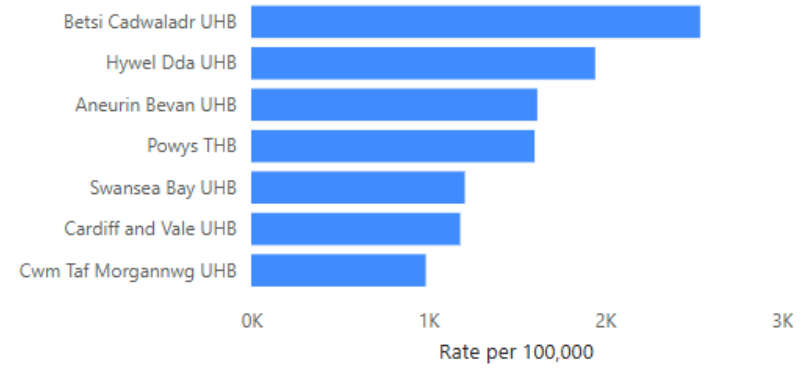
Data source: Admitted Patient Care (APC) dataset for Wales (accessed via Health Maps Wales, DHCW)

Trend: Hywel Dda University Health Board, Persons, All



By area: 2024/25, Persons, All

Health board | Local authority



Year

2024

Area

Hywel Dda Universi...

Sex

Persons

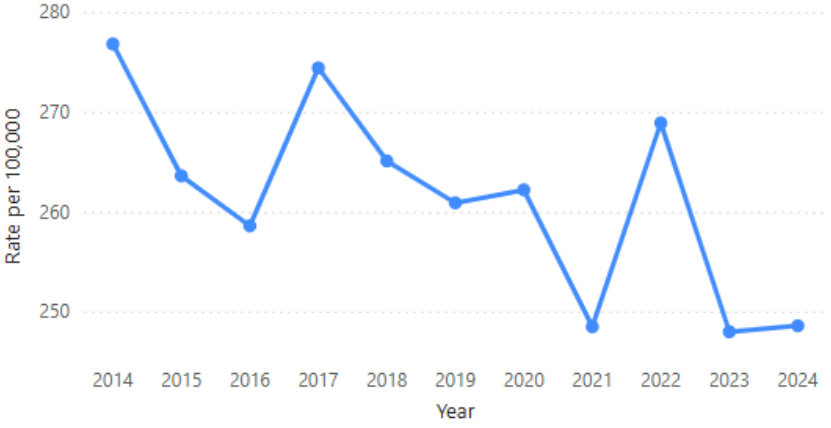
Cancer site

All

Cancer mortality rates per 100,000 population

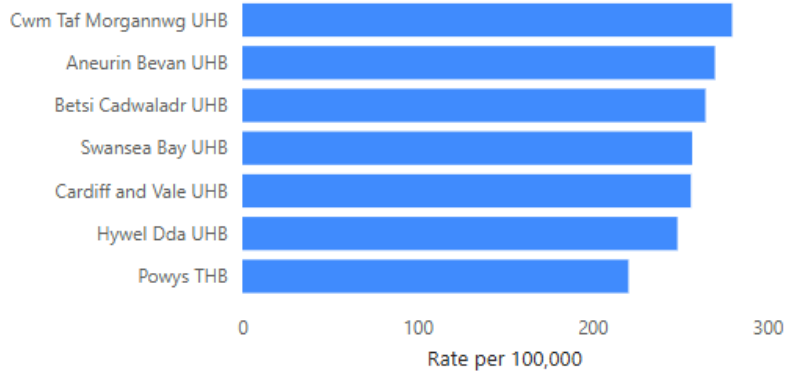
Data source: Annual District Deaths Extract (ADDE), Office for National Statistics (accessed via Health Maps Wales, DHCW)

Trend: Hywel Dda University Health Board, Persons, All



By area: 2024, Persons, All

Health board | Local authority



Cancer Admissions and Mortality Carmarthenshire

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year

2024/25

Area

Carmarthenshire

Sex

Persons

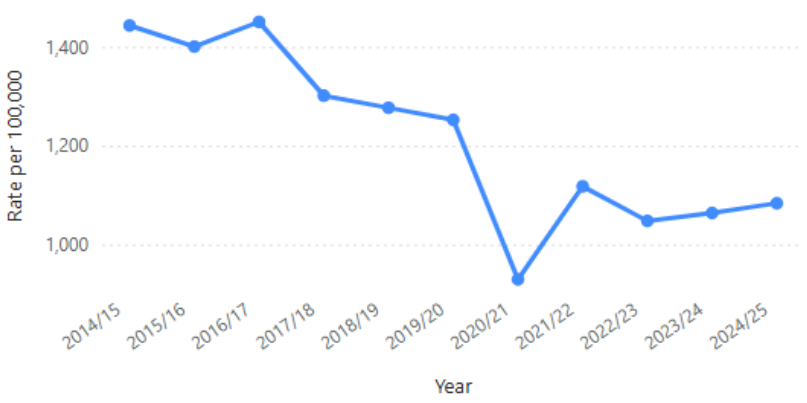
Cancer site

All

Cancer related hospital admission rates per 100,000 population

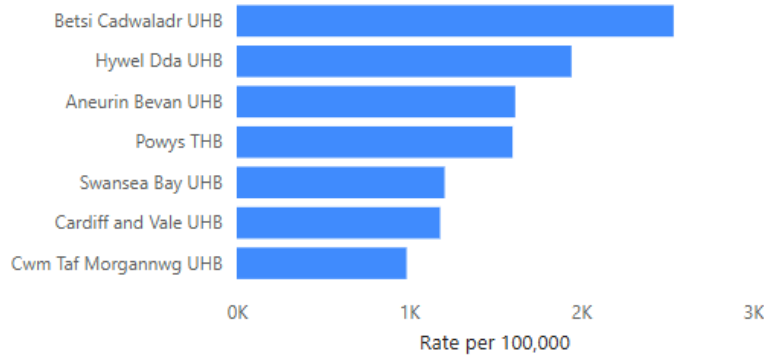
Data source: Admitted Patient Care (APC) dataset for Wales (accessed via Health Maps Wales, DHCW)

Trend: Carmarthenshire, Persons, All



By area: 2024/25, Persons, All

Health board | Local authority



Year

2024

Area

Carmarthenshire

Sex

Persons

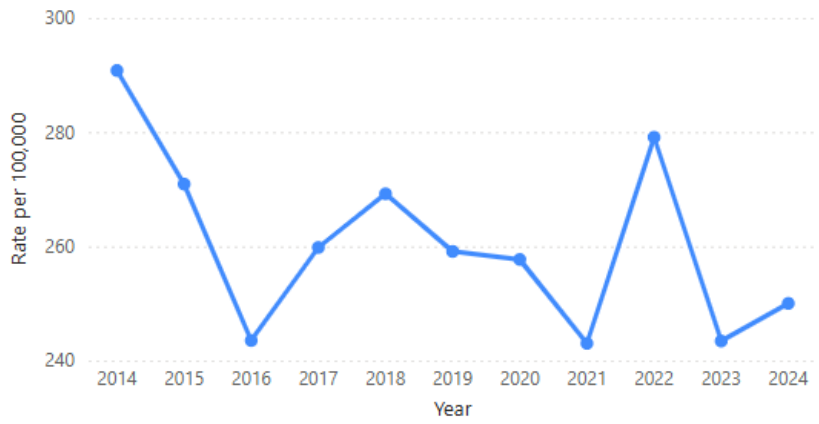
Cancer site

All

Cancer mortality rates per 100,000 population

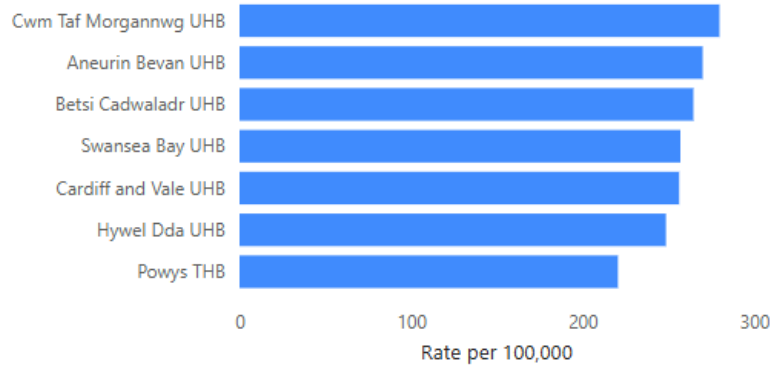
Data source: Annual District Deaths Extract (ADDE), Office for National Statistics (accessed via Health Maps Wales, DHCW)

Trend: Carmarthenshire, Persons, All



By area: 2024, Persons, All

Health board | Local authority



Cancer Admissions and Mortality Ceredigion

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year

2024/25

Area

Ceredigion

Sex

Persons

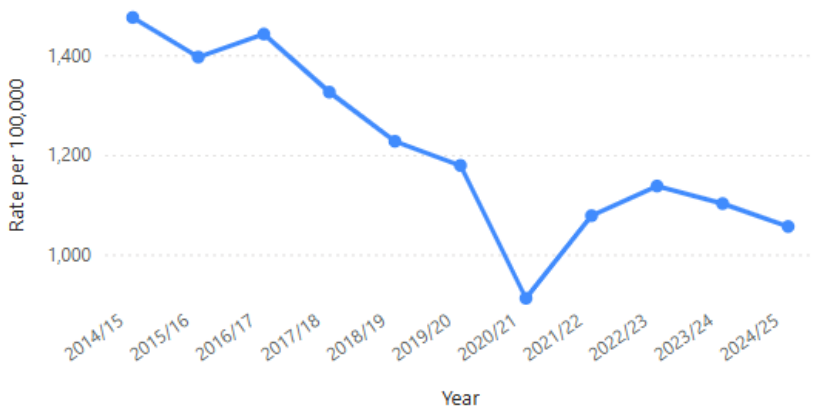
Cancer site

All

Cancer related hospital admission rates per 100,000 population

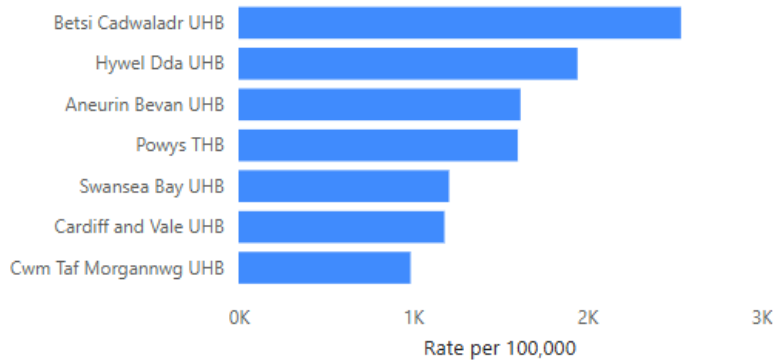
Data source: Admitted Patient Care (APC) dataset for Wales (accessed via Health Maps Wales, DHCW)

Trend: Ceredigion, Persons, All



By area: 2024/25, Persons, All

Health board | Local authority



Year

2024

Area

Ceredigion

Sex

Persons

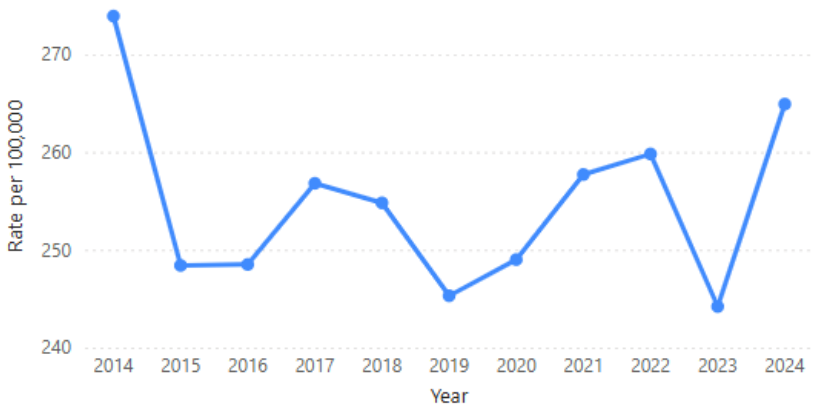
Cancer site

All

Cancer mortality rates per 100,000 population

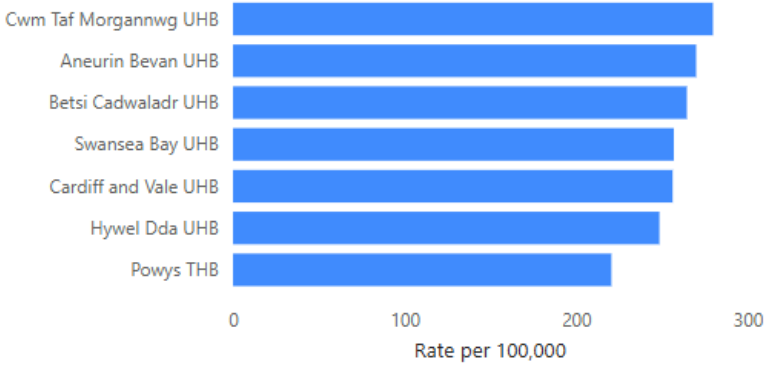
Data source: Annual District Deaths Extract (ADDE), Office for National Statistics (accessed via Health Maps Wales, DHCW)

Trend: Ceredigion, Persons, All



By area: 2024, Persons, All

Health board | Local authority



Cancer Admissions and Mortality Pembrokeshire

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year

2024/25

Area

Pembrokeshire

Sex

Persons

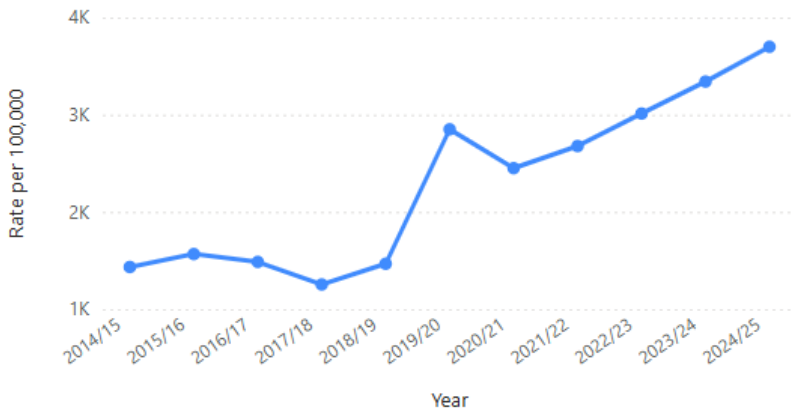
Cancer site

All

Cancer related hospital admission rates per 100,000 population

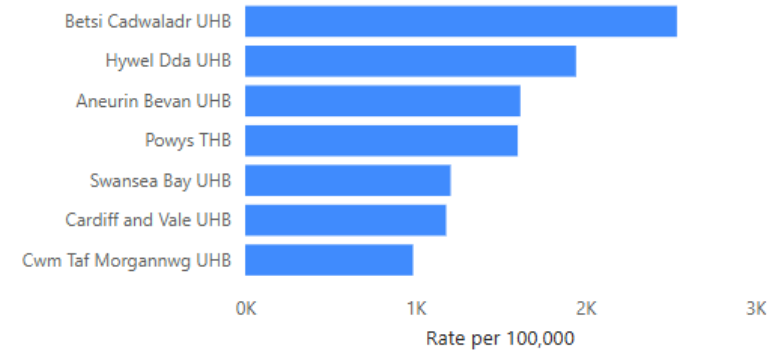
Data source: Admitted Patient Care (APC) dataset for Wales (accessed via Health Maps Wales, DHCW)

Trend: Pembrokeshire, Persons, All



By area: 2024/25, Persons, All

Health board | Local authority



Year

2024

Area

Pembrokeshire

Sex

Persons

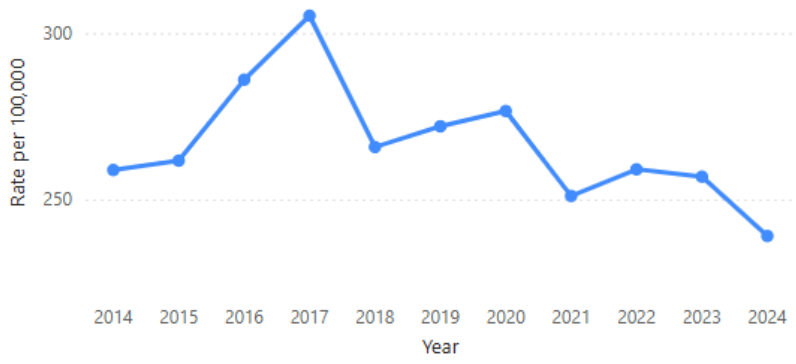
Cancer site

All

Cancer mortality rates per 100,000 population

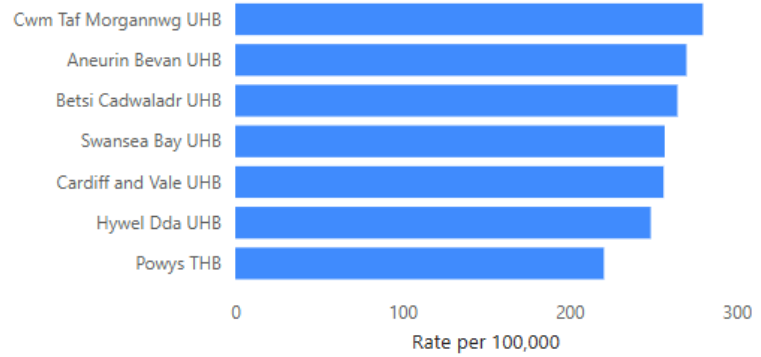
Data source: Annual District Deaths Extract (ADDE), Office for National Statistics (accessed via Health Maps Wales, DHCW)

Trend: Pembrokeshire, Persons, All



By area: 2024, Persons, All

Health board | Local authority



Health and Wellbeing

Diabetes

Diabetes Mortality Rates Wales

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year

2022 - 24

Health board

Wales

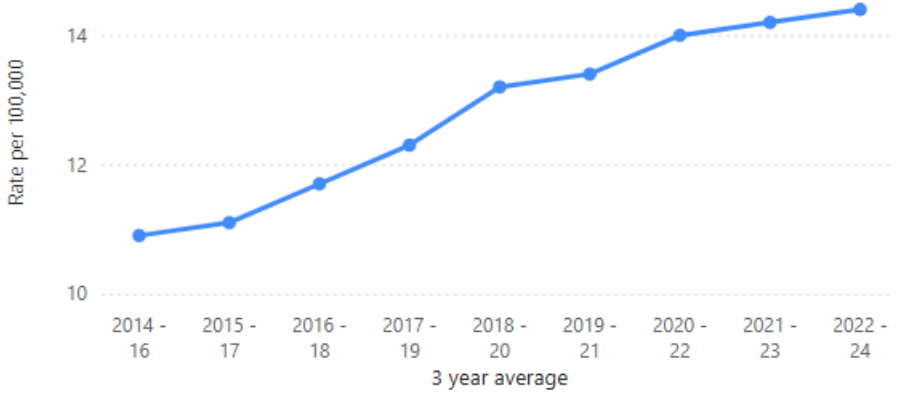
Sex

Persons

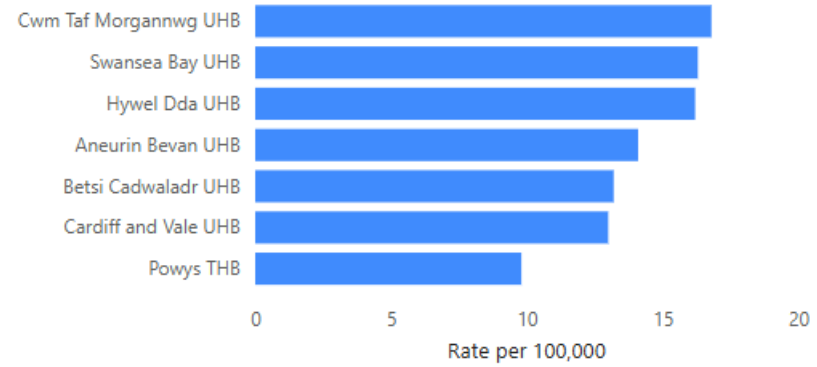
Diabetes mortality rates per 100,000 population (3 year average)

Data source: Annual District Deaths Extract (ADDE), Office for National Statistics (accessed via Health Maps Wales, DHCW)

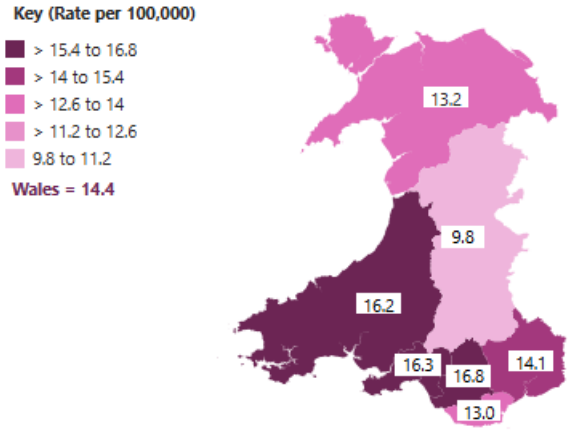
Trend: Wales, Persons



By health board: 2022 - 24, Persons



Health board map: 2022 - 24, Persons



Diabetes Mortality Rates Hywel Dda University Health Board

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year

2022 - 24

Health board

Hywel Dda UHB

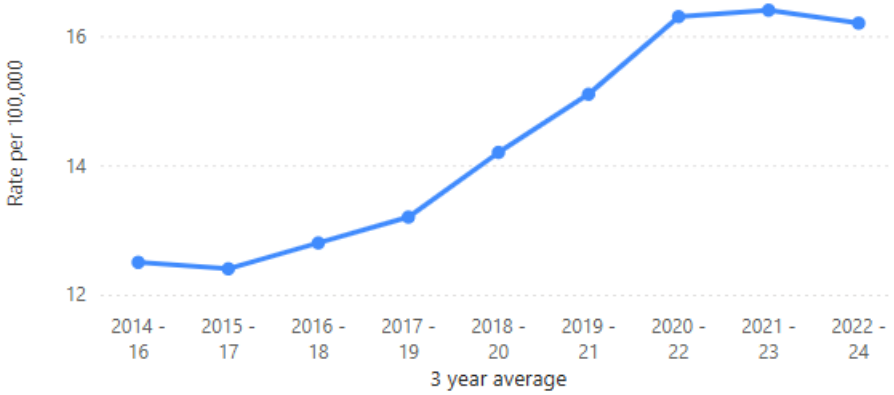
Sex

Persons

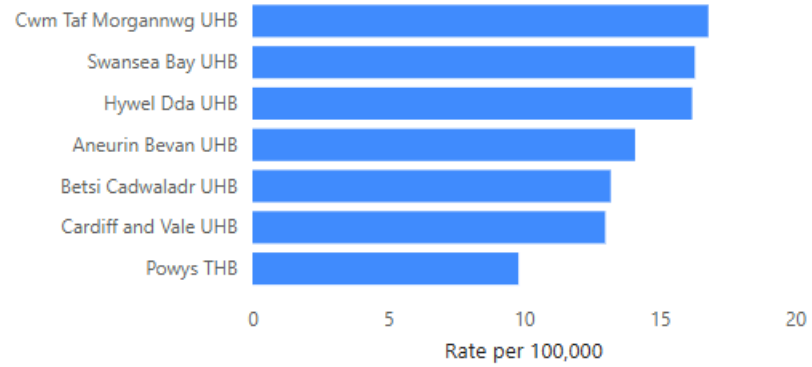
Diabetes mortality rates per 100,000 population (3 year average)

Data source: Annual District Deaths Extract (ADDE), Office for National Statistics (accessed via Health Maps Wales, DHCW)

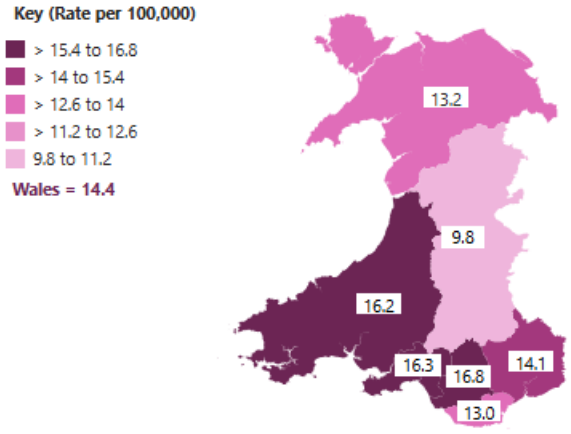
Trend: Hywel Dda UHB, Persons



By health board: 2022 - 24, Persons



Health board map: 2022 - 24, Persons



Diabetes Mortality Rates Hywel Dda University Health Board

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year

2022 - 24

Health board

Hywel Dda UHB

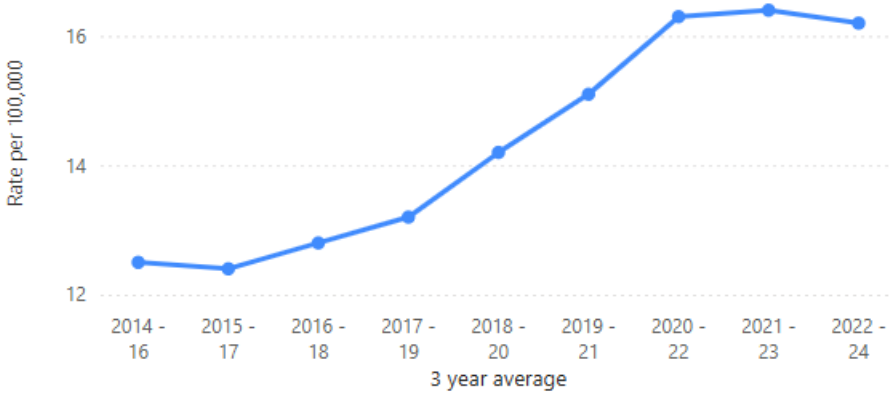
Sex

Persons

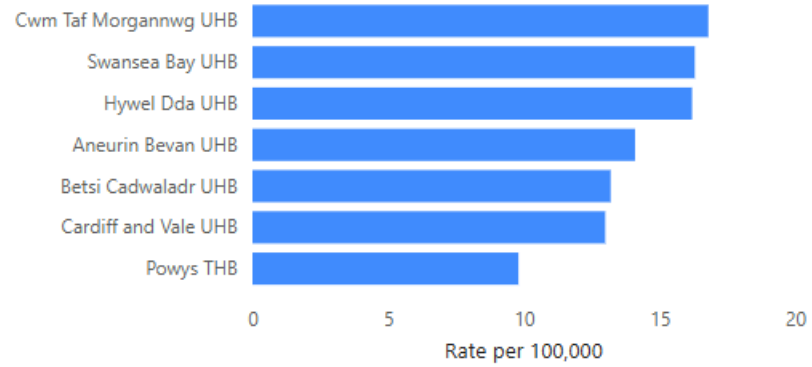
Diabetes mortality rates per 100,000 population (3 year average)

Data source: Annual District Deaths Extract (ADDE), Office for National Statistics (accessed via Health Maps Wales, DHCW)

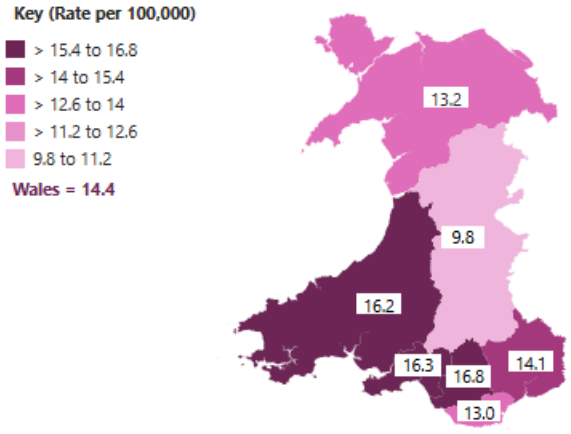
Trend: Hywel Dda UHB, Persons



By health board: 2022 - 24, Persons



Health board map: 2022 - 24, Persons



Health and Wellbeing

General Health and Wellbeing

Adult General Health and Illness Wales

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Period

2022-23

Area

Wales

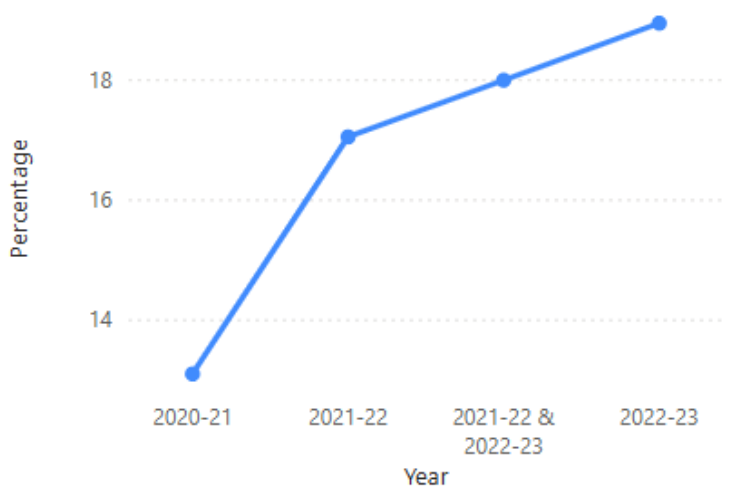
Indicator

Limited a lot by longstanding illness

Adult general health and illnesses: Limited a lot by longstanding illness

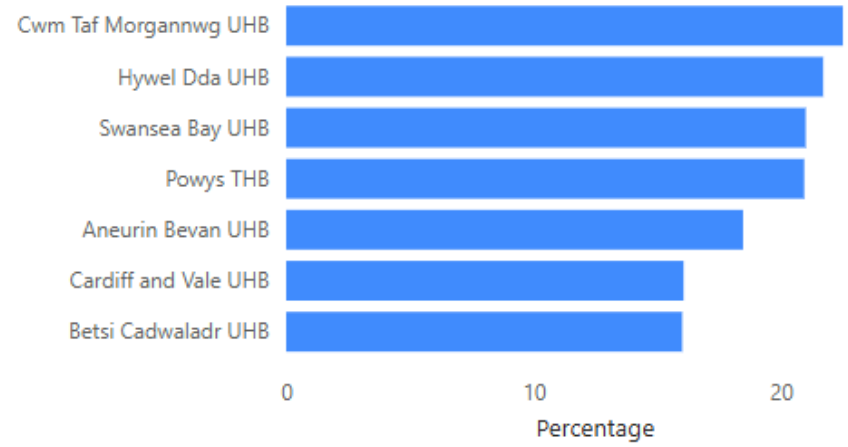
Data source: National Survey for Wales, Welsh Government (accessed via StatsWales)

Trend: Wales, Limited a lot by longstanding illness



By area: 2022-23, Limited a lot by longstanding illness

Health board | Local authority



Adult General Health and Illness Hywel Dda University Health Board

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Period

2022-23

Area

Hywel Dda University Health Board

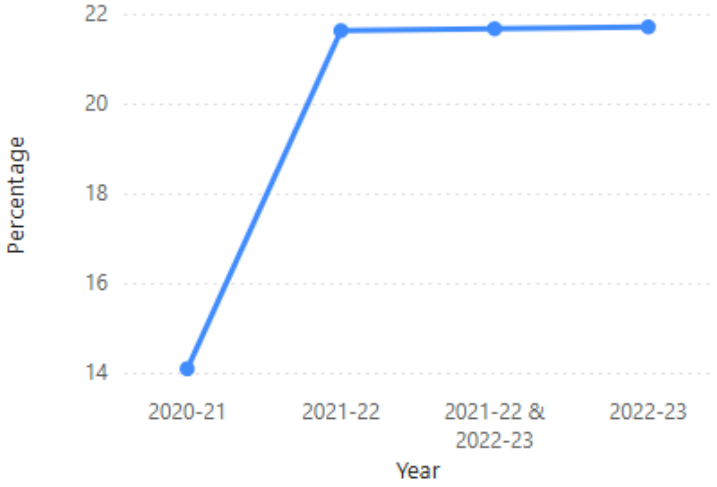
Indicator

Limited a lot by longstanding illness

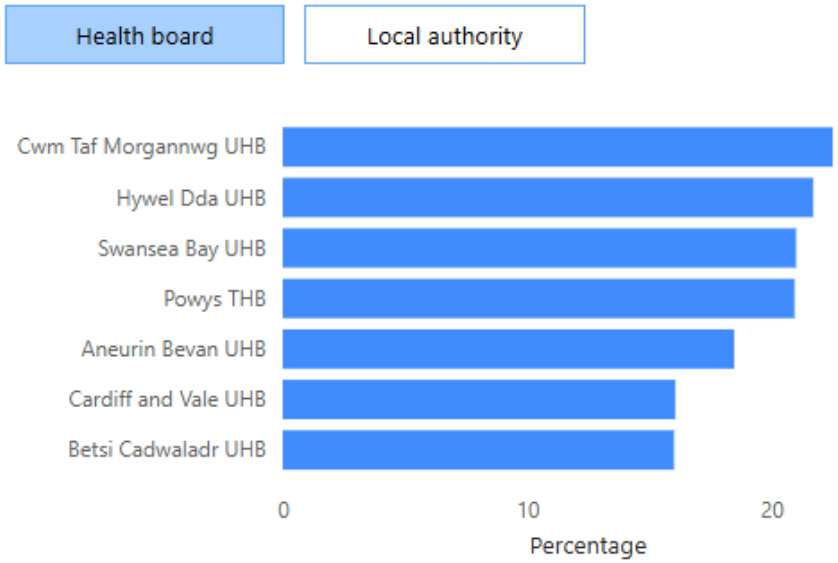
Adult general health and illnesses: Limited a lot by longstanding illness

Data source: National Survey for Wales, Welsh Government (accessed via StatsWales)

Trend: Hywel Dda University Health Board, Limited a lot by longstanding illness



By area: 2022-23, Limited a lot by longstanding illness



Adult General Health and Illness Carmarthenshire

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Period

2022-23

Area

Carmarthenshire

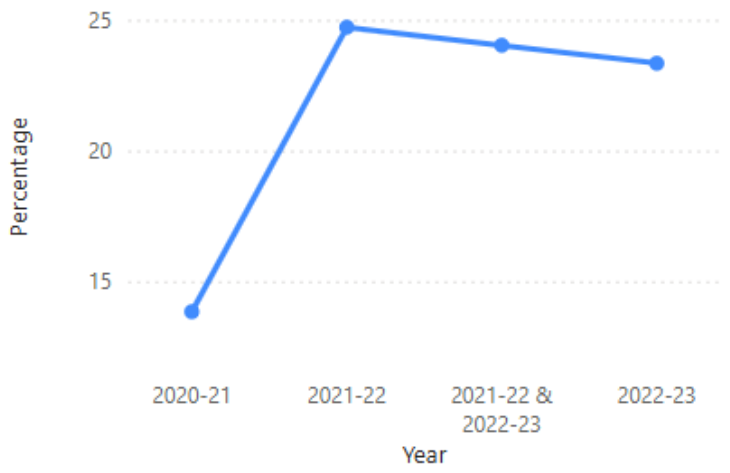
Indicator

Limited a lot by longstanding illness

Adult general health and illnesses: Limited a lot by longstanding illness

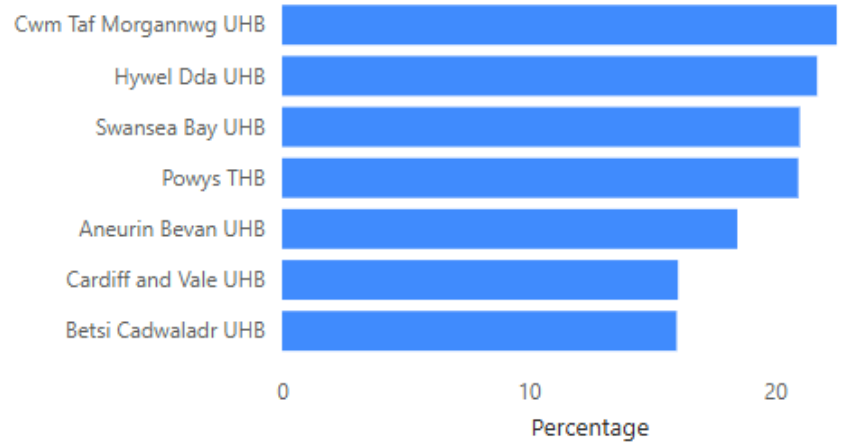
Data source: National Survey for Wales, Welsh Government (accessed via StatsWales)

Trend: Carmarthenshire, Limited a lot by longstanding illness



By area: 2022-23, Limited a lot by longstanding illness

Health board | Local authority



Adult General Health and Illness Ceredigion

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Period

2022-23

Area

Ceredigion

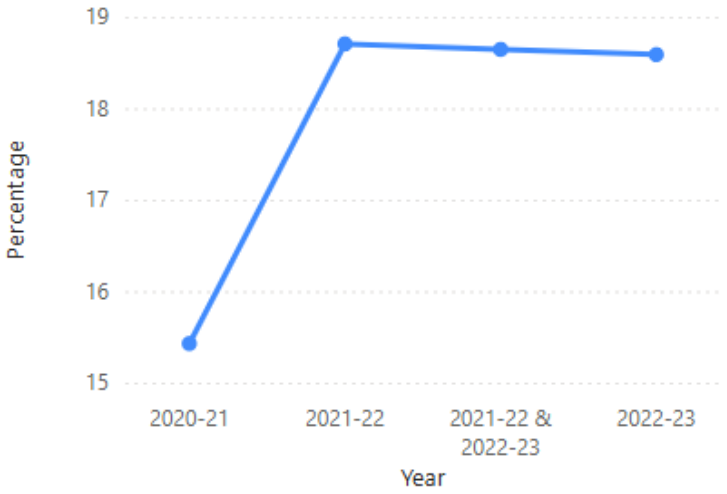
Indicator

Limited a lot by longstanding illness

Adult general health and illnesses: Limited a lot by longstanding illness

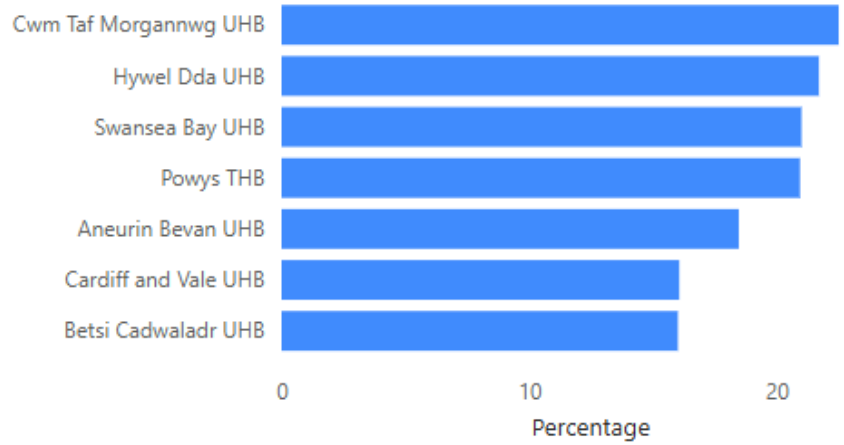
Data source: National Survey for Wales, Welsh Government (accessed via StatsWales)

Trend: Ceredigion, Limited a lot by longstanding illness



By area: 2022-23, Limited a lot by longstanding illness

Health board | Local authority



Adult General Health and Illness Pembrokeshire

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Period

2022-23

Area

Pembrokeshire

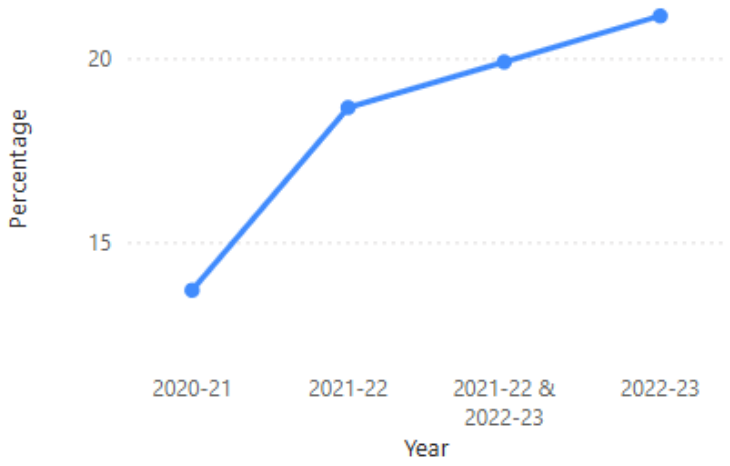
Indicator

Limited a lot by longstanding illness

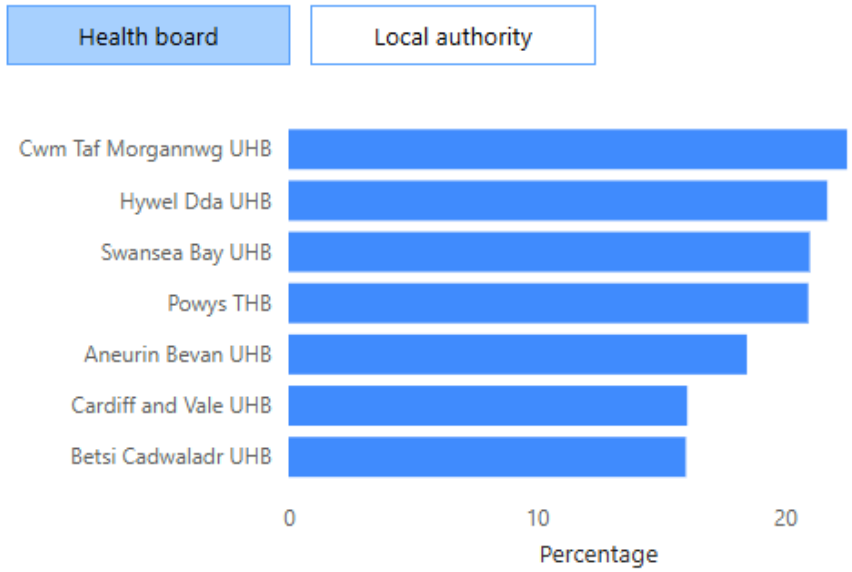
Adult general health and illnesses: Limited a lot by longstanding illness

Data source: National Survey for Wales, Welsh Government (accessed via StatsWales)

Trend: Pembrokeshire, Limited a lot by longstanding illness



By area: 2022-23, Limited a lot by longstanding illness



Health and Wellbeing

Mental Health

Pregnant Women Reporting a Mental Health Condition Wales

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year

2024

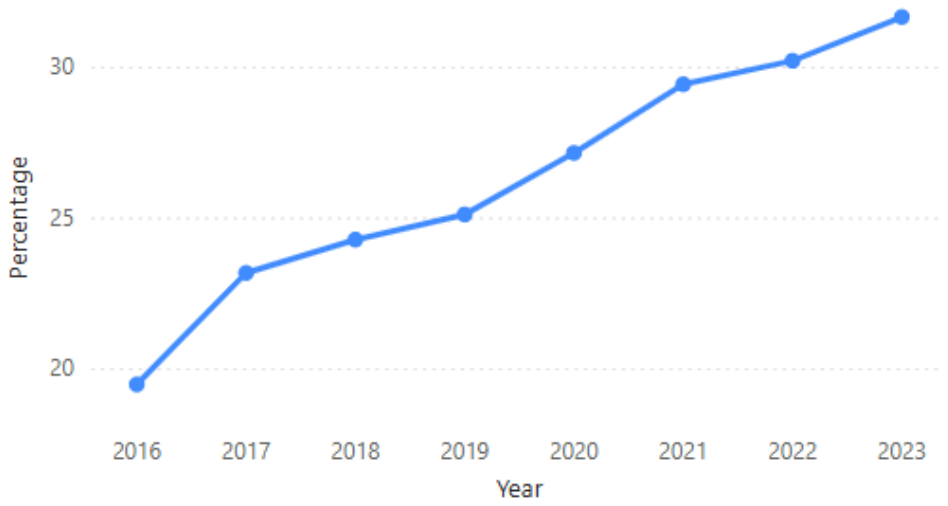
Health board

Wales

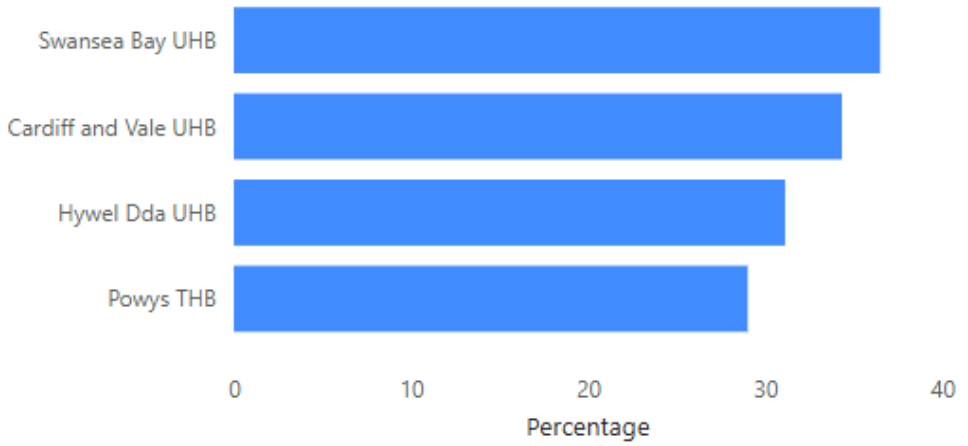
% pregnant women reporting a mental health condition at their first assessment

Data source: Maternity indicators dataset, DHCW (accessed via StatsWales)

Trend: Wales



By health board: 2024



Pregnant Women Reporting a Mental Health Condition Hywel Dda University Health Board

Year

2024

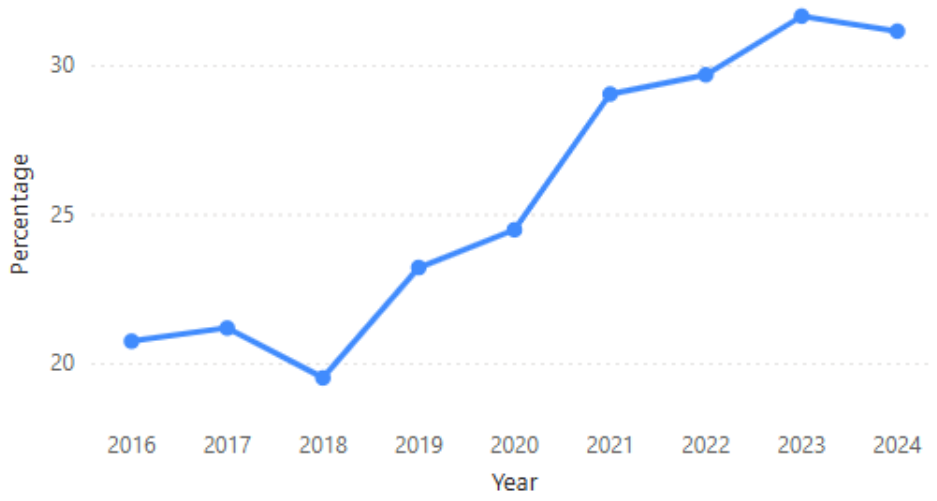
Health board

Hywel Dda UHB

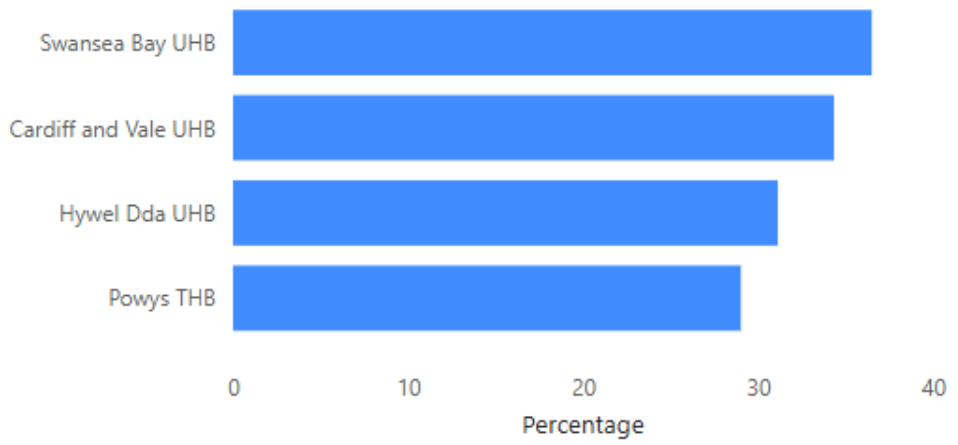
% pregnant women reporting a mental health condition at their first assessment

Data source: Maternity indicators dataset, DHCW (accessed via StatsWales)

Trend: Hywel Dda UHB



By health board: 2024



Health and Wellbeing

Respiratory Disease

Respiratory Disease Admission and Mortality Wales

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year

2024/25

Area

Wales

Sex

Persons

Respiratory condition

All

Respiratory related hospital emergency admission rates per 100,000 population

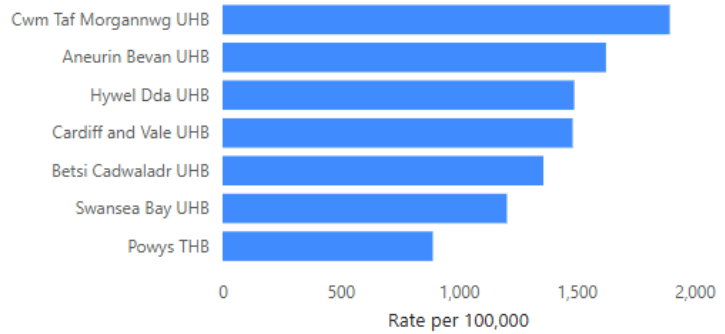
Data source: Admitted Patient Care (APC) dataset for Wales (accessed via Health Maps Wales, DHCW)

Trend: Wales, Persons, All



By area: 2024/25, Persons, All

Health board | Local authority



Year

2024

Area

Wales

Sex

Persons

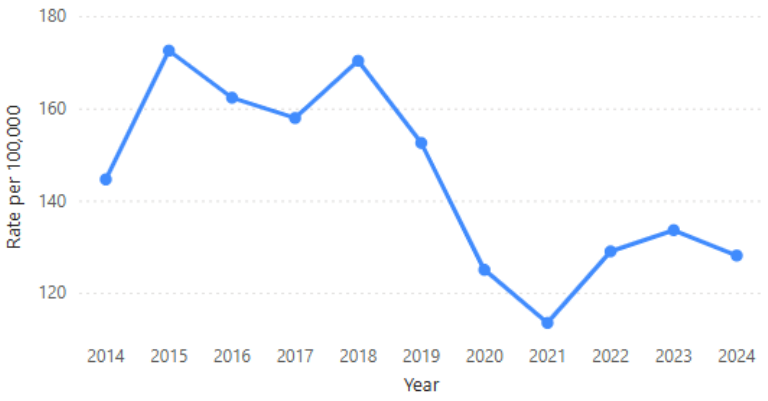
Respiratory condition

All

Respiratory disease mortality rates per 100,000 population

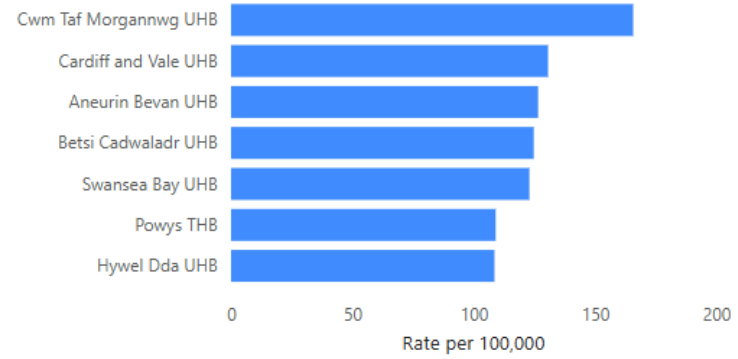
Data source: Annual District Deaths Extract (ADDE), Office for National Statistics (accessed via Health Maps Wales, DHCW)

Trend: Wales, Persons, All



By area: 2024, Persons, All

Health board | Local authority



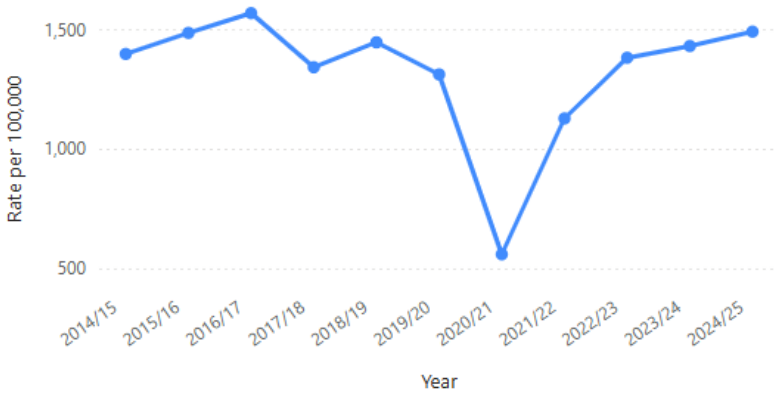
Respiratory Disease Admission and Mortality Hywel Dda University Health Board

Year
2024/25
Area
Hywel Dda Universi...
Sex
Persons
Respiratory condition
All

Respiratory related hospital emergency admission rates per 100,000 population

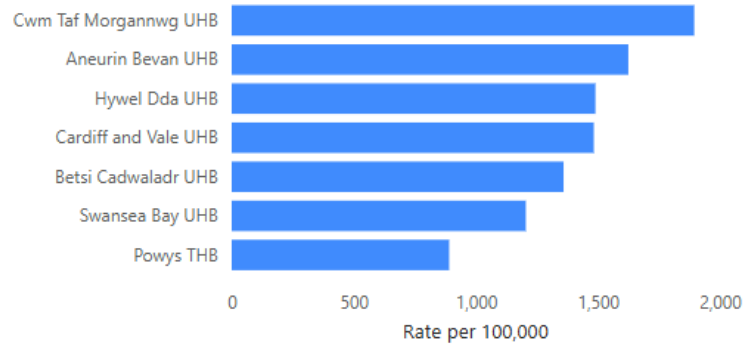
Data source: Admitted Patient Care (APC) dataset for Wales (accessed via Health Maps Wales, DHCW)

Trend: Hywel Dda University Health Board, Persons, All



By area: 2024/25, Persons, All

Health board | Local authority

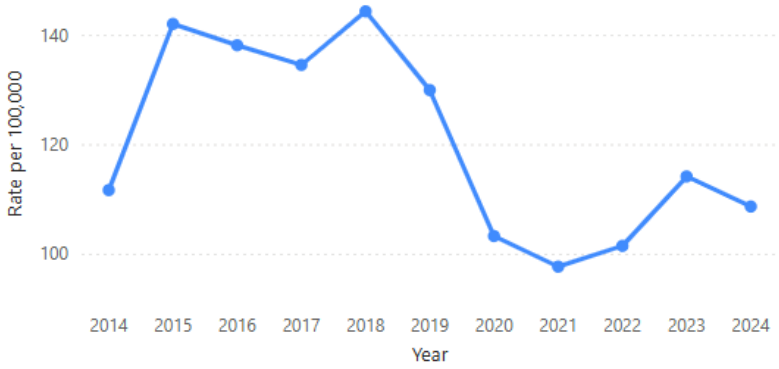


Year
2024
Area
Hywel Dda Universi...
Sex
Persons
Respiratory condition
All

Respiratory disease mortality rates per 100,000 population

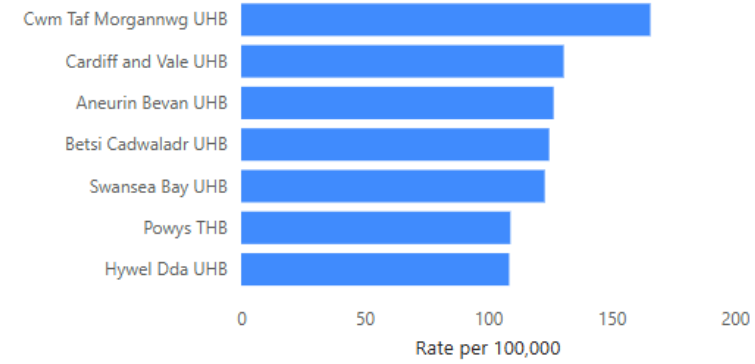
Data source: Annual District Deaths Extract (ADDE), Office for National Statistics (accessed via Health Maps Wales, DHCW)

Trend: Hywel Dda University Health Board, Persons, All



By area: 2024, Persons, All

Health board | Local authority



Respiratory Disease Admission and Mortality Carmarthenshire

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year

2024/25

Area

Carmarthenshire

Sex

Persons

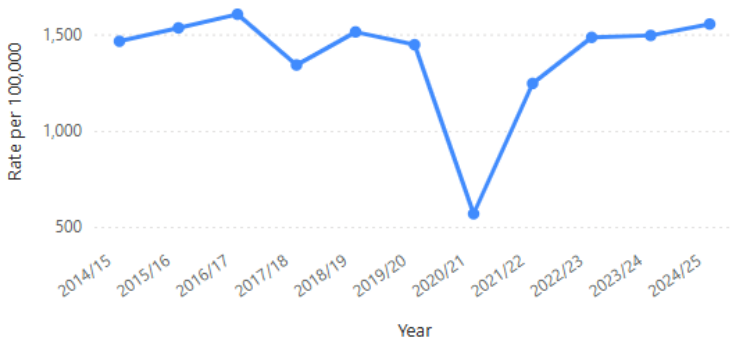
Respiratory condition

All

Respiratory related hospital emergency admission rates per 100,000 population

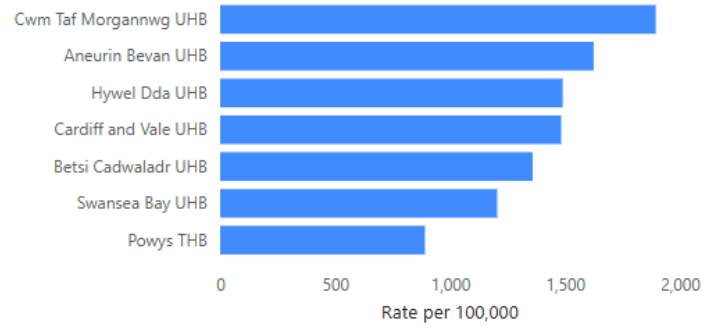
Data source: Admitted Patient Care (APC) dataset for Wales (accessed via Health Maps Wales, DHCW)

Trend: Carmarthenshire, Persons, All



By area: 2024/25, Persons, All

Health board | Local authority



Year

2024

Area

Carmarthenshire

Sex

Persons

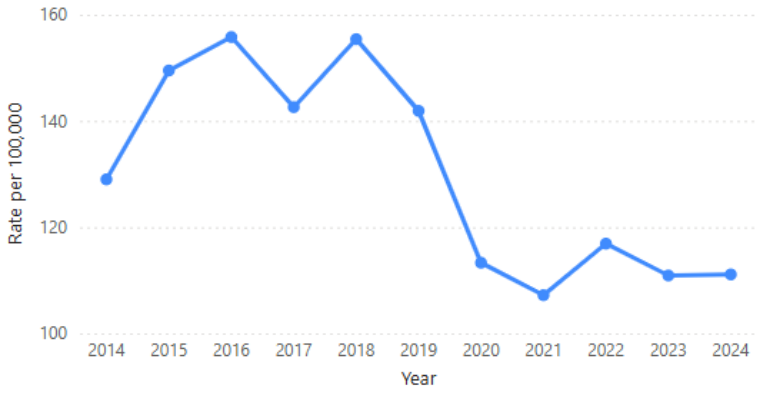
Respiratory condition

All

Respiratory disease mortality rates per 100,000 population

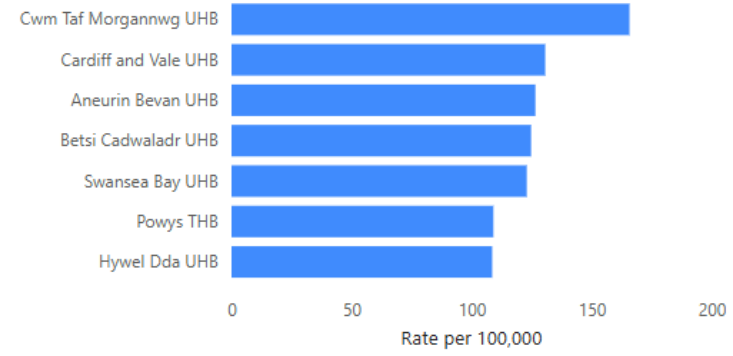
Data source: Annual District Deaths Extract (ADDE), Office for National Statistics (accessed via Health Maps Wales, DHCW)

Trend: Carmarthenshire, Persons, All



By area: 2024, Persons, All

Health board | Local authority



Respiratory Disease Admission and Mortality Ceredigion

Year: 2024/25
Area: Ceredigion
Sex: Persons
Respiratory condition: All

Respiratory related hospital emergency admission rates per 100,000 population

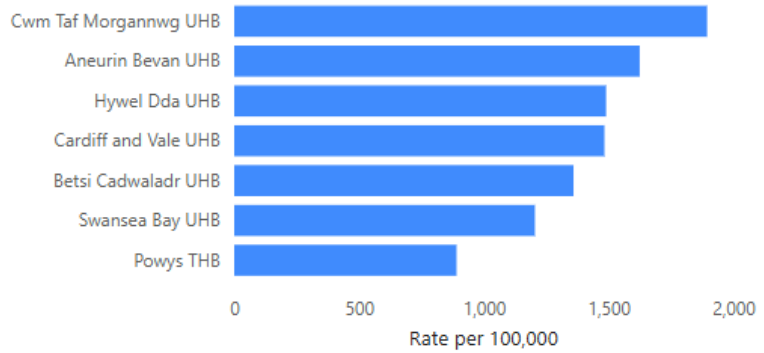
Data source: Admitted Patient Care (APC) dataset for Wales (accessed via Health Maps Wales, DHCW)

Trend: Ceredigion, Persons, All



By area: 2024/25, Persons, All

Health board | Local authority

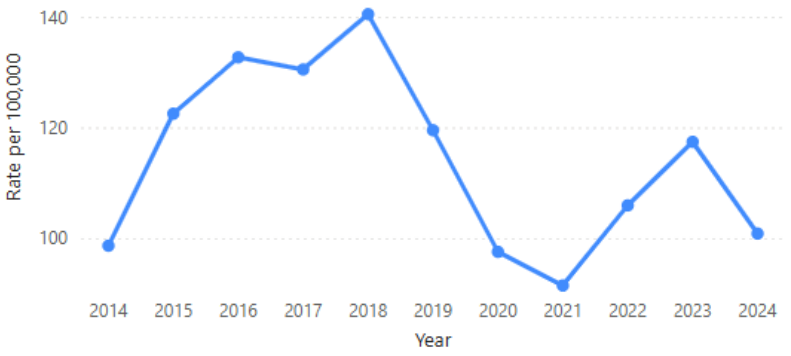


Year: 2024
Area: Ceredigion
Sex: Persons
Respiratory condition: All

Respiratory disease mortality rates per 100,000 population

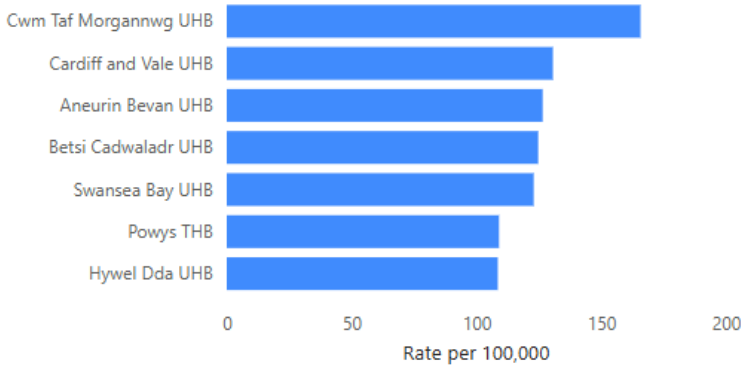
Data source: Annual District Deaths Extract (ADDE), Office for National Statistics (accessed via Health Maps Wales, DHCW)

Trend: Ceredigion, Persons, All



By area: 2024, Persons, All

Health board | Local authority



Respiratory Disease Admission and Mortality Pembrokeshire

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year

2024/25

Area

Pembrokeshire

Sex

Persons

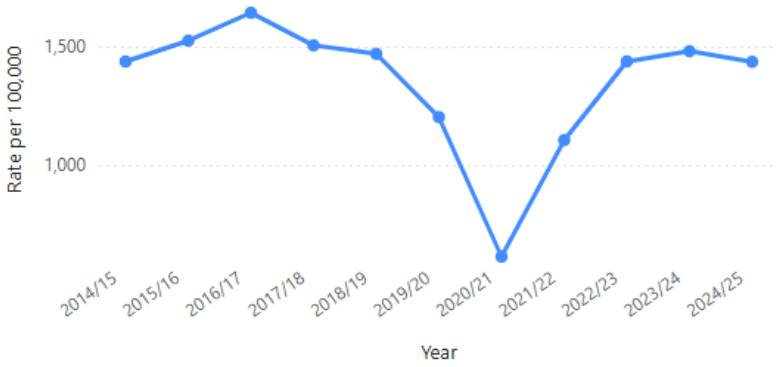
Respiratory condition

All

Respiratory related hospital emergency admission rates per 100,000 population

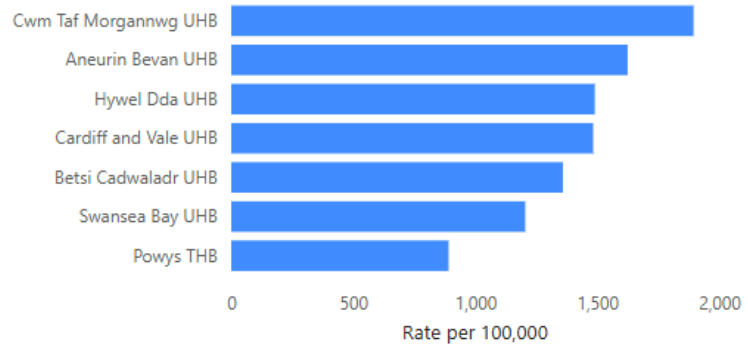
Data source: Admitted Patient Care (APC) dataset for Wales (accessed via Health Maps Wales, DHCW)

Trend: Pembrokeshire, Persons, All



By area: 2024/25, Persons, All

Health board | Local authority



Year

2024

Area

Pembrokeshire

Sex

Persons

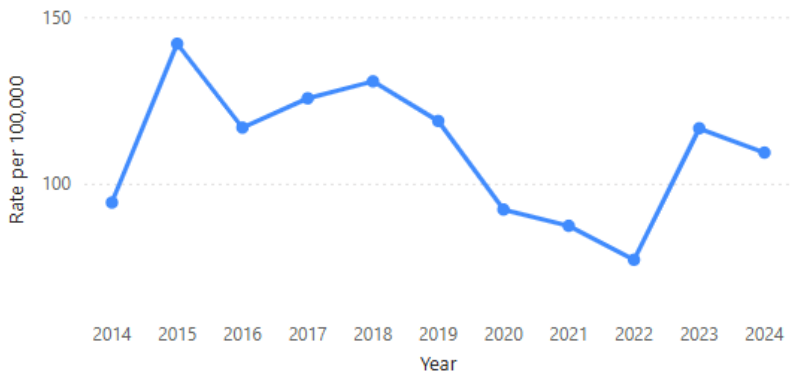
Respiratory condition

All

Respiratory disease mortality rates per 100,000 population

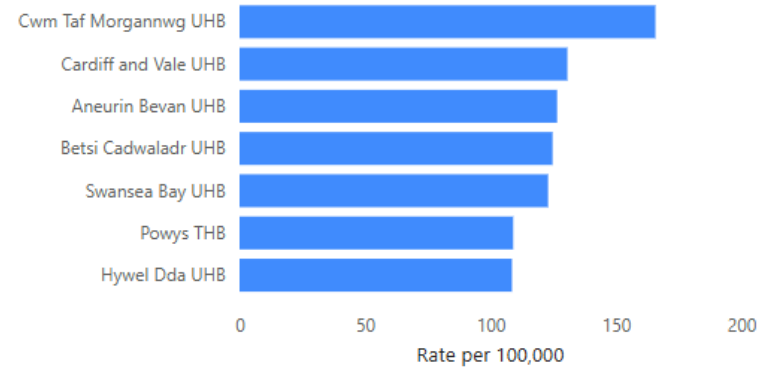
Data source: Annual District Deaths Extract (ADDE), Office for National Statistics (accessed via Health Maps Wales, DHCW)

Trend: Pembrokeshire, Persons, All



By area: 2024, Persons, All

Health board | Local authority



- Live Link to Our Population Health Dashboard:
- Our Population Health dashboard

Population Health Intelligence

Comprehensive Health Needs Assessment completed as part of the Pharmaceutical Needs Assessment April/ May 2026

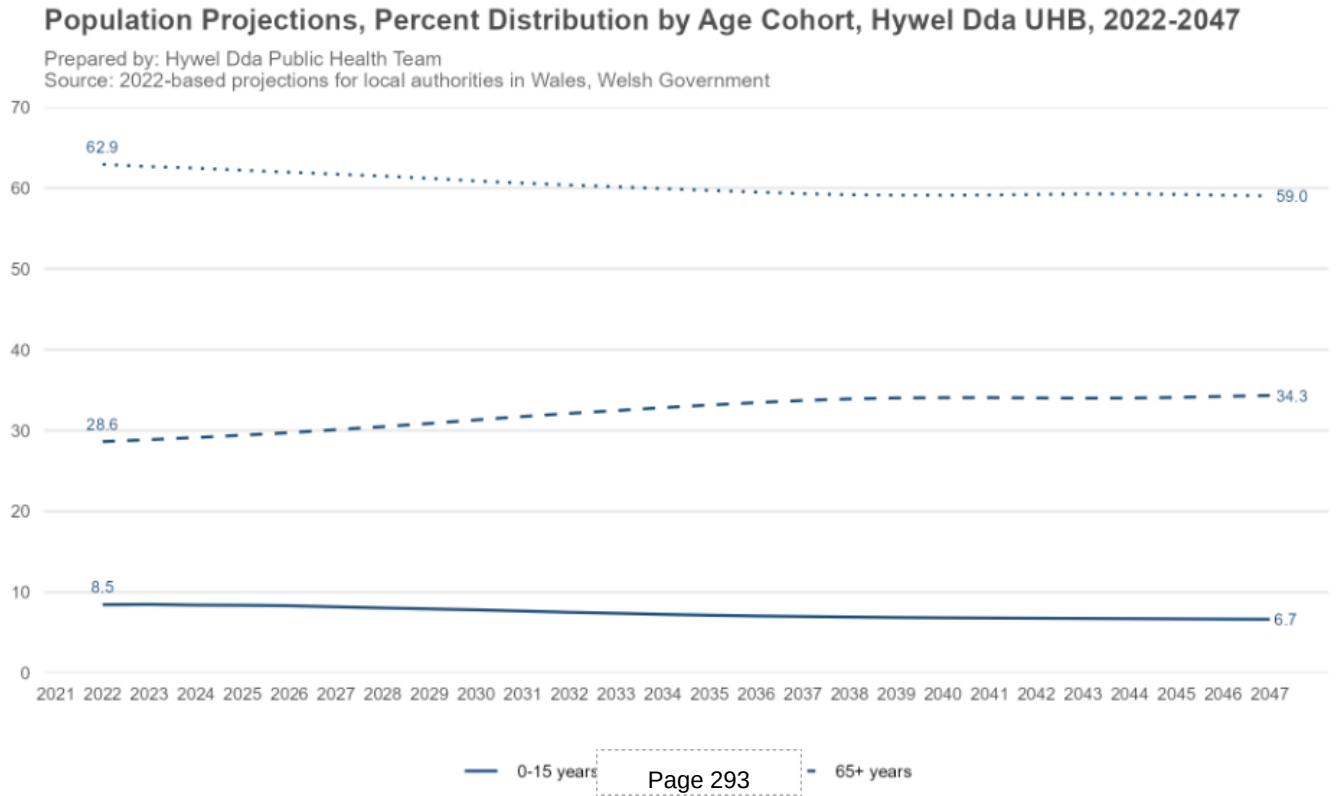
- Provides an up-to-date overview of the health needs of the population served by Hywel Dda University Health Board (HDdUHB)
- Detailed view of the area and its population
- Focuses on:
  - the health needs of the population in the seven priority health domains where early intervention can improve outcomes, reduce system pressure and support healthier lives.
  - the four modifiable behavioural risk factors which together drive a substantial proportion of preventable illness, early death and health inequality
  - Health Issues that relate to different section of the population

- Can be used to inform planning, delivering, and reviewing pathways, services, and treatments.

Population Health Intelligence

Population profile:

HDdUHB has an ageing population, this is set to increase over the next twenty years, and at a faster rate than Wales as a whole (34.3% of the population of HDdUHB will be 65 and over compared to 28.7% in Wales)
This is likely to lead to a rise in the prevalence of chronic conditions, meeting the needs of these individuals will be a key challenge for us and our partners.



Population Health Intelligence

Chronic condition register change from earliest available data to 2023/24

Group	Condition	From	Count	Count in 2023/2024	Percentage increase
Diabetes	Diabetes (aged 17+)	2009/10	19783	29267	47.9%
Cardiovascular Disease	Atrial Fibrillation	2009/10	7881	12994	64.8%
	Heart Failure	2009/10	3905	5792	48.3%
	Hypertension	2009/10	62859	68650	9.2%
	Stroke/ TIA	2009/10	8716	9925	13.8%
Respiratory	Asthma	2009/10	26459	29632	12%
	COPD	2009/10	7394	9544	29%
Musculoskeletal	Osteoporosis (50+)	2012/13	352	818	132.4%
	Rheumatoid Arthritis	2013/14	3505	3916	11.7%

Table: A table showing a number of disease registers and the percentage and count change between when data was first collected and the latest available data. Quality and Outcomes Framework and the Quality Assurance and Improvement Framework, Welsh Government

Population Health Intelligence

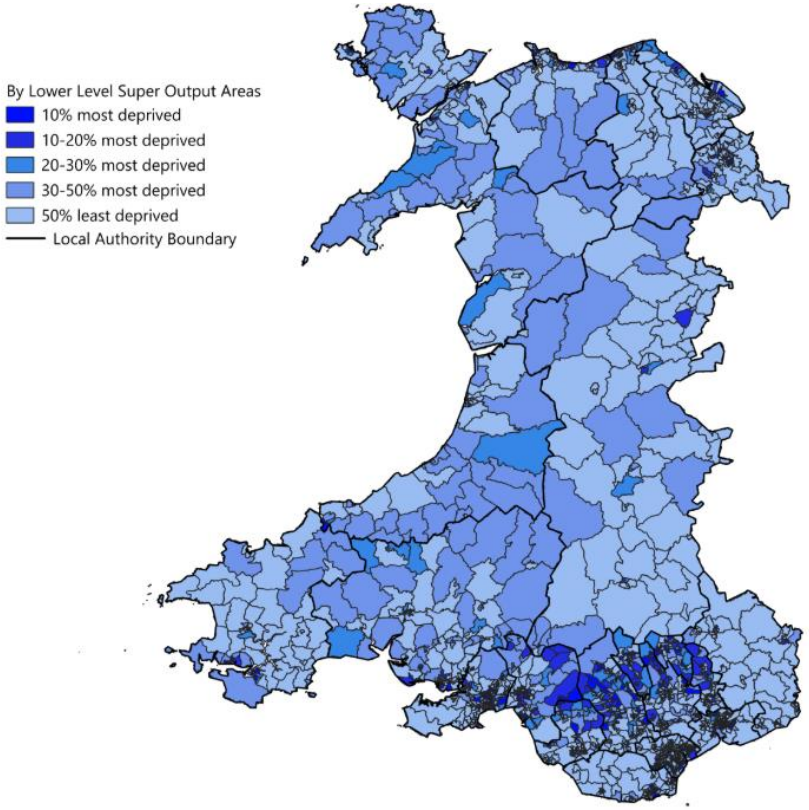
Life Expectancy and Healthy Life Expectancy

- Life expectancy in Wales has stalled.
- Male healthy life expectancy has declined since 2011-2013 from 61.3 to 59.2 years in 2022-24. Female healthy life expectancy has declined more from 61.9 in 2011-2013 to 58.5 in 2022-24.
- The difference in healthy life expectancy between deprivation quintiles remains high at roughly seven years between the most deprived and least deprived. These inequalities shape quality of life, mental wellbeing, and the ability to work, and they place significant demand on health and social care services.
- Levels in HDdUHB are similar to the Wales average but not all the population have an equal experience.

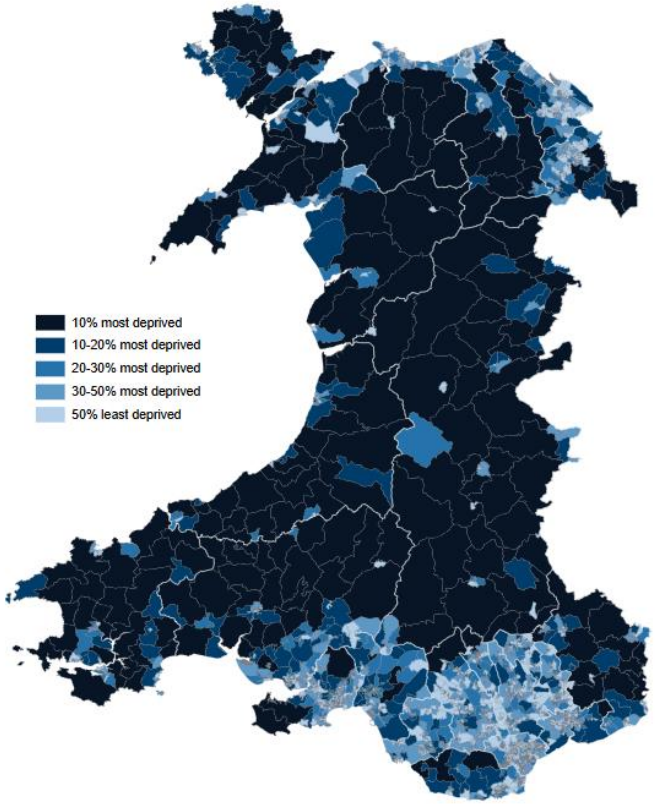
	Males			Females		
	Life Expectancy	Healthy Life Expectancy	Percentage of life expectancy in good health	Life Expectancy	Healthy Life Expectancy	Percentage of life expectancy in good health
Ceredigion	79.7	63.3	79.4	83.3	63.2	75.9
Pembrokeshire	78.8	61.6	78.2	83.1	61.5	74.0
Carmarthenshire	78.7	57.7	73.3	81.9	56.2	68.6
Hywel Dda UHB	79.1	60.1	76	82.4	59.3	72
Wales	77.9	59.2	76	82.4	58.5	71

Population Health Intelligence

Deprivation: the lack of access to opportunities and resources, which we might expect in society.



5 areas in Carmarthenshire in the most deprived LSOAs in Wales, 3 in Pembrokeshire and 1 in Ceredigion

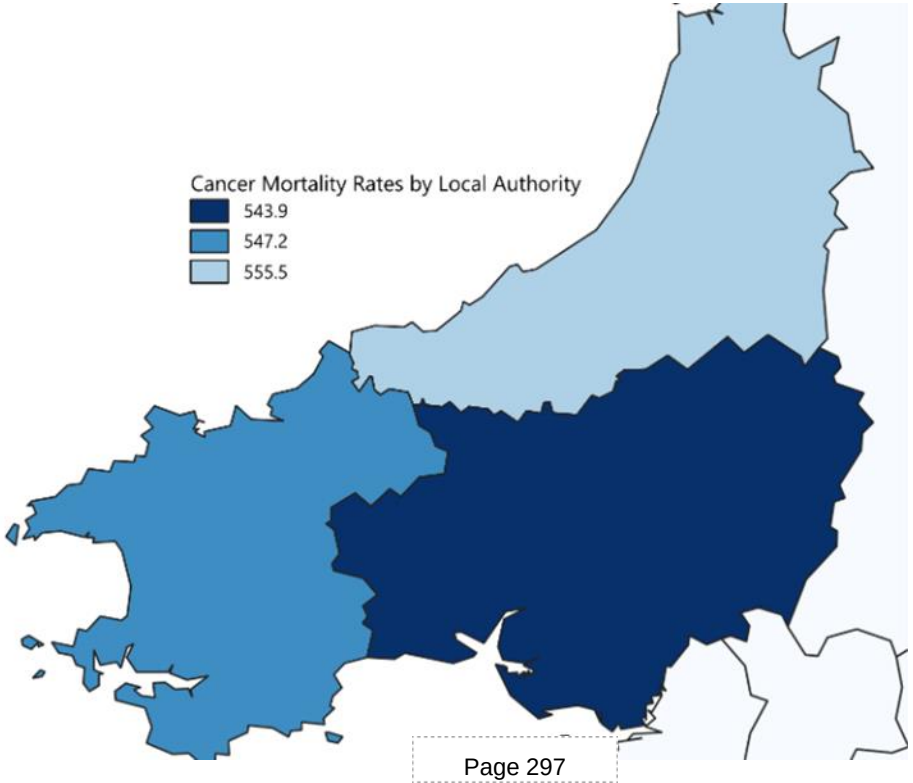


Welsh Index of Multiple Deprivation 2025: Access to services domain. Ceredigion has 44% of areas in the 10% most deprived, Pembs has 35% and Carms has 28%

Population Health Intelligence

Seven Priority Health Domains:
Cancer

- In HDdUHB the lowest age standardised mortality rates per 100,000 population for cancer was in Carmarthenshire at 541.9, with Ceredigion being the highest at 555.5.
- HDdUHB's mortality rate for men with prostate cancer is 48.5 in 2024 which is slightly above the Wales average of 42.6. Female breast cancer rates in HDdUHB are slightly below the Wales average at 29.5 (Wales average – 32.1).

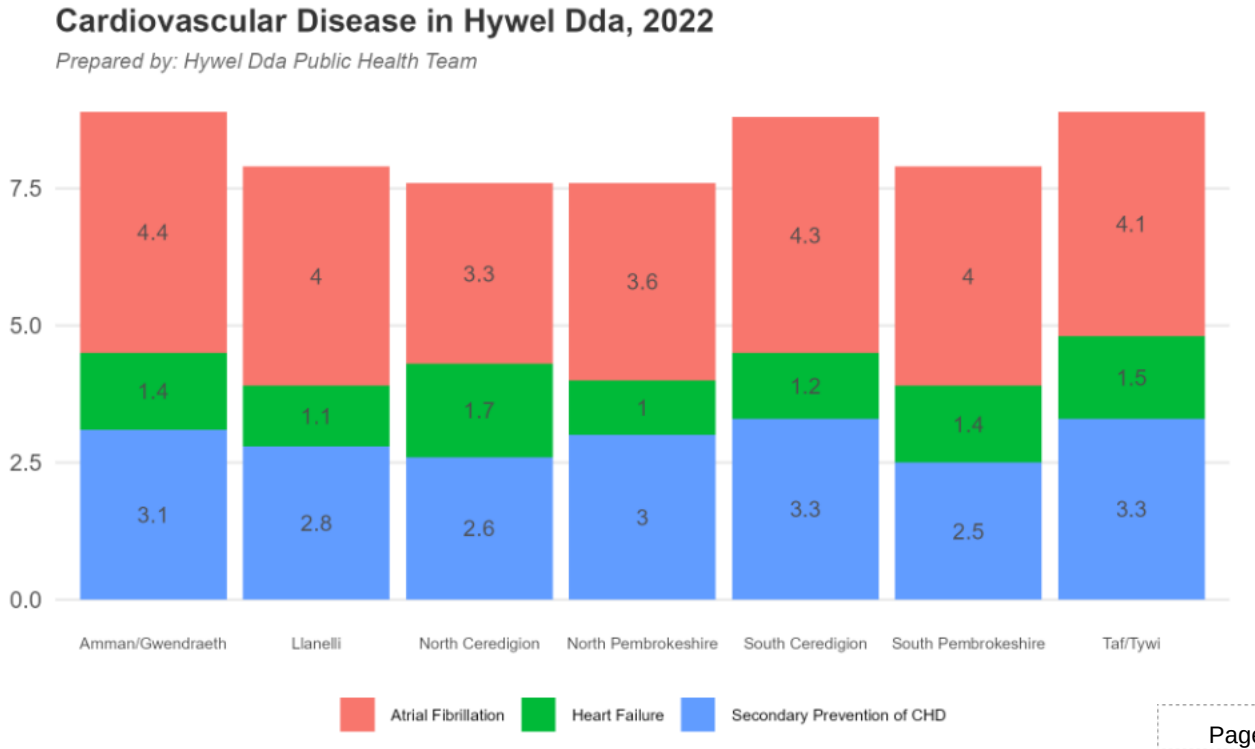


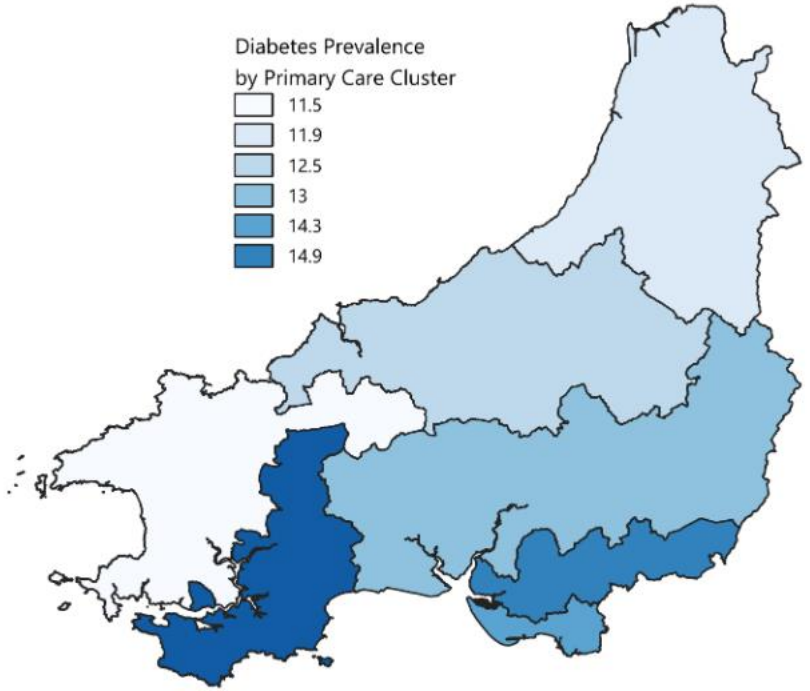
Population Health Intelligence

Carmarthenshire has the highest number of cardiovascular deaths.

Amman Gwendraeth, South Ceredigion and Taf Tywi GP Clusters have the higher rates of atrial fibrillation, heart failure and secondary prevention of CHD

Diabetes prevalence is highest in Amman Gwendraeth, South Pembrokeshire and Llanelli clusters.





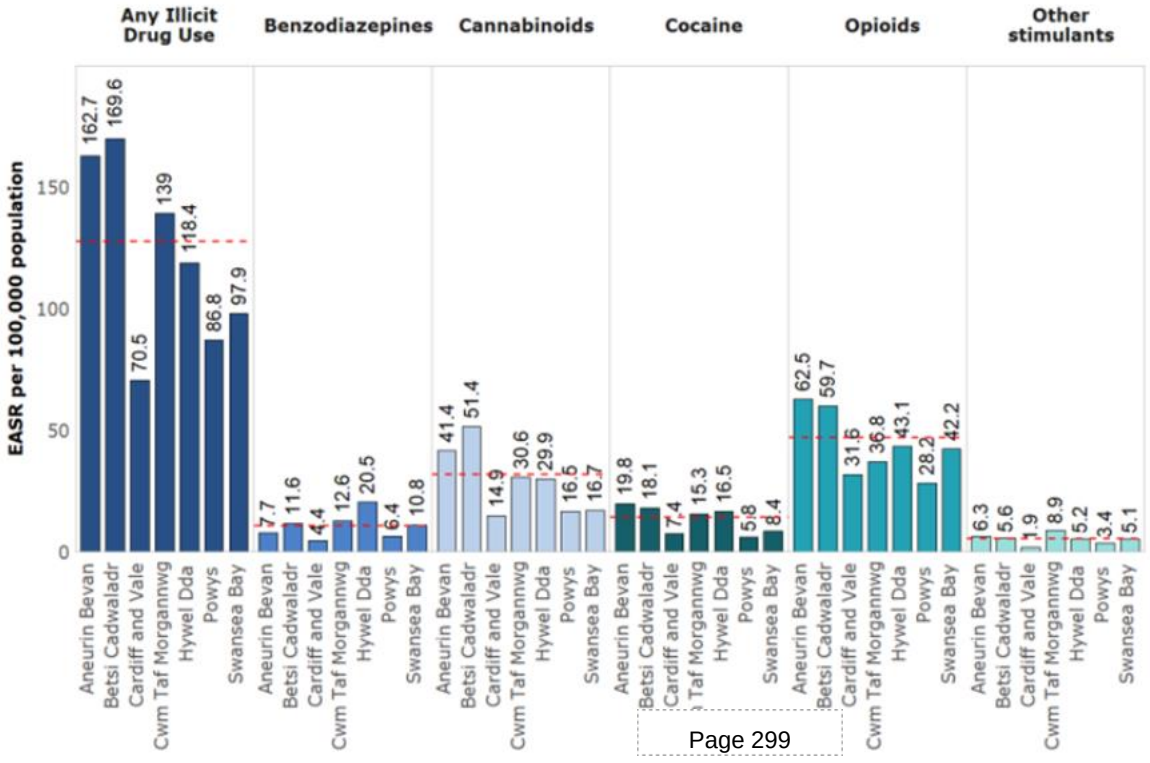
Population Health Intelligence

Mental health

Ceredigion has the highest sense of worthwhile, lowest sense of anxiety and the highest percentage of life satisfaction of the three counties, and higher than the Wales average

Substance misuse

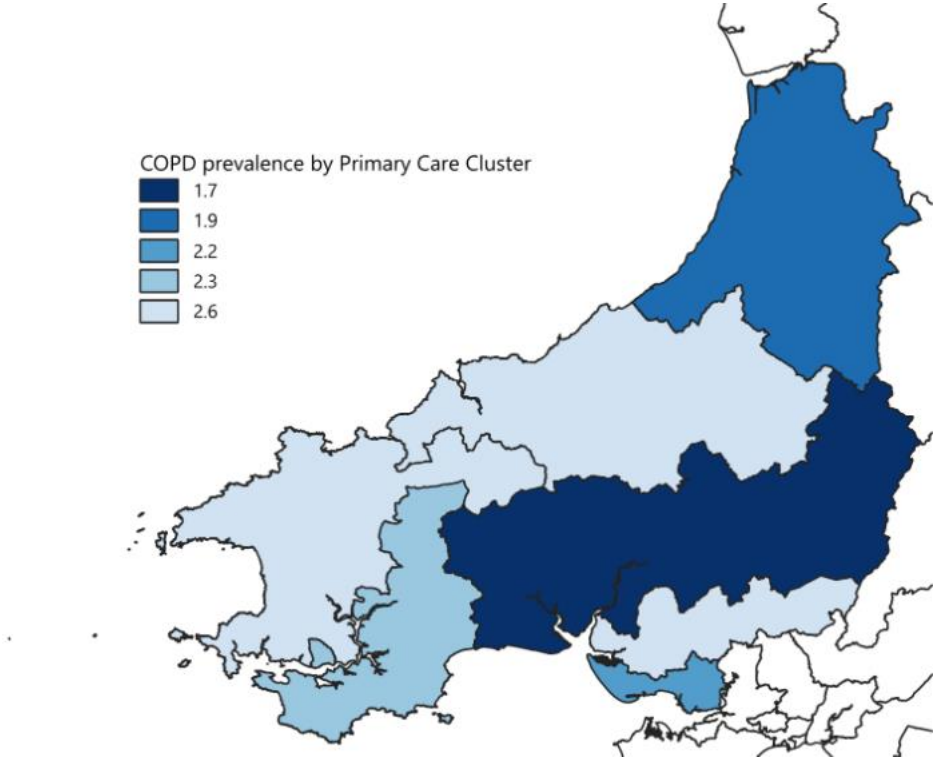
HDdUHB has a lower rate of hospital admissions related to illicit drug use than the Wales average.

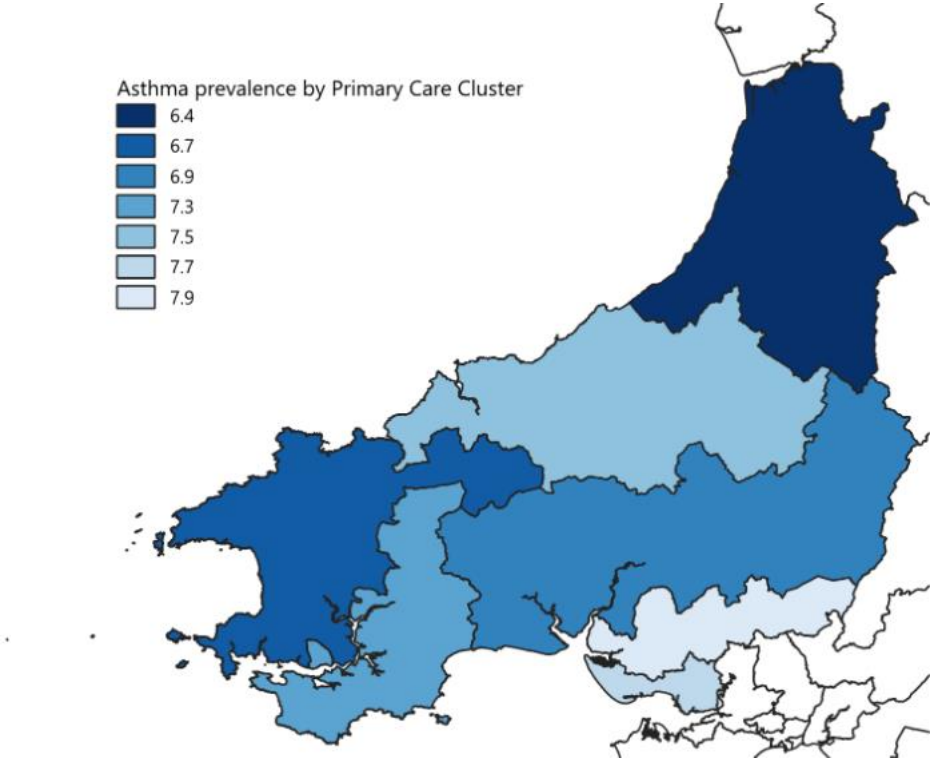


Respiratory Disease

The most common respiratory diseases are COPD, asthma, occupational lung diseases such as coal miners' pneumoconiosis, pneumonia and pulmonary hypertension.

COPD prevalence is highest in North Pembrokeshire, and asthma prevalence is highest in Amman Gwendraeth.





Child and Maternal Health

Across Wales the percentage of children who were up to date with their Hib/MenC booster, '4 in 1' DTaP/IPV pre-school booster and MMR vaccines by four years of age was 85.3%. The percentage in HDdUHB was 87%, with slight regional variation (Carmarthenshire 86.1%, Ceredigion 89.4%, Pembrokeshire 87.3%), which remains below the World health Organisation (WHO) target of 95%. The gap in uptake between the most deprived and least deprived quintile in HDdUHBis 12.1%.

HDdUHB have the second highest rate in Wales of pregnant women having a Body Mass Index (BMI) of 30+ at initial assessment (33.1% (Wales 32.1%))

10.3% of women giving birth were recorded as smokers, lower than 12% across Wales

Rates of breastfeeding at birth, six weeks and six months are higher in HDdUHB than for Wales at 69.2% compared to 61.9%, 34.3% compared to 30.7% and 26.2% compared to 23.2% for exclusive breastfeeding respectively

Pembrokeshire has the highest teenage conception rate in the locality and is higher than the rate for Wales (18 per 1000 females under 18 compared to 15.7 per 1000)

Population Health Intelligence

Frailty, falls, and physical decline.

- In HDdUHB there were 1,333 people were admitted to hospital following a 999 call due to Level 1,2 and 3 falls in people 60 and over in 2025.
- Falls are a major cause of disability and death in older people in Wales, and result in significant human costs in terms of pain, loss of confidence and independence.

- Dementia is the leading cause of death in England and Wales
  - Estimated number of people living with dementia in West Wales is 6,161
  - Total number of people living with a diagnosis of dementia in West Wales in 2025 is 3,210
  - In 2024 the dementia diagnosis rate in West Wales was 52.1%
  - Estimated that 2,951 in West Wales are undiagnosed with dementia
  - There is a projected regional increase of 41% to 2030 (severe dementia) in West Wales, with variation as follows (West Wales MSR 2020): Carmarthenshire=41%, Ceredigion=37%, Pembrokeshire=44%

Population Health Intelligence

The four modifiable behavioural risk factors

Smoking

- Smoking prevalence in HDdUHB has decreased significantly in the last two decades from 26% in 2003-05 to 13.4 % in 2021-23 (Carmarthenshire (14.1%) Ceredigion (13.9%) and Pembrokeshire (12.6%))

- The European Age Standardised Rate (EASR)for smoking attributable mortality for HDdUHB is 172, per 100,000 lower than the Wales rate of 190 per 100,000. [48] Similarly, the smoking attributable hospital admission rate per 100,000 people in HDdUHB is significantly lower at 734 per 100,000 than the Wales rate (862 per 100,000).

Nutrition

- Latest figures released last month show that the prevalence of children living with obesity was the highest All-Wales prevalence recorded since the Child Measurement Programme began (12.8%), as was the prevalence of children living with overweight or obesity (27.3%).
- The prevalence of children living with obesity in the HDdUHB area is the highest in Wales at 13.9% (along with Cwm Taf Morgannwg), with variation by locality (Pembrokeshire 11.8%, Ceredigion 13.7%, Carmarthenshire 15.2%)
- The prevalence of children living with overweight or obesity in HDdUHB was the highest in Wales (30.1)

Population Health Intelligence

Alcohol

- 16.8% of residents of HDdUHB drink more than the recommended guidelines, higher than the Welsh average of 16.4%.

- Pembrokeshire (20.3%) is higher than the Welsh average. Ceredigion with 16.3% and Carmarthenshire, with 14.9% of its residents drinking more than the recommended guidelines are lower.

- In relation to hospital admissions for an alcohol specific condition Pembrokeshire had a higher rate (443 per 100,000) than the Wales rate (370 per 100,000), both Carmarthenshire and Ceredigion had lower rates (343 per 100,000 and 352 per 100,000 respectively).

Physical Activity

- 18.7% of children in HDdUHB surveyed reported at least 60 minutes of physical activity every day for the last seven days, at a similar level to All-Wales, and this was similar for all three counties. (School Health Research network' Student Health and Wellbeing survey for 11 – 16 year olds 2023)



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

SAFE | SUSTAINABLE | ACCESSIBLE | KIND

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

4

11:00, 10 Mins

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4 - BREAK

5

11:10, 0 Mins

5 - Capital and Estates

5.1

11:10, 10 Mins

5.1 - Capital Programme for 2026-27 and Capital Governance

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Eldeg Rosser (Head of Capital Planning)

Including:
Capital Planning Equipment Replacement Programme

For approval

Attachments

5.1.1 DCP Gov Update Jun 26 final.pdf

5.1.2 Annex 1 - Sealing schedule June SPC final.pdf

5.1.3 Annex 2 - CSC Update (3As) Report. May 26.pdf

5.1.4 Annex 3 - Annual Review.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR STRATEGAETH A CHYNLLUNIO
STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 June 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Capital Programme Update for 2026/27 and Capital Governance Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Eldeg Rosser, Head of Capital 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

This report is presented to the Strategy and Planning Committee (SPC) to:

- Update on the 2026/27 Capital Programme and Capital Resource Limit (CRL) for 2026/27
- Update on the allocation of the Discretionary Capital Programme (DCP) for 2026/27
- Notify the SPC of the contracts that may require sealing
- Provide a capital schemes governance update
- Provide an update from the Capital Sub-Committee (CSC)

Cefndir / Background

This report provides an update on the 2026/27 DCP. It follows on from the report and discussion at the SPC meeting held on 28 April 2026 and the CSC meeting held on 21 May 2026.

The available capital allocation for 2026/27 will provide Hywel Dda University Health Board (HDdUHB) with a significant challenge and risk in trying to address the historical backlog in:

- Medical and non-medical equipment
- Informatics and Digital infrastructure and equipment
- Estates, statutory and infrastructure

Risk

The corporate risk 1196 states:

There is a risk the Health Board is not able to provide safe, sustainable, accessible and kind services. This is caused by insufficient investment to ensure appropriate facilities, medical equipment and digital infrastructure of an appropriate standard. This could lead to an impact/effect on the Health Board's ability to deliver its strategic objectives, service improvement/ development, statutory compliance (i.e., fire, health and safety) and delivery of day-to-day patient care.

Discretionary Allocation Use
The terms of the Discretionary Capital Allocation letter from Welsh Government (WG) state:

Discretionary capital is that allocated directly to NHS organisations for the following priority obligations across all healthcare settings: Meeting statutory obligations, such as health and safety and Firecode; maintaining the fabric of the estate; and the timely replacement of equipment.

The prioritisation process for DCP includes representation from Executive portfolios at the Capital Planning Group (CPG) which reports to the CSC, and the position set out is consistent with that reported to the Finance and Performance Committee (FPC).

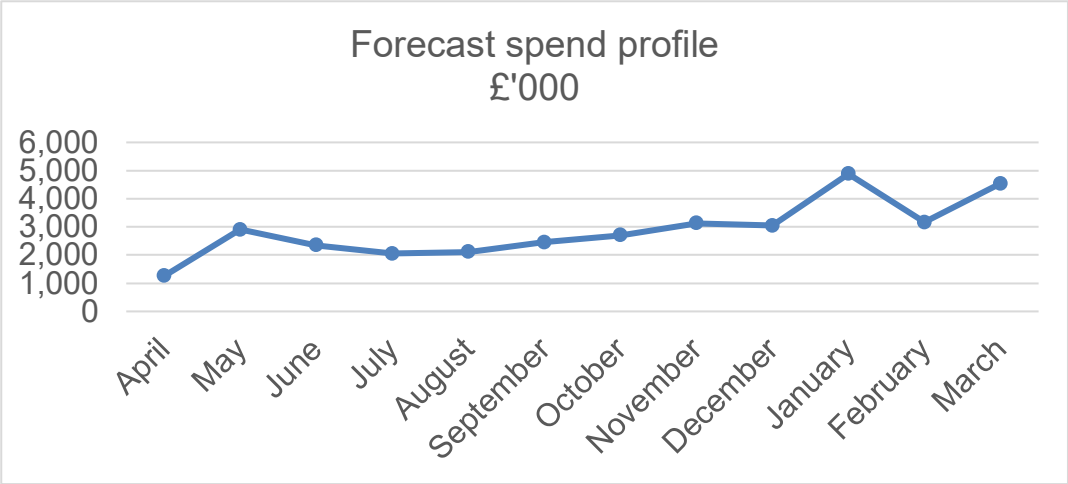
Asesiad / Assessment

Capital Resource Limit 2026/27
The CRL for 2026/27 has been issued with the following allocations:

Allocation	£'m
All Wales Capital Programme (AWCP)	26.502
Discretionary Programme* (DCP)	8.087
Total	**34.589**

***The Health Board received DCP of £11.228m in 2026/27. A contribution of £2.011m has been made towards the Targeted Estates Fund (TEF) schemes within AWCP and a contribution of £0.11m towards the refurbishment costs of Picton Terrace. A further £1.02m has been paid back to the AWCP to account for capital scheme slippages in 2025/26.**

Expenditure Profile Forecast
The below graph indicates that capital spend is expected to remain fairly consistent until December 2026 with an increase in spend between January and March 2027. Progress will be monitored on a monthly basis with corrective actions taken where material slippages are identified.



Capital Expenditure Plan
The following table shows the capital expenditure plan for 2026/27 with expenditure incurred to date:

Scheme	Planned Spend 2026/27 £m	Cumulative Spend Apr-May £m	Spend May £m	Remaining balance £m
AWCP				
Withybush Hospital (WGH) - Fire Enforcement and Associated Works - Phase 2	4.034	0.352	-0.032	3.682
Bronglais Hospital (BGH) - Fire Precaution Upgrade Works - Fees	0.741	0.183	0.175	0.558
Year End Funding – October 2024	0.250	0.002	0.002	0.248
Aseptic Unit, WGH	2.364	0.427	0.204	1.937
TEF - Fire	0.644	0.015	0.015	0.629
TEF - Infrastructure	5.214	0.490	0.063	4.724
TEF - Decarbonisation	1.699	0.000	0.000	1.699
TEF - Mental Health	0.759	0.005	0.000	0.754
TEF - Infection Prevention Control	0.000	0.000	0.000	0.000
TEF - Decontamination	0.157	0.014	0.007	0.143
Decarbonisation Project	5.416	2.161	2.161	3.255
Diagnostics equipment - DEXA scanner	0.628	0.020	0.020	0.608
Major Infrastructure Investment Plan, Phase 1 Business Justification Case (BJC) Fees	0.834	0.035	-0.008	0.799
Commercial Research Delivery Equipment Call Funding	0.024	0.009	0.000	0.015
Mental Health Quality and Safety Schemes 2026-27	0.515	0.007	0.007	0.508
Carmarthen Hwb - Equipment and Fit-out costs	1.385	0.083	0.014	1.302
Fishguard Health and Wellbeing Centre	1.513	0.008	0.004	1.505
Bandi Children Centre	0.325	0.001	0.000	0.324
Sub-total AWCP	**26.502**	**3.812**	**2.632**	**22.690**
Discretionary				
I.T.	0.650	0.215	0.208	0.435
Equipment	2.630	0.007	0.007	2.623
Statutory Compliance	0.450	0.005	0.003	0.445
Estates	3.257	0.082	0.054	3.175
Mental Health	0.000	0.000	0.000	0.000

Other	1.100	0.044	0.002	1.056
Sub-total Discretionary	**8.087**	**0.353**	**0.274**	**7.734**
TOTAL	**34.589**	**4.165**	**2.906**	**30.424**

Discretionary Capital Allocation (DCP)
2026/27

HDdUHB's discretionary allocation for 2026/27 was confirmed at £11.228m an increase of £1.128m on the 2025/26 allocation. Whilst this is very good news, it needs to be considered in the context of a combined backlog of c£300m across the estate, medical equipment and IM&T.

Current estimated value of the backlog is:

- £265m Estates backlog
- £26.6m Medical Devices
- £15m-£18m Digital backlog

The Board in their meeting on 26 March 2026 approved the following programme for 2026/27 and the provisional split of the allocation for 2027/28.

	£m
Pre-Commitment	4.756
Business Case Development	0.400
Capital Support	0.200
Contingency Reserve	1.000
Opportunity risks	0.500
Spend to Save	0.281
Refurbishment of clinical areas	0.600
Statutory and estates programme	0.450
Equipment	1.600
Digital	0.850
Allocation via matrix	1.100
Total*	11.737*

* overcommitted as previously highlighted

The current schedule of pre-commitments for 2026/27 is listed in the table below:

	Option £m
TEF 2026/27	2.546
Paediatric Consultation	1.200
Pentre Awel contribution	
25/26 slippage/underspend managed into 26/27**	
Residential Accommodation	0.200

WG payback Picton Terrace	0.110
Dinefwr Ward bathrooms	0.300
Microbiology WGH – H&S notice	0.400
Total	**4.756**

** nothing to report currently but position may change following the closedown of 2025/26 year end

This will overcommit HDdUHB's capital allocation at the beginning of the year and will enable the Health Board to progress against most of the pre-commitments. Work undertaken by the Capital Finance Team has confirmed that most other Health Board's in Wales overcommit their capital programme at the start of the year to enable them to manage the inevitable slippage that occurs on schemes in year.

It is currently anticipated that the specific allocation will be utilised as follows:

Equipment:

- £1.000m for the endoscopy gastroscopy replacement plan
- £0.600m for equipment replacement priorities currently being finalised

Statutory and estates:

- £0.020m firecode and safety compliance
- £0.072m legionella compliance
- £0.045m asbestos compliance
- £0.018m ISO 14001
- £0.040m lift compliance
- £0.040m medical gas compliance
- £0.120m fixed and PAT testing compliance
- £0.065m ductwork cleaning and damper compliance
- £0.020m f-gas compliance
- £0.010m radon compliance

Digital

- £0.100m Close Circuit Television
- £0.100m Close Circuit Television
- £0.350m New and replacement IT equipment
- £0.100m E-Observation devices
- £0.100m Electronic Prescribing and Medicines Administration (EPMA)
- £0.300m Atrium payback for items procured in 25/26

Other pressures on the programme currently are

- a potential requirement of £2.8m for security issues
- a requirement of £0.500m to £1.2m for changes to the MIU in PPH following the recent consultation

We are currently developing the scope and exploring funding routes for these projects.

Additional allocations

The Health Board has received the following additional Welsh Government allocations for 2026/27

Mental Health Estates Targeted Improvements Bids

An allocation of £4m across Wales has been made available to support the transition to new models of care for people in crisis and focuses on quality and safety of service provision. HDdUHB has secured **£0.515m** from this fund for:

- £0.116m – Replacement roof Canolfan Gwili Specialist Child and Adolescent Mental Health Services (SCAMHS) Centre
- £0.399m – Electro-convulsive Therapy (ECT) Suite point of ligature works and St Caradog adaptation works

Radiology Replacement equipment

Confirmation has been received that funding of **£0.628m** has been made available to replace the DEXA Scanner at BGH.

Use of Contingency

At the point of preparing this report the following amounts have already been committed from our original £1.000m contingency

Discretionary Capital Programme 2026/27	
	£m
Ear, Nose & Throat (ENT) Laser Theatres	0.076
Nuclear Medicine - UPS Batteries	0.016
Cardiology Picture Archiving and Communication System (PACS) System	0.150
Replacement emergency call bell system in Outpatients South Pembrokeshire Hospital (SPH)	0.025
Replacement Dishwasher - Gwenllian Ward	0.009
Replacement Air Conditioning (AC) Unit - Audiology, Outpatient Department (OPD) Planned Care	0.008
Boiler House Repairs to Boiler No 2	0.019
Prince Philip Hospital (PPH) Ward 9 Dishwasher	0.007
Chiller Replacement serving the Air Handling Unit (AHU) for Magnetic Resonance Imaging (MRI) Department	0.034
Cilgerran Ward Dishwasher	0.007
Accident and Emergency (A&E) and Intensive Care Unit (ICU) Chillers	0.036
Total	**0.388**

This leaves a balance against this allocation of £0.612m

Operational Risk/Opportunity

At the point of preparing this report the following amounts have been committed from the opening balance of £0.500m

Discretionary Capital Programme 2026/27

	£m
Contribution to Cross hands Full Business Case (FBC) fees	0.250
Works in Amman Valley for community clinics	0.037
Works associates with pathology moves in Glangwili Hospital (GGH)	0.100
Total	**0.387**

This leaves a balance against this allocation of £0.113m

Spend to Save

No commitments have been made to date against the £0.281m allocated for spend to save projects/schemes. A request for bids to be submitted by 22 June 2026 was made to the Clinical Care Groups (CCGs).

2027/28

It is also proposed that the following allocations are made for 2027/28 so that we can start the planning process early.

Pre-Commitments 2027/28	**£m**
TEF 2027/28	2.000
Welsh Government payback Picton Terrace	0.110
Total	**2.110**

	£m
Pre-Commitment	**2.110**
Business Case Development	0.400
Capital Support	0.200
Contingency Reserve	1.000
Opportunity risks	1.000
Spend to Save	0.300
Refurbishment of clinical areas	1.000
Statutory and estates programme	0.500
Equipment	1.000
Digital	1.000
Allocation via matrix	3.350

Total	**11.860**

Work on planning the use of these allocations will start in early 2026/27.

Potential contracts for sealing

The Board has approved the distribution of HDdUHB's capital allocation and plan. The delivery of this plan requires the Health Board to enter works and construction contracts which may require sealing. Works and construction contracts executed under seal provide an extended latent defects period cover, an extension from six years to 12 years.

Schemes listed in Annex 1, are the schedule of projects that are currently in our capital plan that may be associated works contracts that require sealing. This schedule is updated for CSC and SPC on an ongoing basis so that it can be submitted to Board with the Committee update.

Capital Governance – Project Updates

At the May 2026 meeting of the CSC, the projects with a current alert status were reported as follows:

Project:	**RAG Indicator:**	**Stage:**	**Matters for Sub Committee attention:**
Fishguard Health and Wellbeing Centre	**ALERT**	Strategic Assessment	Project Group meetings on hold until further clarification on land availability. Project team working closely with Pembrokeshire County Council (PCC) on land options.
Next Key Milestone:	Clarification on land availability and land selection workshop as appropriate.		

Project:	**RAG Indicator:**	**Stage:**	**Matters for Sub Committee attention:**
Atriwm (formerly Carmarthen Hwb) - led by Carmarthenshire County Council (CaCC)	**ALERT**	Construction	Remedial works will extend the completion date for internal areas. The September 2026 internal takeover date is not currently seen as being 'at risk'. Façade works underway and will constitute contract completion. Anticipated opening to be confirmed once programme relating to façade works is clear. / HDdUHB/CaCC to finalise and sign Agreement for Lease (AFL) / Planned Completion may be delayed by approximately two months (to February 2027) because of additional unforeseen demolition and

			remedial work to external facades.
Next Key Milestone:	Commissioning		

Projects led by other organisations:

Atriwm (formerly Carmarthen Hwb led by CaCC)
Additional work needed to the outside infrastructure of the building will result in a delay in the opening of this facility. Handover could now be delayed into early 2027 which will further delay the opening. Work continues on the commissioning plan for the development.

Pentre Awel (led by Carmarthenshire County Council)
Services have moved into Block B over a period from middle of May to early June 2026, with the Clinical Delivery Unit (CDU) scheduled to be completed in late 2026.

Cylch Caron (led by Ceredigion County Council)
Ceredigion County Council (CeCC) has agreed the options for the accommodation elements of this scheme and a briefing paper has been submitted to Welsh Government detailing the proposed next steps for the business case.

Regional Cellular Pathology (led by Swansea Bay University Health Board (SBUHB))
Welsh Government has now agreed to the fees required to develop the business case for this project. The Project Manager, Cost Advisor and Supply Chain partner appointments are being undertaken during June 2026.

Targeted Estates Fund Update

Targeted Estates Funding is a Welsh Government capital funding Programme intended to address urgent estate risks and priority infrastructure investment within NHS Wales. The Programme supports schemes that improve patient safety, statutory compliance, resilience and sustainability of the NHS estate.

The Programme window has schemes delivered across **2025/26 - 2026/27**. The funding model is:

- Welsh Government funds 70% of approved scheme costs
- Health Boards are required to fund 30% via Discretionary Capital Programme

The Programme is coordinated nationally by NHS Wales Shared Services Partnership (NWSSP) – Specialist Estates Services (SES) on behalf of Welsh Government.

Bids were invited against six priority areas:

- Fire Safety
- Backlog Maintenance and Estate Infrastructure
- Mental Health / Learning Disability
- Decarbonisation
- Infection Prevention and Control
- Decontamination

In 2026/27 we expect to receive a TEF allocation of £8.461m.

Update from Capital Sub Committee

Attached at Annex 2 is the update from the CSC held on 21 May 2026.

There are:

- No items to alert the Committee
- Two items to advise the Committee
- Eight items to assure the Committee

An annual update on HDdUHB projects delivered in 2025/26 is attached at Annex 3.

Argymhelliad / Recommendation

The Strategy and Planning Committee is asked to:

- **RECEIVE ASSURANCE** from the update on the Capital Programme and CRL for 2026/27
- **NOTE** the Board endorsed allocation of the DCP for 2026/27
- **RECEIVE ASSURANCE AND UPDATE THE BOARD**, that the seal can be applied for all schemes listed in Annex 1
- **RECEIVE ASSURANCE** from the capital schemes governance update
- **RECEIVE ASSURANCE** from the Capital Sub Committee updates in Annex 2 and Annex 3

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.16 Review capital (excluding digital) business cases, prior to Board approval
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Corporate Risk 1196 - not be able to provide safe, sustainable, accessible and kind services. This is caused by insufficient investment to ensure we have appropriate facilities, medical equipment and digital infrastructure of an appropriate standard. Score 16 Corporate Risk 1745 - of not being able to deliver safe, effective and timely services across the Health Board estate, including acute, community and mental health facilities. This risk also impacts the Health Board's nonclinical estate, educational facilities and managed practices. Risk Score 15
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	5. Whole systems persepctive

Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Great care
Amcanion Cynllunio Planning Objectives	8 Estates plans
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Included within the report
Rhestr Termau: Glossary of Terms:	Not Applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Project Group Formal Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Capital values noted within the report. Included within individual business cases and Capital prioritisation process.
Ansawdd / Gofal Claf: Quality / Patient Care:	Included within individual business cases and capital prioritisation process.
Gweithlu: Workforce:	Included within individual business cases and capital prioritisation process.
Risg: Risk:	Risk assessment process is integral to the capital prioritisation process and the management of capital planning within HDdUHB also included within individual business cases and capital prioritisation process.
Cyfreithiol: Legal:	Included within individual business cases and capital prioritisation process.

Enw Da: **Reputational:**	Included within individual business cases and capital prioritisation process.
Gyfrinachedd: **Privacy:**	Included within individual business cases and capital prioritisation process.
Cydraddoldeb: **Equality:**	Equality assessments are included within individual business cases and capital prioritisation process when required.

Annex 1

Potential Contracts requiring the use of the UHB Seal					
Project Name	**Site**	**Funding Source**	**Supplier**	**Contract sealing date**	**Start on Site**
Phase 2 Fire Works	WGH	AWCP	TR Jones	October (end)	December / January
Phase 2 Fire Works	GGH	AWCP	to be added when known	to be added when known	to be added when known
Flouroscopy Room	WGH	AWCP	TR Jones	24/02/2025	15/06/2026
Provision 2nd generator at Glangwili Site	GGH	WG - TEF	TR Jones	24/02/2026	15/07/2026
Provision 2nd generator at Withybush	WGH	WG - TEF	TR Jones	24/02/2026	13/08/2026
Provision 2nd generator at Prince Philip	PPH	WG - TEF	TR Jones	to be added when known	12/02/2027
AHU Refurbishment Works all sites		WG - TEF	TR Jones	to be added when known	to be added when known
Replacement & upgrades to passenger lifts		WG - TEF	Otis	to be added when known	to be added when known
Glangwili Roof related projects	GGH	WG - TEF	TR Jones	23/12/2025	12/01/2025
~~South Pembrokeshire roof related project~~ Combined with scheme above	~~SPH~~	~~WG - TEF~~	~~Edmunds Webster~~	~~to be added when known~~	~~to be added when known~~
PPH IPS UPS Installation (Project Cancelled)	~~PPH~~	~~WG - TEF~~	~~Weavers~~	~~to be added when known~~	to be added when known
Theatre Lights upgrade		WG - TEF	Lewis Construction	to be added when known	to be added when known
Chiller replacement ITU	WGH	WG - TEF	Edmunds Webster	12/11/2025	08/12/2025
LV Electrical Infrastructure		WG - TEF	TR Jones	to be added when known	to be added when known
Chiller refurbishment	PPH	WG - TEF	Weavers	24/02/2026	02/03/2026
Replacement Fire dampers PPH	PPH	WG - TEF	Weavers	to be added when known	Anticipated 12/10/26
Cause and effect upgrade programme		WG - TEF	TR Jones	to be added when known	to be added when known
Replacement programme obsolete fire alarms and detection system		WG - TEF	Lewis Construction	to be added when known	to be added when known
Ty Bryn Scheme	HD	WG - TEF	Lewis Construction	20/05/2026	29/06/2026
S136 Adult and Young Person Stepdown Carmarthen	HD	WG - TEF	Lewis Construction	23/04/2026	01/06/2026
St Non's Point of Ligature		WG - TEF	Lewis Construction	12/01/2026	09/02/2026
Private Wire Solar Farm enabling works	PPH	WG - TEF	to be added when known	to be added when known	to be added when known
Phased replacement of single glazed windows		WG - TEF	to be added when known	to be added when known	to be added when known
Electrical vehicles Charging Points	GGH & PPH	WG - TEF	to be added when known	to be added when known	to be added when known
Replacement Surgical Instrument Washers	GGH	WG - TEF	to be added when known	to be added when known	to be added when known
Replacement endoscope washers and centralisation into HSDU	BGH	WG - TEF	Edmunds Webster	21/01/2026	26/01/2026
Low Voltage Breaker replacements	GGH & PPH	WG - TEF	to be added when known	to be added when known	to be added when known
Picton Terrace	Picton Terrace	AWCP	TR Jones	21/05/2025	27/05/2025
Sensory Garden	PPH	Charitable Funds	TR Jones	05/02/2026	23/02/2026
Aseptic Project	WGH	AWCP	Lewis Construction	04/11/2025	17/11/2025
Fire Doors	AVH/PPH		Lewis Construction	to be added when known	to be added when known
Morlais Ward inc Fire Doors	GGH		Edmunds Webster	to be added when known	to be added when known
Concrete Cladding Remedial Works	WGH		Lewis Construction	24/02/2026	25/08/2025
Cwm Seren Fire Doors	Cwm Seren	WG - TEF	John Weaver	22/01/2025	30/06/2025
Point of Ligature Works MH bedrooms (TEF Cwm Seren)	Multiple Sites	WG - TEF	Lewis Construction	12/11/2025	24/11/2025
Fire Doors	Multiple Sites		to be added when known	to be added when known	to be added when known
St Brynach Day Hospital Roof Replacement	WGH	WG - TEF	to be added when known	to be added when known	to be added when known
Gamma Camera Upgrade patient experience (Nuclear Medicine) - Section 2 National Imaging Programme	WGH	Diagnostic	Lewis Construction	to be added when known	02/03/2025
GGH Front Door	GGH	AWCP	John Weaver	12/11/2025	17/11/2025
MRI Upgrade in Glangwili - Section 1 National Imaging Programme	GGH	Diagnostic	Lewis Construction	to be added when known	to be added when known
Chiller Works	PPH	WG - TEF	Weavers	to be added when known	to be added when known
Works to residences	WGH	DCP	to be added when known	to be added when known	to be added when known
Works to residences	PPH	DCP	to be added when known	to be added when known	to be added when known
Dinefwr Ward Works	GGH	DCP	Lewis Construction	15/01/2026	02/02/2026
Boiler Replacement	SPH	DCP	to be added when known	to be added when known	to be added when known
Mains gas works	WGH	DCP	to be added when known	to be added when known	to be added when known
Chiller Works	BGH	DCP	to be added when known	to be added when known	to be added when known
LTHW Heating Boiler, Prince Philip General Hospital & Low-Pressure Hot Water (LPHW), Glangwili General Hospital	PPH/GGH	TBC	to be added when known	to be added when known	to be added when known
Dexa Scanner BGH	BGH	TBC	to be added when known	to be added when known	to be added when known
Body Storage BGH	BGH	DCP	to be added when known	to be added when known	to be added when known
Nurse Call Derwen	GGH	DCP	to be added when known	to be added when known	to be added when known
Chiller Works	GGH	DCP	to be added when known	to be added when known	to be added when known
Energy Performance Contract	Multiple Sites	programme	Vital Energi	10/12/2025	Mar-26
MIIP Survey Investigations for Workstream 1 Projects	Multiple Sites	WG - MIIP Fees	Lewis Construction	TBC	TBC
Microbiology	WGH	DCP	to be added when known	to be added when known	to be added when known
Bandi Project	TBC	IRCF	to be added when known	to be added when known	to be added when known
Cross Hands Health and Wellbeing Centre	Cross Hands	IRCF & AWCP	to be added when known	to be added when known	to be added when known
Fishguard Health and Wellbeing Centre	TBC	IRCF	to be added when known	to be added when known	to be added when known
Fire Precaution - BGH - Contractor	BGH	AWCP	to be added when known	to be added when known	to be added when known
Fire Precaution - BGH - Project Manager	BGH	AWCP	to be added when known	to be added when known	to be added when known
Fire Precaution - BGH - Cost Advisor	BGH	AWCP	to be added when known	to be added when known	to be added when known
MIIP Water Tower - PPH	PPH	AWCP	to be added when known	to be added when known	to be added when known
MIIP PPH HV/LV	PPH	AWCP	to be added when known	to be added when known	to be added when known
MIIP WGH Roof	WGH	AWCP	to be added when known	to be added when known	to be added when known
SDEC - Puffin Ward	WGH	DCP	TR Jones	to be added when known	to be added when known
Paediatric Consultation changes	WGH	DCP	to be added when known	to be added when known	to be added when known
AVH Wellness and Patient Focus Garden	AVH	Charitable Funds	TRJ	to be added when known	to be added when known
MH Funded Projects - Canolfan Gwili, ECT & St Carradogs	GGH/HD/WGH	WG	Lewis Construction	to be added when known	to be added when known
IPC Sluice Rooms at PPH	PPH	DCP	John Weaver	to be added when known	to be added when known

CAPITAL SUB COMMITTEE UPDATE REPORT

Date of last meeting: 21[s] May 2026

Quoracy: Met

Report by:
Clare Emanuel, Senior Capital Planning Programme Manager
Eldeg Rosser, Head of Capital Planning

KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING:

Alert[1] (may require discussion)/

The Capital Sub-Committee (CSC) had no matters of which to **alert** the Strategy and Planning Committee.

Advise[2] (to monitor)

Capital Sub-Committee wish to **advise** members of the Strategy and Planning Committee that:

1. Capital Resource Limit 2025/26

- 2025–26 capital position of an under-spend of £0.037m against the 25-26 Capital Resource Limit (CRL).
- A significant proportion of expenditure (approx. £18m) incurred in the final month, reflecting a wider national trend across Wales.

2. Discretionary Capital Programme

- Board approved the Discretionary Capital Programme (DCP) 2026–27.
- Programme is currently overcommitted at the outset.
- Targeted Estates Funding (TEF) of approximately £500k has been secured for Mental Health estate improvements (Canolfan Gwili roof, Electro-convulsive Therapy (ECT) suite, St. Caradog).
- Nearly £400k of the £1m contingency has already been committed at an early stage of the year, creating with pressure on fund likely.
- Ongoing management is required to balance financial pressures, with potential opportunities to:
    - Secure additional WG funding during the year.
    - Reallocate resources as the programme progresses.

Assure

[1] *There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.*
[2] *There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern*.

Capital Sub-Committee wish to **assure** members of the Strategy and Planning Committee that:

1. **Capital Governance Update -** Capital Sub Committee received assurance on:

- The 14 projects Red, Amber, Green (RAG) rated Green and were advised on the four schemes RAG rated Amber (three led by Hywel Dda University Health Board (HDdUHB), one led by Local Authority).
- The CSC were alerted to the two schemes RAG Rated Red:
  - *Fishguard Health & Well-being Centre (led by HDdUHB):* – Issues with land availability; project Steering Group meetings are on hold pending clarification on this.
  - *Atriwm' (formerly Carmarthen Hwb) (led by Carmarthenshire County Council (CaCC))* – Rated Alert due to delay of approximately two months (to February 2027) to the planned completion date, due to unforeseen demolition and remedial works to the facade.

2. The CSC received assurance from the **Audit Update report** and noted there are currently three open Audit Reports with generating 20 recommendations, with 10 recommendations outstanding.

3. **Welsh Government and Integrated Regional Capital Fund (IRCF) Dashboard Reports** 100% were submitted on time in April, 2026.

4. **Targeted Estates Funding Update Report –** CSC received assurance on the content of the update and the tracker. Key points noted:

- All schemes are progressing, with most schemes rated Green on the tracker except Bronglais Hospital (BGH) replacement Endoscopy Washers which is rated Amber due to delays in the installation programme.
- Completed schemes include: Glangwili Hospital (GGH) Level 1 fire alarm system and Withybush Hospital (WGH) chiller replacement.

5. **Major Infrastructure Update Report** Key points include:

- The programme is valued at approximately £55–£57, comprising 10 high-risk projects phased across three workstreams over a four-year delivery period (to circa 2030).
- For Workstream 1, Welsh Government has approved approximately £900k in fees to develop business cases for three key schemes:
  - Water tanks and towers at Prince Philip Hospital (PPH)
  - High voltage/ low voltage (HV/LV) electrical upgrades at PPH.
  - Roof repairs and maintenance at WGH linked to Reinforced Autoclaved Aerated Concrete (RAAC) risk.
- These schemes are currently estimated at £15–£17, with business case submissions expected by March 2027, and anticipated to run between mid 2027 into 2028.

6. **A Helathier Mid and West Wales (AHMWW) Programme Business Case (PBC) Update.** The CSC received assurance from the update, Key points include:

- The PBC Addendum was presented to Infrastructure Investment Board (IIB) 17 April 2026.
- Welsh Government requested development of an accelerated milestone plan for the business case process. Combined Strategic Outline Case (SOC)/ Outline Business Case (OBC) approach proposed, to be followed by Full Business Case (FBC).
- Progress now depends on political support and formal endorsement of the PBC addendum, with officers supportive with final approval pending.

7. The CSC noted the **Regional Capital Plan** update and received assurance that the Health Board's interests are reflected within the submitted plan.

Papers for information were noted by the CSC as follows:

- CSC Workplan for 2026-2027
- Capital Schemes Annual Review presented for the first time, providing a narrative and visuals of completed projects over the past year.
- Capital Review Meeting Notes
- Capital Planning Group Meeting Notes
- Capital Monitoring Forum Minutes
- Transforming Access to Medicine Service (TRAMS) Programme Update

Review of Risks

- In TEF update Report – Risks noted in relation to solar farm scheme and PPH generator cost increases

Lessons Learnt

- **TEF Lessons Learned** discussion with Welsh Government and NHS Wales Shared Services Partnership (NWSSP) was largely positive; reviews taking place with each Health Board, and potential future inclusion of a security category within TEF2 funding was highlighted.

Recommendation

The Strategy and Planning Committee is asked to:

- **NOTE** the items the Capital Sub Committee is advising them of
- **RECEIVE ASSURANCE** from the items that the Capital Sub Committee is providing assurance on



Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Annual Review of Schemes

Capital Sub Committee Meeting 21 May 2026

Capital Programme 2025/26

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Capital Resource Limit (CRL) is set annually by Welsh Government:

Capital allocations for 2025/26:

- **Discretionary Capital Programme (DCP): £10.0m**
- **All-Wales Capital Programme (AWCP): £26.162m**

The following slides present the schemes that have been delivered in year

Chemotherapy Day Unit





Bronglais Hospital's (BGH) Leri Cancer Unit was officially opened on 10 May 2025 by the team who care for patients with cancer at the Aberystwyth hospital. The £3m unit, funded primarily by charitable income, will provide treatment and care for people with cancer from Ceredigion, North Powys and South Gwynedd.

The project was initiated having been long recognised that the physical environment of the chemotherapy unit was not fit for purpose. Whilst the excellent clinical teams delivered the very best care possible, the environment was in much need of modernising to allow the very best of care to be given in a safe, local and fit for the future solution implemented for the delivery of systemic anti-cancer treatment for people affected by cancer in the region.

County: Ceredigion

£3m charitable income and capital funded project

Operational Go Live: 10 May 2025

Sexual Assault Referral Centre (SARC)





The Sexual Assault Referral Centre (SARC) project is a tranche within the national programme of work, delivered by three regional Service Delivery Groups (South-west, South-east and North Wales) and governed by the Welsh Sexual Assault Services (WSAS) Programme Board. The role of the Hywel Dda University Health Board (HDdHUB) is to deliver a capital solution for the South-West.

£3.3m Welsh Government funded Project

County: Ceredigion

Operational Go Live: 13 October 2025

Pentre Awel – Hydrotherapy Pool





A bespoke, clinical standard hydrotherapy suite with dedicated changing facilities for:

- Individuals with Learning Disabilities
- Children and Young People
- Musculoskeletal (MSK)
- Community Rehabilitation

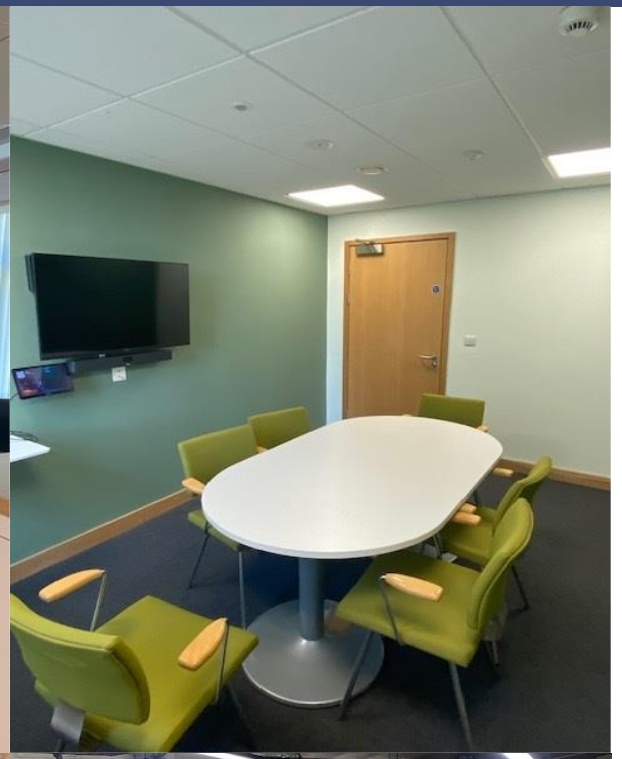
Four funding streams via contributions made by Welsh Government and charities; Elizabeth Williams Endowment, Llanelli Hydrotherapy pool committee, Treat Trust Wales

County: Carmarthenshire

Operational Go Live: Monday 23 February 2026

Picton Terrace









The project is a flagship corporate headquarters for HDdUHB, the first true agile working accommodation with a 2:1 person:desk ratio. Workforce planning was aligned to modern day working practices and underpinned by actual staff working patterns and frequency modelling against how they utilise the Health Boards property assets as a workspace. The floor plans were co-designed with the services that occupy them with a focus on futureproofing for increased asset sustainability.

£2.69m Welsh Government funded

County: Carmarthenshire

Operational Go Live: 5 January 2026

Same Day Emergency Care Glangwili





Project implemented to support an improvement in the performance, quality, safety and experience for patients attending the Emergency Department (ED) in Glangwili Hospital (GGH) through a refurbishment and design of the current Same Day Emergency Care (SDEC) unit based with Priory Day Hospital on Glangwili.

£2.096m Welsh Government funded

County: Carmarthenshire

Operational Go Live: Monday 30 March 2026

Diagnostic Imaging Schemes





As part of the 2025/26 Capital Programme, **£4.3m** spent on delivering three key projects in support of the National Imaging Programme, with a strong focus on improving patient experience and outcomes.

At GGH, the Magnetic Resonance Imaging (MRI) upgrade has created a more comfortable, less intimidating environment, supporting better patient flow and helping to reduce waiting times.

At Withybush Hospital (WGH), the Nuclear Medicine Gamma Camera project has combined upgraded imaging capability with a more welcoming, calming setting to improve comfort and reduce patient anxiety.

The full replacement of the fluoroscopy unit at WGH, alongside a complete infrastructure upgrade, now enables faster diagnostics and more streamlined patient pathways, reducing delays and improving access to care.

Overall, these projects represent a significant step forward, providing patients with quicker access to diagnostics in more modern and comfortable surroundings.

County: Carmarthenshire and Pembrokeshire

TEF (Targeted Estates Funding)



Air Handling Unit, Glangwili



HDdUHB spent **£5.6m** on circa 30 Targeted Estate Fund (TEF) projects during 2025/26 across several of the Health Board sites, projects included:

- Work on the Air Handling Units
- Provision of second generators on acute sites
- Replacement rooves
- Chiller plant replacement
- Replacement washer disinfectors at GGH
- Replacement endoscopy washers BGH
- Equipment purchase for infection control

Schemes in progress

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Atriwm - Carmarthen Hwb

A partnership project with Carmarthenshire County Council and the University of Wales Trinity Saint David providing a new Centre for health, wellbeing, culture learning and public services.

Proposals that will:-

- Improve people's quality of life
- Promote preventative healthcare
- Increase town centre footfall
- Drive town centre economic resilience
- Anticipated go Live of Spring 2027



Pentre Awel – Block B and D

Block B – To commence moving in services from week commencing 11 May, with Research and Development and Tritech moving in. Phlebotomy are likely to be moving in on 1 June 2026.

Block D has a programme timeline of October 2026 for completion of works and hope to move services in December 2026/ January 2027.



Aseptics - WGH

The project will provide a sustainable compliant aseptic service for the Health Board for an interim period in advance of the development of a South-west Regional Aseptic Unit under the Transforming Access to Medicines (TrAMS) programme of work.



Schemes in progress



Fire Scheme WGH – Phase 2

A project dealing with Fire Enforcement Notices Project is underway with a value of **£8.3m** and is currently due to complete in late 2027.

Work includes elements of:

- Fire stopping
- Replacement of flooring and decorating in some ward areas



Business case progress and approvals

Cross Hands – Approval of fees to re-develop the Full Business case



Programme Business Case – A Healthier Mid and West Wales (AHMWW)
Preparation of a PBC Addendum submitted to WG in February 2026 to implement our Health and Care Strategy

Fire Scheme Glangwili - Phase 2
Preparation of a Business Justification case (BJC) for Phase 2 **£20.9m** submitted to Welsh Government in April 2026

Cylch Caron – Brief for Welsh Government prepared for fees to re- develop the Outline Business Case (OBC)



Fishguard Health and Well being Centre – The development of a Health and Wellbeing Centre in North Pembrokeshire (Fishguard) has been identified as a priority within the AHMWW Programme to support the population of North Pembrokeshire.

Land identification process being undertaken in conjunction with Pembrokeshire County Council

Bandi – Approval of fees to develop a Business Justification Case

5.2

11:20, 10 Mins

5.2 - NHS Hospital Resilience Survey Report 2025

James Severs (Hywel Dda UHB - Executive Director of Allied Health Professions and Health Science), Simon Day (Hywel Dda UHB - Head of Maintenance & Engineering)

Attachments

5.2.1 SPC SBAR - NHS Hospital Resilience Survey Report 2025 HDdUHB rev2.pdf

5.2.2 NHS Hospital Resilience Survey Report 2025 - HDdUHB - Appendix 1.pdf

5.2.3 NHS Wales Resilience survey - HDdUHB AMAT Action Tracker - Appendix 2.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR STRATEGAETH A CHYNLLUNIO
STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 June 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	NHS Hospital Resilience Survey Report 2025
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Severs, Executive Director of Allied Health Professions and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Simon Day, Head of Maintenance and Engineering

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 purpose of this report is to provide assurance to the Strategy and Planning Committee (SPC) that the findings of the NHS Wales Estates Resilience Survey 2025 have been reviewed and actioned by the Health Board.

The full NHS Hospital Resilience Survey Report 2025 is included as Appendix 1 and the Health Board action plan / Audit Management and Tracking (AMAT) action tracker is included as Appendix 2.

The survey findings and proposed Health Board response will be tracked and monitored through the Estates and Facilities Integrated Governance Group (IGG) prior to formal return to NWSSP/SES. Actions specific to the Health Board have been recorded on AMAT and will be monitored through the relevant Estates governance routes.

Cefndir / Background

The 2025 NHS Wales Estates Resilience Survey is the first comprehensive all-Wales estates resilience assessment since 2015. The survey provides a consistent national position to support resilience planning, infrastructure assurance and risk-based capital prioritisation.

The survey was issued by NHS Wales Shared Services Partnership, Specialist Estates Services (NWSSP/SES). It identified a number of estate resilience risks and assurance gaps across the Health Board, many of which are already known through existing risk, capital and operational governance arrangements.

The survey was undertaken in the context of increasing pressure on NHS Wales infrastructure, including ageing Estate, increasing operational demand, decarbonisation requirements, climate-related risks and constrained utility capacity.

The Health Board continues to manage significant estate infrastructure risks associated with ageing assets, backlog maintenance, constrained utility capacity and critical engineering

systems. These are reflected within Corporate Risk 1745: "*Risk of not being able to safely deliver services due to ageing estate and infrastructure across the Health Board*." Current score 15, inherent score 20.

In 2018 the Health Board completed a Programme Business Case (PBC) to seek Welsh Government investment to address major infrastructure risks across the estate. At that time backlog maintenance was estimated at approximately £150m. More recent estate forecasting indicates the backlog liability has increased to approximately £266m, reflecting continued infrastructure deterioration, inflationary pressures and ongoing investment requirements.

Welsh Government has approved progression of the Major Infrastructure Investment Programme (MIIP), which will improve elements of electrical infrastructure resilience, water systems resilience and wider estate infrastructure condition. The Health Board has also utilised historical Estates Funding Advisory Board (EFAB) and recent Targeted Estates Funding (TEF) to improve resilience in critical risk areas, particularly electrical resilience and key infrastructure projects.

The Health Board has strengthened Authorised Person (AP) and Competent Person (CP) resilience in accordance with WHTM requirements and NWSSP/SES AE audit recommendations. This improving position is reflected in the most recent AE audits.

Previous supporting reports include the Major Infrastructure Business Continuity - Risks & Patient Impact Report, Strategic Estates Development Plan 2025-2035, Electrical Infrastructure Risks report, and associated Authorising Engineer (AE) audit reports. *These remain part of the evidence base rather than forming the main body of this assurance report.*

Asesiad / Assessment

The survey findings indicate that whilst core contingency arrangements are generally established, there remain a number of material resilience and assurance gaps across critical infrastructure systems.

The principal risks identified include:

- Inconsistent testing, exercising, and validation of contingency arrangements, reducing assurance regarding operational effectiveness during major incidents or infrastructure failures.
- Gaps in resilience planning, fallback arrangements, and testing relating to water systems, heating systems, fuel resilience, and medical gas systems.
- Limited surge / decant capacity arrangements and underdeveloped decant strategies for the loss of critical clinical accommodation.
- Electrical infrastructure resilience risks, including constrained utility capacity, ageing electrical distribution infrastructure, and resilience limitations associated with backup systems.
- Incomplete asset condition intelligence and infrastructure survey data, restricting the ability to fully prioritise investment on a risk-based basis.
- Variability in business continuity arrangements relating to critical support services and infrastructure-dependent operational functions.

Collectively, these issues represent a material organisational risk to service continuity, patient safety, operational resilience, and recovery capability during major incidents or infrastructure disruption events.

Whilst a significant proportion of the resilience risks identified relate to Estate infrastructure, further coordinated input is required from Digital/IT, Facilities, and the Emergency Planning Team to ensure a comprehensive organisational response.

The Head of Maintenance and Engineering will coordinate development of the Health Board response and associated resilience improvement action plan.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** that that the findings of the NHS Wales Estates Resilience Survey 2025 have been reviewed and that a comprehensive Health Board action plan is in place, recorded on and monitored through established Estates governance arrangements.
- **NOTE** that key infrastructure resilience risks continue to be actively managed and prioritised through the Health Board risk management process and capital planning frameworks.
-

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.11.Seek assurance on the development of the Estates Strategy and Infrastructure Investment Enabling Plan aligned to the A Healthier Mid and West Wales Strategy, and review documents prior to Board approval.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 1745 – Risk of not being able to safely deliver services due to ageing estate and infrastructure across the Health Board.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 3. Effective
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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	• NHS Wales Estates Resilience Survey 2025 • Corporate Risk 1745 • Major Infrastructure Business Continuity – Risks & Patient Impact Report (March 2025) • Strategic Estates Development Plan 2025–2035 • Electrical Infrastructure Risks SBAR (August 2025) • Relevant AE Audit Reports • AMAT Action Tracker
Rhestr Termau: Glossary of Terms:	Included within report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	• Estates and Facilities Integrated Governance Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable

Enw Da: **Reputational:**	Not Applicable
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Not Applicable

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Ystadau Arbenigol
Shared Services Partnership
Specialist Estates Services

NHS Hospital Resilience Survey Report 2025: Executive Summary and extract of recommendations for Hywel Dda University Health Board

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DOCUMENT CONTROL

Author: Simon Russell /Craig Morgan

Signed: .....

Authorised: Stuart Douglas

Signed:

1.0 Executive Summary

Resilience in the NHS Wales estate is critical to ensure that healthcare facilities can continue to operate, adapt, and provide high-quality care during disruptive or emergency situations. The resilience of the estate is fundamental to safe, continuous, and patient care.

Increasing climate volatility, ageing infrastructure, and rising service demand increase risk to patients and staff. Strengthening estate resilience is therefore vital across strategic planning, capital investment, climate adaptation, digital/energy infrastructure, and operational continuity.

The 2025 NHS Wales Estates Resilience Survey indicates a generally sound level of preparedness across the Welsh estate. Most organisations have written contingency plans for the systems and services they operate, though the frequency and rigour of testing vary. Targeted improvement is required in water, heating and hot water systems, where preparedness and contingency planning are less mature.

Many organisations are developing climate change adaptation plans, with the Welsh Government separately collating information through the Adaptation Strategy Monitoring Framework. Provision for temporary accommodation and surge capacity remains limited, and so robust plans for sudden ward closures and decant facilities are essential.

Where in recent years there has been a targeted investment programme such as the Oxygen Delivery Board funding, there has been a clear improvement in resilience as evidenced by the medical gases engineering infrastructure result.

Electrical capacity is a growing constraint. Thirty-five percent of sites report ten percent or less spare grid capacity, limiting decarbonisation options and the roll-out of electrified technologies. In addition, only a limited number of organisations have completed estates condition surveys within the last three years, constraining risk-based planning. Electrical infrastructure is consistently identified as the most significant estates risk and should be prioritised for capital investment.

In summary, the survey shows that while NHS Wales has a generally sound level of preparedness, several key areas require further action as detailed below:



2.0 Background and Project Rationale

The Civil Contingencies Act (2004) and accompanying non-legislative measures, establishes a clear set of roles and responsibilities for those involved in emergency preparation and response at the local level.

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents while maintaining services.

This programme of work is referred to in the health community as emergency preparedness, resilience and response (EPRR) and is a national framework containing principles for health emergency preparedness.

A full resilience survey has not been undertaken across NHS Wales since 2015 due to changes in national data-collection frameworks, with ERIC phasing out or altering resilience-specific questions during the 2018 review. As no Wales-specific replacement was introduced, only limited assessments, such as the 2022 electrical resilience survey, were completed, while COVID-related pressures and competing priorities further delayed a comprehensive review.

This year it has been agreed the data collection will take the form of a bespoke questionnaire produced by NWSSP-SES which will incorporate some of the data set from the original NHS England system (which has now been discontinued) and also additional questions.

Welsh Government is also looking at improved data collection to help prioritise capital allocation to backlog maintenance and have requested NWSSP-SES add additional questions on risk and backlog maintenance as these influence resilience.

It is envisaged this survey will be implemented every three years and expanded to cover other smaller non acute sites.

To deliver the project, NWSSP-SES undertook the following activities:

- Held an initial start-up meeting with Welsh Government to agree the 2025/26 survey format and develop a standardised questionnaire dataset, which was subsequently approved by Welsh Government.
- Issued an SESN in October 2025 enclosing the questionnaire to Chief Executives and Estates Directors of Health Boards and Trusts, requesting completed returns by 9 December.
- Hosted a launch event at the Welsh Government Estates Engagement Forum in October 2025, followed by a series of workshops and one-to-one sessions to respond to queries and resolve outstanding information requirements.

NWSSP-SES then analysed all submitted data and produced the findings summarised within this report.

An analysis of the data returns was then undertaken by NWSSP-SES summarised in this report.

3.0 Survey Methodology

The survey aims to capture a consistent overview of how NHS sites can respond to and recover from disruption, including system failures, adverse weather, and other operational challenges.

The survey applied to applied to major NHS Wales sites such as acute hospitals, Velindre, WAST, Welsh Blood Services, national laundries, main stores (IP5), and IT hubs. Smaller community sites and primary care were excluded.

The questionnaire developed in conjunction with Welsh Government, was implemented using Microsoft Forms and covered the following areas -

- Communications
- Support Services
- Power/Electrical Capacity
- Water Supply
- Medical Gases
- Heating, Ventilation and Cooling (HVAC)
- Climate Change
- Temporary Accommodation/Sites
- Risk and Backlog Maintenance

The returns are analysed in the following sections of this report and the results used to compile this All-Wales report for Welsh Government, with the results also being shared with the Health Boards and Trusts.

4.0 Analysis of Returns

A total of 33 sites across 11 organisations submitted data. The survey prioritised principal acute hospitals and other key operational sites due to their potential system impact. Detailed site lists are provided below; site-specific actions are captured in the appendices.

Health Board /Trust Name	Total Number of Sites
Aneurin Bevan UHB	5
Betsi Cadwaladr UHB	3
Cardiff and Vale UHB	2
Cwm Taf Morgannwg UHB	3
Digital Health and Care Wales	2
Hywel Dda UHB	4
NHS Wales Shared Services Partnership	5
Powys Teaching HB	2
Swansea Bay University HB	3
Velindre NHS Trust	2
Welsh NHS Ambulance Trust	5
TOTAL	**36**

To support the survey information submitted, supporting documents were asked to be submitted as part of their returns including (where available):

- Site or departmental Business Continuity Plans (BCP)
- Emergency preparedness and response documentation
- Utilities resilience or critical systems diagrams
- Flood risk assessments or climate adaptation reports
- Condition surveys or asset risk registers
- Any other local resilience planning evidence

Individual one to one meetings were also held with organisation to clarify some of the answers given and to tease out additional information around resilience which was not always clear from the answers given.

Healthcare organisations were requested to submit returns for the sites identified in below.

Aneurin Bevan University Health Board	Betsi Cadwaladr University Health Board
The Grange University Hospital Royal Gwent Hospital Nevill Hall Hospital Ysbyty Ystrad Fawr Hospital Ysbyty Aneurin Bevan	Ysbyty Glan Clwyd Ysbyty Gwynedd Wrexham Maelor Hospital
Cardiff and Vale University Health Board	**Cwm Taf Morgannwg University Health Board**
University Hospital of Wales University Hospital Llandough	Prince Charles Hospital Princess of Wales Hospital Royal Glamorgan Hospital

Digital Health and Care Wales	Hywel Dda University Health Board
Vantage Data Centre Church Village Data Centre	Bronglais General Hospital Glangwili General Hospital Prince Philip Hospital Withybush General Hospital
NHS Wales Shared Services Partnership	**Powys Teaching Health Board**
IP5 Green Vale Laundry Glan Clywd Laundry Llansamlet Laundry Church Village Laundry	Brecon War Memorial Hospital Llandrindod Wells Memorial Hospital
Swansea Bay University Health Board	**Velindre University NHS Trust**
Morriston Hospital Singleton Hospital Neath Port Talbot Hospital	Velindre Cancer Hospital Welsh Blood Services HQ
Welsh Ambulance Service Trust	
VPH Llangunnor Matrix one Ty Elwy Snowdon House	

It should be noted that this report focuses on resilience preparedness and the related contingency planning. As such, it does not necessarily reflect the condition of the underlying services that deliver resilience. For example, a site may have a generator capable of providing 100% backup power, but it could still be connected to electrical infrastructure that is 35 years old.

Furthermore, the effectiveness of contingency plans is dependent upon the availability of suitably competent personnel to manage an emergency. In the absence of such staff, the plans may fail to operate as intended. This underscores the importance of regularly stress-testing these plans to ensure their robustness.

Finally, it is important to recognise that a number of critical services are delivered through interdependent arrangements between different health organisations. These interdependencies mean that the resilience of one health board's service provision can have a direct or indirect impact on another organisation's ability to maintain safe and effective operations. Such relationships can introduce additional layers of vulnerability, particularly where a failure, disruption, or capacity issue in one organisation may cascade and affect service continuity elsewhere.

For example, Velindre University NHS Trust relies on Cwm Taf University Health Board for the provision of sterile services. In this case, any resilience issues within Cwm Taf's sterile services - whether related to workforce availability, infrastructure reliability, equipment failure, or supply chain disruption - could significantly affect Velindre's capacity to operate clinical services that depend on sterile instruments.

This highlights the need for robust assurance mechanisms, clear communication pathways, and coordinated contingency planning between organisations that share or rely upon critical service function.

5.0 Recommendations

Main / Common Actions Across Health Organisations

Recommendations shown in the table below highlight the more common areas requiring further work by health boards and Trusts. Those which relate to HDUHB are shown with a ✓ symbol.

Action Area	Requirement	What Must Be Done	Timescale	HDUHB
Electrical	Prioritise electrical infrastructure at constrained sites	Identify low/no grid capacity sites; develop upgrade plans	0–12 months	✓
Electrical	Ensure DNO protected listing	Confirm and annually review protected listing for acute and multi-service hospitals	Immediate & annual	✓
Electrical	Improve generator capacity for critical areas	Assess generator resilience; enhance redundancy	0–12 months	
Electrical	Improve UPS coverage	Ensure UPS in all Group 2 clinical areas	0–12 months	✓
Electrical	Strengthen generator testing and contingency plans	Maintain monthly testing, fuel storage standards and test contingency plans	0–6 months	N/A
Electrical	Emergency fuel supply	Ensure contracts for urgent fuel delivery	0–6 months	✓
Water/Heating	Test cold water system contingency plans	Review and test cold water outage plans	0–12 months	✓
Water/Heating	Test heating & hot water plans	Review and test heating/hot water outage plans	0–12 months	✓
Water/Heating	Increase alternative water options	Install tanker points; increase on-site water storage etc	6–18 months	✓
Water/Heating	Dual-fuel boilers	Audit boilers and introduce dual-fuel at acute sites where applicable	12–24 months	N/A
Water/Heating	Formalise utility agreements	Agree priority restoration with water board	0–12 months	✓
Medical Gases	Test medical gas plans	Review and test medical gas outage plans		✓
Business Continuity	IT & telecoms continuity	Ensure robust and tested ICT plans	0–12 months	✓
Business Continuity	Patient meals continuity	Ensure backup catering and supply chain	0–12 months	N/A
Business Continuity	Laundry continuity	Ensure contracts have tested continuity plans	0–12 months	N/A
Business Continuity	Waste management continuity	Test waste continuity plans and ensure suitable storage on site	0–12 months	✓
Business Continuity	Sterile services continuity	Ensure backup arrangements for sterile services	0–12 months	N/A
Climate Adaptation	Complete adaptation plans	Adopt organisation-wide climate adaptation plan	0–12 months	N/A
Surge & Decant	Strengthen clinical decant plans	Plan for loss of clinical space or major decants	12–24 months	✓
Surge & Decant	Identify temporary clinical capacity	Map surge spaces on/off site	12–24 months	✓
NWSSP Survey	Enable multiple submissions	Update form with site/org fields	Next cycle	N/A
NWSSP Survey	Improve branching	Add ‘services provided’ question	Next cycle	N/A
NWSSP Survey	Increase engagement	Deliver 1:1s and drop-in sessions	Next cycle	N/A
NWSSP Survey	Expand data areas	Add workforce, parking, security, fire alarms	Next cycle	N/A
NWSSP Survey	Improve timelines	Ensure realistic coordination periods	Ongoing	N/A

Specific recommendations

In addition to the main recommendations, HDUHB should consider the following additional recommendations with regard to their resilience planning:

1. HDUHB responded N/A to having written procedures in place for a major IT failure or cyber incident. This response should be checked to ensure plans are in place.
2. Bronglais site is not protected site listed with the local DNO. Any risk associated with power outages should document that this is the case and be risk assessed accordingly.
3. Withybush and Prince Philip Hospital have no UPS coverage for critical clinical areas. The areas not covered should be documented in the business continuity plan.
4. Glangwilli Hospital does have not have fuel storage capacity in accordance with the WHTM requirements. This should be assessed by the Electrical Safety Group and alternative plans put in place (such as tanker deliveries) and documented accordingly.
5. Withybush and Bronglais Hospitals have plans in place for loss of cold water mains water but not tested. We would recommend that this is reviewed for service continuity.
6. Withybush Hospital is not priority listed with the local water company. They should be approached and be added to the register if possible.
7. Withybush Hospital does not have an alternative cold water mains supply provision. Consideration should be given to providing one as part of future capital funding allocation.
8. Bronglais Hospital has written procedures in place for disruption to deal with a disruption to medical gases but have not been tested. We would recommend that this is reviewed for service continuity.
9. Hospitals have no written plans are in place to deal with the loss of heating or hot water systems. We would recommend that this is reviewed for service continuity.
10. Sites have no contingency plans in place if there was a critical incident to an existing patient space such as a ward or outpatients department causing it to close suddenly. We would recommend that this is reviewed for service continuity.

6.0 Action Plan

The following actions should be carried out by NWWSP on behalf of Welsh Government in conjunction with health boards and Trusts to improve and monitor resilience across the NHS Wales estate:

High level timeline for progression of actions		
Action	**Start**	**Finish**
1. NWSSP/WG to issue Health Boards with recommendations.	23/03/2026	
2. Health Boards and Trusts to review recommendations, research and validate findings and where appropriate produce action plans (and costs) with associated timelines for implementation.	19/03/2026	31/05/2026
3. Health Boards commence actions which are not subject to business cases (e.g. Test written procedures for power outages etc)	01/06/2026	30/11/2026
4. Health Boards to bid for finance internally and / or through the TEF programme	01/09/2026	31/10/2026
5. Following submission of business cases NWSSP/WG to utilise resilience data to prioritise targeted estates funding bids based on the risks.	01/11/2026	14/12/2026
6. Hold one to one follow up meetings to discuss performance and progress against all action plans.	01/01/2027	31/03/2027

NHS Wales Resilience survey - HDdUHB AMAT Action Tracker

Inspection Code	Inspection Title	External Inspection Lead	Inspection Date	Recommendation Priority	Recommendation	Site	Person Responsible	Date Raised	Action Rating	Progress Status	Comments/Updates
Shared Services Partnership/2025/803	NHS Wales Resilience survey	Simon Russell	08/04/2025	Must do	1.HDUHB to document written procedures in place for a major IT failure or cyber incident. To ensure plans are in place. AMAT – Gavin Jones 6 Months	TRUSTWIDE	Gavin Jones	28/05/2026	Red	In progress	Head of Maintenance and Engineering to coordinate IT responses with IT/Digital team.
Shared Services Partnership/2025/803	NHS Wales Resilience survey	Simon Russell	08/04/2025	Must do	2.Bronglais General Hospital site is not protected site listed with the local DNO. Any risk associated with power outages should document that this is the case and be risk assessed accordingly. AMAT – Elfyn Jones 6 Months	TRUSTWIDE	Elfyn Jones	28/05/2026	Red	In progress	Improving this resilience has been flagged during the second generator scheme. This will be prioritised inline with future funding streams e.g. TEF 2
Shared Services Partnership/2025/803	NHS Wales Resilience survey	Simon Russell	08/04/2025	Must do	3.Prince Philip Hospital has limited UPS coverage for critical clinical areas. The areas not covered should be documented in the business continuity plan. AMAT – Stewart Evans 6 Months	TRUSTWIDE	Mr Stewart Evans	28/05/2026	Red	In progress	NWSSP audits have highlighted the lack of UPS/IPS in Theatre 1,2,3, ITU & Endoscopy. This will be prioritised through future funding (TEF 2).
Shared Services Partnership/2025/803	NHS Wales Resilience survey	Simon Russell	08/04/2025	Must do	4.Withybush General Hospital has limited UPS coverage for critical clinical areas. The areas not covered should be documented in the business continuity plan. AMAT – Malcolm Arnold 6 Months	Withybush General Hospital	Mr Malcolm Arnold	28/05/2026	Red	In progress	NWSSP audits have highlighted the lack of effective UPS/IPS in ITU. This will be prioritised through future funding (TEF 2).
Shared Services Partnership/2025/803	NHS Wales Resilience survey	Simon Russell	08/04/2025	Must do	5.Glangwili General Hospital does have not have fuel storage capacity in accordance with the WHTM requirements. This should be assessed by the Electrical Safety Group and alternative plans put in place (such as tanker deliveries) and documented accordingly. AMAT – Paul Hill 6 Months	Glangwili General Hospital	Paul Hill	28/05/2026	Red	In progress	Improving this resilience has been flagged during our second generator scheme. This will be prioritised in line with future funding streams e.g. TEF 2.
Shared Services Partnership/2025/803	NHS Wales Resilience survey	Simon Russell	08/04/2025	Must do	6.Withybush General Hospital and Bronglais General Hospital have plans in place for loss of cold water mains water but not tested. We would recommend that this is reviewed for service continuity. AMAT – Simon Day 6 Months	Bronglais General Hospital, Withybush General Hospital	Mr Simon Day	28/05/2026	Red	In progress	Plan has been developed with Welsh Water. Emergency planning team to coordinate response with Estates to connect to Emergency connection point. Plan for completion within 6 months.
Shared Services Partnership/2025/803	NHS Wales Resilience survey	Simon Russell	08/04/2025	Must do	7.Withybush Hospital is not priority listed with the local water company. They should be approached and be added to the register if possible. AMAT – Malcolm Arnold 6 Months	Withybush General Hospital	Mr Malcolm Arnold	28/05/2026	Red	In progress	Welsh Water plan has been developed. Further discussions to seek Withybush Hospital is not priority listed with Welsh Water. Plan for completion
Shared Services Partnership/2025/803	NHS Wales Resilience survey	Simon Russell	08/04/2025	Must do	8.Withybush General Hospital does not have an alternative cold water mains supply provision. Consideration should be given to providing one as part of future capital funding allocation. AMAT – Simon Day 6 Months	Withybush General Hospital	Mr Simon Day	28/05/2026	Red	In progress	Site has emergency connection point. Plan has been developed with Welsh Water. Plan for test within 6 months.
Shared Services Partnership/2025/803	NHS Wales Resilience survey	Simon Russell	08/04/2025	Must do	9.Bronglais General Hospital has written procedures in place for disruption to deal with a disruption to medical gases but have not been tested. We would recommend that this is reviewed for service continuity. AMAT – Elfyn Jones 6 Months	Bronglais General Hospital	Elfyn Jones	28/05/2026	Red	In progress	Estates to work with compliance and site management teasm to simulate a medical gas disruption. Test within 6 months.
Shared Services Partnership/2025/803	NHS Wales Resilience survey	Simon Russell	08/04/2025	Must do	10.HDUHB Hospitals have no written plans are in place to deal with the loss of heating or hot water systems. We would recommend that this is reviewed for service continuity. AMAT – Simon Day 12 Months	TRUSTWIDE	Mr Simon Day	28/05/2026	Red	In progress	Review to be carried out with Emergency planning team. Written procedure to be developed. Most heating systems are currently N+1. Target future capital funding avenues.
Shared Services Partnership/2025/803	NHS Wales Resilience survey	Simon Russell	08/04/2025	Must do	11.HDUHB Acute Hospital Sites have no contingency plans in place if there was a critical incident to an existing patient space such as a ward or outpatients department causing it to close suddenly. We would recommend that this is reviewed for service continuity. AMAT – Gareth Cottrell12 Months	TRUSTWIDE	Gareth Cottrell	28/05/2026	Red	In progress	Head of Maintenance and Engineering to coordinate IT responses with site teams.

5.3

11:30, 10 Mins

5.3 - Sustainability Report

Bruce Bolam (Hywel Dda UHB - Deputy Director Public Health/Consultant in Public Health), Sam Hussell (Head of Health Emergency Planning)

Attachments

5.3 SPC SBAR Sustainability Report June 2026 v1.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR STRATEGAETH A CHYNLLUNIO
STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 June 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Sustainability Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Ardiana Gjini, Executive Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Sam Hussell, Head of Emergency Preparedness, Resilience and Response

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Hywel Dda University Health Board (HDdUHB) is required to submit an Annual Report to Welsh Government in line with the NHS Wales Manual for Accounts. This report provides the statutory Sustainability Report section for Strategy and Planning Committee (SPC) assurance and endorsement prior to publication as part of the Annual Report.

Cefndir / Background

This Sustainability Report summarises the organisation's environmental performance and is prepared in line with public sector sustainability reporting requirements. Board assurance on environmental and sustainability performance is provided via the SPC, with delivery coordinated through the Capital Sub-Committee and action delivered in line with ISO 14001. Environmental monitoring systems used for reporting are subject to audit by NHS Wales Shared Services Partnership Audit and Assurance Services and periodic ISO 14001 audits.

The scheme of delegation for the climate-related portfolio, including broader sustainability work, now sits with the Public Health Directorate. This report supports establishment of a strengthened governance route under SPC to provide assurance and endorsement for this statutory reporting requirement and subsequent climate-related work.

This Sustainability Report has been compiled by operational teams responsible for the underlying datasets and delivery programmes; technical queries will be directed to the relevant content owners.

Asesiad / Assessment

Overall position / performance (2025–26):

- Greenhouse gas emissions: Total gross emissions reduced to 16.90 $ktCO_2e$, an 11% reduction compared to 2024–25 (18.97 $ktCO_2e$).

- Energy profile: Gas consumption decreased 12%; electricity consumption increased ~2.6%, largely attributed to downtime/refurbishment of combined heat and power units at Withybush and Prince Philip Hospitals, increasing electricity demand and reducing gas use.
- Waste and recycling: Overall waste volumes reduced, with recycling at 51% (from 52%). The report notes the 58% recycling target for 2025–26 was not achieved, influenced by reduced food waste tonnage (previously a significant component of recycling figures), equipment issues, and behaviour change challenges associated with new workplace recycling regulations.
    - Mitigation/ continuous improvement activity: The Sustainability Report outlines that, in response to regulatory requirements and performance challenges, the Health Board has implemented clear bin labelling and colour-coding, targeted communications and bespoke staff training, and has developed waste awareness training now available through the Electronic Staff Record (ESR). It also notes extensive Natural Resources Wales (NRW) regulatory audits (WHTM 07-01) that have driven practice improvements and informed tailored training, alongside continued rollout/expansion of Absorbent Hygiene Products (AHP) recycling and ongoing education for staff, patients and visitors where resources allow.
- Environmental management assurance: ISO 14001 surveillance visit (November 2025) maintained accreditation with no major or minor nonconformances.
- Delivery programme: A new Energy Performance Contract (Re:Fit) has been procured through the Re:Fit 4 Wales Framework; Phase 1 works commenced March 2026 with work scheduled for completion by March 2027, supported by Welsh Government invest-to-save funding (£7.576m). Phase 2 is anticipated to target further investment across Health Board sites.

Key organisational risks/ exceptions:

- Recycling performance risk: Recycling rate remains below the Health Board's stated target, with ongoing reliance on correct segregation by patients/ visitors/ staff despite communications and training; the continued improvement activity as outlined above is required to address compliance and performance.
- Operational resilience risk (energy): On-site power and heating system downtime and renewable generation faults (e.g. prolonged technical fault at Hafan Derwen solar farm) can affect the energy mix and performance year-to-year; planned maintenance and investment programme mitigations are in progress.
    - Mitigation: The Sustainability Report notes that these faults have now been resolved and generation is expected to increase next year, supported by new photovoltaic (PV) installations (e.g. solar carports at South Pembrokeshire Hospital) and planned maintenance works/ new maintenance contracts for rooftop solar PV to improve performance.
- Data quality/ completeness caveat: The report includes estimated data where actual data was unavailable at year end (e.g. meter-read based estimates) and notes an issue requiring use of an average emissions factor for business mileage due to software problems. Reasons for estimates include:
    - The Sustainability Report states that where actual invoiced data was unavailable by the year-end reporting deadline, end-of-year meter readings were used to estimate consumption. It also notes that some invoices (e.g. water) were not received/billed by year-end, which affected the reporting position.
    - Due to the volume, complexity and ownership of data relevant to 'business mileage emissions', it is not possible to accurately establish emissions from current systems, so an industry average data set is used.

Evidence base for decision-making/ assurance:

The report states data is derived primarily from verified invoiced data recorded and monitored througha internal management systems, supported by an audited monitoring system and ISO 14001 assurance arrangements.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** from the statutory Sustainability Report section of the Annual Report and **NOTE** its inclusion for publication as part of the Health Board's Annual Report submission to Welsh Government.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1.2. Provide assurance in respect of the achievement of the Health Board's strategic aims, goals and priorities, on: 2.1.2.2. Plans and arrangements for the following matters are adequate, effective and robust and achieving intended outcomes: (i) Joint committee and partnership planning; (ii) Engagement and communication; and (ii) Environmental sustainability. 3.1.12.Seek assurance on the development and delivery of implementation plans for the Estates Strategy, including environmental sustainability, agreeing corrective actions where necessary and monitoring its effectiveness.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1544 Risk score 6
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	8 Estates plans 10 Population health

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	1. Plan and deliver services to increase our contribution to low carbon 3. Promote the natural environment and capacity to adapt to climate change 7. Plan and deliver services to enable people to particpate in social and green solutions for health

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Utilities costs broadly consistent with 2024–25 due to pre-procured energy prices; waste disposal costs increased primarily due to waste rate/landfill charge increases. Major invest-to-save energy efficiency programme is in delivery (Re:Fit Phase 1 £7.576m; further investment pipeline referenced).
Ansawdd / Gofal Claf: Quality / Patient Care:	Environmental performance supports safe, resilient service delivery through improved energy efficiency, estates upgrades, and waste compliance; no direct adverse patient care impacts identified from this assurance report.
Gweithlu: Workforce:	Workforce benefits include continued agile working approach, sustainability e-learning/waste awareness training via ESR, and travel initiatives including discounted public transport arrangements.
Risg: Risk:	Key risks relate to recycling performance under new separation requirements, operational impacts of CHP downtime and renewable generation faults, and year-end data estimation where invoices are unavailable. Mitigations include ISO 14001 assurance processes,

	training, audit activity, and the Re:Fit/targeted estates investment programme.
Cyfreithiol: **Legal:**	Statutory Annual Report requirement and compliance with sustainability reporting expectations under the NHS Wales Manual for Accounts and public sector reporting requirements; waste separation requirements applicable from April 2026 noted as mandatory for hospitals.
Enw Da: **Reputational:**	Potential positive interest: emissions reduction and investment programme progress; potential challenge: recycling rate below target (51% vs 58% target) and visible year-on-year variability due to operational and behaviour-change factors.
Gyfrinachedd: **Privacy:**	No privacy impacts identified (report uses aggregated organisational performance data).
Cydraddoldeb: **Equality:**	EqIA screening not required for this assurance report

5.4

11:40, 10 Mins

5.4 - Regional 5th LINAC Business Case -

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Shaun Ayres (Hywel Dda UHB - Director of Delivery), Anne Simpson (Hywel Dda UHB - Head of Strategic Commissioning)

For approval

Attachments

SPC 5th LINAC - Committee Slides FINAL.pdf

Appendix 1. Business Justification Case - 5th Linac Accelerator. Version 1~.pdf

Appendix 2. Performance Benchmarking Across Wales.pdf

Appendix 3- Radiotherapy Performance May 2026 final.pdf

Appendix 4 - Integrated Impact Assessment - Final Version.pdf

Appendix 5 - Quality Impact Assessment Tool 5th Linac.pdf

Business Justification Case (BJC 1) – Additional 5th Linear Accelerator

South West Wales Cancer Centre, Singleton Hospital, Swansea

Pwyllgor Strategaeth a Chynllunio / Strategy and Planning Committee
25 June 2026

Lead Director: Lee Davies, Executive Director of Strategy and Planning
Reporting Officers: Anne Simpson, Head of Strategic Commissioning; Richard Jenkins, Assistant Finance Director

Hywel Dda University Health Board (HDdUHB) are asked to approve their share of the recurring revenue and to endorse the capital case led by Swansea Bay University Health Board (SBUHB).

Introduction

This report presents the Business Justification Case (BJC) (Appendix 1) for an additional, fifth radiotherapy machine (LINAC) at the South West Wales Cancer Centre in Swansea, within an existing vacant bunker at Singleton Hospital.

- Both health boards approved the strategic programme case for the centre in 2023 South West Wales Cancer Centre Strategic Programme . The fifth machine is the first of three linked business cases.
- An indicative cost was advised at Board in May 2025 Approval to progress with 5th Linac (Radiotherapy Treatment Machine and agreed to return with the full case. This is that return.
- HDdUHB is asked to approve its share (£1.4m) of the recurring revenue and to support the capital case (£6.832m), which SBUHB leads.

In short: HDdUHB has already agreed in principle circa £1m. The actual movement is circa £0.4m compared to May 2025, however, this is explained below.

What is being requested today

The full recurring cost is £2.8m a year, shared equally with SBUHB. HDdUHB's half is £1.4m.

£1.0m

already agreed in principle, in our current planning position

the new decision

£0.4m

the movement to approve today (the differential)

Previously agreed circa £1m in principle.

The movement is circa £0.4m. Bringing this update back was the commitment we made in May 2025.

One programme, three business cases

Both health boards approved the strategic programme case in 2023. Welsh Government agreed three business cases in October 2025.

BJC 1

Additional 5th LINAC

Designed and tendered. Fills the existing empty bunker.

DECIDING TODAY

BJC 2

6th bunker, single

Needed for the machine replacement programme. Scope could widen to a twin bunker; single or twin options to be worked through.

EMERGING

BJC 3

LINACs 6 and 7

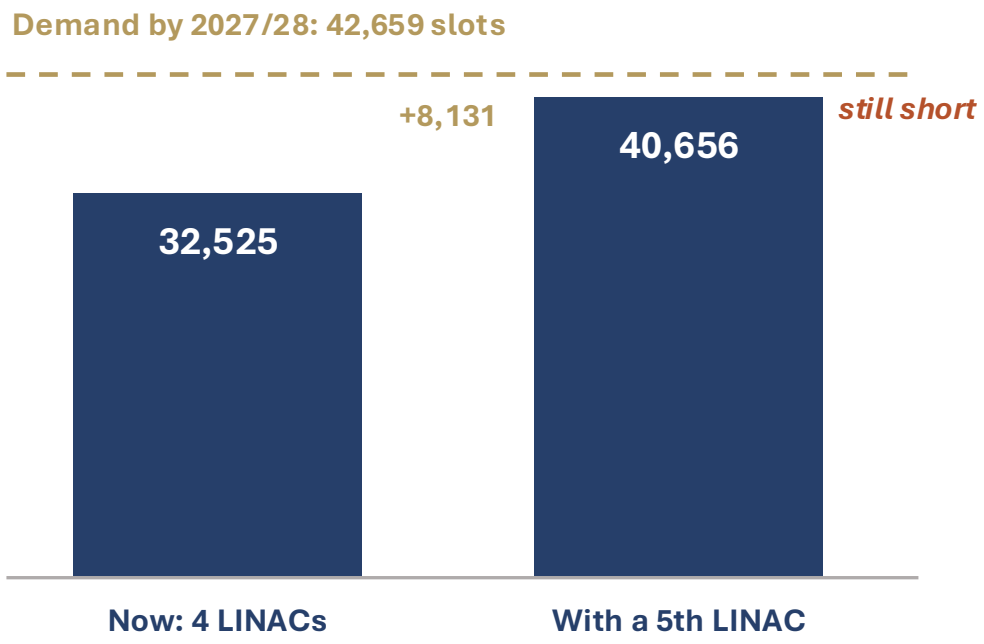
Plus supporting clinical space.

FUTURE

Today's decision is BJC 1 only. BJC 2 and BJC 3 are noted for later, so they do not delay the 5th LINAC.

Why now: demand has overtaken the four machines

By 2027/28 the demand and capacity model shows we need about 42,659 slots a year.



Slots a year. Each machine provides about 8,131 slots, above the 7,500 all-Wales planning level.

Where we are now

27 days

average wait for radiotherapy (May 2026)

86%

of patients treated outside the target time

See Appendix 2 – Performance Benchmarking Across Wales

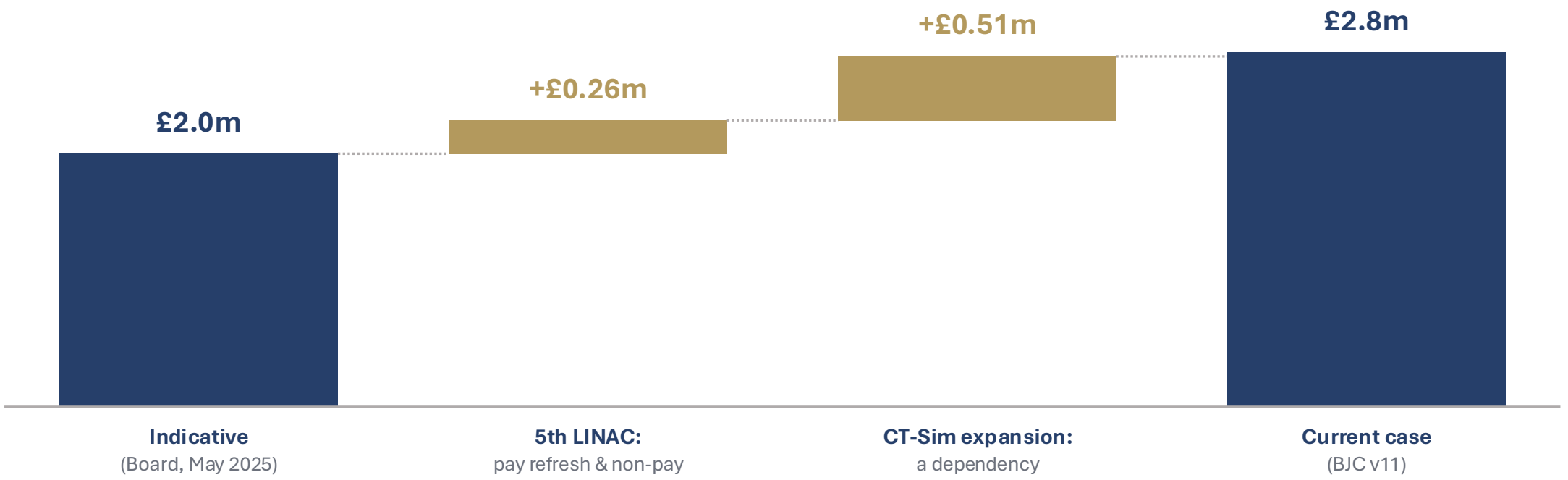
Detailed performance trends are provided in Appendix 3

What the recurring £2.8m pays for

- The fifth machine and its operating team: 21.30 whole-time equivalent (WTE) staff for the 5th LINAC, unchanged since May 2025.
- More Computed Tomography Simulation (CT-Sim) scanning and planning capacity, rising from 34.5% to 60% (an interim 38% in 2026/27). An additional 5.25 WTE on the current CT-Sim establishment, over and above the 21.30 LINAC team. Treatment capacity cannot grow without it.
- Adaptive radiotherapy capability across two LINACs (one new and one upgrade) for more precise treatment, alongside delivery of stereotactic radiosurgery (SRS) and other complex treatments.
- Each machine undertakes about 8,131 slots a year, above the 7,500 all-Wales planning level.
- Set-up costs of up to £174k fall in 2026/27 and our share of £87k is already held in our plan.

Where the change since May 2025 comes from

Two movements take the recurring figure from £2.0m to £2.8m a year. The 21.30 WTE workforce for the 5th LINAC is unchanged; CT-Sim expansion - additional 5.25 WTE (from 34.5% to 60%).



The money in detail

Recurring revenue is shared equally with SBUHB. Capital is led by SBUHB and funded by Welsh Government.

Recurring revenue, a year

When	Cost	Our share
2026/27 set-up	**£174k**	**about £87k**
2027/28 part-year	**£2.5m**	**£1.25m**
2028/29 full year	**£2.8m**	**£1.4m**

HDdUHB finance has reviewed the revenue assumptions with SBUHB.

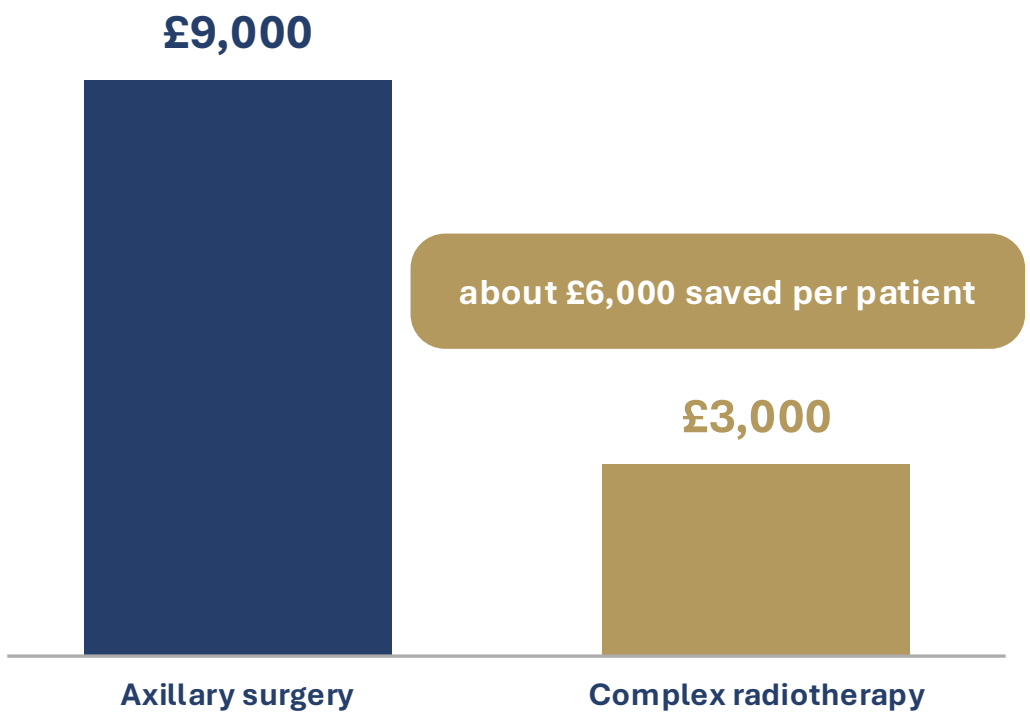
Capital: £6.832m (for information)

- Tendered at Royal Institute of British Architects (RIBA) Stage 4, with design and tender complete.
- Independently assured by the cost advisor as good value.
- Procured compliantly (Local Contractors Framework, Public Contracts Regulations 2015).
- Includes 4.99% risk contingency and excludes optimism bias.

Capital is led by SBUHB and funded by Welsh Government.

Value for money

Where clinically appropriate, radiotherapy can replace some surgery, at a much lower cost per patient.



Why this matters

Each patient treated with radiotherapy instead of surgery saves about £6,000.

More LINAC capacity lets us use this lower-cost pathway for more patients.

Without the fifth machine

Greater reliance on outsourced treatment, at additional financial pressure

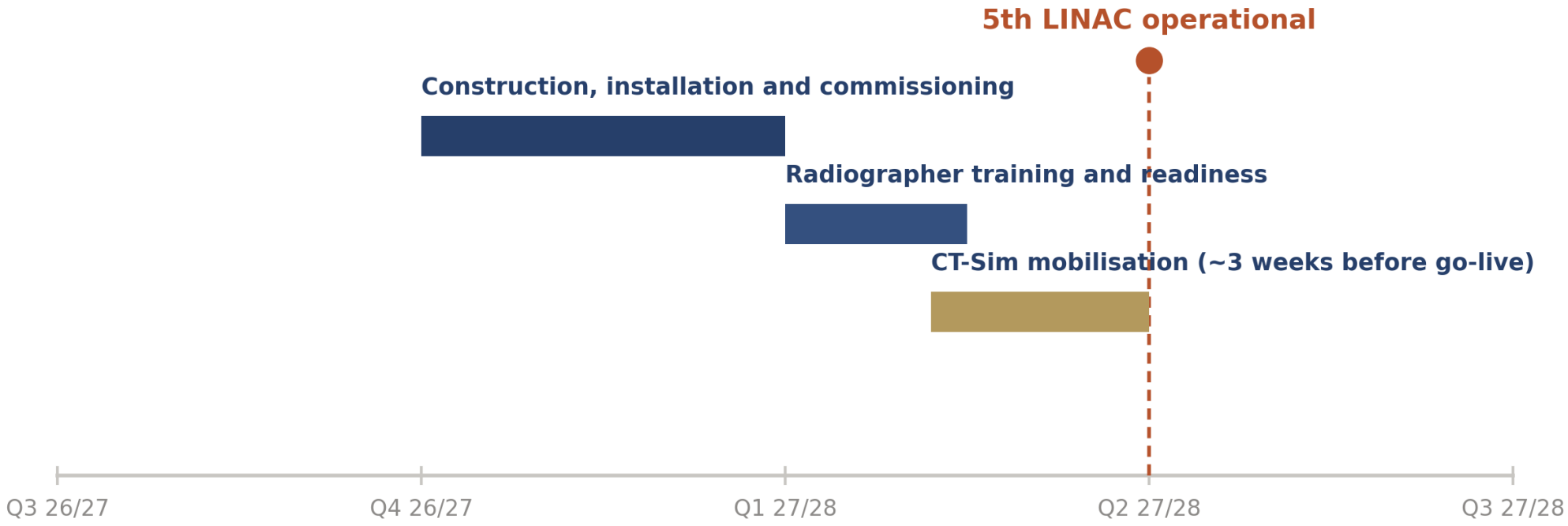
Patients face a poorer experience and more rearranged appointments.

Loss of resilience during breakdowns and unable to expand adaptive radiotherapy.

Indicative programme timeline

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Indicative programme: operational by mid 2027



The risk if we do not proceed

- Delayed access to curative or palliative radiotherapy, affecting patient outcomes and overall wellbeing
- Failure to meet national cancer targets, with performance expected to deteriorate further over time
- Insufficient capacity to meet current and growing demand, resulting in increasing treatment backlogs
- Reduced service resilience, with significant risk of disruption if machines fail.
- Increased need to outsource cancer treatments, often resulting in a suboptimal patient experience and additional financial pressure.
- Backlogs in the treatment pathway will continue to grow, with risk to patient safety, outcomes and experience. Some delays carry a risk to life.
- Rising workforce pressure, limiting ability to deliver safe, modern and complex treatments

See Appendix 4 – Integrated Impact Assessment

Quality and safety risks are detailed in Appendix 5

What comes back to us later

Two linked considerations are noted now and will return with full options.

- **BJC 2:** originally scoped as a single sixth bunker for the LINAC replacement programme. There is now a logistical case to consider widening the scope to a twin bunker, adding resilience and capacity headroom for future demand (takes longer to build) rather than revisiting construction later.
- Timing drives this: a satellite centre would take about 5 to 5.5 years to deliver, even on an optimistic path, with no HDdUHB site has identified, as yet. This does not align with the requirement for an additional 6th LINAC by 2029/30 and a 7th LINAC by 2030/31.
- The associated options and choices will need to be worked through and developed in detail prior to a decision being reached.
- Note - the future LINAC replacement programme depends on having a spare bunker. Without it, replacing machines would reduce capacity by around 20-25% for about a year, offsetting the gain from the fifth LINAC. Short –term mitigations would need to be worked through.
- **BJC 3:** a sixth and seventh working LINAC and supporting clinical space.

These are noted only, so they do not delay the fifth LINAC.

Recommendations

The Committee is asked to:

- **Support** the business justification case for the additional 5th LINAC and expansion in CT -SIM capacity**,** and its onward submission to the Board, prior to submission to Welsh Government, **recommending** that the Board to:
  - Approve £2.8m recurring revenue, shared equally at £1.4m each. For Hywel Dda this is circa £0.4m more than we have already agreed in principle.
  - Support the £6.832m capital investment, led by SBUHB and funded by Welsh Government.

- **Note** the risk of adverse patient safety and outcomes or increased cost, if the 5th Linac development does not proceed to the required timeline.

- **Note** the emerging thinking on the 6th/7th (single/double) bunker and the potential change in position regarding BJC2

- **Support** developing the BJC 2 choices and options in greater detail.

Installation of a 5th Linear Accelerator at the South West Wales Cancer Centre, Singleton Hospital

Version 11

Document control sheet

Client	Swansea Bay University Health Board (SBUHB)
Document Title	Installation of a 5th Linear Accelerator at the South West Wales Cancer Centre, Singleton Hospital
Version	11
Status	
Author	Shannon Mason, Deputy Capital Business Planning Manager
Date	18.06.2026
Further copies from	**Email: Shannon.Mason@wales.nhs.uk quoting reference and author**

Contact details			
Main point of contact	Telephone number	Email address	Postal address
Shannon Mason	N.A	Shannon.mason@wales.nhs.uk	

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1 The Strategic Case

1.1 Introduction

This fully tendered business case seeks Welsh Government (WGov) support of £6.832m (including non-recoverable VAT) for strategic capital investment to provide a 5th Linear Accelerator (Linac) within the South West Wales Cancer Centre (SWWCC). The new Linac will be commissioned in the current void bunker at Singleton Hospital.

Swansea Bay University Health Board (SBUHB) and Hywel Dda University Health Board (HDdUHB) jointly developed a Strategic Programme Case (SPC) for the SWWCC to support regional non-surgical oncology services, including radiotherapy and outpatient services. The SPC, approved by both health boards in 2023, outlines the planned development of regional service models and joint business cases.
Under the SWWCC Regional Strategic Programme, two groups were established in 2024/25 to take forward key strategic deliverables, including the Radiotherapy Modernisation Group. The main priorities are:

- Implementing a 5th Linac in the current empty bunker at Singleton Hospital
- Developing a 6th bunker at Singleton to maintain capacity during the planned equipment replacement programme
- Exploring options for developing a 6th and 7th working Linac, either at the Hywel Dda Satellite Centre or within Swansea Bay, based on radiotherapy modelling

Following the Health Board's approval in July 2025 to approach Welsh Government for a Business Case Scoping discussion regarding the Linac 5 machine and Linac 6 bunker, agreement was reached with Welsh Government in October 2025 to proceed with the development of three Business Justification Cases (BJCs) as outlined below:

- **BJC 1:** This case supports the introduction of an additional 5th linac within the SWWCC. The proposal has been fully designed and tendered. Following investment and completion of the necessary works, this will result in no remaining spare bunker capacity.

- **BJC2:** This case will support enabling works for the development of works for a 6th spare bunker in Singleton Hospital. This is required to facilitate the planned linac replacement schedule (shown below) which aligns with the national requirements set out in the Service Specification for External Beam Radiotherapy Services in Wales (approved by all Health Boards and NHS Trusts on 31 July 2025). There is a potential change in scope to the previously outlined BJC2, to include a twin (7th) bunker. This report is also highlighting the potential change in scope regarding BJC2, however, at this stage the associated options and choices will need to be developed in detail prior to a decision being reached.

- **BJC 3:** Subject to confirmation of the appropriate business case format, this case will support the future development of Linacs 6 and 7, including the provision of associated clinical space, with the location to be determined. The scope of works and outturn costs are subject to agreement on the preferred site and build solution.

Currently, discussions are ongoing regarding the approach to BJC2, including consideration of single versus twin bunker configurations, including the provision of associated clinical space at Singleton Hospital and their respective implications for the scope of BJC3, future capacity and service sustainability. BJC2 was originally scoped as a single bunker to support the rolling replacement programme (as outlined in the table below). However, a recent critical path analysis indicates that delivery of a satellite centre would take approximately 5–5.5 years, even under an optimistic timeline This is based on the current position that no suitable site has yet been identified on the Hywel Dda University Health Board estate.

As a result, this timeline does not align with the projected requirement for additional LINAC capacity, specifically the 6th Linac (2029/30) and a potential 7th Linac (2030/31). Given that BJC2 is already planned as a single bunker, there is a strong logistical case for considering an expansion of scope to a twin bunker at this stage, rather than revisiting construction at a later date. This approach would provide greater resilience and create additional capacity headroom for future demand.

The future Linac replacement programme depends on the availability of a spare bunker (BJC2).I Without one, replacements could still go ahead, but this would result in approximately 12 months of reduced capacity (20-25%), offsetting the benefits of adding a fifth Linac. In practical terms, while the number of machines available will potentially reduce to 4 during a replacement (until such time bunker comes online), the aim would be maintaining capacity at the level equivalent to 5 linac model through mitigating actions which would need to be worked through. However, any mitigating action would be a temporary interim solution and is not sustainable in the longer term. It is therefore critical to move at pace with the options for BJC2.

There is a risk to the future delivery of the linac replacement programme, which will be influenced by the selected bunker option. The construction and fit-out requirements differ between a single and twin bunker, with the twin bunker option taking longer to deliver. There is also some overlap with when additional linac capacity is needed, creating an added dependency. As a result, the chosen option and any associated delays may impact the replacement schedule. The options and choices will need to be worked through and developed in detail prior to a decision being reached. The associated options will need to be fully explored and developed in detail before any final decision is made.

The planned Linac replacement programme for SWWCC's existing Linacs is based on a lifespan of 10 years as follows:

Linac	Installed	Accepted	Clinical	Ideal Replacement Date	Latest Replacement Date
Lin1	Jul 2017	Sep 2017	Mar 2018	Jul 2027	Mar 2028
Lin2	Mar 2019	Jun 2019	Mar 2020	Mar 2029	Mar 2030
Lin3	Jan 2022	Feb 2022	Jul 2022	Jan 2032	Jul 2032
Lin4	Jan 2023	Feb 2023	Aug 2023	Jan 2033	Aug 2033

The immediate priority is securing funding for the additional 5th Linac, which is required to be operational by mid-2027.

Investment in additional Linac capacity will:

- Support planned demand
- Address backlogs in the radiotherapy treatment pathway
- Support SBUHB in meeting the Welsh Government's "Time to Radiotherapy" measure
- Enable delivery of adaptive Radiotherapy, Stereotactic Radiosurgery (SRS) and more complex treatments, contributing to SWWCC's provision of world-class cancer care

1.2 Background

The South West Wales Cancer Centre (SWWCC) based at Singleton Hospital in Swansea, serves nearly one-third of Wales' population and provides the majority of non-surgical oncology services in South West Wales. As one of only three cancer centres in the country, it plays a central role in delivering high-quality cancer care.

Radiotherapy is a core component of curative (radical) and palliative cancer treatment, used alone or with other modalities in approximately 50% of radical cancer cases. Access rates in Wales remain lower than elsewhere in the UK. At SWWCC, radiotherapy is delivered entirely via Linear Accelerators (Linacs), with 70–80% of capacity dedicated to curative treatment.

Demand for radiotherapy continues to rise due to an ageing population and increasing use of adaptive and complex techniques. Recognising this, SBUHB and HDdUHB jointly approved a 10-year Strategic Plan for Cancer (SPC) in 2023, with sustainable delivery of radiotherapy services identified as a core component. The investment in a 5th Linac is therefore critical to meeting this strategic commitment.

1.3 Recommendation

This business case supports the development of an additional 5th Linac Accelerator at the South West Wales Cancer Centre at Singleton Hospital. The Health Boards' estimate that construction work could start in Q4 26/27 to support operational delivery in Q2 27/28.

We recommend that the Welsh Government approve this project.

Signed and Dated: ……

Gareth Blandford, Senior Responsible Officer,

Associate Service Group Director, NPTSSG Directors, Swansea Bay University Health Board

2 Strategic Context

2.1 Introduction

This section outlines the strategic context for this investment.

2.2 Service Detail

Radiotherapy (RT) is a core cancer treatment, aimed at achieving cure while preserving quality of life. It works by using radiation to destroy cancer cells and can be used in the early stages of disease, once cancer has begun to spread and for palliation in later stage disease. Around 50% of all cancer patients require radiotherapy at some point in their treatment, and this is expected to rise to 60% over the next few years.

The SWWCC, currently operates four Linear Accelerators (Linacs) and one void 'decant' bunker, which is crucial for enabling equipment replacement without reducing treatment capacity. Radiotherapy is delivered in small units called 'fractions', but advances such as 'hypofractionation' allow fewer visits with equivalent patient outcomes. This innovation delayed the need for a 5th Linac at the SWWCC for over five years

However, more complex treatments—such as Stereotactic Body RT (SABR) and hypofractionated RT—require significantly more Linac time, typically 2–3 × 30-minute slots per attendance. As a result, 'slots' have become a more accurate way to measure activity than fractions or attendances. Currently, on average, 1 fraction = 1 attendance = 1.01 slots, with 11.04 slots required for a full radiotherapy course per patient.

Demand is now exceeding available capacity, meaning a new (5th) Linac will be required by 2027, with an additional void bunker needed by 2027/28. This rising demand is being driven by two main factors: **overall growth in ageing population and the increasing use of adaptive radiotherapy.**

Demand, Capacity and Adaptive Radiotherapy

The four existing linacs at the SWWCC have a combined capacity 32,525 slots per year, averaging 8,131 slots per Linac. Before Covid-19, demand had surpassed this capacity, highlighting the need for a 5th Linac machine. In 2018 and 2019, two prostate patient cohorts were outsourced to the Rutherford Cancer Centre to manage the pressure, at an approximate cost £6,000 per patient.

Based on updated modelling, and using 8,131 slots per Linac, the 5th Linac is now projected to be operational in 2027/28 due to programme slippage. A business case for the 6th void bunker is being developed to ensure operational functionality during equipment replacement. Further modelling indicates that an additional Linac will be required approximately every two years thereafter, reaching a total of seven operational Linacs 2030/31. Alongside, a replacement programme for existing linacs reaching end of life age.

Future Linacs Timeline	Activity	Year 0 24/25	Year 1 25/26	Year 2 26/27	Year 3 27/28	Year 4 28/29	Year 5 29/30	Year 6 30/31
Total Demand	Slots	32,141	34,067	35,195	42,659	48,435	54,170	57,887
Current SWWCC Activity (4 Linacs)								
Current Average Activity per Linac (32,525/4)	Slots	8,131	8,131	8,131	8,131	8,131	8,131	8,131
Number of Linacs Required	**Slots**	**4.0**	**4.2**	**4.3**	**5.2**	**6.0**	**6.7**	**7.1**
Number of Linacs Timeline		**4 Linacs**			**5 Linacs**		**6 Linacs**	**7 Linacs**

Adaptive radiotherapy is a key driving factor for demand. This advanced treatment adjusts the radiotherapy plan in real time to account for changes in a patient's anatomy or tumour. Unlike standard

radiotherapy, which follows a fixed treatment plan, adaptive radiotherapy continually updates dose delivery and targeting to improve accuracy and effectiveness. As the most complex form of radiotherapy, it requires daily adaptation, substantially increasing demand on Linac capacity.

For comparison, Velindre NHS Trust serves a population of around 1.5 million and has 10 Linacs (including two new satellite Linacs at Nevill Hall, operational from June 2025). The SWWCC serves around 0.9 million with four Linacs, while North Wales, serving approximately 0.6 million, also has four Linacs.

Interdependencies

The expansion of Linac capacity, including a fifth machine, depends on aligned CT-Sim and treatment planning capacity to ensure effective radiotherapy delivery. A second CT-Sim was approved in 2024 and is currently funded to 34.5%. To support full operation of the fifth Linac, provision must increase to 60% (per annum). Further detail is set out in the Finance Case. These interdependencies support the development of Singleton Hospital as a centre of excellence, improving outcomes and reducing health inequalities in Wales.

2.3 National Context

This business case supports best practice and aims to deliver improved patient flows and a more equitable cancer service for the populations of Swansea Bay and Hywel Dda University Health Boards (UHBs). It aligns with national and local guidance, mandatory requirements, and strategic priorities, including:

- SBUHB Clinical Services Plan 2019–2024
- Regional Clinical Services Plan, agreed by the South West Wales Joint Regional Planning and Delivery Committee (October 2019)
- A Healthier Wales: Our Plan for Health and Social Care (2018)
- Hywel Dda UHB Transforming Clinical Services (TCS) Programme
- SBUHB Cancer Service Improvement Plan 2019–2024
- SBUHB Annual Plan 2019/20
- SBUHB Site Development Control Plan for Singleton Hospital
- Wellbeing and Future Generations (Wales) Act 2015
- NICE guidance and Royal College of Radiologists best practice
- Cancer Delivery Plan for Wales 2016–2020, including SBUHB's Single Cancer Pathway Action Plan and the South West Wales Non-Surgical Oncology Strategy
- Service Specification of External Beam Radiotherapy Services for the NHS in Wales (2024)
- A Cancer Improvement Plan for Wales (2023-2026)
- The Welsh Government Quality Statement for Cancer (2022)

SBUHB and HDUHB support the development of the business case, which 'fits' with SBUHB's *Organisational Strategy: Better Health, Better Care, Better Lives (2019 – 2030*), *Clinical Services Plan (2019-2024)* and Annual Plan. Which aligns with HDdUHB's 'A Healthier Mid and West Wales' Strategy, Clinical Services Plan and Annual Plan

It supports The Well-Being and Future Generations Act (2015) by:



- Improving the wellbeing of the population Wales by providing access to modern, safe and fully compliant radiotherapy infrastructure.
- Investing in advanced radiotherapy technology to improve patient outcomes and enable staff to work more efficiently.
- Supporting a more sustainable cancer service model by addressing current and future demand and optimising regional capacity.
- Promoting equity of access to timely, high-quality cancer care across SBUHB, HDDUHB and surrounding regions.

The **5th Linac proposal** forms part of SBUHB's longer-term replacement programme for equipment at, or approaching, the end of its operational life

2.4 Local Health Board

This section outlines the strategic context for the additional Linac in the South West Wales Cancer Centre at Singleton Hospital.

Swansea Bay University Health Board

SBUHB serves a population of 390,000 across Swansea and Neath Port Talbot, with an annual budget of approximately £1.8 billion and a workforce of 14,000 staff, 70% of whom provide direct patient care.

SBUHB operates three acute hospital sites (Singleton, Morriston, Neath Port Talbot) and an Acute Mental Health Inpatient Unit at Cefn Coed Hospital. Low and medium secure mental health units are located at Glanrhyd Hospital, Bridgend. The Health Board also provides forensic mental health services for South Wales, community-based mental health and learning disability services, and regional non-surgical specialist cancer services, covering all of Hywel Dda and parts of Powys. Tertiary services, such as Burns and Plastic Surgery, are provided to Wales and the South West of England.

Hywel Dda University Health Board

HDDUHB serves a population of 384,000 people across Carmarthenshire, Ceredigion, Pembrokeshire, and bordering counties. The Health Board operates four major hospitals, has a budget exceeding £1.4bn and employed 9,891 staff, 70% of whom are involved in direct patient care. The region is sparsely populated, with 47.9% of residents in Carmarthenshire, 20.7% in Ceredigion, and 31.4% in Pembrokeshire.

Regional Service Provision

The SWWCC also serves populations in Bridgend and South Powys (133,800 people). SBUHB's vision is to be a centre of excellence, offering excellent healthcare, teaching and research organisation

Part B - The Case for Change

The investment will provide an additional, 5th Linac Accelerator in the currently empty bunker at Singleton Hospital to meet rising demand for radiotherapy treatment for cancer patients across South West Wales. The bunker will be upgraded and configured to accommodate a modern, safe Linac, ensuring a secure environment for staff to deliver treatment. This investment will increase patient capacity, enhance service resilience and reduce the potential for outsourced radiotherapy treatments.

2.5 Spend Objectives

The key spend objectives supports SBU's business needs by increasing capacity to radiotherapy treatment. These objectives align with NHS Infrastructure Investment Guidance objectives and criteria. In particular, they align with SBU's strategic response to access pressures as set out in "*Changing for the Future*" which references Morriston and Singleton Hospitals' roles as a centre of excellence.

This project's key spend objectives are as follows:

Figure – Spend Objectives

Spend Objective 1	The additional 5th Linac will provide **increased radiotherapy treatment capacity** at the SWWCC and support the implementation of a clinical adaptive radiotherapy service, to meet the needs of patient demand. Installation and clinical commissioning to be complete by May 2027.
Spend Objective 2	To improve the **quality of service**. This will be evidenced by; improved patient outcomes and meeting forecast changes in demand and current demand.

Spend Objective 3	To improve **clinical efficiencies** by providing additional and reliable Linac capacity, reducing disruption for patients during their treatment.
Spend Objective 4	To improve **access to complex cancer treatments** for patient, enabling patients with the greatest health needs to have access to modern, high quality cancer treatments, addressing inequalities across South West Wales.
Spend Objective 5	To improve **economies** by optimising local care and reducing the need for outsourced radiotherapy treatment.

All the above to be achieved 12-18 months following the handover of the 5th Linac Accelerator, subject to funding and planning approvals. Please see **Appendix C – Benefits Realisation and Appendix E Spend Objectives.** There are no potential dis-benefits.

Problems with Status Quo

The 5th Linac is required to meet growing demand. Investment in the 5th Lin Acc within SBUHB will ensure the continuity of clinical treatment, capacity, and ensure access to modern and enhanced technologies.

The SWWCC currently operations four Linacs to deliver radiotherapy services for a population of approximately 0.9million patients across Swansea Bay, Hywel Dda and parts of Powys. The current provision is inadequate to deal with the patient population and growing demand driven by increasing cancer incidence and ageing population. Access times for radiotherapy are not consistently meeting national metrics, particularly for schedule and urgent symptom control cases.

The capacity shortfall has a range of negative impacts on both patients and staff, including:

- Delayed access to curative or palliative radiotherapy, affecting patient outcomes and overall wellbeing.
- Increased operational pressures on staff, with reduced flexibility to deliver complex treatments with safe and effective timelines.
- Potential bottlenecks in the treatment workflows
- Limited ability to meet future demand, with the current modelling indicating the need for a 5th Linac in 2027/2028, with an additional linac and void bunker to ensure continuity during equipment replacement by 2028/2029

Without investment in the 5th Linac and associated future void bunkers, the SWWCC will continue to face treatment backlogs, reduced service resilience and inequitable access to cancer care. This will compromise the Health Boards ability to deliver Welsh Government targets, the Single Cancer Pathway and strategic objectives for delivering safe, modern and sustainable radiotherapy across the region.

The SWWCC currently has 3 quality related risks on the Health Board risk register, relating to service delivery, investment in the additional linac will helpt o reduce the severity of some of the risks:

- **Datix ID no. 89** (risk rating 16) relates to Clinical Risk of target breaches in the provision of radical radiotherapy treatment.
- **Datix ID no. 2599** (risk rating 20) relates to limited resilience within the SWWCC due to the over reliance on current scanners. Failure of key ewquipment could result in 25% reduction in treatment capacity, or in the case of CT failure, a complete inabiity to deliver radiotherapy.
- **Datix ID no. 2593** (risk rating 15) is specific to Radiotherapy Physics outgrowing its current space, with increased staff levels and patient capacity the department is finding it difficult to provide a sustainable service.

Figure - Service Issues

	Service Issue	Mitigation
Quality	Limited capacity constrains delivery of advanced treatments; aging equipment may affect treatment precision and safety	Investment in 5th Linac and ongoing replacement programme; implement robust maintenance and staff training for advanced techniques
Patient Experience	Longer waiting times; scheduling inflexibility; travel burden for rural patients	Increase Linac capacity; reduce Time to Radiotherapy, flexible scheduling; regional coordination of referrals; communication with patients on treatment timelines
Future Needs	Rising demand due to population growth and advanced treatment modalities; need for further Linacs by 2030/31	Long-term workforce and infrastructure planning; phased implementation of 6th and 7th Linacs; horizon scanning for new technologies
Research	Limited capacity restricts clinical research and trial participation; older equipment limits innovation	Modern Linac with advanced capabilities to enable research; partnership with universities and research networks; dedicated research slots within schedule
Reliability	Dependence on four Linacs increases risk of service disruption.	Redundant Linac capacity via 5th machine; contingency plans; ongoing equipment monitoring and replacement strategy
Access	Delays in treatment; some patients may miss national targets; rural populations affected	Increase treatment slots; implement hypofractionation to optimize capacity; coordinate regional referrals; develop outreach solutions
Hospital/Staff Benefits	Staff stress due to workload; limited training opportunities; recruitment/retention challenges	Modern facilities improve workflow; training for advanced techniques; career development pathways; improve working environment and operational efficiency
Maintenance Considerations	Aging Linacs require more maintenance, disrupting service delivery and patient treatment.	Install a 5th Linac, with plans to invest in an additional dedicated void bunker for uninterrupted service; proactive maintenance schedule; contingency planning for downtime

2.6 Business Needs

The key business needs are as follows:

- **Improve Clinical Outcomes**: The current Linac provision is insufficient for the growing, aging population and acuity of the patient. Due to the age of the existing Linacs, breakdowns are becoming more frequent which can impact of patient care and deliverability of radiotherapy treatment.
- **Improve Patient Experience:** At the SWWWC, patient experience is a key focus throughout the radiotherapy journey. From the first planning appointment, patients receive careful support to ensure treatment is safe, accurate and as comfortable as possible. Radiographers guide patients through positioning, scans and marking, and provide a 'First Day Chat' to answer questions and ease concerns. The additional Linac would not only increase treatment capacity but also strengthen the patient experience by making the radiotherapy journey smoother, more predictable, and less stressful. Singleton Hospital's commitment to patient-centred care ensures that each individual is supported before, during, and after treatment, enhancing both clinical outcomes and overall satisfaction.

- **Capacity & Compliance with Best Practice:** The current Linac provision is not currently meeting performance metrics against Time to Radiotherapy, without investment, the position will continue to deteriorate.

- **Trained and Supported Workforce**: The investment in an additional Linac will require increased workforce to enable the expansion of radiotherapy capacity to support the timely delivery of safe and effective treatment to cancer patients. The new linac will require a proportionate uplift in radiotherapy, physics, dosimetry and support staff to ensure safe and sustainable operation.

The expansion will reduce operational pressure and support-maintained compliance with radiotherapy quality and safety standards. Overall, the development will strengthen service resilience, improve efficiency, and support a sustainable workforce model. The current staffing model which facilitates 4 Linacs (current baseline) is as follows:

Figure - Current Staffing Model

Current Baseline: 4 Linacs			
Department	Description	Pay band	WTE
Medical Physics	Healthcare Scientists	7	3.8
		8a	2.7
		8b	1
	Medical Physics Experts	8c	1.80
		8d	0.40
Radiotherapy	Radiographer	8b	1.5
	Radiographer	8a	4.8
		7	8
		6	9
		5	11
	Registered Nurse	5	2.80
	Radiography Support	3	5.65
		2	1
Oncology	Consultant	Consultant	4
Total WTE			67.45

2.7 Future Workforce & Workforce Training

To ensure deliverability of a 5th Linac, a future proofed workforce needs to be in place. Any additional workforce requirements are included in the revenue affordability section of the business case.

The range of staff to be employed for the additional Linac and Adaptive Radiotherapy includes the following:

Figure - Additional Staff Requirements

Additional Staff: Linac 5			
Department	Description	Pay band	WTE
Medical Physics	Dosimetrist / Engineers	Band 7	2.20
	Dosimetrist	Band 6	0.80
	Dosimetrist	Band 5	1.00
	Healthcare Scientist	Band 7 (+B6)	1.80
	Medical Physics Experts	Band 8a	1.00
Radiotherapy	Radiographer	Band 8b	1.00
	Radiographer	Band 8a	1.00
	Radiographer	Band 7	2.00
	Radiographer	Band 6	2.00
	Radiographer	Band 5	3.00
	Radiography Support	Band 4	1.00

	Radiography Support	Band 3	1.00
	Radiographer - Palliative	Band 7	1.50
	Radiographer	Band 8b	1.00
Oncology	Oncology	Consultant	1.00
Total			21.30

2.8 Workforce Plan

SBUHB Radiotherapy and Radiotherapy Physics teams have developed a workforce strategy to support the delivery of modern radiotherapy services across South West Wales. The Health Board does not anticipate any staffing challenges for the 5th Linac and is proactively implementing strategies to provide alternative routes to registration and training for advanced and consultant radiographers. SBUHB is also working closely with Health Education and Improvement Wales (HEIW) to secure funded training opportunities for staff across all levels of the radiotherapy workforce.

Details of the Radiotherapy Services and Radiotherapy Physics Workforce Plans can be found in Appendix K – Workforce Model

2.9 Digital Strategy

The Radiotherapy Physics Team at the South West Wales Cancer Centre leads the digital aspects (infrastructure and software) of radiotherapy services across the region. The department operates a fully paperless service, supported by secure remote access systems that enable clinical and technical innovation and collaboration across NHS Wales sites, including Betsi Cadwallader University Health Board, Hywel Dda University Health Board and Velindre Trust. This digital infrastructure supports resilience, multidisciplinary working and equitable access to specialist expertise.

Investment in a fifth Linac strengthens alignment with the organisation's Linac programme and embeds AI-enabled functionality within core treatment systems. Enhanced imaging and online and offline adaptive radiotherapy capabilities support efficient treatment optimisation and highly personalised care at each session. Adaptive functionality may reduce additional appointments, improve patient experience and outcomes and reduce time spent in hospital.

The investment will also standardise system architecture across machines, improving interoperability, flexibility and digital continuity. Patients can therefore be transferred between linacs during peak demand or maintenance, minimising disruption and strengthening business continuity.

The Radiotherapy Department is paperless and applies digital transformation through operational dashboards that monitor activity, patient pathways and capacity. Real-time reporting enables proactive pathway redesign, performance management and continuous improvement. Integration of the new linac will enhance data capture, reporting and strategic oversight.

Overall, the proposal advances the Health Board's digital strategy by improving interoperability, enabling adaptive care, strengthening regional collaboration and supporting data driven service improvement to optimise patient outcomes.

2.10 Artificial Intelligence (AI)

AI functionality is integrated within the Linac platform and supports multiple aspects of the radiotherapy pathway. The system is designed to enhance flexibility and precision through AI-based decision support and remote access capabilities, providing clinical teams with tools to support accurate and adaptable treatment delivery.

AI-enhanced imaging, in combination with both online and offline adaptive capabilities, enables treatment to be reviewed and adapted where appropriate. This supports the delivery of highly personalised radiotherapy for patients at each treatment session, reflecting anatomical or clinical changes over the course of treatment.

In addition, AI tools within the linac platform support efficient workflow management and predictive maintenance, helping to anticipate potential equipment faults and reduce unplanned downtime. This contributes to service resilience, operational efficiency, and continuity of patient care.

Over the lifespan of the linear accelerator, further AI-enabled software add-ons may be introduced to support ongoing advances in adaptive radiotherapy and technological innovation. This ensures the system remains aligned with future developments in cancer treatment and continues to support improvements in patient outcomes.

2.11 Potential Service Scope

The potential service scope framework options for this project are as follows:

Figure - South West Wales' Service Scope Framework Options

Option 1 - Business As Usual	Option 2 - Do Minimum
Maintain the status quo of 4 Linacs	Install an additional 5th Linac in the empty bunker at Singleton Hospital

2.12 Main Outcomes and Benefits

The main potential outcomes benefits are classified in terms of cash releasing benefits (CRBs), non-cash releasing benefits (NCRBs), quantifiable or quantitative benefits (QBs), and non-quantifiable or qualitative benefits (NQBs) as follows:

Figure – Main Benefits

Description of Benefit	Beneficiary	Target Improvement
Health Gain		
Improved health outcomes and enhanced patient pathways	Patients Staff Health Boards NHS Wales	Increased capacity to meet some patient demand. The Health Board will then require additional Linacs to continue the development of the SWWCC and improvement of Linac Demand and Capacity.
Additional Linac capacity and new technology will support highly complex cancer cases through Stereotactic Radiosurgery (SRS) and Adaptive Radiotherapy		Reduced Time to Radiotherapy and the number of patients receiving adaptive radiotherapy
Clinical Skills and Sustainability		
Enhanced clinical staff capacity and skills sustainability by expanding facilities and training on advanced radiotherapy technologies with the new Linac	Patients Staff Health Boards NHS Wales	Increase staff training on adaptive radiotherapy techniques by up to 40% within 12-months of the additional Linac being operational.
Supports Radiotherapy and Radiotherapy Physics workforce plans by attracting newly qualified and highly experienced RT professionals		This will be measured through the number of training courses attended, number of trainees/junior staff undertaking formal qualifications and increased training plans through Elekta.

Equity		
Improve equity of access across South West Wales to ensure high quality cancer treatment and treatment planning services.	Patients Staff Health Boards NHS Wales	This investment supports the implementation of Stereotactic Radiosurgery (SRS) and Adaptive Radiotherapy to provide equity of patients across Wales. The additional capacity will increase service delivery and support patient demand.
Investment will reduce inconsistency in service due to machine breakdowns and reduce some reliance on out-sourced patient care.		Reduction in appointment delays and rescheduling due to equipment breakdowns, alongside decreased reliance on out-of-area outsourced cancer treatment, delivering a cost avoidance of £5,938 per patient.
VfM		
An additional Linac will deliver modern, resilient radiotherapy services that optimise clinical outcomes and operational efficiencies.	Patients Staff Health Boards NHS Wales	Post commissioning and operational metrics will reflect improvements in efficiency, reduced service disruptions and the reduction of outsourced care.

See Appendix C – Benefits Realisation for detailed information.

2.13 Main Risks

The main business and service risks associated with the potential scope options for this project together with their counter measures, are detailed in **Appendix A Estates Annexe A7**.. The main risks are as follows:

Figure – Main Risks

Risk	Probability	Impact	Score	Mitigation
Strategic / Planning / Financial				
Limited resilience within the South West Wales Cancer Centre due to the over reliance on current scanners. Failure of key equipment could result in 25% reduction in treatment capacity. (Datix ID 2599)	5	5	20	Production of a Business Justification Case to seek investment to support additional 5th Linac capacity by 2027, together with a secondary business case to support an operational 6th and 7th bunker.
Clinical risk of target breaches in the provision of radical radiotherapy due to demand and capacity issues (Datix ID No. 89)	4	4	16	Develop a Business Justification Case to seek investment to support additional capacity to manage patient demand and reduce RT Treatment breaches. Radiotherapy teams to regularly review breaches and report back through relevant RT Groups.
Radiotherapy Physics is outgrowing its current space; with increased staff levels and patient capacity the department is finding it difficult to provide a sustainable service (Datix ID 2593)	4	4	16	Alternative space must be sought for support and storage. Whilst this is not feasible within the project scope for Linac 5 this will be reviewed for future developments within the SWWCC.
Failure to secure Welsh Government capital funding, poses a critical threat to patient outcomes. This will manifest as increased treatment delays and interruptions, directly compromising patient health and the ability to meet national cancer standards, while also leading to reduced operation capacity, heightened workforce pressure, and significant financial reputational repercussions.	3	5	15	SBUHB to develop a business justification case to seek Capital Investment of the additional Linac Machine and maintain regular dialogue with key stakeholders. Finance Business Partners to report regularly to Project Board re. revenue implication Radiotherapy Clinical Teams to report on patient risk and time to

				radiotherapy data.
Increases to the Schedule of Accommodation (SoA) during the design stage impacting capital affordability, and/or further increases during delivery resulting in costs exceeding the approved business case value.	3	4	12	The project must be delivered within the agreed scope. The Project Director will manage and approve any requests for change.
Capital Costs – Exceeding the anticipated budget	3	3	9	Appoint a Cost Advisor to review costs on a regular basis.
Revenue affordability - Affordability of revenue model is over/under estimated	3	3	9	Finance lead reports regularly to Project Board.
Construction Phase				
Working within live environment	3	3	9	Clear segregation/Project managed user group meetings
General disruption due to construction activity	3	3	9	Stakeholder engagement with users
Construction noise, adjacent buildings: general acoustics	3	3	9	Constant Review

2.14 Constraints and Dependencies

The key project constraints are as follows:

Figure - Constraints and Dependencies

Constraint	**Mitigation**
The solution must be integrated, fit for purpose, make best use of the available space at preferred site.	Appoint an expert design team to inform feasibility and detailed design development and sign-off plans with management / Clinical lead.
The solution must be delivered on a timely basis.	Engage with Welsh Government to ensure timely support for funding and work with a reputable constructor to work up a design solution & construction timetable, that fits as closely as possible, with the clients' expectations.
The solution must be delivered within project budget.	Work with expert design team / reputable constructor to design a fully compliant product, which meets the clients brief as cost effectively as possible.
The solution should provide value for money and be affordable in capital & revenue terms.	Ensure the business case includes robust revenue and capital affordability proposals, which represent good use of public monies, is endorsed by the Health Board/key stakeholders, and in due course secures Welsh Government approval.
The solution should support clinical needs and improve the patient experience.	The solution must meet the clinical brief and align with the Health Board's strategic direction and best practice.
Dependency	**Mitigation**
The solution must be supported by a fully trained and resourced workforce.	Develop a Workforce Plan to support the new facility.
Continued support for the agreed Primary Care model of care.	Project supports Health Board's Clinical Services Plan and is endorsed by the Health Board.
The solution must be fully supported by external partners to secure capital investment	Develop working relationships with key stakeholders ensuring project alignment and support throughout the project life cycle.

3 The Economic Case

3.1 Introduction

In accordance with the Capital Investment Manual and requirements of HMT's *The Green Book* (2020), this section of the business case demonstrates the wide range of options that have been considered in response to the potential scope identified in this business case.

3.2 Critical Success Factors

The following Critical Success Factors (CSFs) formed the basis for informing evaluation of the project's potential options. Please see below:

Figure – Critical Success Factors (CSFs)

Critical Success Factor		How well the option satisfies the CSF
CSF1	Strategic fit and business needs	Meets the agreed spending objectives, business needs and service requirements; Provides holistic 'fit' and synergy with other national, regional and local strategies, and; 'Fits' with national programmes and local projects.
CSF2	Compliance	The solution must comply with best practice and support improved 'Time to Radiotherapy' targets.
CSF3	Benefits Optimisation	Optimises benefits through effective use of resource and value for money
CSF4	Potential achievability	Is likely to be deliverable on a timely basis to avoid disruption to clinical services and patient outcomes; must ensure available skills required for successful delivery
CSF5	Potential affordability	The organisations (SBU and HDU) ability to fund the required level of expenditure; the revenue consequences associated with the proposed investment
CSF6	Potential Acceptability	The investment must utilise proven technology that ensures reliable delivery and is supported by an established supplier with the capability to provide installation, maintenance, training and technical support. This must be acceptable to clinicians and patients

3.3 Framework Option Appraisal

This section of the business case explains the process for the project's framework options, within the context of its own population's business and clinical needs, and local service drivers. In accordance with HM Treasury's *Green Book* 2020 (A Guide to Investment Appraisal in the Public Sector) and Better Business Case guidance the solution proposed in this case is based on the following five categories of choice:

- Service Scope – potential service and geographical coverage (the 'what')
- Service/Technical Solution - potential services and technical solutions (the 'how')
- Service Delivery – potential options for delivering the required services (the 'who')
- Implementation Solution - timing and phasing of local delivery (the 'when')
- Finance Solution - funding of the investment

The Project Board's members reviewed the spend objectives, CSFs and agreed framework options and developed local framework options at a Workshop on the 26th of March 2026. A list of participants is attached in **Appendix F – Framework Workshop**.

Members completed a hi-level SWOT-style analysis of the long list options. An option scored 'x' if it failed to deliver on an SO or CSF, '~' if it partially delivered, and '✓' if it fully delivered as follows:

Key:	X Not Achieved	~ Partially achieved	✓ Fully achieved

Options 'scored' multiples of '✓' if an option optimally delivered on an updated Spend Objective or CSF. The pros and cons for each long list option were recorded to provide an audit trail, and the options were be ranked in order of achievement, indicating the 'preferred' solution and 'do less' or 'do more ambitious' solutions as appropriate. Summary of Long List Framework Options

The Board members agreed the framework options as follows:

Figure – Service Scope Options

Business As Usual	Do Minimum
SWWCC to continue service delivery with the current Linac infrastructure and service delivery.	Investment in an additional Linac Accelerator to support current and future demand and capacity
Discount	Preferred

The technical solutions identified potential options for delivering the preferred service scope option. They were agreed as follows:

Figure – Service/Technical Solutions Options

Business As Usual	Do Less	Do Minimum	Do Minimum / Preferred	Do Maximum
SWWCC to continue service delivery with the current Linac infrastructure and service delivery. The service has poor resilience due to aging equipment and is unable to meet South West Wale Linac Radiotherapy needs. BAU is not meeting current performance metrics and would further deteriorate performance targets	Outsource to an adjacent Health Board or Private Sector Provider .	Invest in an additional Linac Accelerator at Hwyel Dda University Health Board	Invest in an additional 5th Linac Accelerator at the SWWCC, Singleton Hospital	Invest in an additional 5th Linac Accelerator at the SWWCC, Singleton Hospital with additional clinical and support space
Discounted	Discounted	Discounted	Preferred	Do Maximum

Due to the requirement for a fifth linac, additional CT simulation (CT SIM) support and capacity will be needed to ensure its effective operation. Further information can be found in the Finance Case.

The service delivery options identified the potential timescales options for delivering the preferred scope, preferred technical solution. They were agreed as follows:

Figure – Delivery Options

Business As Usual	Do Maximum
NHS Delivery	Non-NHS Delivery
Preferred	Discounted

The implementation options identified the means for delivering the preferred service solution, technical solution and delivery solution. They were agreed as follows:

Figure – Implementation Solutions Options

Do Minimum	Maximum
Phased Delivery	Not Phased
Discounted	Preferred

The funding options identified the funding solutions for delivering the preferred service solution, technical solution implementation solution and delivery option. They were agreed as follows:

Figure – Funding Options

Do Minimum	Intermediate/Do Maximum
Capital Funding	Private / Public Partnership Funding
Preferred	Discounted

The long list of local framework options are summarised below:

Figure – Summary of the Long List Options

Framework Options	BAU Option 1	Option 2	Option 3	Option 4	Option 5
Service Scope	Business as usual	Provide a more resilient Linac Programme and Service Model for the SWWCC, ensuring there is improved capacity to meet the future needs of Radiotherapy requirements.			
	Discount	Preferred			
Service Technical Solution		Outsource to an adjacent Health Board or Public Sector provider	Invest in an additional Linac Accelerator at SWWCC	Invest in an additional Linac Accelerator at HDUHB	Invest in an additional Linac Accelerator at SWWCC with additional clinical and storage space
		Discount	Preferred	Preferred	Do Maximum
Service Delivery		Non-NHS Delivery	NHS Delivery		
		Discount	Preferred		
Implementation Solution		Non-Phased	Phased Delivery		
		Discount	Preferred		
Funding Solution		Private/Public Partnership Funding Option	Capital Funding Solution		
		Discount	Preferred		

Figure - Framework Options Overview

Potential Service Scoping Options	SC Option 1	SC Option 2	SC Option 3	SC Option 4	SC Option 5
	Business as Usual (BAU) no change to the SWWCC Linac Provision	Outsource to an adjacent Health Board or Private Sector Provider	Invest in an additional Linac Accelerator at SWWCC	Invest in an additional Linac Accelerator at HDUHB	Invest in an additional Linac Accelerator with additional clinical and support space
Spend Objectives:					
1. Provide increased radiotherapy and adaptive radiotherapy treatment capacity to meet patient demand by 2027/28	X	X	✓	✓	x
2. To improve the quality of service. This will be evidenced by; improved patient outcomes, meeting current and forecast changes in demand that is suitable for patient need.	X	X	✓	x	✓
3. To improve clinical efficiencies by providing additional and reliable Linac capacity, reducing disruption for patients during their treatment.	X	X	✓	✓	✓
4. To improve access to complex cancer treatments for patient, enabling patients with the greatest health needs to have access to modern, high quality cancer treatments, addressing inequalities across Southwest Wales.	X	X	✓	✓	✓
5. To improve economies by optimising local care and reducing the need for outsourced radiotherapy treatment	x	X	✓	✓	✓
Critical Success Factors:					
1.Strategic Fit & Business Needs	x	x	✓	✓	✓
2. Benefits Optimisation	x	x	✓	✓	x
3.Compliance	x	✓	✓	✓	✓
4. Potential Achievability	x	✓	✓	x	x
5. Potential Affordability	✓	x	✓	✓	x
6. Supplier Capacity & Capability	x	x	✓	✓	✓
Summary:	**Discount (Retain a baseline comparator)**	**Discount**	**Preferred**	**Discount**	**Discount**

Please see **Appendix D – Option Appraisal** for details of the Long List appraisal process and the rationale for accepting or rejecting local framework options.

3.4 Summary of Short List Options

The Board members identified the following four shortlisted local options to be taken forward for detailed financial analysis:

Figure – Summary of the Short List Options

Options	Reason for Acceptance or Rejection for Further Conbsideration	Finding
Option 1: Business as Usual	**Fails** to deliver required Spend Objectives and Critical Success Factors.	Discounted (retained as Baseline Comaprator)
Option 3: Additional 5th Linac at South West Wales Cancer Centre	Delivers all the required Spend Objectives and Critical Success Factors.	Preferred Option

Business as Usual:

The current radiotherapy service lacks sufficient resilience to meet the existing and growing demand for Linac radiotherapy treatment across South West Wales. Performance against the All-Wales Radiotherapy Quality Metrics, including the 14-day treatment targets and Reducing Time to Radiotherapy (RT) measures, is currently and consistently below the required standard and is expected to deteriorate further without investment in an additional Linac. In the medium term, the position presents a significant clinical risk, driven by increasing demand for cancer treatment associated with an ageing population, and advancements in techniques. Limited treatment capacity will lead to further delays in treatment and could negatively influence patient outcomes, with some cases leading to loss of life.

Maintaining the current “Business as Usual / Do Nothing” position would not have an immediate impact on the Health Board’s revenue position for Linac treatment. However, longer-term financial pressures are likely to arise as a result of insufficient capacity. These include the increased need to outsource cancer treatments, i.e., utilising Velindre Cancer Centre, which often results in a suboptimal patient experience, at an estimated minimum cost of the 5th Linac revenue cost.

In addition, limited capacity reduces opportunities to improve patient pathways by using axillary radiotherapy as an alternative to axillary surgery. Axillary surgery costs approximately £9,000 per patient, compared with approximately £3,000 for complex radiotherapy supported by technical input. This presents a potential opportunity to improve services, whilst also achieving cost efficiencies. The approach is supported by a position statement from the Wales Cancer Network and the Clinica Oncology Sub-Committee of the Welsh Scientific Advisory Committee, which was formally ratified on 13 January 2025.

Consequently, while the revenue implications associated with the current preferred option would require investment in the short term, comparable or greater financial pressures could materialise in future years under the ‘Do Nothing’ scenario due to the ageing population and increasing demand for cancer care services across Wales.

The Preferred Option:

If investment is approved to support the additional Linac, the Health Board will significantly improve its projected demand and capacity position by 2027/28. Radiotherapy performance metrics from May 2026 demonstrated an average patient wait time of **27 days,** with **86%** of patients treated outside of the target timeframe. Investment in an additional Linac would reduce Time to Radiotherapy delays and deliver

clear, measurable improvements in patient care, evidence by an increased number of patients receiving Radiotherapy and Adaptive Radiotherapy Treatment.

The proposal will also reduce expenditure associated with outsourced commissioned care and support a reduction in surgical interventions through the increased use of radiotherapy pathways. In addition, an extra Linac would strengthen service resilience and continuity, particularly during periods of machine breakdown or maintenance, which contribute to fragmented patient pathways.

The additional capacity would reduce the number of rearranged or delayed appointments, lessen resilience on outsourced cancer treatments, and support the delivery of safer, high quality patient outcomes. Overall, this option provides an essential balance of clinical benefit, operational resilience and long-term service sustainability.

Please see **Appendix D – Option Appraisal** for details of the shorting appraisal process and for details of the preferred location option apparaisal process (workshop held on the 27th March 2026).

3.5 Economic Appraisal of the Shortlisted Options

The economic appraisal evaluates the costs, benefits and risks of the shortlisted options and identifies the option that is most likely to offer the best VfM in accordance with HM Treasury Green Book and WGov business case guidance.

Capital Costs

The project's capital cost estimate from RIBA stage 3 (design feasibility) was prepared by the Health Boards' Cost Advisor, AECOM. The selected contractor has since provided fully tendered costs, reflecting RIBA Stage 4 (a fully developed design and tender package). These costs have been reviewed and scrutinised by the Cost Advisor, who has produced a report confirming that the project represents good value for money and that the submitted costs are in line with current market rates and conditions.

Planning contingency was estimated by AECOM at 4.99% of works, non-works, equipment and fees. The capital costs for each shortlisted option are as follows:

Figure – Capital Requirements (£000 excl VAT)

	Preferred
Works Costs	351
Fees	88
Non-Works Costs	124
Equipment Costs	5,116
Planning Contingency	28
Total	5,708

The key assumptions underlying the development of the capital costs are:

- Capital Cost includes works, non-works, abnormals allowances, equipment costs and risk contingency, which is assessed at 4.99%.
- VAT has been excluded from this section of the case.
- The Business as Usual option (Option 1) was retained as the baseline comparator.
- This business case excludes Optimism Bias and a Comprehensive Investment Appraisal (CIA) model.

Recurring Revenue Costs

The baseline and indicative future recurring revenue cost for each shortlisted option are as follows:

Figure – Revenue Implications (£000 above baseline excl VAT)

Costings (NB. pay based on top of scale 2026/27 pay scales)	26/27	27/28	28/29	29/30	30/31
5th Linacc					
Pay Costs - Medical Physics	69	476	508	508	508
Pay Costs - Radiotherapy	0	899	899	899	899
Pay Costs - Oncology Consultants	0	166	191	191	191
Total Pay Costs	**69**	**1,541**	**1,598**	**1,598**	**1,598**
Non Pay - Medical Physics & Radiotherapy *	0	156	310	330	330
Non Pay - New Adaptive RT	0	260	300	300	300
Total Non Pay Costs	**0**	**415**	**610**	**630**	**630**
Facilities Management Costs	**0**	**34**	**40**	**40**	**40**
Total 5th Linacc Costs	**69**	**1,991**	**2,248**	**2,268**	**2,268**
**CT Sim ** **					
Pay Costs - Medical Physics	51	154	154	154	154
Pay Costs - Radiotherapy	51	163	163	163	163
Pay Costs - Oncology Consultants	0	96	96	96	96
Total Pay Costs	**103**	**413**	**413**	**413**	**413**
Direct Non-Pay Costs	2	68	68	68	68
Medical Physics Artificial Intelligence Software Subscription	0	25	25	25	25
Total Non Pay Costs	**2**	**93**	**93**	**93**	**93**
Facilities Management Costs	**0**	**0**	**0**	**0**	**0**
Total CT Sim Additional Capacity Costs	**105**	**506**	**506**	**506**	**506**
Total Cost	**174**	**2,497**	**2,754**	**2,774**	**2,774**

* No Service Maintenance Contract & Support costs in 1st Year due to warranty

** CT Sim costs from funded capacity of 34.5% up to capped capacity of 60%

Given only one Option (Option 3 – Additional Linac to be Installed at Singleton Hospital) was taken forward for further evaluation a CIA (Comprehensive Investment Appraisal) economic appraisal was not undertaken.

3.6 Risk Appraisal

The key risks associated with the preferred option at this stage have been assessed by an independent Cost Advisor with Project Team members using WG guidance methodology for business cases. The scheme risk register reflects an assessment of the pre-construction risks and informs this project's 'knowns' & 'unknowns' at this point in time.

Risks have been apportioned to either the Health Board or private sector and mitigating strategies have been identified in the Risk Register. The risk appraisal was undertaken using the Welsh Government's risk methodology for business cases. It included the following distinct elements:

- Identifying the risks and definitions for assessing options.
- Assessing the impact and likelihood for each option against these categories.
- Calculating the risk score.

The range of scales used to quantify the risk for impact and likelihood was: Low = 2; Medium = 3; High = 5

Likelihood					
	5	10	15	20	25
	4	8	12	16	20
	3	6	9	12	15
	2	4	6	8	10
	1	2	3	4	5
	Impact				

The Preferred Option

The preferred option was confirmed as Option 3 to purchase and install an additional 5th Linear Accelerator. This development is within the existing, empty bunker at Singleton Hospital.

The consultants have utilised an equivalent of Autodesk AutoCAD 2D design and the associated drawings were formally approved by the Project Board on 23 March 2026 (refer to Appendix A – Estates Annexe 5 for drawing details).

The scope of this contract includes key deliverables such as enabling works, infrastructure services and connections, and the remodelling and refurbishment of the existing empty treatment and control room, to accommodate an additional Linear Accelerator to support the radiotherapy service provision. It also encompasses a carefully managed transition process to ensure that clinical operations remain uninterrupted during the decommissioning of the existing empty linac bunker, execution of the main construction works, and subsequent commissioning phases. In addition, the Design Team will be responsible for ensuring full compliance with clinical and IM&T requirements, maintaining compatibility with existing systems where necessary.

The design does not incorporate specific decarbonisation measures; however, the scheme adopts a low-intervention approach, retaining existing walls, linings and building systems wherever possible. The air handling unit intended to serve the new Linac was commissioned in 2022 and remain in good condition, supporting ongoing energy efficiency. Further efficiencies are achieved through the introduction of LED lighting. Finishes have been carefully selected to align with the existing building fabric, minimising material usage, limiting scope change and reducing overall design complexity.

4 The Commercial Case

4.1 Introduction

This section of the business case outlines the proposed 'deal' as outlined in the Economic Case. The business case is seeking to secure public funding from the WGov's 'All-Wales Capital Programme'.

4.2 Required Services

Provision of a development of a 5th Lin Acc within the South- West Wales Cancer Centre, which will be commissioned in an existing bunker at Singleton Hospital.

Procurement Route:

The Health Board will deliver the main works and commissioning services via Swansea Bay University Health Boards' Construction Framework, utilising the framework agreements 'rotation system'. This framework is a compliant route to market, developed in collaboration with NWSSP Procurement Services colleagues.

The design has been developed to RIBA Stage 4 (i.e. the design has detailed technical drawings, specifications, and schedules required for tendering and construction to support this application).

The contractor will not be formally awarded a contract until investment from Welsh Government is confirmed.

Specialist Equipment:

The Health Board, together with support from NWSSP Procurement Colleagues, propose to purchase the Linac Accelerator from Elekta. This will be procured via Direct Award against the NHS Supply Chain Framework for *'Radiotherapy Treatment Systems, Associated Options and Related Services' reference: 2021/S 000-007768*. It is not technically viable for the Health Board to consider a competitive tendering exercise due to machine interoperability with other Linacs within the SWWCC.

Elekta has been engaged to provide an initial budget quotation, alongside supporting information outlining how the organisation can contribute to NHS Wales' socio-economic objectives. This includes alignment with the Well-being of Future Generations (Wales) Act 2015, with a particular focus on decarbonisation initiatives and the delivery of wider social value outcomes.

Current anticipated lead times are approximately 12 weeks. However, it should be noted that both programme timescales and associated costs remain subject to change, reflecting ongoing uncertainty within the global political and economic climate. These external factors may impact supply chain logistics, material availability, and procurement timelines. Elekta, will be formally issued a contract following investment approval from Welsh Government.

4.3 Key Appointments & Contract Arrangements

The following key appointments have been made to support delivery of this project:

- Project Manager Services are provided by HLD Design.
- Architectural & Principal Design services are provided by HLD Design.
- Civils and Structural Engineering design services are provided by PHG Consulting Engineers Limited
- Health Board Cost Advisor services and business case support services are provided by AECOM.
- Mechanical & Electrical design services to support feasibility stage and enabling works was provided by AECOM.
- Other technical commissioning services are provided by SBUHB.

All wayfinding will be in accordance with Welsh Language Standards.

4.4 Required Facilities and Compliance

The Additional 5th Linac Accelerator installation will follow Welsh Health Building Note and Welsh Health Technical Memorandum guidance and statutory requirements.

4.5 Potential for Risk Management

A risk register has been compiled and costed relative to risks that apply over the whole of the project lifecycle at this stage (**Appendix A Estates Annexe A8**). The planning contingency has been assessed by an independent cost advisor. The planning contingency includes non-recoverable VAT. This assessment of risk and complies with NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP - SES) guidance at this planning stage.

4.6 Agreed Charging Mechanisms & Contracts

A collaborative working model is to be adopted. All charging mechanisms will be covered within the framework agreement.

AECOM, the Health Board's appointed Cost Advisor, confirms the scheme is fully tendered.

The design is reflective of RIBA work stage 4 and NEC 4 (Option A) will apply.

Contractors will invoice SBUHB Health Board in accordance with the Payment Mechanism. The agreed Payment Mechanism is 4 weekly assessments by the Health Board Cost Advisor with payment due within 14 days of the Assessment Date.

Arrangements and Change Control Procedures are referenced and managed as part of the model form contract. Change control is strictly managed by the Project Board, specifically by the project director, and any change in cost and scope must be approved by project board. Our independent Cost Advisor, AECOM, acts on Health Board's behalf to manage cost / commercial risk and to ensure mitigations are identified throughout the contract. The Cost Advisor reports directly to Project Board on a regular basis.

4.7 Agreed Contact Length

The main works' contract will cover approx. 17 weeks, subject to agreement with the Main Contractor.

4.8 Personnel Implications (including TUPE)

TUPE (Transfer of Undertaking and Protection of Employee) will not apply to this investment.

4.9 FRS5 - Accountancy Treatment

It is assumed that public funding will be allocated for this project and therefore capital will be included on the balance sheet.

4.10 Indicative Timescales

The indicative milestones are set out below:

Figure – Key indicative milestones

Activity	Due Date
Health Board endorses business case	July 2026
WGov approve business case	October 2026
Agree and Enter Contract / Order Machine	October 2026
Main Works	November 2026
Install Machine (subject to purchase lead times)	November 2026 – January 2027
Handover (subject to contractor's programme)	February 2027
Clinical Commissioning	March 2027
Technical Project Evaluation (approx. 3 months post-commissioning)	June 2027
Benefits Realisation (12 months post operational)	June 2027

5 Funding and Affordability

5.1 Introduction

The purpose of this section is to set out the indicative financial implications of the proposed investment (as set out in the Economic Case) and proposed Deal (as described in the Commercial Case).

5.2 Capital

The tendered capital cost of the project are as follows (**Appendix A Estates Annexe A2**):

Figure – Capital Requirements (£000 incl. non-recoverable VAT)

	Preferred
Works Costs	422
Fees	106
Non-Works Costs	149
Equipment Costs	6,139
Planning Contingency	34
Total	**6,850**
Less recoverable VAT	18
Base Project Cost	**6,832**

£000's	Prior Years	2026/27	Total
Capital Cost	34	6,797	6,832
Capital Funding	0	6,832	6,832

The above capital costs reflect Capital estimates prepared by the Health Boards appointed cost advisors, AECOM.

The key assumptions underlying the development of the capital costs are:

- Capital Cost includes works, non-works, abnormals allowances, equipment costs and risk contingency, which is assessed at 4.99%.
- VAT is at 20% except for the professional fee and other vat recoverable elements (see **Appendix A Estates Annexe A3**).
- VAT has been excluded from this section of the case.
- The Business as Usual option (Option 1) was retained as the baseline comparator.
- This business case excludes Optimism Bias and a Comprehensive Investment Appraisal (CIA) model.

5.3 Recurring Revenue Costs

The baseline and indicative future recurring revenue cost for the preferred option are as follows:

Figure – Revenue Implications (£000 above baseline incl non recoverable VAT)

Costings (NB. pay based on top of scale 2026/27 pay scales)	26/27	27/28	28/29	29/30	30/31
5th Linacc					
Pay Costs - Medical Physics	69	476	508	508	508
Pay Costs - Radiotherapy	0	899	899	899	899
Pay Costs - Oncology Consultants	0	166	191	191	191
Total Pay Costs	**69**	**1,541**	**1,598**	**1,598**	**1,598**
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Total Non Pay Costs	**0**	**415**	**610**	**630**	**630**
Facilities Management Costs	**0**	**34**	**40**	**40**	**40**
Total 5th Linacc Costs	**69**	**1,991**	**2,248**	**2,268**	**2,268**
**CT Sim ** **					
Pay Costs - Medical Physics	51	154	154	154	154
Pay Costs - Radiotherapy	51	163	163	163	163
Pay Costs - Oncology Consultants	0	96	96	96	96
Total Pay Costs	**103**	**413**	**413**	**413**	**413**
Direct Non-Pay Costs	2	68	68	68	68
Medical Physics Artificial Intelligence Software Subscription	0	25	25	25	25
Total Non Pay Costs	**2**	**93**	**93**	**93**	**93**
Facilities Management Costs	**0**	**0**	**0**	**0**	**0**
Total CT Sim Additional Capacity Costs	**105**	**506**	**506**	**506**	**506**
Total Cost	**174**	**2,497**	**2,754**	**2,774**	**2,774**

* No Service Maintenance Contract & Support costs in 1st Year due to warranty
** CT Sim costs from funded capacity of 34.5% up to capped capacity of 60%

The operational and workforce modelling underpinning the revenue implications of this Business Case considers the combined impact of introducing a 5th Linac, the implementation of adaptive radiotherapy, and the temporary reduction in treatment capacity associated with the retrofit of an existing Linac. The outputs of this modelling demonstrate that the 5th Linac will be substantially utilised from the point of clinical operation, subject to agreed operational constraints and workforce availability.

The modelling reflects current and projected treatment demand, the increased imaging and replanning activity inherent to adaptive radiotherapy delivery, and the requirement to maintain service continuity during planned periods of Linac downtime. Collectively, this confirms that the 5th Linac is essential to sustain throughput, manage transition risk, and maintain waiting time performance, rather than representing excess or contingency capacity.

For the purposes of this Business Case, the following phasing assumptions have been applied and reflected within the financial model:

- **Installation and Clinical Commissioning:** Linac installation and clinical commissioning activities are assumed to commence in Q4 2026/27, with associated non-recurrent costs reflected accordingly.
- **Workforce Training and Readiness:** Treatment radiographer training and competency development are assumed to take place in the early part of Q1 2027/28, recognising the lead-in time required for safe operation of new and adaptive radiotherapy technologies.
- **Operational Commencement:** Recurrent operational costs associated with the fifth Linac are assumed to commence in late Q1 2027/28, reflecting a phased transition from commissioning to full clinical activity.

These assumptions ensure that revenue costs are recognised only when operational benefit can be realised, thereby supporting value for money and affordability within the wider financial framework of the Business Case.

The proposed expansion of radiotherapy services, including the introduction of a 5th linear accelerator (Linac), is critically dependent on the availability of sufficient CT-Simulation (CT-Sim) and treatment planning capacity. CT-Sim is an essential prerequisite within the radiotherapy pathway, and any constraint at this stage would materially limit patient throughput, reduce the effective utilisation of Linac capacity, and undermine the delivery of anticipated clinical and operational benefits.

Approval for a second CT-Sim unit was granted in 2024. The associated CT-Sim Business Justification Case established the evidence base for the revenue requirements relating to CT-simulation that are included in request for investment. However, whilst capital funding has been secured, recurrent funding only supports 34.5% of the full operational capacity required for CT-simulation aligned to the existing four linacs. At this level of provision, CT simulation and treatment planning capacity would become a represent a critical constraint within the pathway and would be insufficient to safely and effectively support the introduction and operation of a 5th Linac.

To enable the full and sustainable utilisation of the 5thLinac, CT-Sim provision must increase to 60%, requiring additional recurrent funding. This uplift is necessary to ensure that simulation and treatment planning capacity remains aligned with treatment delivery capability, preventing extended waiting times and supporting safe clinical practice, including the introduction of adaptive radiotherapy.

The CT-Sim revenue model included within this Business Case has been updated from the original 2024 CT-Sim Business Case to reflect current assumptions and the revised programme timetable. The following updates have been incorporated:

- **Updated Pay Award Assumptions:** Staffing costs have been refreshed to reflect the 2026/27 pay award, replacing the previous assumption based on 2024/25 pay scales, ensuring that revenue estimates remain current and realistic. These should be updated to reflect any future agreed 27/28 pay award.
- **Revised Demand and Capacity Phasing:** The phasing of demand and capacity has been updated to align with the planned commissioning of the fifth Linac, in line with agreed project timelines. This includes the planned introduction of adaptive radiotherapy techniques, which

increase demand on CT-Sim and treatment planning capacity due to additional imaging, replanning, and verification activity.

- **Capacity Scope and Future Proofing:** For the purposes of this Business Case, CT-Sim operational capacity has been capped at 60% - with an initial increase to 38% in 26/27 to align capacity to demand. Any requirement for additional capacity beyond this level has been intentionally excluded and would be subject to separate consideration, aligned to future Linac expansion and/or the introduction of additional adaptive radiotherapy systems beyond machines 1 and 2. This case includes adaptive radiotherapy capability for two Linacs (one retrofit to an existing machine and one new installation).

These assumptions ensure that the revenue model is proportionate to the scope of the current proposal, deliverable within the planned timeframe, and avoids pre-emptive investment ahead of confirmed service expansion.

The recurrent revenue costs associated with this proposal will be shared equally between Hywel Dda University Health Board and Swansea Bay University Health Board, reflecting patient activity across both organisations. Cost sharing will be governed through an agreed financial commissioning mechanism, ensuring equity, transparency and alignment between cross-Health Board, regional arrangements.

This approach enables equitable distribution of costs in accordance with service utilisation, while providing assurance that the ongoing revenue implications are affordable, sustainable, and underpinned by robust governance arrangements.

5.4 Impact on the Balance Sheet and Impairment

The capital funded option for the purchase of 5th Linac Accelerator and associated refurbishment work will require additional non-cash funding for recurring depreciation (AME) and non-recurring impairment (AME)

Figure – Impact on the Balance Sheet and Impairment £000s

000's	2026/27	2027/28	2028/29	2029/30	2030/31
Depreciation (AME)		644	644	644	644
Impairment Initial Valuation (AME)	347				

The Health Board will engage the services of the District Valuer to provide a valuation of the scheme following completion, the final value attributed to the buildings will be on the Balance Sheet of the Health Board.

At this stage the estimated AME Impairment on the initial valuation of £0.347m will need to be taken through the Health Board's SOCNE in 2026/27. The Health Board would require funding from WGov and this will be included in the AME impairment funding submission to WGov in 2026/27.

The Health Board will require additional recurring depreciation of £0.644m from 2027/28.

A process of external audit for the project has already begun and will continue throughout the redevelopment and construction process.

5.5 Overall Affordability

The Health Board will require a capital investment of £6.832m (including recoverable VAT), alongside annual revenue expenditure of £2.8m (including VAT). This ongoing revenue cost will be shared equally between Hywel Dda University Health Board and Swansea Bay University Health Board.

6 The Management Case

6.1 Introduction

The section of the business case addresses the achievability of the project. The details are set out below.

6.2 Project Management Arrangements

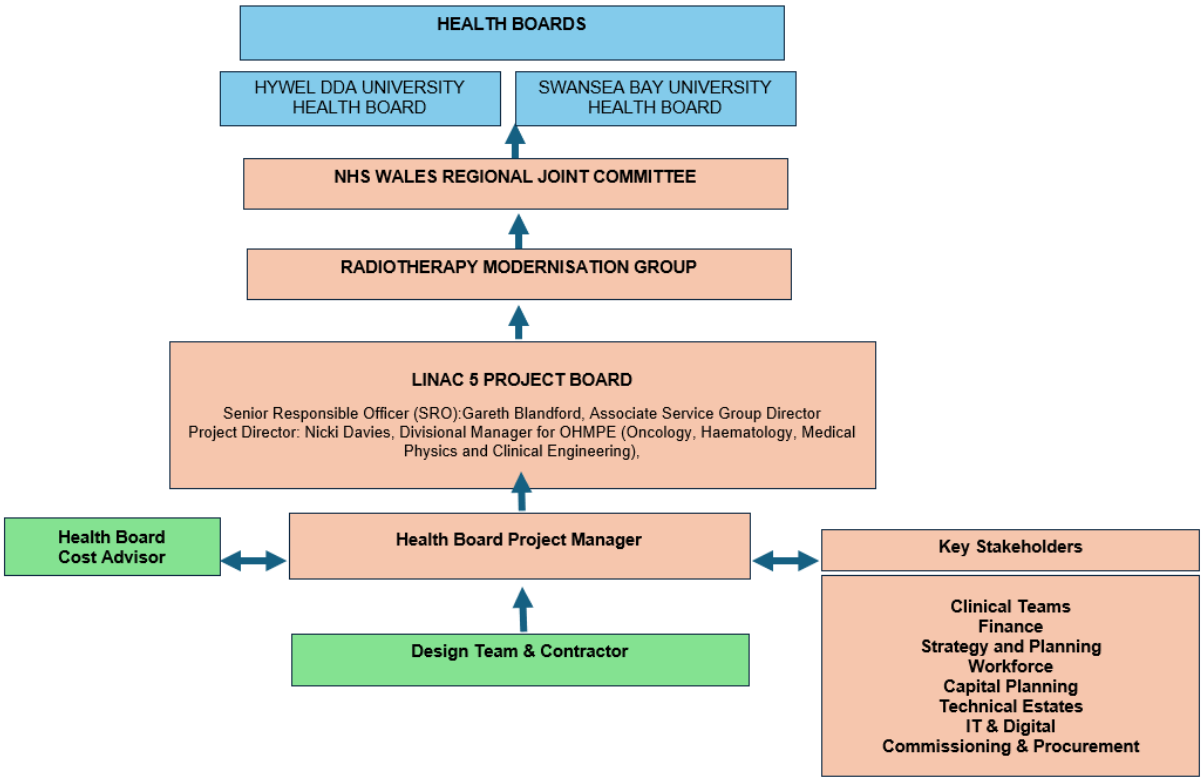
To ensure successful South West Wales project delivery, a robust project management reporting structure has been established. The structure is based on the PRINCE2 principles.

The Health Board's experience of developing and delivering complex projects in a Prince2 environment ensures diligent management and thorough clinical involvement throughout all parts of the development:

- The Senior Responsible Owner (SRO) for the project is Gareth Blandford, Associate Service Group Director, Neath Port Talbot and Singleton Service Group
- The Project Director is Nicki Davies, Divisional Manager for OHMPE (Oncology, Haematology, Medical Physics and Clinical Engineering), Neath Port Talbot and Singleton Service Group who has the authority and responsibility to manage delivery of the project on behalf of the key stakeholders. The Project Director reports via the Project Board to the SRO.
- The Project Manager, Danny Flynn, Capital Project Manager, will support the Project Director.

A summary Project Board & Project level management structure diagram is shown below for the Additional 5th Linac at Singleton Hospital.

Figure – Management Structure



6.3 Stakeholder Involvement

The key stakeholders involved in the development of this project and/or its future delivery are outlined within the Terms of Reference Appendix B.

6.4 Use of Special Advisers

Special Advisors will be appointed in accordance with the *Treasury Guidance: Use of Special Advisers*.

Figure – Special Advisors

Role	Advisor
Cost Advisor	AECOM
VAT Advisor	Ernst and Young

6.5 Project Bank Account

Project Bank Account requirements are typically assessed where construction works exceed £2m, as the works cost for this scheme falls below this threshold and the contract duration is less than 6 months, implementation is not considered necessary, in accordance with section 3.2 of the Welsh Public Procurement Policy Note (WPPN) 03/21.

6.6 AEDET (Achieving Excellence Design Evaluation Toolkit)

Due to the nature and scope of the proposed works, it was agreed in consultation with NWSSP-SES Colleagues that an AEDET assessment was not required on this occasion.

6.7 Building Research Establishment's Environmental Assessment Method (BREEAM)

As the proposed development is below 1,000m², the requirement to achieve BREEAM certification does not apply.

6.8 Planning Permissions and Statutory Approvals

The Health Board and appointed external consultants have undertaken engagement with relevant stakeholders, where appropriate, throughout the development of the scheme. As the project is limited to the refurbishment of existing accommodation and does not involve any material alteration to the building fabric or use, formal planning permission and statutory approvals have not been required at this stage.

No additional design development enhancements have been incorporated within the scope o the scheme, as such improvements would necessitate far more extensive refiguration works beyond the scope of the project. In the event that any approvals are subsequently identified these will be progressed following the appointment of the contractor, with all associated pre and post construction conditions managed accordingly.

6.9 Decarbonisation

The design does not incorporate specific decarbonisation measures; however, the scheme adopts a low-intervention approach, retaining existing walls, linings and building systems wherever possible. The air handling units intended to serve the new Linac were commissioned in 2022 and remain in good condition, supporting ongoing energy efficiency. Further efficiencies are achieved through the introduction of LED lighting. Finishes have been carefully selected to align with the existing building fabric, minimising material usage, limiting scope change and reducing overall design complexity.

6.10 Benefits Realisation

Please see SMART benefits in the detailed Benefits Realisation Register in **Appendix C**.

6.11 Community Benefits & Social Values

The proposed contractor has been asked (under the tender process) to produce project specific community benefits and social value (encompassing e.g. the well-being of the local community, inclusivity and equality, support of the Foundational Economy, and environmental impact of the project) plans, which align with the Wellbeing and Future Generations Act's requirements upon contract award.

6.12 Arrangements for Risk Management

A risk framework has been established which outlines the process for managing risk associated with developing this project, including a structure for identifying and mitigating operational and construction related risks. The risk register would use qualitative and quantitative measures to calculate the overall level of risk according to likelihood of any risk occurrence multiplied by the potential impact. The Steering Board will formally review the risk register at key stages of the project. A costed project risk register is attached at **Appendix A Estates Annexe A8**. Risks that score above 15 are automatically reported to the Project Board via the Highlight Report.

6.13 Audit & Assurance

Internal: A Health Board Integrated Impact Assessment (IIA) has been completed - see **Appendix I.**

External: A Risk Potential Assessments (RPA) has been carried out for this project. A copy is included in **Appendix H**. A Gateway review could be arranged, and Welsh Government would conduct post-submission of this BJC in accordance with Welsh Government Investment Guidance and as proportionate to this investment;

In accordance with the NHS Wales Infrastructure Investment Guidance (2018), the Health Board has sought input from NWSSP Audit and Assurance Services (Specialist Services Unit - NWSSP: A&A (SSu) to "assess the risk profile of the scheme and provide appropriate levels of review", as required. A fully resourced and costed audit plan has provisionally been developed, and fees appropriate to the scale of this investment, its proposed timeline for delivery and level of complexity are included in the Cost Form in **Estates Annexe - Appendix A2**. The plan is detailed in **Estates Annexe - Appendix A4**.

6.14 NHS Wales Gateway Assurance

A Risk Potential Assessments (RPA) has been carried out for this project. A copy is included in **Appendix H**. An Investment Decision (Stage 3) Gateway review could be arranged with WGov prior to submission of this business case to WGov in accordance with WGov Investment Guidance. Further Gateways could be completed according to Office of Government Commerce (OGC) guidelines following further evaluation, as required.

6.15 Project Arrangements / Lessons Learned

Post evaluations and lessons learned will be undertaken as appropriate to this investment, and in accordance with best practice and NHS guidance.

6.16 Contingency Plans

The Health Board identified two major categories of project failure: Failure to achieve business case approval to deliver the scheme; Failure of the main contractor/main supplier to deliver the Linac facility/equipment to quality and time.

The contingency plan for the project in the event of failure to achieve business case approval is for the Health Board to continue to revise its plans, working with WGov for an investment in a Linac Accelerator that is acceptable. In the event of main contractor failure, SBUHB would seek recompense in line with the agreed contractual arrangements and appoint another contractor/developer to complete the project.

Appendix A Estates Annexe A2 - Costs Forms & Equipment schedule

Appendix A Estates Annexe A3 - VAT Advice

Appendix A Estates Annexe A4 - Audit Plan

Appendix A Estates Annexe A5 - Drawings

Appendix A Estates Annexe A6 - Indicative Programme

Appendix A Estates Annexe A7 – Risk Register

Appendix A Estates Annexe A8 – Costed Risk Register – *to follow*

Appendix B - Terms of Reference

Appendix C - Benefits Realisation Register

Appendix D - Framework Option Appraisal

Appendix E – Spend Objectives

Appendix F – Framework Workshops

Appendix G – Project Execution Plan (PEP) – to follow

Appendix H – Risk Potential Impact Assessment (RPA)

Appendix I - Integrated Impact Assessment (IIA)

Appendix J - Workforce Plan

Appendix K – Quality Impact Assessment (QIA)

Appendix L: Radiotherapy Monthly Report – May 2026

Appendix M: Abbreviations

AEDET	Achieving Excellence Design Evaluation Toolkit
AME	Annually Managed Expenditure
BAU	Business as Usual
BIS PUBSEC	Business Innovation and Skills (Firm Price Index) Tender Price Index of Public Sector Building Non-Housing
BREEAM	Building Research Establishment Environmental Assessment
CIA	Comprehensive Investment Appraisal
CRBs	Cash Releasing Benefits
CSF	Critical Success Factor
CSP	(SB UHB's) Clinical Service Plan
CSS	Clinical Support Services
DECAG	Departmental Cost Allowance Guide
DGH	District General Hospital
DGM	Divisional General Manager
DoH	Department of Health
ECAG	Equipment Cost Allowance Guide
EQA	External Quality Assessment
FBC	Full Business Case
HB	Health Board
HBCA	Health Board Cost Adviser
HBPM	Health Board Project Manager
HDU	High Dependency Unit
HDUHB	Hywel Dda University Health Board
HIA	Health Impact Assessment
HMt	Her Majesty's Treasury
IMTP	Integrated Medium Term Plan
MDT	Multi-Disciplinary Team
NCRBs	Non Cash Releasing Benefits
NEC	New Engineering Contract
NICE	The National Institute for Health and Care Excellence
NWSSP SES	NHS Wales Shared Services Partnership – Specialist Estates Services
OBC	Outline Business Case
OCP	Organisational Change Policy
OGC	Office of Government Commerce
OOHs	Out of Hours
PEP	Project Execution Plan
PET	Positron Emission Tomography
PIA	Privacy Impact Assessment
PPE	Post Project Evaluation
QA	Quality Assurance
RIBA	Royal Institute of British Architects
RPA	Risk Potential Assessment
SB UHB	Swansea Bay University Health Board
SDCP	Site Development Control Plan
VfM	Value for Money
WGov	Welsh Government
(W)HBN	Welsh Health Building Note
(W)HTM	Welsh Health Technical Memorandum
WTE	Whole Time Equivalent

Time to Radiotherapy

Bench marking across Wales

lechyd gwell
Gofal gwell
Bywyd gwell

Better health
Better care
Better lives

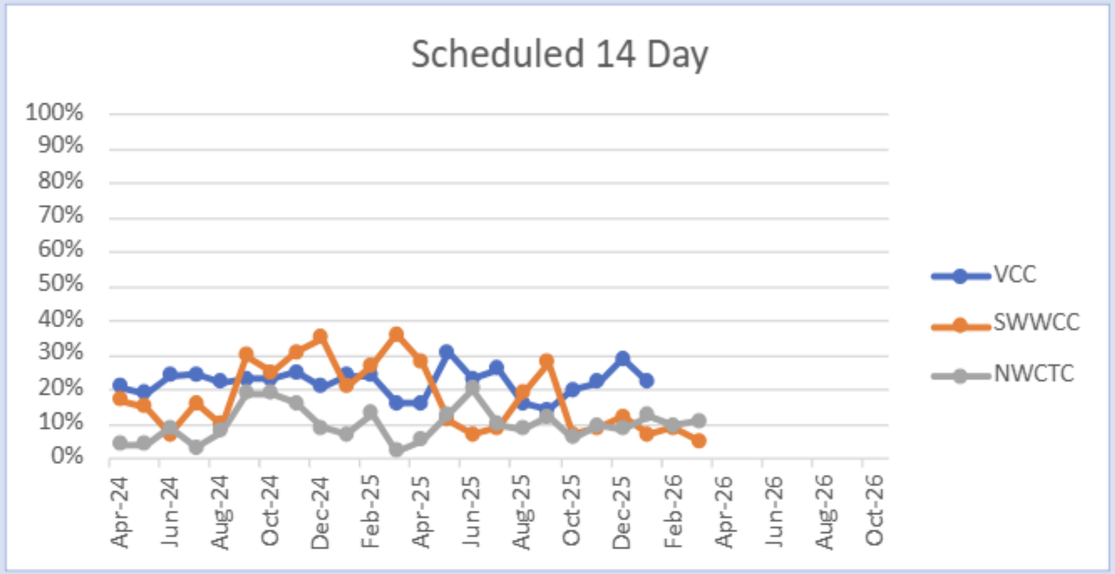
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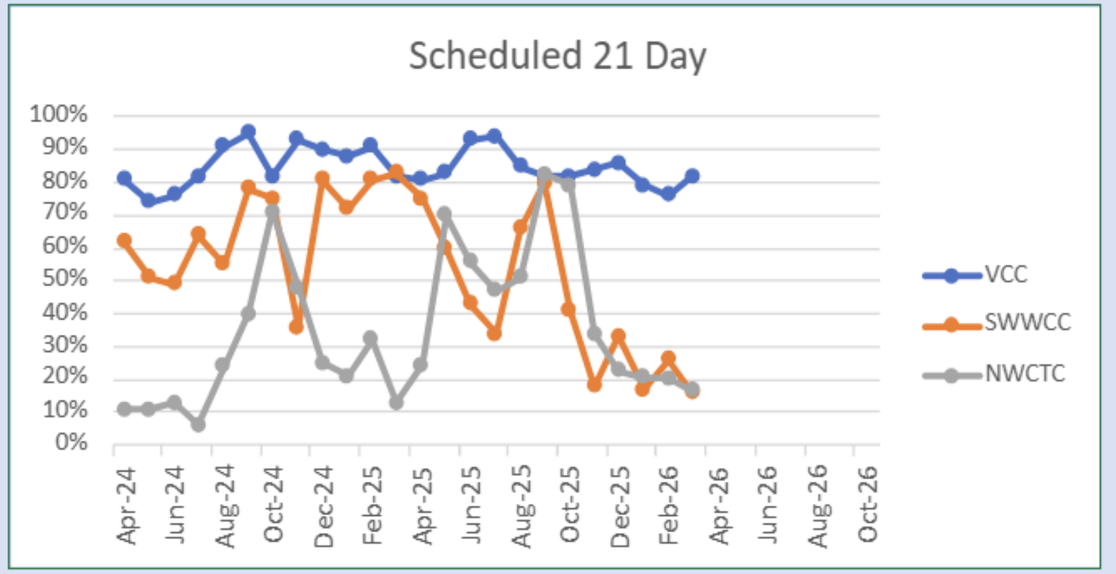
Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Pathway Performance

				Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
VCC	Scheduled	14 days	80%	20%	22%	29%	22%		
VCC	Scheduled	21 days	100%	82%	84%	86%	79%	76%	82%
VCC	Urgent SC	2 days	80%	6%	14%	35%	18%	5%	
VCC	Urgent SC	7 days	100%	78%	75%	82%	71%	59%	69%
VCC	Emergency	1 day	80%	83%	82%	91%	83%	80%	100%
VCC	Emergency	2 days	100%	90%	100%	95%	100%	100%	100%
VCC	Elective Delay	7 days	80%	97%	98%	96%	95%	84%	89%
VCC	Elective Delay	14 days	100%	97%	100%	96%	95%	91%	90%
SWWCC	Scheduled	14 days	80%	7%	9%	12%	7%	9%	5%
SWWCC	Scheduled	21 days	100%	41%	18%	33%	17%	26%	16%
SWWCC	Urgent SC	2 days	80%	45%	29%	19%	36%	13%	24%
SWWCC	Urgent SC	7 days	100%	65%	74%	59%	76%	69%	47%
SWWCC	Emergency	1 day	80%	83%	100%	100%	92%	100%	100%
SWWCC	Emergency	2 days	100%	100%	100%	100%	92%	100%	100%
SWWCC	Elective Delay	7 days	80%	93%	98%	100%	99%	97%	96%
SWWCC	Elective Delay	14 days	100%	98%	100%	100%	100%	98%	97%
NWCTC	Scheduled	14 days	80%	6%	9%	9%	12%	10%	11%
NWCTC	Scheduled	21 days	100%	79%	34%	23%	21%	20%	17%
NWCTC	Urgent SC	2 days	80%	25%	28%	24%	23%	15%	9%
NWCTC	Urgent SC	7 days	100%	81%	84%	73%	88%	70%	61%
NWCTC	Emergency	1 day	80%	100%	100%	100%	100%	50%	100%
NWCTC	Emergency	2 days	100%	100%	100%	100%	100%	75%	100%
NWCTC	Elective Delay	7 days	80%	98%	100%	95%	100%	98%	100%
NWCTC	Elective Delay	14 days	100%	100%	100%	95%	100%	98%	100%

Scheduled Pathway Performance





GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Bae Abertawe | Swansea Bay University Health Board

South West Wales Cancer Centre
Radiotherapy Performance

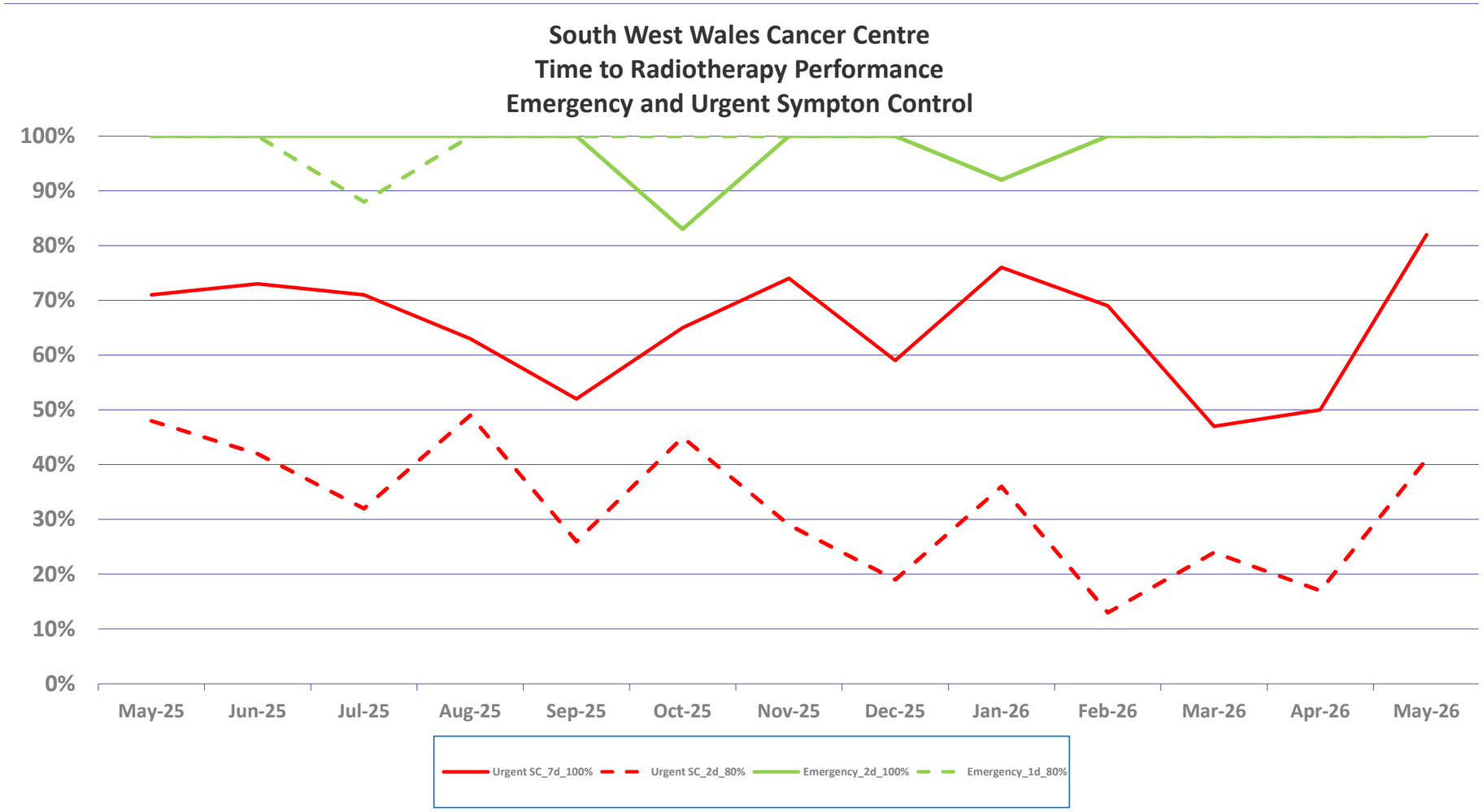
General Information

	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26
Attendances	2185	2079	2039	2359	2157	1983
Exposures	3592	3192	3155	3741	3015	2813
Clinical Days	21	21	20	22	20	19

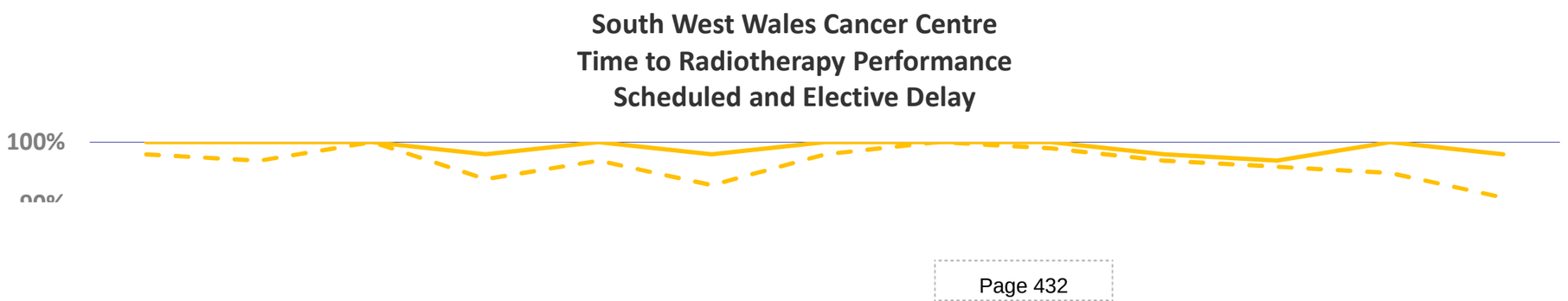
Time to Radiotherpay

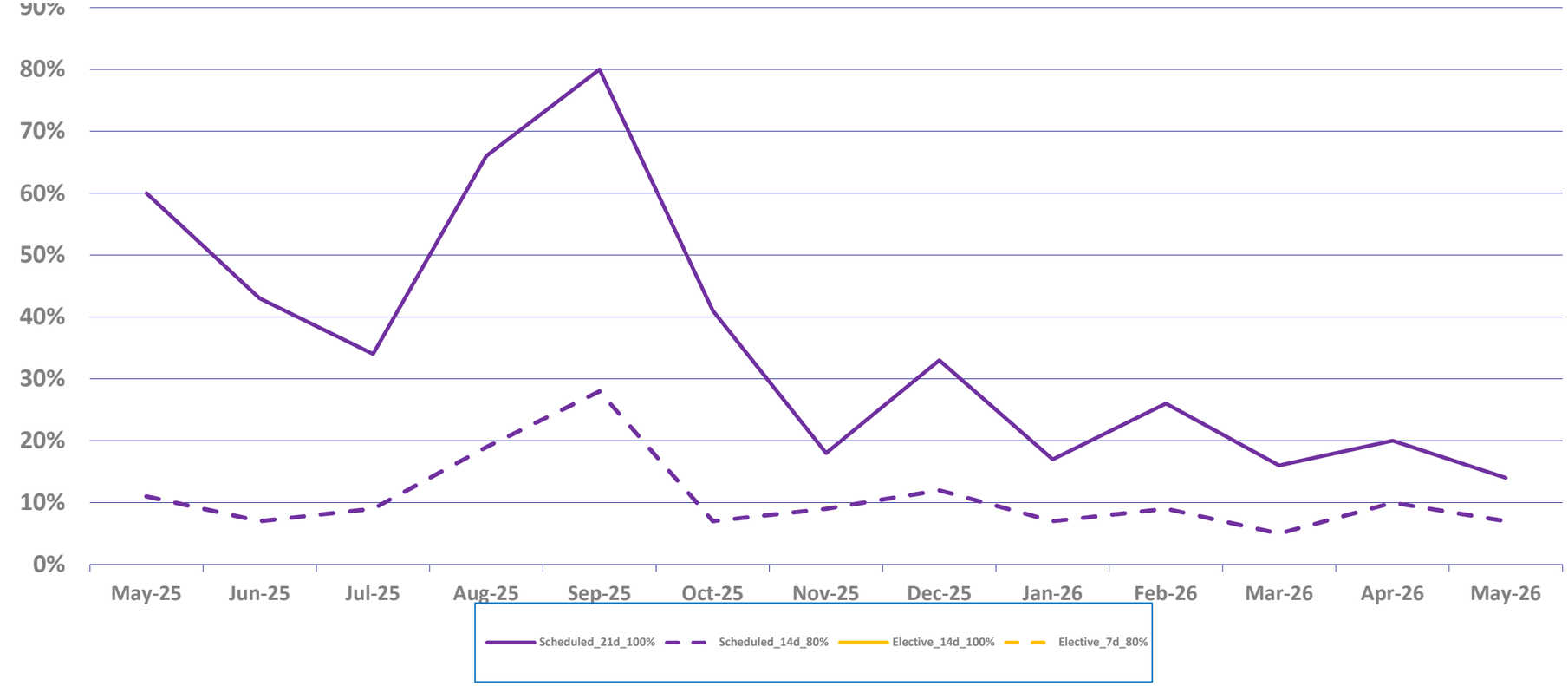
		Dec-25		Jan-26		Feb-26		Mar-26		Apr-26		May-26	
Scheduled	Number of treatments	99		75		85		105		99		94	
	Average Wait	24 Days		28 Days		26 Days		29 Days		26 Days		27 Days	
	% within 14 days (target 80%)	12	12%	5	7%	8	9%	5	5%	10	10%	7	7%
	% within 21 days (target 100%)	33	33%	13	17%	22	26%	17	16%	20	20%	13	14%
	% Out of Target	66	67%	62	83%	63	74%	88	84%	79	80%	81	86%
Urgent SC	Number of treatments	27		25		16		34		24		22	
	Average Wait	8 Days		6 Days		8 Days		7 Days		9 Days		4 Days	
	% within 2 days (target 80%)	5	19%	9	36%	2	13%	8	24%	4	17%	9	41%
	% within 7 days (target 100%)	16	59%	19	76%	11	69%	16	47%	12	50%	18	82%
	% Out of Target	11	41%	6	24%	5	31%	18	53%	12	50%	<5	18%
Emergency	Number of treatments	7		13		19		19		13		19	
	Average Wait	0 Days		1 Day		0 Days		0 Days		0 Days		0 Days	
	% within 1 day (target 80%)	7	100%	12	92%	19	100%	19	100%	13	100%	19	100%
	% within 2 days (target 100%)	7	100%	12	92%	19	100%	19	100%	13	100%	19	100%
	% Out of Target	0	0%	<5	8%	0	0%	0	0%	0	0%	0	0%
Elective Delay	Number of treatments	44		70		61		68		44		44	
	Average Wait	0 Days		1 Day		1 Day		1 Day		1 Day		2 Days	
	% within 7 days (target 80%)	44	100%	69	99%	59	97%	65	96%	42	95%	40	91%
	% within 14 days (target 100%)	44	100%	70	100%	60	98%	66	97%	44	100%	43	98%
	% Out of Target	0	0%	0	0%	<5	2%	<5	3%	0	0%	<5	2%

	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26
Total number of new courses	**177**	**183**	**181**	**226**	**180**	**179**
Total treated in 21 days	104	121	118	138	99	85
% treated in 21 days	59%	66%	65%	61%	55%	47%



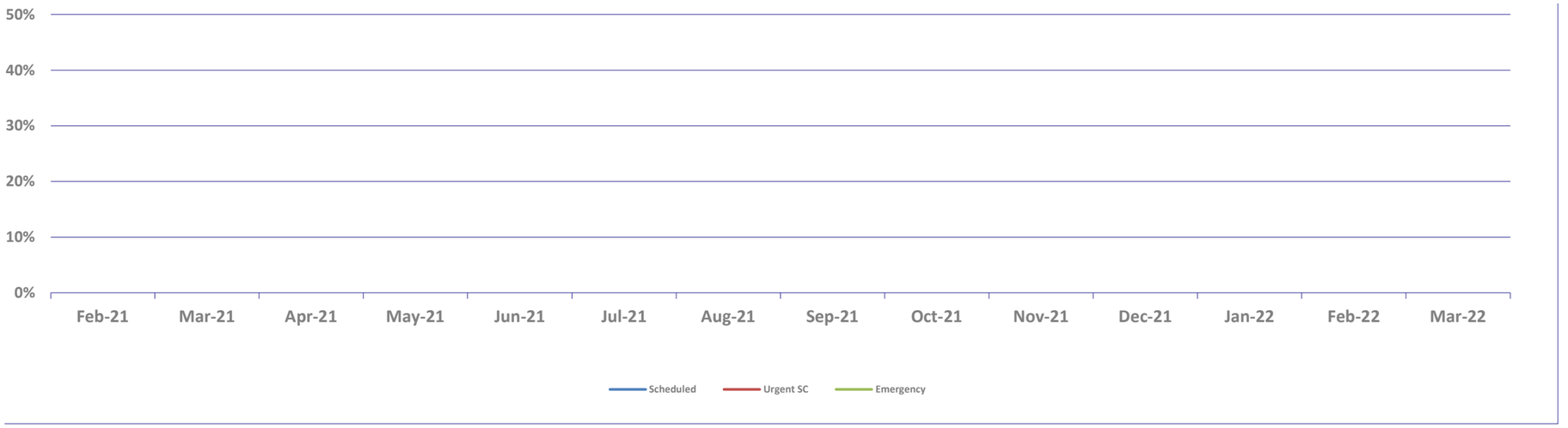
% pts within target													
Month	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26
Urgent SC_7d_100%	71%	73%	71%	63%	52%	65%	74%	59%	76%	69%	47%	50%	82%
Urgent SC_2d_80%	48%	42%	32%	49%	26%	45%	29%	19%	36%	13%	24%	17%	41%
Emergency_2d_100%	100%	100%	100%	100%	100%	83%	100%	100%	92%	100%	100%	100%	100%
Emergency_1d_80%	100%	100%	88%	100%	100%	100%	100%	100%	92%	100%	100%	100%	100%





% pts within target													
Month	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26
Scheduled_21d_100%	60%	43%	34%	66%	80%	41%	18%	33%	17%	26%	16%	20%	14%
Scheduled_14d_80%	11%	7%	9%	19%	28%	7%	9%	12%	7%	9%	5%	10%	7%
Elective_14d_100%	100%	100%	100%	98%	100%	98%	100%	100%	100%	98%	97%	100%	98%
Elective_7d_80%	98%	97%	100%	94%	97%	93%	98%	100%	99%	97%	96%	95%	91%





Month	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Scheduled	80%	85%	77%	87%	70%	84%	91%	89%	84%	61%	78%	82%	91%	95%
Urgent SC	91%	90%	83%	86%	87%	77%	95%	76%	90%	100%	87%	97%	100%	100%
Emergency	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Scheduled	94%	88%	93%	98%	91%	85%	65%	82%	83%	82%	86%	81%	70%	81%
Urgent SC	96%	98%	100%	97%	85%	89%	68%	77%	70%	85%	69%	84%	70%	73%
Emergency	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Scheduled	63%	68%	83%	76%	42%	61%	77%	67%	81%	59%	62%	51%	49%	64%
Urgent SC	52%	90%	91%	78%	73%	77%	65%	85%	79%	82%	64%	49%	58%	75%
Emergency	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%	100%	100%	100%	100%
	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Scheduled	55%	78%	75%	86%	81%	72%	81%	83%	75%	60%	43%	34%	66%	80%
Urgent SC	70%	67%	74%	88%	88%	67%	68%	90%	75%	71%	73%	71%	63%	52%
Emergency	92%	100%	100%	96%	90%	100%	100%	91%	100%	100%	100%	100%	100%	100%
	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26						
Scheduled	41%	18%	33%	17%	26%	16%	20%	14%						
Urgent SC	65%	74%	59%	76%	69%	47%	50%	82%						
Emergency	100%	100%	100%	92%	100%	100%	100%	100%						

Integrated Impact Assessment (IIA) –

SECTION 1 – What is being proposed? In this section you will be asked to provide an overview of what is being assessed, to understand where this work sits within the organisation, the data that is being used to inform this work and how those most affected views will be taken into account	
1. Basic details	
Name of Project / Policy / Procedure / Strategy etc.	Investment of an additional 5th Linear Accelerator at the South West Wales Cancer Centre, Singleton Hospital
What is the purpose and aims? **Please provide a brief overall description that includes:** – **the aim** – **the objectives** – **how this will be achieved** – **how success will be measured** – **the time frame for achieving this** – **a brief description of its relevance to equality and intended beneficiaries.**	The investment will provide an additional, 5th Linear Accelerator in the currently empty bunker at Singleton Hospital to meet rising demand for radiotherapy treatment for cancer patients across South West Wales. The bunker will be upgraded and configured to accommodate a modern, safe Linac, ensuring a secure environment for staff to deliver treatment. This investment will increase patient capacity, enhance service resilience and reduce the potential for outsourced radiotherapy treatments. This project aligns with supporting people in managing their physical, mental and social health & wellbeing needs and builds upon the Health Boards' Clinical Service Plan to transform complex care, emotional wellbeing & mental health. The key spending objectives support business needs, and align with NHS Infrastructure Investment Guidance objectives and criteria and Welsh Governments' Learning Disability Strategic Action Plan (2022-2026) The key spend objectives supports SBU's business needs by increasing capacity to radiotherapy treatment. These objectives align with NHS Infrastructure Investment Guidance objectives and criteria. In particular, they align with SB U's strategic response to access pressures as set out in "*Changing for the Future*" which references Morriston and Singleton Hospitals' roles as a centre of excellence. This project's key spend objectives are as follows:

	Spend Objective 1	The additional 5th Linac will provide **increased radiotherapy treatment capacity** at the SWWCC and support the implementation of a clinical adaptive radiotherapy service, to meet the needs of patient demand. Installation and clinical commissioning to be complete by May 2027.
	Spend Objective 2	To improve the **quality of service**. This will be evidenced by; improved patient outcomes, and meeting forecast changes in demand and current demand which can be measured through radiotherapy metrics.
	Spend Objective 3	To improve **clinical efficiencies** by providing additional and reliable Linac capacity, reducing disruption for patients during their treatment.
	Spend Objective 4	To improve **access to complex cancer treatments** for patient, enabling patients with the greatest health needs to have access to modern, high quality cancer treatments, addressing inequalities across South West Wales.
	Spend Objective 5	To improve **economies** by optimising local care and reducing the need for outsourced radiotherapy treatment.
	All the above to be achieved 12-18 months following the handover of the 5th Linear Accelerator, subject to funding and planning approvals.	
Executive Director Sponsor	Gareth Blandford, Associate Service Group Director of Neath Port Talbot Singleton Hospital Service Group (NPTSSG)	
Lead Officers Completing the IIA	Nicki Davies, Interim Divisional Manager, OHMPCE Shannon Mason, Deputy Business Planning Manager, Capital Planning	
Date(s) IIA drafted and subsequently updated as part of an iterative process	Final Draft. 21.04.2026	

2. What will the change proposed affect?

Changes to be made	Tick relevant box	Brief description of how people will be affected by the proposed changes
New and revised policies, practices, or procedures	✓	The Business Case will support the development of a new, fit for purpose building for patients and staff. There is no requirement for revised policies, practices, or procedures at this time. The project has been developed with

		key national strategies and policies to support the future vision of Cancer Services.
Service review, re-organisation, or service changes/reductions, which affect the wider community, service users, carers and or staff	✓	The lack of capacity for the South West Wales region results in increased Time to Radiotherapy, patient travel, suboptimal experience and reduced survival rates. Capital investment from the Welsh Government will support an additional 5th Linear Accelerator to be implemented for the Cancer Centre, allowing the service to improve current and future demand capacity, enhancing patient care and experience and reducing reliance on private care.
Efficiency or saving proposals	✓	Capital investment from the Welsh Government will support an additional 5th Linear Accelerator to be implemented for the Cancer Centre, allowing the service to improve current and future demand capacity, enhancing patient care and experience and reducing reliance on private care.
Setting budget allocations for new financial year and strategic financial planning	✓	Radiotherapy and Radiotherapy Physics teams have fully engaged with their Finance Business Partner to review staffing models and revenue implications. The proposal, at present, has revenue consequences, but has been addressed verbally through various project groups and has been considered as part of the 'Financial' and 'Economic' case within the additional Linac Business Justification Case.
New project proposals affecting staff, communities, or accessibility to the built environment, e.g., new construction work or adaptations to existing buildings, moving to on-line services, changing location	✓	. The proposal will have a positive impact on patients, families and wider communities as the building will provide additional capacity for cancer care for South West Wales.
Large Scale Public Events	N/A	N/A
Local implementation of National Strategy/Plans/Legislation	✓	See below key national strategies and policies relating to the general vision for NHS Wales: See below key national strategies and policies relating to the general vision for NHS Wales and specifically, Cancer Services: • SBUHB Clinical Services Plan 2019–2024 • Regional Clinical Services Plan, agreed by the South West Wales Joint Regional Planning and Delivery Committee (October 2019) • A Healthier Wales: Our Plan for Health and Social Care (2018)

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- Impact Assessment (IIA)

		• Hywel Dda UHB Transforming Clinical Services (TCS) Programme • SBUHB Cancer Service Improvement Plan 2019–2024 • SBUHB Annual Plan 2019/20 • SBUHB Site Development Control Plan for Singleton Hospital • Wellbeing and Future Generations (Wales) Act 2015 • NICE guidance and Royal College of Radiologists best practice • Cancer Delivery Plan for Wales 2016–2020, including SBUHB's Single Cancer Pathway Action Plan and the South West Wales Non-Surgical Oncology Strategy • Service Specification of External Beam Radiotherapy Services for the NHS in Wales (2024) • A Cancer Improvement Plan for Wales (2023-2026) • The Welsh Government Quality Statement for Cancer (2022)
Strategic directive and intent, including those developed at Regional Partnership Boards and Public Services Board, which impact on a public body's functions	✓	Swansea Bay University Health Board are seeking support from Hywel Dda University Health Board and the Regional Joint Committee to proceed with the revenue implication and capital investment to support the Addiitonal Linac at Singleton Hospital.
Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)	✓	Investment will allow the South West Wales Cancer Centre to develop an improved service model for increased patient capacity and enhanced care in accordance with the Health Boards Clinical Service Plan.
Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)	✓	The Health Board supports each of the WBFGA (2015) goals through its capital investments, which allows the organisation to embed the five ways of working into strategic projects. A fifth Linac will increase radiotherapy capacity at SWWCC, improving service quality, efficiency, and patient outcomes while meeting growing demand and enabling adaptive radiotherapy by May 2027. It will also enhance access to complex treatments, reduce inequalities across South West Wales, and lower costs by minimising outsourced care The Health Board has completed a 'Benefits Realisation' and 'Spend Objectives' workshop to support the investment which sets out objectives to

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- Impact Assessment (IIA)

		support business needs and align with NHS Infrastructure Investment Guidance.
Major procurement and commissioning decisions	✓	The Health Board has liaised with NHS Wales Shared Services Partnership – Procurement Services for the appointment of the proposed main contractor. The Capital Planning Department have engaged the Project Board throughout the tender process, ensuring design decisions were appropriate for the patient group. Commissioning support provided by NWSSP-PS Capital Equipping Team and the Health Boards' Space Management and Commissioning Manager. The following key appointments will be made to ensure delivery of this project: - Main Contractor: T.Richard Jones (Ltd) - Architect and Principal Designer : HLDesign - Mechanical, Electrical and Public Engineering Services: AECOM - Cost Advisor : AECOM - Structural and Civil Engineering: PHG Consulting Limited
Decisions that affect the ability (including external partners) to offer Welsh language opportunities and services	N/A	Wales has specific legal requirements related to the Welsh language, such as the **Welsh Language Act 1993** and the **Welsh Language Standards** (under the **Welsh Language (Wales) Measure 2011**). These requirements will be adhered to as required throughout the Additional Linac scheme. There are no elements of the contract that would affect the ability to offer Welsh Language opportunities and services.
3. Co-production / Engagement / Consultation		
What data / information / intelligence are you using to inform this work?	The development of this project has been informed as a result of increased need for healthcare therapeutic cancer care and the inability to meet patient demand with the current number of Linacs within South West Wales region. The detail is informed by patient led data via the Radiotherapy Service, and has been shared via Radiotherapy Modernisation Groups, Joint Commission Committee Wales and Singleton Leaderhsip Team, in accordance with the Health Boards' Clinical Service Plans.	

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- Impact Assessment (IIA)

	Additionally, a project design team and project board have been established to guide the design and construction phases, ensuring that all perspectives are integrated. Internal and external consultancy will be engaged throughout the project to manage it effectively from construction through to handover, ensuring alignment with these frameworks and the successful delivery of the project
How will you co-produce / engage / consult to get the views of those affected, including people with protected characteristics to inform and develop the policy, procedure, strategy and or decision??	Regular feedback is obtained from patients via the HB system alongside more comprehensive Radiotherapy specific feedback. There is an opportunity to engage with patients at Maggies if this would be useful as this could independently facilitated.
How will you consider the views and opinions of those affected – internal and external stakeholders (staff, people with lived experience, carers etc) on the draft document?	Internal and external stakeholders have worked collaboratively with the Capital Planning Department to develop the draft Business Case. The development has taken place during workshops, project board and project design team meetings.
Provide details of the activities that have already taken place	Project Board Design Team Design Team Meetings – including internal staff engagement Benefits Realisation Workshop Spending Objectives Workshop Pros and Cons Workshop
What changes have been made as a result of the feedback received?	The case has been through various iterations ensuring that relevant changes have been made to strengthen the case for change.
If no co-production / engagement / consultation has taken place or is planned, what are the reasons for this?	N/A
What are the arrangements for engagement / communication as the policy / procedure / strategy is implemented?	The Capital Planning Department are submitting a Business Justification Case to seek approval from the Health Board, and investment from the Welsh Government. **The department is not implementing a policy, procedure or strategy.** However, if funding is approved the case will progress to construction and will be managed by the named contractors, external consultants and the Capital Planning Department, who will fully engage the Project Board on a monthly basis until such time the building is complete and handed over.

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- Impact Assessment (IIA)

SECTION 2 – Understanding the Impact

It is important to understand the potential impact of what is being assessed on the organisation's statutory duty from a number of perspectives including: equality and human rights, biodiversity, Welsh language, Wellbeing of Future Generations Act. It is important to include data, intelligence etc to support how the impact assessment for each topic area has been arrived at. The impact on both staff and patients should be considered

Statutory Area	Specific Detail	What is the Impact?			Details of the impact of the proposal on the following. Where negative impacts are identified, what actions will be taken to minimise these?
		Positive	Negative	Neutral	
Protected Characteristics	**Children and Young People 0-18**			✓	The commissioning of an additional fifth linear accelerator (Linac) within the existing vacant bunker at Singleton Hospital's cancer centre will increase radiotherapy capacity, support current and future patient demand and improve clinical outcomes. Delivery of this project will reduce the number of patients requiring treatment outside the South West Wales region, thereby minimising the need for travel to centres such as Velindre, Bristol, or further afield. The Health Board will ensure that no individual is disadvantaged on the basis of protected characteristics, in accordance with the Equality Act and the Human Rights Act.
	Older People 50+	✓			
	Any other age group	✓			
	Future Generations (yet to be born)	✓			
	Disability	✓			
	Race (including refugees)	✓			
	Asylum seekers	✓			
	Gypsies & travellers	✓			
	Religion or (non-belief)	✓			
	Sex	✓			
	Sexual Orientation	✓			
	Gender reassignment	✓			
	Marriage & civil partnership	✓			
	Pregnancy and maternity	✓			
	Carers (inc. young carers)	✓			
	Veterans	✓			

Public Sector Equality Duty (PSED)	**To eliminate discrimination, harassment, and victimisation**	✓			The Health Board will not discriminate against any individual with protected characteristics in accordance with Equality Act and Human Rights act.
	To advance equality of opportunity between different groups	✓			
	To foster good relations between different groups	✓			
The Human Rights Act contains 15 rights, all of which NHS organisations have a duty. The 7 rights that are relevant to healthcare are listed. What impact does what is being assessed have on:	**Article 2: The Right to Life**	✓			The Health Board will not discriminate against any individual with protected characteristics in accordance with Equality Act and Human Rights act.
	Article 3: The Right not to be tortured or treated in an inhumane or degrading way	✓			
	Article 5: The Right to liberty	✓			
	Article 6: The Right to a fair trial	✓			
	Article 8: The Right to respect for private and family life	✓			
	Article 9: Freedom of thought, conscience and religion	✓			
	Article 14: Prohibition of discrimination	✓			
Socio-Economic Duty	**Community Cohesion**	✓			The Health Board will not discriminate against any individual with protected characteristics in accordance with Equality Act and Human Rights act.
	Social Exclusion	✓			
	Poverty	✓			

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- Impact Assessment (IIA)

Biodiversity	**To maintain and enhance biodiversity**	N/A			The Health Board has appointed a qualified cohort of consultants; architects, mechanical and electrical engineers, civil and structural engineers and project managers, who have supported industry standard improvements where practicable. The promotion of ecosystems etc., is not applicable within this project scope, as the scheme sets to deliver a new, additional Linear accelerator in an existing vacant bunker within the Singleton Hospital.
	To promote the resilience of ecosystems, i.e., supporting protection of the wider environment, such as air quality, flood alleviation, etc.				
Welsh Language	**Will the proposal be delivered bilingually (Welsh & English)?**	✓			The business case has been produced in English, if and as required, the document can be translated.
	Will the proposal have an effect on opportunities for persons to use the Welsh language?	✓			The business case will not impact opportunities for patients or staff to use the Welsh language.
	Will the proposal increase or reduce the department/division's ability to deliver services through the medium of Welsh?	✓			The business case will not increase or reduce the organisations ability to deliver services through the medium of Welsh.
	Will the proposal treat the Welsh language no less favourably than the English language?	✓			The WBFGA (2015)sets the expectation for integrated planning beyond traditional health boundaries to improve social, economic environmental and cultural wellbeing of Wales. The business case has been developed to ensure that each of the goals have been supported. In accordance with the Welsh Language Act and A Wales of Vibrant Culture and Thriving Welsh Language, the proposal

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- Impact Assessment (IIA)

					for investment will not treat Welsh less favourably than the English language.

4. Wellbeing of Future Generations Act (Wales) 2015 150623-guide-to-the-fg-act-en.pdf

How will the proposal maximise contributions to each of the seven national wellbeing goals?	Contribution to the Well-being Goals
– **A prosperous Wales** – **A resilient Wales** – **A healthier Wales** – **A more equal Wales** – **A Wales of cohesive communities** – **A Wales of vibrant culture and thriving Welsh language** – **A globally responsible Wales**	• **A Prosperous Wales** The proposal supports a more efficient and sustainable Radiotherapy and Radiotherapy Physics service at SBUHB by increasing radiotherapy capacity, reducing reliance on outsourced treatments, and optimising use of existing infrastructure. This will deliver better value for money, improve productivity, and support long-term financial sustainability within the Health Board. • **A Resilient Wales** By utilising an existing bunker, the project promotes sustainable use of available resource and infrastructure. Increased opportunity for capacity strengthens service resilience, ensuring continuity of excellent patient care and demand. Additional capability to perform adaptive radiotherapy promotes a skilled and sustainable service within SBUHB. • **A Healthier Wales** The investment will directly improve population health outcomes by increasing timely access to radiotherapy treatment, reducing delays and enabling the delivery of advanced techniques such as adaptive radiotherapy. It also supports patients' physical, mental and social wellbeing by reducing the burden of travel and disruption during treatment. • **A More Equal Wales** The proposal will reduce health inequalities by improving access to high quality cancer treatment for patients across South West Wales, particularly those with the greatest clinical need. . • **A Wales of Cohesive Communities**

	By enabling more patients to receive treatment, the additional linac in Singleton Hospital supports community connections and support networks for those receiving treatment in SWWCC, by reducing the social and emotional impact of travelling long distances for care. • **A Wales of Vibrant Culture and Thriving Welsh Language** The Welsh language will be fully supported, where required, as part of the project delivery and ongoing patient care. • **A Globally Responsible Wales** Potential reduction in patient travel and outsourced treatments will help lower the carbon footprint associated with care delivery.
Ways of working	**Details of how what is being assessed will support the ways of working**
Long-term – looking at least 10 years (and up to 25 years) ahead	The addition of a fifth Linac supports both current capacity requirements and future expansion, including planned replacement programmes and the potential introduction of further linear accelerators. This business case outlines the Health Board's strategic plans to increase Linac capacity within the cancer centre, alongside the longer-term development of a potential satellite facility.
Prevention – preventing problems occurring or getting worse	The South West Wales Cancer Centre (SWWCC) currently operates four linear accelerators, which are insufficient to meet existing patient demand. As these machines age, reliability and efficiency decline, with increased breakdowns leading to treatment delays and impacting the Health Board's ability to meet Time to Radiotherapy targets. Investment in an additional Linac will deliver measurable improvements in patient outcomes and performance against national targets. Without this capital investment, the service is likely to continue breaching required standards for timely care delivery.
Collaboration – working with other services, both internally and externally	The service work collaboratively with wider NHS Health Boards/Trusts, specifically HDUHB, Velindre Trust and Public Health Wales. Additionally, the service proactively engage with other public bodies, including the Regional Joint Committee, who oversee joint incentive projects/programmes between SBUHB and HDUHB.

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- Impact Assessment (IIA)

Involvement – involving people at the earliest stage, ensuring they reflect the diversity of the population	Continued engagement with the Health Board and wider NHS Health Boards/Trusts, and Welsh Government from a strategic perspective.
Integration – making connections to maximise contribution to:	Through strategic partnerships and a focus on sustainability and inclusivity, the proposal for the new facility will make meaningful contributions to the goals of the Well-being of Future Generations (Wales) Act 2015, ensuring a lasting positive impact on individuals requiring cancer care.

SECTION 3 - The One Bay Way BEING A HIGH-QUALITY ORGANISATION
How does what is being assessed support the organisation with its 10-year vision to become a High-Quality Organisation and impact the Health and Care Quality Standards?

5. How with the proposal support the delivery of the One Bay Way?

Objective	What is the Impact?			Details of the impact of the proposal on the following. Where negative impacts are identified, what actions will be taken to minimise these?
	Positive	Negative	Neutral	
Objective 1 – Deliver the quality strategy principles.	✓			The investment in an additional Linac at SWWCC will significantly enhance radiotherapy capacity, improve reliability of service delivery, and support the introduction of advanced treatment techniques, including adaptive radiotherapy. It will strengthen compliance with national targets, reduce treatment delays, and improve overall clinical outcomes for patients across South West Wales. The proposal supports staff wellbeing by reducing service disruption and
Objective 2 – Create an environment where staff can flourish through our people promise	✓			
Objective 3 – Build the business and get the guidance to build compliance and competency	✓			
Objective 4 – Provide the leadership, culture and attitudes for a high-quality resource organisation	✓			

Objective 5 – Focus on quality improvement, capacity and capability	✓			enabling a more stable and efficient working environment. It strengthens organisational capability and compliance, while aligning with strategic transformation objectives and promoting a culture of continuous improvement. By increasing local (SWW) treatment capacity, the investment will reduce the need for patients to travel outside the region, improving continuity of care, patient experience, and equitable access to high-quality cancer services. Overall, it places patients at the centre of care delivery while enhancing capacity, efficiency, and service resilience. Overall, the proposal is able to demonstrate each of the objectives to support the delivery of the One Bay Way.
Objective 6 – Create the right environment with patients for integrated care.	✓			
Objective 7 – Centre our organisation on the patient or service users	✓			

6. How will this work support our Quality Ambitions?

nhswales365.sharepoint.com/sites/SBU_QualitySafetyAndImprovement/Shared Documents/Forms/AllItems.aspx?id=%2Fsites%2FSBU_QualitySafetyAndImprovement%2FShared Documents%2FStrategy Launch Event%2FApproved with Edit1 - Quality Strategy 2023%2Epdf&parent=%2Fsites%2FSBU_QualitySafetyAndImprovement%2FShared Documents%2FStrategy Launch Event&p=true&ga=1

Quality Ambition	Supporting Detail
Delivering safe and reliable care	

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- Impact Assessment (IIA)

Becoming an organisation, our patients and communities are proud of	The development will help position the Health Board as an organisation that patients and communities can be proud of by improving local access to high-quality cancer services and reducing the need for patients to travel outside South West Wales. It will also contribute to a more positive patient experience and greater confidence in regional services. Staff will be supported through a more stable and efficient working environment, with reduced disruption from equipment downtime and improved capacity to deliver modern radiotherapy techniques, thereby supporting professional development and service delivery. Overall, the investment will secure high-quality, accessible radiotherapy services both now and in the future, increasing capacity to meet growing demand, enabling service modernisation, and ensuring long-term sustainability of local cancer care.
Empowered staff	
High quality accessible services now and in the future	

SECTION 4 – Summary of Impacts and Actions

7. The positive, negative and neutral impacts of what is being assessed will be summarised here

Likely Impacts	Details of the likely impact/advantage/disadvantage and what action will be taken to reduce the inequality of the outcome.
Positive/Advantage	The business case supports a range of advantages and benefits for patients, families and staff. The listed advantages are relevant to the spending objectives and critical success factors for the case: • Increases radiotherapy capacity for SWWCC • Deliverable within the required timeframe (operational by 2027/28) • Meets the scope outlined in Health Board Management Papers 2025 • Improves ability to meet national waiting time targets (TRT) • Strengthens resilience of the service through additional capacity and interoperability through software upgrades, reducing single point of failure. • Meets all SO's and CSFs.

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	• This is the preferred option. If Capital investment is agreed for the additional linac, the Health Board will improve its current and projected Demand & Capacity issues by 2027/28. This option provides the best balance of deliverability, affordability and clinical benefit.
Negative/Disadvantage	N/A
No Impact	N/A

15.
- Impact Assessment (IIA)

Impact Assessment (IA) Tool & Guide on Completion

A. SUMMARY OF BUSINESS CASE/ PROPOSAL

Ref:	5th Linac
Name:	Russell Banner Nicki Davies Ryan Lewis Anna Iles Sophie Jenkins Ahmad Karimi Shannon Mason Ruth Tovey
Description:	Swansea Bay University Health Board (SBUHB) and Hywel Dda University Health Board (HDdUHB) jointly developed a Strategic Programme Case (SPC) for the SWWCC to support regional non-surgical oncology services, including radiotherapy and outpatient services. The SPC, approved by both health boards in 2023, outlines the planned development of regional service models and joint business cases. Following the Health Board's approval in July 2025 to approach WGov for a Business Case Scoping meeting regarding the Lin 5 machine and Lin 6 bunker, agreement was reached with WGov in October 2025 to proceed with the development of an additional 5th working machine in the SWWCC is outlined in the fully designed and tendered business case submitted to PFAG in May 2026 Demand has been exceeding capacity for a number of years, and detailed modelling has shown the South West Wales Cancer Centre will need to further extend Radiotherapy provision as follows

Future Linacs Timeline	Activity	Year 0 24/25	Year 1 25/26	Year 2 26/27	Year 3 27/28	Year 4 28/29	Year 5 29/30	Year 6 30/31
Total Demand	Slots	32,141	34,067	35,195	42,659	48,435	54,170	57,887
Current SWWCC Activity (4 Linacs)								
Current Average Activity per Linac (32,525/4)	Slots	8,131	8,131	8,131	8,131	8,131	8,131	8,131
Number of Linacs Required	**Slots**	**4.0**	**4.2**	**4.3**	**5.2**	**6.0**	**6.7**	**7.1**
Number of Linacs Timeline		**4 Linacs**			**5 Linacs**		**6 Linacs**	**7 Linacs**

The purpose of this QIA is to accompany the suite of documents prepared for the approval of the Business Justification Case (BJC) for the investment of a 5th Linear Accelerator (Linac) within the South West Wales Cancer Centre (SWWCC). The new Linac will be

commissioned in the current void bunker at Singleton Hospital, by May 2027/28.

The investment will provide an additional, 5th Linac in the empty bunker at Singleton Hospital to meet rising demand for radiotherapy treatment for cancer patients across South West Wales. The bunker will be upgraded and configured to accommodate a modern, safe Linac, ensuring a secure environment for staff to deliver treatment. This investment will increase patient capacity, enhance service resilience and reduce the potential for outsourced radiotherapy treatments.

This QIA is assessing the 'do nothing' scenario outlined in the business case, i.e. the Health Boards do not agree to the expansion to 5 clinical treatment machines/ support the recurrent revenue costs which are currently unfunded for both HBs. Failure to invest in this case will result in increased costs to SBU as patients not receiving timely Radiotherapy may need alternative unplanned care (surgery, chemotherapy, palliative).

FYE (£000s)

Note as the SWWCC offers a regional Radiotherapy service the costs are split 50/50 with HDdUHB.

Costings (NB. pay based on top of scale 2026/27 pay scales)	26/27	27/28	28/29	29/30	30/31
5th Linacc					
Pay Costs - Medical Physics	69	476	508	508	508
Pay Costs - Radiotherapy	0	899	899	899	899
Pay Costs - Oncology Consultants	0	166	191	191	191
Total Pay Costs	**69**	**1,541**	**1,598**	**1,598**	**1,598**
Non Pay - Medical Physics & Radiotherapy *	0	156	310	330	330
Non Pay - New Adaptive RT	0	260	300	300	300
Total Non Pay Costs	**0**	**415**	**610**	**630**	**630**
Facilities Management Costs	**0**	**34**	**40**	**40**	**40**
Total 5th Linacc Costs	**69**	**1,991**	**2,248**	**2,268**	**2,268**
CT Sim **					
Pay Costs - Medical Physics	51	154	154	154	154
Pay Costs - Radiotherapy	51	163	163	163	163
Pay Costs - Oncology Consultants	0	96	96	96	96
Total Pay Costs	**103**	**413**	**413**	**413**	**413**
Direct Non-Pay Costs	2	68	68	68	68
Medical Physics Artificial Intelligence Software Subscription	0	25	25	25	25
Total Non Pay Costs	**2**	**93**	**93**	**93**	**93**
Facilities Management Costs	**0**	**0**	**0**	**0**	**0**
Total CT Sim Additional Capacity Costs	**105**	**506**	**506**	**506**	**506**
Total Cost	**174**	**2,497**	**2,754**	**2,774**	**2,774**

Delivery Lead:	Gareth Blandford

B. IMPACT IDENTIFICATION

STEP 1: Use the **Assessment Matrix (Appendix B)** to assess which of the Impact Domains will be affected by this change. For each impact you have identified as being affected, record the Impact Score in the table below. Please also provide some narrative in the 'Impact Description' box to describe the possible impact (aligned to the impact domains you have identified).

Impact Matrix **Assessment Domain**	**Affected Domain?** **(Yes/ No)**	**Matrix Score** **(if yes)**
Impact on the safety of patients, staff or public (physical / psychological harm)	**Yes**	**Catastrophic (4)**
Quality / Equality / Complaints / Audit	**Yes**	**Catastrophic (4)**
Service Delivery / Business Interruption / Environmental Impact	**Yes**	**Minor (1)**
Human Resources / Organisational Development / Staffing / Competence	**Yes**	**Moderate (2)**
Statutory Duty / Inspections / PFI Contracting	**Yes**	**Major (3)**
Achievement of National Standards	**Yes**	**Catastrophic (4)**
Adverse Publicity / Reputation	**Yes**	**Major (3)**
	Total Score:	**21**

Assessment Score

Probability of Occurrence	Negligible	Minor	Moderate	Major	Catastrophic
Rare	0	0	1	2	3
Unlikely	0	1	2	3	3
Possible	1	2	3	3	4
Likely	2	3	3	4	4
Certain	2	3	4	4	4

Impact Details / Comment

Please comment on the driver of the score for every domain in which you have responded yes.

Impact on the safety of patients, staff or public (physical / psychological harm)

The SWWCC Radiotherapy performance against national reporting metrics is, as of April 2026 (17% against a 100% 21-day) this means a catastrophic assessment of patient outcomes, triggering duty of candour, should this continue, as timely Radiotherapy is a key prognostic indicator.

Recent HIW Inspection and Improvement action plan required the Employer to develop a formal forward-looking replacement schedule for LINACs and other critical radiotherapy equipment to ensure phased replacement minimises service disruption and maintains safe and effective radiotherapy delivery.

Quality / Equality / Complaints / Audit

Colleagues in SE Wales at Velindre Cancer Centre (VCC) are performing at over 80% for the same metric, and therefore equity of care is unacceptable

The Radiotherapy service has BSI certified Quality Management system audits, as well as Health Inspectorate Wales Inspections (HIW) in relation to the provision of safe and effective care. These external reviews have highlighted the need for robust infrastructure planning and service development. The HIW improvement action plan further identified that specialist treatments, such as stereotactic radiosurgery (SRS), should be delivered within the SWWCC to ensure equitable access for patients. Approval of the 5th Linear Accelerator will provide the necessary equipment and capacity to support the development and delivery of these advanced radiotherapy techniques locally. ‘Do nothing approach’ will result in patients from SW will continuing to travel to VCC for this treatment.

Service Delivery/ Business Interruption / Environmental Impact

SWWCC clinical leaders have identified (and it is supported by modelling) infrastructure (capacity) is the key reason performance is unacceptable, therefore investment in a 5th Linac (treatment machine) and the associated workforce is the most significant solution for service delivery improvements.

Failure to approve the business case will make the existing capacity more susceptible to disruption particularly when replacements are needed (scheduled for 2028)

Human Resources / Organisational Development / Staffing / Competence

HR and organisational Development, through recruitment of the appropriate workforce to support the service expansion is essential. The SWWCC is not currently experiencing the same recruitment issues as much of the UK, support to ensure this situation continues is paramount. Ensuring access to modern infrastructure and the delivery of state-of-the-art radiotherapy techniques will be critical in maintaining the centre's reputation as a high-quality, forward-looking service and a desirable place to work. This will support workforce retention, attract skilled professionals, and enable the continued development of advanced practice roles aligned to service needs. The 'do nothing' approach risks the reputation of SWWCC, and brings a risk of recruitment challenges in the future.

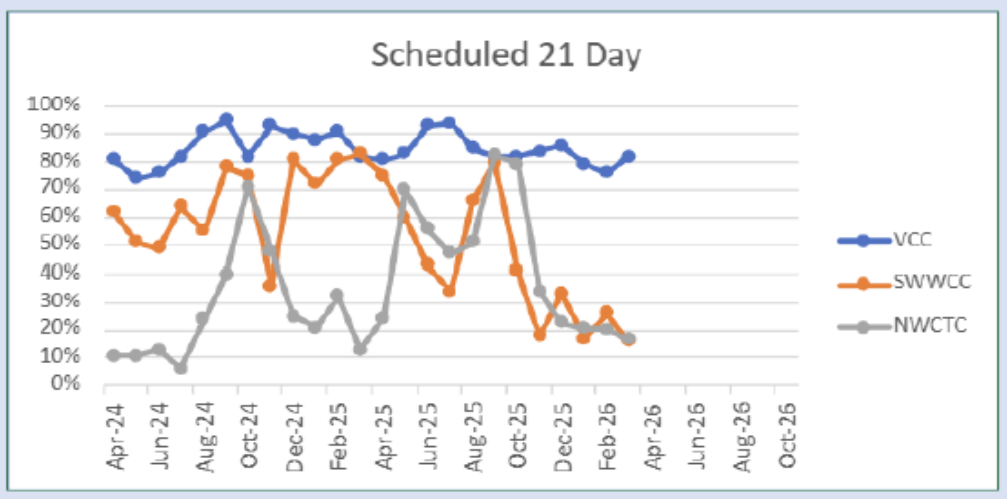
Statutory Duty / Inspections / PFI Contracting

There is a statutory duty alongside the Duty of Candour to inform patients of the inequity is service provision and their likely poorer outcomes due to local service provision performance.

Outsourcing is a costly option, which may only offer a very short-term response, and involve further patient travel, and poorer outcomes.

Achievement of National Standards

SWWCC is performing significantly poorer to national standards and other comparable regional services.



Adverse Publicity / Reputation

Were the situation of poor performance, along with the inequity, to continue, it would be reasonable to expect National Media coverage.

Positive Impacts that may arise: (This is based on securing approval to expand to 5 Linacs – to note, there are no positive impacts associated with the 'Do Nothing' scenario.)

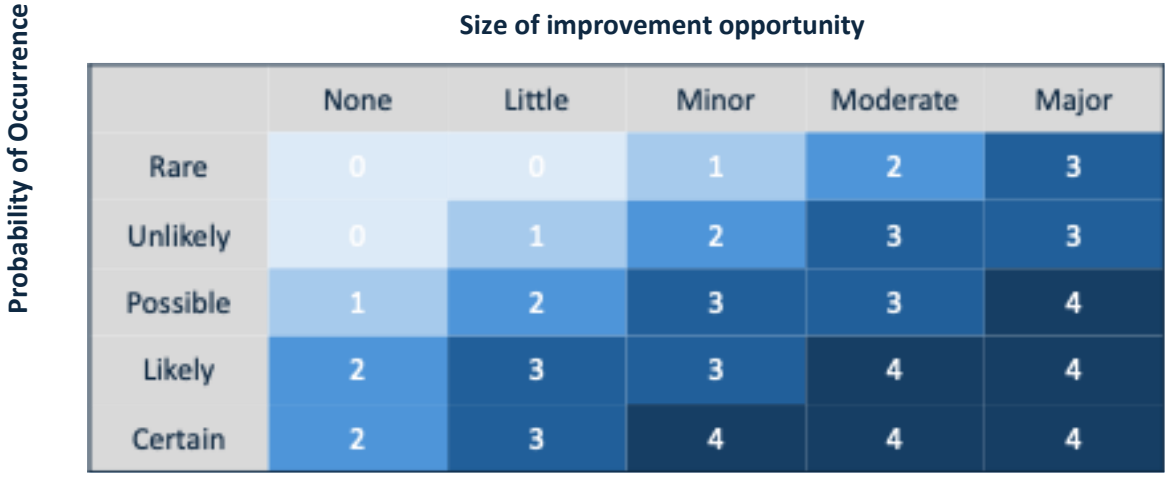
Use the 5 x 5 Opportunity Matrix below this table to complete the Benefit Assessment

Opportunity / Positive Impact	Affected? (Yes/No)	Impact Score (if yes)
Impact on the safety of patients, staff or public (physical / psychological harm)	Yes	20
Quality / Equality / Complaints / Audit	Yes	20
Service Delivery / Business Interruption / Environmental Impact	Yes	9
Human Resources / Organisational Development / Staffing / Competence	Yes	12
Statutory Duty / Inspections / PFI Contracting	Yes	16
Achievement of National Standards	Yes	20
Adverse Publicity / Reputation	Yes	16
	Total Score:	113

If any of the Positive Impacts are **16 or above,** please provide details and actions that will be undertaken to realise / deliver these benefits.

Impact Description
Impact on the safety of patients, staff or public (physical / psychological harm); Quality / Equality / Complaints / Audit and Achievement of National Standards (all scored 20) The impact on patients; and the quality and equity of service provision would be enhanced to a safe and equitable standard with this investment. Capacity would start to match demand and infrastructure would cease to be the limiting factor in performance against national metrics. **Statutory Duty / Inspections / PFI Contracting and Adverse Publicity / Reputation (Scored 16)** The investment will allow an improvement in performance and remove the need to explain to patients the differential in treatment timeliness across South Wales, it would at the same time remove the need to look at PFI (outsourcing) options and allow the SWWCC reputation to be enhanced as providing the standard of care.

Opportunity Matrix



Protected Characteristics Review

Use the 5 x 5 Risk Matrix below this table to complete the Risk Assessment

Equality Protected Characteristic	Affected? (Yes/No)	Overall risk assessment
Age	Yes	4
Disability	Yes	4
Gender Reassignment	Yes	4
Marriage & Civil Partnership	Yes	4
Pregnancy & Maternity	Yes	4
Race	Yes	4
Religion or Belief	Yes	4
Sex	Yes	4
Sexual Orientation	Yes	4
	Total Score:	36

Impact Description
The 'do-nothing' scenario disadvantages all patients, inclusive of protective characteristics, as this would continue to limit access to timely radiotherapy treatment across South West Wales. However, age is an important characteristic to note in this context, given cancer is strongly associated with an ageing population.

Risk Matrix

Size of Risk

Probability of Occurrence

	None	Little	Minor	Moderate	Major
Rare	0	0	1	2	3
Unlikely	0	1	2	3	3
Possible	1	2	3	3	4
Likely	2	3	3	4	4
Certain	2	3	4	4	4

C. CONTROLS AND ASSURANCES

STEP 3: Identify the existing controls that you have in place to ensure that Risk is kept to a minimum. Controls can include Policies, Processes, Procedures, Training etc. Record in the table below.

STEP 4: Identify the existing Assurance mechanisms in place which demonstrate the effectiveness of your controls. Assurances can include Business Intelligence Analysis, Reports etc. Record in the table below.

Existing Controls	Existing Assurances
• Local and National Quality Metric reporting • Analysis of lost capacity • Comparative national monitoring by COSC, mandated by Welsh government to monitor performance	• Monitoring of poor performance • Risk Register items • Dashboards for Business intelligence and identification of existing bottlenecks • HIW Improvement plan

D. FURTHER ACTIONS AND MONITORING

STEP 5: For schemes with a risk score of >2, identify the further action(s) which you will be taking to ensure that the risk is kept to a minimum. Record in the table below.

Action	Person Responsible	Due Date
It is difficult to mitigate the risk of identified within this QIA as additional capacity has been identified as the principal limiting factor. A business case has been developed to seek investment, both Capital and Revenue (to ensure the appropriate workforce) to move towards a reduction in the risks herein identified		

STEP 6: Identify the mechanisms that you will use to monitor the impact of this scheme:

Impact Monitoring Mechanism	Which applied (Y/N)	Which forum will review these? (if yes)
Safety Information, i.e. incident reporting, mortality, claims	**Y**	Yes, continue to monitor M&M board
Patient / Staff Experience Information, i.e. complaints, feedback (including external stakeholders), surveys	**Y**	Yes, continue to undertake patient and staff feedback, and escalate as required
Key Performance Indicators (which could confirm a positive or negative change)	**Y**	Continue to monitor, report within SBU, regionally with HDU and nationally via COSC and NHS W P&I
Media / Publicity / Reputation Monitoring		
Regulatory Compliance Monitoring / Assurance	**Y**	Continue to deliver HIW Improvement plan
Risk Register	**Y**	Continue to monitor and escalate existing

		significant risks (ID 89 and 2599). These risks are both currently scored at 20
Meeting / Group / Forum (please specify below)	**Y**	Radiotherapy Management Meeting SWWCC Radiotherapy Modernisation Group Performance Review (Cancer) Cancer Planning Improvement Group (CPIG) Clinical Oncology Sub-Committee (COSC-WSAC)
Financial / Activity Reporting	**Y**	5th Linac Project board to review financial implications of expansion case
Cumulative impact (i.e. the impact that this scheme may have alongside other schemes)	**Y**	Timely delivery of this scheme to allow the 6th and 7th bunkers and replacement of existing machines over the next 5 years to proceed as required
Other (please specify below)		

If a meeting / group / forum or 'other' has been selected, please specify:
There are a number of internal SBU meetings where Radiotherapy data is reported, these are the Radiotherapy Management meeting, the SWWCC Radiotherapy Modernisation Group (which has HDdUHB colleagues as members), Performance Review (Cancer) and Cancer Planning Improvement Group (CPIG). Clinical Oncology Sub-Committee of the Welsh Scientific Advisory Committee (COSC-WSAC) has a formal mandate from Welsh Government to monitor

Radiotherapy performance across Wales. There is inequity in performance within Wales currently.

E. IMPACT ON OTHER SERVICES

STEP 7: Have you identified in your impact assessment that the change will impact upon other services?

Have you identified that this change will have an impact on other services?			
Yes	**Yes**	**No**	

STEP 8: If you have answered yes to Step 7, what is the impact upon other services and what are those services? Complete the table below.

What is Impact on other services	Affected services	Outcome of discussion /support from affected services – Next steps
Many Cancer patients need adjuvant / combined Radiotherapy and Systemic Anti-Cancer Therapy (Chemotherapy), this may need to be limited	SACT	To be considered
Change of treatment planned as part of this service expansion moving some patients from Surgery to Radiotherapy	Surgery	This may need to be reassessed  COSC Position Statement - RT Capa
Unable to deliver the Stereotactic Ablative Radiotherapy Service (SABR), which is currently income generating	NHSW JCC	To meet with JCC at end of June

APPROVAL OF IMPACT ASSESSMENT - Overview (please see the IA APPENDIX B

IMPACT ASSESSMENT MATRIX (proposed indicative appetite identified

Impact Domains	Impact Score and Examples of Descriptions			
	Negligible	**Minor**	**Moderate**	**Major**
Impact on the safety of patients, staff or public (physical / psychological harm)	**Minimal injury requiring no/minimal intervention or treatment.** **No time off work**	Minor injury or illness, requiring minor intervention. Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days. RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability. Requiring time off work for >14 days Increase in length of hospital stay by >15 days. Mismanagement of patient care with long-term effects
Quality / Equality / Complaints / Audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	**Overall treatment or service suboptimal:** **Formal complaint (stage 1)** **Local resolution** **Single failure to meet internal standards.** **Minor implications for patient safety if unresolved** **Reduced performance rating if unresolved**	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards. Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report

Impact Domains	Impact Score and Examples of Descriptions				
	0	1	2	3	4
	Negligible	Minor	Moderate	Major	Catastroph
Service Delivery/ Business Interruption / Environmental Impact	Loss/interruption of >1 hour Minimal or no impact on the environment No impact on other services	Loss/interruption of >8 hours Minor impact on environment Impact on other services	**Loss/interruption of >1 day** **Moderate impact on environment** **Impact on services**	Loss/interruption of >1 week Major impact on environment Impact on all SBUHB	Permanent loss service or facili Catastrophic in on environmen Impact on servi external to the Organisation
Human Resources / Organisational Development / Staffing / Competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	**Low staffing level that reduces the service quality**	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of objective/servic to lack of staff Ongoing unsafe staffing levels c competence Loss of several staff No staff attend mandatory trai /key training on ongoing basis
Statutory Duty / Inspections / PFI Contracting	No or minimal impact or breech of guidance/ statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	**Single breech in statutory duty** **Challenging external recommendations/ improvement notice**	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating Critical report	Multiple breech statutory duty Prosecution Complete syste change require Zero performan rating Severely critica
Achievement of National Standards	**Meets Standards**	1 – 2 % below Standards	3 - 5% below Standards	6 - 10% below Standards	11+% below Standards
Adverse Publicity / Reputation	Rumors Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	**National media coverage with <3 days service well below reasonable public expectation**	National med coverage with days service w below reason public expect MP concerned (questions in t House) Total loss of p confidence

F. FORM for detailed steps)

IMPACT ASSESSMENT REVIEW APPROVAL	
Exec Sponsor	
Delivery Lead	

APPENDIX B

IMPACT ASSESSMENT MATRIX (proposed indicative appetite identified in bold)					
Impact Domains	**Impact Score and Examples of Descriptions**				
	Negligible	**Minor**	**Moderate**	**Major**	**Catastrophic**
Impact on the safety of patients, staff or public (physical / psychological harm)	**Minimal injury requiring no/minimal intervention or treatment.** **No time off work**	Minor injury or illness, requiring minor intervention. Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days. RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability. Requiring time off work for >14 days Increase in length of hospital stay by >15 days. Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality / Equality / Complaints / Audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	**Overall treatment or service suboptimal:** **Formal complaint (stage 1)**	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on

		Local resolution **Single failure to meet internal standards.** **Minor implications for patient safety if unresolved** **Reduced performanc e rating if unresolved**	Local resolution (with potential to go to independent review) Repeated failure to meet internal standards. Major patient safety implications if findings are not acted on	Low performance rating Critical report	Inquest/ombudsma n inquiry Gross failure to meet national standards

Impact Domains	Impact Score and Examples of Descriptions				
	0	1	2	3	4
	Negligible	Minor	Moderate	Major	Catastrophic
Service Delivery/ Business Interruption / Environmental Impact	Loss/interruption of >1 hour Minimal or no impact on the environment No impact on other services	Loss/interruption of >8 hours Minor impact on environment Impact on other services	**Loss/interruption of >1 day** **Moderate impact on environment** **Impact on services**	Loss/interruption of >1 week Major impact on environment Impact on all SBUHB	Permanent loss of service or facility Catastrophic impact on environment Impact on services external to the Organisation
Human Resources / Organisational Development / Staffing / Competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	**Low staffing level that reduces the service quality**	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory Duty / Inspections / PFI Contracting	No or minimal impact or breech of guidance/ statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	**Single breech in statutory duty** **Challenging external recommendations/ improvement notice**	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating Critical report	Multiple breeches in statutory duty Prosecution Complete systems change required. Zero performance rating Severely critical report
Achievement of National Standards	**Meets Standards**	1 – 2 % below Standards	3 - 5% below Standards	6 - 10% below Standards	11+% below Standards

6

11:50, 0 Mins

6 - Risk & Assurance

6.1

11:50, 10 Mins

6.1 - Assurance and Risk Report

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Huw Thomas (Hywel Dda UHB - Director of Finance)

Including:
Principle risks, Audits and Inspections, Ministerial Directions

For assurance

Attachments

6.1.1 SPC PRR ORR WHC Report - June 2026 FINAL V3.pdf

6.1.2 Appendix 1 - SPC ORR June 2026.pdf



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Hywel Dda
University Health Board

Assurance and Risk Report

Strategy & Planning Committee – 25 June 2026

Situation

This report provides the Strategy and Planning Committee (SPC) with the status of the principal risks, operational risks, and Welsh Health Circulars (WHCs).

The Committee is asked to seek assurance from the Lead Executive Directors that the principal risks are being refreshed and will be reported to the Board in July, and that there are processes in place to oversee operational risks to ensure these are being managed effectively, and that WHCs are being implemented by the Health Board.

Corporate risks, audit and inspections recommendations and Ministerial Directions are reported at alternate meetings, and due to be presented to SPC at its next meeting in August 2026.

Principal Risks:
9
Under Review

Operational Risks
15
6 reportable

Welsh Health Circulars
4

Risk Management - Overview

Effective risk management requires a ‘monitoring and review’ structure to be in place to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.

The Health Board’s risk management process is recorded via the Datix Risk Register module, and enables risks to be recorded at either principal, corporate or operational level. An escalation process is in place to ensure that risks which require escalation or de-escalation are done via appropriate approval processes and governance arrangements.

The Health Board operates within the widely accepted “Three Lines of Defence” model to ensure the appropriate responsibility is allocated for the management, reporting and escalation of risk.

Risks are aligned to an appropriate Clinical Care Group or Executive Function (hereto referred to as “Functions”), and each has a designated risk lead responsible for reviewing in a timely and comprehensive manner.

The Board’s Committees are responsible for the monitoring and scrutiny of corporate and operational risks within their remit and providing assurance to the Board that risks are being managed effectively and report areas of significant concern (e.g where the risk appetite is exceeded, or there is a lack of action).

Committees are also responsible for reviewing risks over tolerance and where appropriate, recommend the ‘acceptance’ of risks that cannot be brought within risk appetite.



Principal Risks

As a result of the Strategy Refresh, presented to Board in January 2026, the plan is to present a refreshed Board Assurance Framework (BAF) to Board in July 2026. A review of principal risks will be undertaken as part of the BAF refresh, in addition to the supporting planning goals and outcome measures per the timeline below.



Principal risks and outcome measures have been reviewed and discussed at FET in May, with final amendments being made by Executive Risk Ownersahead of presentation at Board seminar in June 2026, and to the Board in July 2026.

Each principal risk will be aligned to a Board committee and will be reported via the Assurance and Risk Report to ensure that they are being managed appropriately, taking into account gaps in control, planned actions and agreed tolerances, and to provide assurance to the Board through their update report on the management of these risks.

Operational Risks assigned to SPC

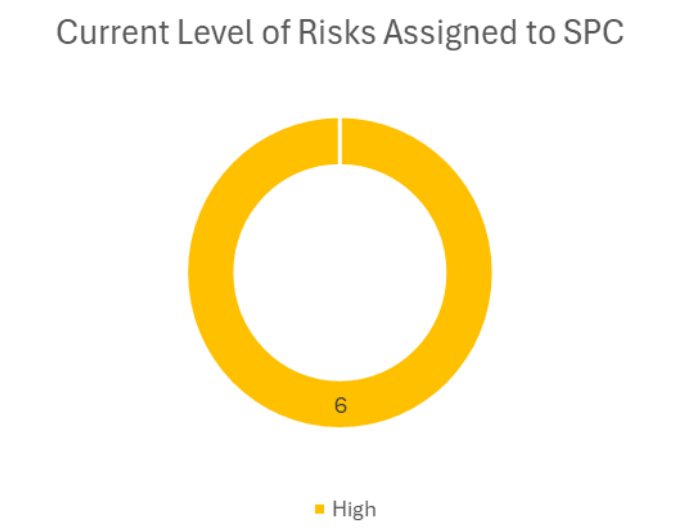
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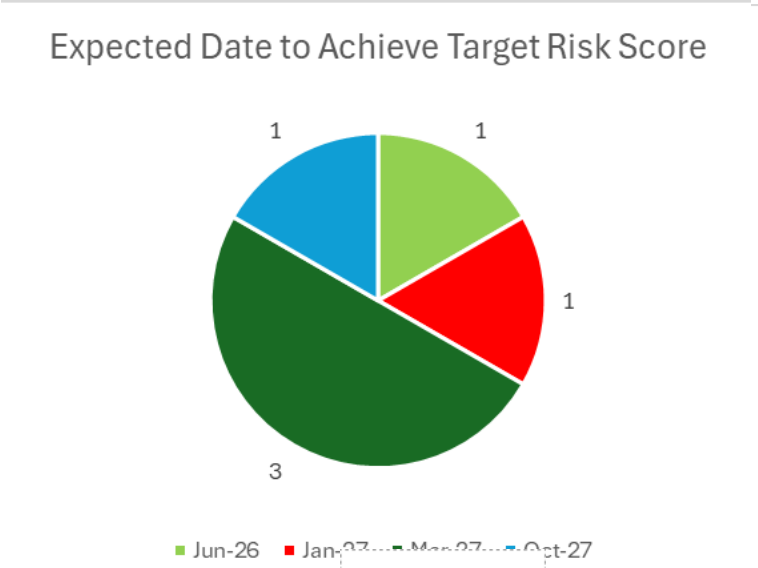
15 operational risks on Datix are aligned to SPC, of which 6 have been identified as reportable based on the following criteria:

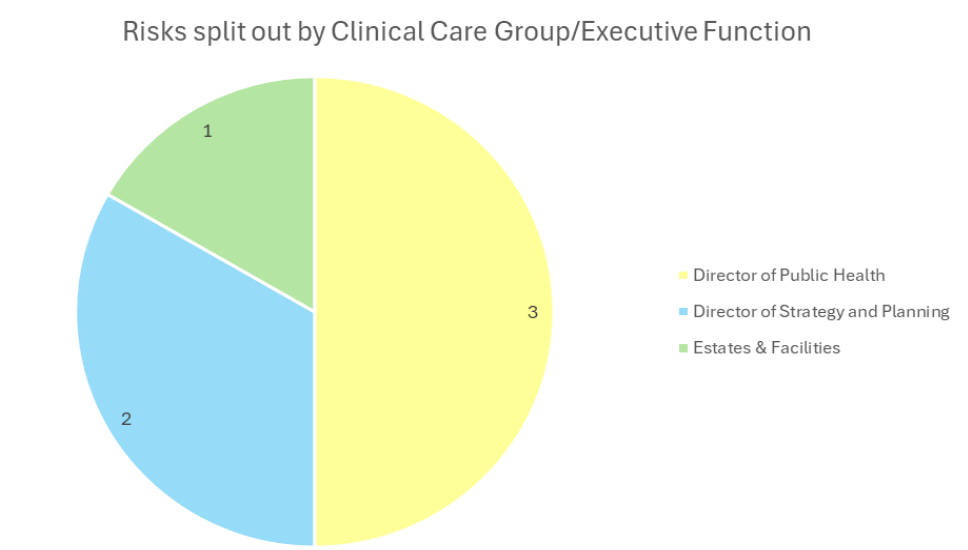
- SPC has been selected by the risk lead as the 'Assuring Committee' on Datix;
- Risks have been identified at operational level on Datix risk module;
- The current risk score is 'extreme' or 'high'; and
- The current risk score is either equal to or exceeds the target risk score.

The following slides summarise the operational risks aligned to SPC as at 28 May 2026. All 6 reportable risks have been reviewed within the required timescales and have been assigned a date expected to achieve their target risk scores. The Risk Register attached at **Appendix 1,** provides full detail of reportable risks.

Total Number of Open Risks meeting criteria for reporting	6
New/Realigned Risks since last reported to SPC	0
Closed Risks since last reported to SPC	1
Increase in Risk Score since last reported to SPC ↑	0
Decrease in Risk Score since last reported to SPC ↓	1
No Change in Risk Score since last reported to SPC →	6
EXTREME (RED) Risks (based on 'Current Risk Score')	0
HIGH (AMBER) Risks (based on 'Current Risk Score')	6







Operational risks closed since previous report

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Rationale for risk closure	Date risk closed
2235 - Risk of disruption to smoking cessation service and national monitoring due to vacancies arisen in team	Public Health	Director of Public Health	Posts have now been filled. Risk fully mitigated.	24/04/2026

Risks that are no longer reportable

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Rationale	Date Risk Re-Aligned / Became Non-reportable
2204 - Risk of HB being unable to meet statutory CRL due to uncertainties around funding provision and capital commitments	Strategy and Planning	Director of Strategy and Planning	Risk escalated to Corporate Risk Register, and closed on 13 May 2026 as the risk did not materialise by 31 March 2026.	08/03/2026
1844 - Risk of not being able to provide a timely and effective Public Health service due to limited public health Consultant capacity	Public Health	Director of Public Health	Risk removed from report as no longer meets criteria for reporting (see next slide 'Decrease in risk score since previous report')	26/05/2026

Decrease in risk score since previous report

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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
1844 - Risk of not being able to provide a timely and effective Public Health service due to limited public health Consultant capacity	Public Health	Director of Public Health	12	4 ↓	4	31/03/2026	26/05/2026

Rationale for Current Risk Score

Control measures will only manage sight on all priority areas stretched across a pressured service at very senior level.

Target score reflects correct impact as per risk identified and likelihood reflects aim of having an appropriate staffing profile delivering on population health priorities.

The risk score has been reduced following successful recruitment to full time consultant post. Pending a discussion with the Director of Public Health, this risk is likely to be closed imminently as it has now achieved the Target Risk Score.

No Change in Risk Score since last reported to SPC

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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
1855 - Risk of no non-drug adult allergy service due to the end of commissioning arrangements with CVUHB.	Strategy and Planning	Director of Strategy and Planning	12 →	3	29/01/2027	14/05/2026
2065 - Risk of not achieving the WG performance measure for CO validated quit attempts due to capacity and accessibility challenges	Public Health	Director of Public Health	12 →	8	31/03/2027	20/04/2026
1773 - Risk of Covid-19 vaccine waste due to ordering schedule and vaccine hesitancy	Public Health	Director of Public Health	9 →	6	31/03/2027	20/05/2026
1301 - Risk to delivery of Health Board objectives due to insufficient capacity and capability within the Planning Team.	Strategy and Planning	Director of Strategy and Planning	9 →	6	30/06/2026	14/05/2026
1931 - Risk that funding allocated for public health services will not be available when required due to financial improvement measures	Public Health	Director of Public Health	8 →	4	31/03/2027	26/05/2026
551 - Risk of non-compliance with Workplace recycling regulations by April 2026 due to funding/resources and completion of works	Estates & Facilities	Director of Allied Health Professions and Health Sciences	12 →	12	31/10/2027	06/05/2026

Risk Themes

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Risk owners are able to allocate themes to their risks, which allows the Health Board to share risk information on specific areas with relevant experts as part of the second line of defence. Risks are allocated to a committee based on their main impact on reporting. Risk themes are assigned based on any additional impacts or contributory factors, with each theme aligned to the appropriate committee for oversight. Risk themes provide assurance that a holistic approach to risk management is undertaken and enables the Health Board to better identify the risk appetite, risk capacity and total risk exposure in relation to each risk, group of similar risks, or generic type of risk.



Theme owners are provided with a thematic risk register on a bi-monthly basis to identify trends, or risk clusters, and to consider whether there are gaps in controls in the Health Board's control framework, and to determine whether further action is required to prevent risks from materialising.

The following themed risks are aligned to SPC as of 28 May 2026.

Risk Theme	Definition	Number of Operational risks	Date themed Risk Register last shared
Capital - Digital	A risk that could occur as a result of a lack of capital funding towards the procurement or development of a specific digital system.	13	14/05/2026
Capital - Equipment	Capital defined as: • any item of equipment which is valued at more than £5,000 inclusive of VAT • and also has a life of more than 1 year • any IT asset valued at more than £250 which is plugged into a wider IT network • the initial equipping of a new or refurbished area	53	15/04/2026
Capital - Estates	Risk which requires Capital investment to improve/update or modify the Estate to address the risk.	119	08/05/2026

Implementation of Welsh Health Circulars (WHCs)

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There are 4 open WHCs aligned to SPC as of 28 May 2026, 1 of which is complete and awaiting formal approval from the Lead Executive to close.

All WHCs are managed via the Audit Management and Tracking system (AMaT), which gives leads direct access to update and upload relevant evidence to demonstrate compliance with their requirements. Each Welsh Health Circular (WHC) is assigned a status category. The table below outlines the definition of each category, the number of WHCs assigned to each as of May 2026, and the number completed since the previous report.

Status Category	Definition	Number of WHCs
Overdue	The WHC is behind schedule to the timescale provided by the Lead officer or as stipulated in the WHC, or a plan (with date for implementation) is not yet in place.	0
Unable to Complete	The WHC cannot be implemented due to existing barriers and/or it is no longer relevant/appropriate for the Health Board. Formal sign-off by the CCG/Function Lead is required prior to escalation to the Executive Team for formal approval via operational governance structures.	0
Pending Decision	The WHC is pending a decision in order to implement e.g. outcomes of annual planning process, approval of funding requests, outcome of a QIA panel. Committee updates will detail whether the WHC is overdue or not whilst decision pending.	0
In Progress	The WHC is currently in progress, and within the agreed original timeframe for implementation.	3
Reliant on External Factors	The WHC is considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation to implement.	0
Complete Pending Formal Approval	The Service / Function have completed the WHC and are currently awaiting formal approval to close.	1
Complete	The WHC has been confirmed as completed by the CCG / Function Lead and formal approval to close has been received.	7

Oversight of the delivery of WHCs has been included in new Clinical Care Group (CCG) Terms of Reference, with the requirement to escalate appropriately instances of non-compliance.

The timely implementation of WHCs is included within the Governance domain of the Health Board's internal escalation framework, with services escalated in instances of non-compliance.

Welsh Health Circulars - In Progress

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WHC	Issued On	Lead CCG / EF	Lead Director	Implementation Date	Progress Status	Progress Update
012-26: Population Health Management	02/04/26	Public Health	Director of Public Health	31/07/26	**In Progress**	WHC has been received by the service and discussed at Senior Leadership Team meeting in April 2026. Service lead to discuss further at the next Population Health Management Group in July 2026.
016-26: Updated 'National Supplementary Service Specification for non-routine immunisations for adults and children at risk'	02/04/26	Chief Operating Officer	Chief Operating Officer	31/05/26	**In Progress**	Primary Care CCG have confirmed ownership of this WHC. Awaiting update from service lead.
018-26: Reminder of Statutory Duties under the Notification of Infectious Diseases Regulations (Wales)	06/05/26	Public Health	Director of Public Health	30/06/26	**In Progress**	New WHC. Awaiting response from service lead.

Welsh Health Circulars
– Complete Pending Formal Approval For Closure

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The following Welsh Health Circular has reached completion and is pending formal executive approval for closure.

WHC	Issued On	Lead CCG / EF	Lead Director	Clinical Care Group/Executive Function	Completion Date
049-25: Patient Travel Policy	15/12/2025	Chief Operating Officer Management	Chief Operating Officer	Chief Operating Officer Management	20/04/2026

Welsh Health Circulars - Complete

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Since the previous report to the Committee, the following seven WHCs have been confirmed as implemented and formally approved as closed (**Complete**):

WHC	Issued On	Lead CCG / EF	Lead Director	Clinical Care Group/Executive Function	Completion Date
008-25: Part 4 of the Public Health (Wales) Act 2017: Introduction of a National Mandatory Licensing Scheme for Special Procedures in Wales	25/06/2025	Public Health	Director of Public Health	Public Health	28/11/2025
028-25: Expansion of the shingles immunisation programme for severely immunosuppressed individuals aged 18-49	09/07/2025	Public Health	Director of Public Health	Public Health	03/11/2025
043-25: New clinical pathway for treating and managing obesity	03/10/2025	Public Health	Director of Public Health	Public Health	24/12/2025
046-25: The introduction of a routine NHS varicella (chickenpox) vaccination programme for young children in Wales from 1 January 2026	31/10/2025	Public Health	Director of Public Health	Public Health	29/01/2026
052-25: COVID-19 spring vaccination programme 2026	05/01/2026	Public Health	Director of Public Health	Public Health	02/04/2026
053-25: Expansion of RSV vaccine eligibility to adults aged 80+ and residents in a care home for older adults	02/02/2026	Public Health	Director of Public Health	Public Health	02/04/2026
054-25: A change of vaccine product for the routine adult pneumococcal vaccination programme, and those with certain clinical risk conditions	17/12/2025	Public Health	Director of Public Health	Public Health	02/04/2026

Recommendations

The Committee is requested, in relation to the areas presented in this paper, to:

Risk Management

- **RECEIVE ASSURANCE** that the principal risks are being refreshed and will be reported to the Board in July; and
- **RECEIVE ASSURANCE** that there are processes in place to oversee operational risks to ensure these are being managed effectively.

Welsh Health Circulars

- **RECEIVE ASSURANCE**, or otherwise, from the lead Executive Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.



Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
1855	Director of Strategy and Planning	Strategy and Planning	Strategic Development and Operational Planning: Commissioning	Davies, Lee	Ayres, Shaun	Ayres, Shaun	Ayres, Shaun	19-May-23	There is a risk of the Health Board being unable to refer new patients to a non-drug adult allergy service. This is caused by the termination by Cardiff and Vale University Health Board of current commissioning arrangements on 1st November 2023, exacerbated by a national shortage of immunologists. A â€œprior approvalâ€• process is available, however it is unknown if all GPs/referring clinicians are referring via this route. Whilst the service ended on 1st November 2023, an element of the financials will have to stay in the system at Cardiff as they have agreed to see and treat the Hywel Dda residents who are in the system at that point. In 2019/20 outturn Cardiff & Vale saw 120 new outpatients (cost of £19,564 to the UHB) and 243 follow up patients (£50,700). This will lead to an impact/affect on adult patients being unable to access relevant clinical support to manage their condition. Potential clinical acute episodes. Potential non-adherence with national standards. Limited financial envelope due to monies staying in the Cardiff & Vale system. Risk location, Health Board wide.	This risk is being managed through an all-Wales approach (Head of Strategic Commissioning is part of the All Wales group), working collaboratively across South Wales, and reflects a wider system-level challenge affecting multiple health boards. Work is ongoing across South Wales to manage demand collectively and mitigate the impact on patient pathways. At present, urgent and priority cases are managed via the Individual Patient Funding Request (IPFR) process, ensuring that patients with the highest clinical need continue to receive timely access to specialist assessment and treatment. GPs/referring clinicians would be able to refer patients via the â€œprior approvalâ€• process. A prior approval is normally defined as a request for a patient to receive routine treatment outside of local services or established contractual arrangements. Such a request will normally fall within a number of categories, in this instance it would fall within:- • Lack of local/commissioned service provision/expertise The referring clinician is able to complete a prior approval application, which would be considered by the Hywel Dda Prior Approval Panel. Hywel Dda has an established paediatric allergy service in place, which provides a degree of mitigation and supports safe clinical decision-making within existing pathways. Given the active work underway to identify a sustainable South Wales	Safety - Patient, Staff or Public	4	3	12	Position substantially unchanged since the last review. The non-drug adult allergy service for Hywel Dda patients is currently accessed via commissioning arrangements with Cardiff and Vale University Health Board (CVUHB). These arrangements remain in place but are not underpinned by a signed long-term agreement, and Hywel Dda has no internal pathway to absorb demand if the arrangement ends or capacity tightens. The residual score of 12 continues to reflect a credible risk of service interruption and potential patient harm.	To scope the possibility of commissioning the service with North Bristol, as part of an All Wales approach	Ayres, Shaun	~~30/04/2024~~ ~~30/04/2025~~ ~~31/08/2025~~ ~~31/12/2025~~ 31/12/2026	As of February 2026, discussions with the All Wales group continue, with decisions not yet agreed upon. Work remains ongoing.	Strategy and Planning Committee	1	3	3	The risk is being managed through an all-Wales approach, working collaboratively across South Wales and remains until a sustainable, all-Wales solution is fully implemented. The target risk score and rationale will be updated on the risk register, with ongoing review every six months to ensure continued appropriateness and responsiveness to any change in service demand or policy context. The TRS was reviewed in February 2026 and extended to January 2027 to reflect the all-Wales approach. The target score of 3 by 29/01/2027 remains achievable but is contingent on a commissioning decision and funding confirmation during 2026/27. The rate-limiting step is decision-making on the CVUHB commissioning arrangement, not internal mitigation.		14-May-26
																Secure written confirmation of CVUHB intent for 2026/27 and 2027/28	Ayres, Shaun	31/03/2027	New action - update on next revie							
																Complete options appraisal covering continued commissioning, joint hosting, and in-house delivery	Ayres, Shaun	31/03/2027	New action - Update on next review							

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										[illegible] solution, the current position remains to manage urgent and priority cases through IPFR, with onward referral to Birmingham University Hospital where clinically appropriate. Ongoing dialogue with CVUHB commissioning leads on continuity of provision; engagement with the all-Wales allergy network; internal scoping of an alternative pathway, led by Strategy and Planning, including initial demand and workforce assumptions.						Bring a position paper to Strategy and Planning Committee in Q2 2026/27	Ayres, Shaun	30/09/2026	New action - Update on next review							

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551	Estates & Facilities	Estates & Facilities	E&F: Property Performance	Severs, James	Chiffi, Simon	Chiffi, Simon	Williams, Paul -	22-Dec-17	There is a risk of of noncompliance with legislation e.g. workplace recycling regulations, potential pollution, risk to human health through incorrect handling & disposal of clinical waste, fines, poor recycling & reuse This is caused by the potentially harmful nature of waste, the level of regulatory control, obligations and Welsh Governments aspirations for long term sustainable waste management, lack of internal departmental resource, costs associated with waste disposal and poor resource efficiency. This will lead to an impact/affect on staff, patients and visitors through incorrect handling and storage, negative publicity through wasteful practices, unnecessary spend through inefficient waste segregation and purchasing practices and regulatory fines for not meeting legal requirements. Risk location, Health Board wide.	The Waste Management Policy (V4 2023) is in place. Departmental waste procedures are in place in, for example, labs, Hotel Services and Pharmacy. Legal compliance monitoring as part of ISO 14001 standard. External audits covering compliance with the ISO 14001 standard, waste pre-acceptance, Dangerous goods and Natural Resource Wales audits to ensure compliance with the HTM-07-01 Safe Management of healthcare waste. Internal audits including waste management compliance, segregation, storage, transport, training. operational audits of storage. A Waste Management Strategy updated(2022) to reflect current National targets Delivery of segregation projects in line with Welsh Government and statutory targets and compliance. e.g. Workplace recycling regulations and Absorbent hygiene project to recycle hygiene waste instead of landfilling it. Training programmes and toolbox talks have been developed in 2025 by the Environment Team, although not mandatory they are linked on ESR and would benefit all staff to complete. Clinical waste training is also included in Infection Control induction basic level 1 and 2.	Statutory duty/inspections	3	4	12	The following sites still require compactor replacements or additional compactors to enable the HB to comply with WRR. GGH is being audited against the WRR on June 2nd 2026 Whilst this enables us to comply with the WRR it is noted that the compound is still not compliant in WGH in that the clinical and domestic/recycling wastes steams should be stored separately as recommended in WHTM 07 01 and funding opportunities should continue to be explored to extend the compound, so it is fully compliant and fit for purpose. Current audits ongoing include NRW (Regulator for waste),pre-acceptance audits, dangerous goods audits and ISO 14001 audits. Resources in the team managing these audits are very limited and not currently sufficient to mitigate all current risk	Reduce Total Waste arising by 1.5% each year/10,000 patients by 2030 using 18/19 as baseline year. Interim target 24/25 per 10,000 patients - General Waste 14t, Recycling Waste 7.6t, Food waste 4t. Total waste reduction-25.1t.	Shaw, Terri	Completed	Current status end of year 24/25 per 10,000 patients - General Waste 1.7t, Recycling Waste 10.2t, Food waste 4.5t. Total waste reduction- 28.2t.	Strategy and Planning Committee	2	3	6	The department are in the process of producing a resource paper for a restructure of the whole department, including waste management, Energy management & Decarbonisation and ISO14001 compliance. Additional resource would allow increased auditing and engagement with departments to educate staff on the consequences of incorrect segregation, improved signage and training materials, improved communication and engagement with hotel services and operational teams. Putting processes in place to ensure correct segregation and increased resources will improve compliance, reduce waste disposal costs, increase recycling rates and reduce carbon emissions and other risks associated with waste handling.	Treat	15-May-26
																Increase the amount of waste recycled to 70% by 2030 using 18/19 as baseline year. Interim target for 24/25 is 55%	Shaw, Terri	Completed	Current position at end of 24/25 is 52%							
																Reduce waste sent to landfill to a max of 5% by 2030 compared to 18/19 baseline year. Interim target 24/25 Recycling 55%, Recovery 30%, Landfill 15%	Shaw, Terri	Completed	Current position end of year 24/25 is Recycling 52%, Recovery 42%, Landfill 6%							
																Reduce Total Waste arising by 1.5% each year/10,000 patients by 2030 using 18/19 as baseline year. Interim target 25/26 per 10,000 patients - General Waste 13.8t, Recycling Waste 7.5t, Food waste 3.8t. Total waste reduction-24.7t.	Shaw, Terri	Completed	Current status end of year 25/26 per 10,000 patients - General Waste 2.6t, Recycling Waste 8.1t, Food waste 3.1t. Total waste reduction- 21.8t.							
																Increase the amount of waste recycled to 70% by 2030 using 18/19 as baseline year. Interim target for 25/26 is 58%	Shaw, Terri	Completed	Current position at end of 25/26 is 51%							
																Reduce waste sent to landfill to a max of 5% by 2030 compared to 18/19 baseline year. Interim target 25/26 Recycling 58%, Recovery 30%, Landfill 12%	Shaw, Terri	Completed	Current position end of year 25/26 is Recycling 51%, Recovery 41%, Landfill 8%							

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																To meet the requirement to comply with the Workplace recycling Regulations(WRR) the following actions are needed at Prince Phillip and Withybush. PPH waste compound - The compound allows for an additional compactor, but the electrical infrastructure requires upgrade. WGH waste Compound - Ducting and cabling work	Shaw, Terri	~~31/03/2026~~ 30/06/2026	PPH need to shut the hospital down to connect the new mains into the LV Panel to house the new compactors, the Authorising Engineer from Cardiff needs to come and permit the work. He is not due on site until 03.06.2026. WGH - New compactor to be delivered to site w/c 11/5/2026								
																Reduce Total Waste arising by 1.5% each year/10,000 patients by 2030 using 18/19 as baseline year. Interim target 26/27 per 10,000 patients - General Waste 13.6t, Recycling Waste 7.4t, Food waste 3.8t. Total waste reduction-24.3t.	Shaw, Terri	31/05/2027	Current status end of year 25/26 per 10,000 patients - General Waste 2,6t, Recycling Waste 8.1t, Food waste 3.1t. Total waste reduction- 21.8t.								
																Increase the amount of waste recycled to 70% by 2030 using 18/19 as baseline year. Interim target for 26/27 is 61%	Shaw, Terri	31/05/2027	Current position at end of 25/26 is 51%								
																Reduce waste sent to landfill to a max of 5% by 2030 compared to 18/19 baseline year. Interim target 26/27 Recycling 61%, Recovery 30%, Landfill 9%	Shaw, Terri	31/05/2027	Current position end of year 25/26 is Recycling 51%, Recovery 36%, Landfill 12%								

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2065	Director of Public Health	Public Health -	Public Health: Health Improvement & Wellbeing	Gjini, Ardiana	Lewis, Bethan	Hughes, Lisa -	Hughes, Lisa -	15-Jan-25	There is a risk of Hywel Dda University Health Board will not achieve the NHS Wales performance measure of 40% of adult smokers who make a quit attempt being CO validated This is caused by •Service delivery model changes following Covid which resulted in a move to telephone support •Loss of dedicated rooms and venues for locality teams on the hospital sites •A need to train new staff commencing work after the service delivery model changes •Delay in purchase and distribution of monitors and consumables •Issues with on site storage of monitors and consumables •Increase in patients choosing telephone support over face to face meetings •Rurality issues including venue provision for low numbers and travel costs This will lead to an impact/affect on •Reduced Productivity: Increasing face-to-face support will reduce practitioner productivity, leading to longer	- Secured an increase in venues across the 3 counties - CO monitors supply to other HB professionals with access to vulnerable clients eg. Oxygen assessment nurses, mental health professionals, maternity and respiratory nurses - input into a national pharmacy service level agreement to enable local pharmacies to co validate with patients. All local pharmacists have been provided with CO monitors and have a dedicated practitioner to support and train as appropriate - Trained admin to encourage assessments to be booked into face to face venues rather than telephone support. Hybrid model of working	Quality/Complaints/Audit	3	4	12	There is still a possible likelihood of not achieving targets.	Scoping further community and outpatient clinics to maximise CO validating sessions	Hughes, Lisa -	Completed	Validation figure has increased from 8% - 21.2% SWOT Analysis & Action Plan developed to improve CO validation rates	Strategy and Planning Committee	2	4	8	Target risk score of 8 due to likelihood score of 2 (unlikely) due to the uptake national target being 40%	Treat	26-May-26

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									waiting times for appointments. •Decreased Treated Smoker Numbers: Shifting staff capacity to face-to-face CO validation and travel will reduce the number of treated smokers. •Higher Costs and Admin Time: Ensuring accessible venues across a large geographical area will increase costs and require significant administrative time for sourcing, booking, organizing payment, and covering staff sickness. •Lower Productivity at Venues: Staff at venues are less productive, and appointments are more prone to no-shows and cancellations. Weekly sessions need to be booked, leading to higher dropout rates compared to telephone support. •Additional Costs: There will be increased costs associated with room hire, travel, consumables, and additional CO monitors for staff. •Patient Choice: Vulnerable patients or those with caring responsibilities or chronic diseases may face challenges if telephone support is reduced. Risk location, Health Board wide.							Sustain and improve on CO validation up to national target of 40% through increased and innovative ways to a sustainable model of delivery	Hughes, Lisa -	~~31/03/2026~~ ~~20/04/26~~: 31/03/2027	Continued slow improvement noted with additional focused areas of action pan in progress. Currently running at 25% which exceeds the HB interim target of 20%. Plans to increase this in 26/27							

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1773	Director of Public Health	Public Health -	Public Health: Vaccination Centres	Gjini, Ardiana	Lewis, Bethan	Lewis, Bethan	Jones, Glenna	14-Dec-23	There is a risk of of vaccine waste within the Covid-19 vaccination programmes. This is caused by the lead in time required to ordering and managing large scale Primary care planning in a position where vaccine hesitancy is increasing. This will lead to an impact/affect on the effective use of Covid-19 vaccines available within the programme, which could result in a reduction of availability in another part of the overall programme wider across Wales, as well as incurring increased costs. Risk location, Health Board wide.	Close management of vaccine delivery plans to facilitate limiting ordering on weekly basis of thawed product to a minimum whilst continuing to allow flexibility for opportunistic vaccination to maximise uptake. To ensure close monitoring of stock levels and use on digital system in place across all delivery centres / practices.	Finance inc. claims	3	3	9	Risk likelihood remains possible due to need to order thawed vaccine with variable expiry dates with increasing hesitancy amongst remaining population to vaccinate. 23/02/2026- Frozen vaccine unavailable. Review of ordering control systems for spring vaccination. Autumn campaign saw decreased wastage, but still remains in excess of accepted waste. 20/05/2026. Continued review of ordering processes. on track to see further waste reduction by end of the Spring campaign.	Explore control of vaccine orders through single point of contact in communication hub to provide strict management of control versus usage monitoring.	Jones, Glenna	Completed	in progress System devised for ordering covid vaccines through the Public health communication hub. A sharepoint ordering form highlighting clinic size and dates to ensure orders are suficient for clinic capacity.This system will e roled out also for Flu vaccinations in Autumn/Winter.	Strategy and Planning Committee	2	3	6	Target score reflective of need to aim for a reduction of waste to lower levels than currently realised.	Treat	20-May-26
																Explore opportunity to store frozen vaccine in HB freezers in preparation for Autumn programme with national leads and local Pharmacy leads.	Jones, Glenna	Completed	Discussions ongoing, not possible for Spring campaign and to explore for next Autumn as larger volumes across HB Freezer capacity not sufficient. continue to explore options for Autumn/Winter 25/26 23/02/2026- Frozen vaccine not available.							
																Rotation of vaccine stock across HB and primary care sites to ensure reduction of waste.	Jones, Glenna	~~31/03/2026~~ 31/03/2027	Weekly meetings arranged with Primary care to discuss any issues and programme delivery needs. Weekly stock checks and rotation of stock into central HB site activated.							

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1301	Director of Strategy and Planning	Strategy and Planning	Strategic Development and Operational Planning: Planning	Davies, Lee	Ayres, Shaun	Ayres, Shaun	Ayres, Shaun	01-Jun-21	There is a risk of insufficient capacity within the existing Planning Team to deliver Health Board objectives with regard to strategic, operational and capital plans. This is caused by the scope and extent of the planning function as being exceptionally large given the scale of the change programme required for the organisation to deliver its objectives. A review of capacity to meet National and Board objectives is required to support this. This will lead to an impact/affect on delivering objectives as agreed in the Annual Plan/IMTP; Health Board/Regional/National Planning; support for Operational teams and Business Cases; and being able to provide sufficient project/programme support and providing a sufficient level of governance and scrutiny to the planning cycle, providing commissioning support and compliance with best practice standards. Risk location, Health Board wide.	Deputy Director of Operational Planning and Commissioning commenced January 2023. The Planning Directorate continue to work with other corporate teams, in particular Finance and Workforce, to develop the content of IMTPs/Annual plans. Utilised Head of Commissioning to support Annual plan submission 23/24, due to limited resources to draw upon. Annual plan is reported to SDODC, SRC and ratified at Public Board. The Transformation Programme Office (TPO) now sits under the Deputy Director of Operational Planning and Commissioning and are supporting both the Annual Plan and the Medium Term direction through the Clinical Service Plan. Existing planning capacity is being prioritised to support critical organisational requirements. Prioritisation by Strategy and Planning leadership. Weekly oversight of priorities and deliverables. Targeted use of fixed-term and seconded resource to maintain delivery during the transition. Executive support for the agreed establishment and funding envelope.	Business objectives/projects	3	3	9	Risk remains at score 9, but the mitigating position has strengthened since the last review. The Planning Team continues to carry a workload that exceeds substantive establishment, covering the Integrated Medium Term Plan (IMTP), Annual Plan, service change cases, and population health planning. However, recruitment to address the underlying capacity and capability gap is now actively progressing. Job descriptions for the required posts have been finalised and banded, and the recruitment plan has been supported by Executives. A small number of process items are being closed out before posts go to advert, after which recruitment will move through Workforce in line with standard timescales. Substantive recruitment is now mobilising rather than stalled; capability in commissioning,	Agree staffing resource required for strategic, operational and commissioning planning team.	Ayres, Shaun	**Completed**	In response to our organisation's escalated status requiring targeted intervention, it has not been feasible to expand the Strategic and Operational Planning Team as initially envisioned. However, we have implemented an organisational response that involves assembling a centralised team drawn from various sectors across the Health Board. The expectation is that this team will operate under a Project Management Office (PMO) style approach, this approach is vital in supporting the delivery of the annual plan and going further where possible to support the de-escalation of the Health Board. This structure ensures that the plan is not only delivered but also supported by adequately resourced and agile response capabilities, enabling dynamic allocation of resources and prompt addressal of emergent issues.	Strategy and Planning Committee	2	3	6	The target score of 6 by 30/06/2026 remains achievable on the current trajectory and is expected to reduce as posts are filled. If recruitment slips materially, the target date will be re-baselined and brought back to Committee in a transparent manner.	Treat	14-May-26

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															service modelling and population health analytics will be addressed through the planned post mix; succession arrangements for senior posts will be considered as part of the wider team design.	Utilise existing vacancy to enhance team to support work on Targeted Intervention.	Ayres, Shaun	~~31/10/2024~~ ~~31/03/2025~~ ~~30/06/2025~~ 30/09/2025 ~~31/12/2025~~ 30/06/2026	Three planning job descriptions are currently progressing through the workforce banding process, with the intention of submitting a business case for consideration once banding is confirmed. There has been some iterative clarification required on the job descriptions; however, following the most recent submission on 23rd January 2026, confirmation is anticipated shortly, enabling the business case to proceed.							
																Complete the final pre-advert steps	Ayres, Shaun	31/07/2026	New action - Update on next review							
																Progress recruitment to the agreed establishment during Q1 and Q2 2026/27	Ayres, Shaun	30/09/2026	New action - Update on next review							
																On appointment, implement the refreshed team development plan with focus on commissioning, modelling and analytics; review the residual position once the first wave of posts is filled.	Ayres, Shaun	30/09/2026	New action - update on next review							

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1931	Director of Public Health	Public Health -	Public Health	Gjini, Ardiana	Lewis, Bethan	Lewis, Bethan	Lewis, Bethan	01-Aug-24	There is a risk of that funding allocated through ring fenced, grants, or core budgets for public health services that require a fluctuating approach to spending opportunities are not available following each monthly financial update. A further risk is that any of the funding from these budgets used in updating HDUHB financial recovery will have to be redressed. This is caused by the financial improvement measure whereby there will be a rebuttable presumption that any budget underspend realised in a given month will be recorded as a non-recurrent saving in that month and preventing a fluctuating approach to spending against demands in service delivery. This will lead to an impact/affect on the ability of the Public Health Directorate to deliver on service areas under the relevant planning objectives, and will impend the ability of meeting the executive objectives. There are significant multiagency led workstreams affected, including: substance misuse, Healthy Schools and pre-schools, prevention including early years and health protection. On a number of these budgets the Health Board is only one of the partners for the funded project but acts as a 'bank' for the partnership, hence any	All service leads meet monthly with Finance Business Partner and ensure forecast spending is updated and relevant to needs of service. Review of service level finance meetings scrutinised by DPH / Interim Assistant Director PH to ensure forecast relevant and capture sufficient service demand impact. Ringfenced budgets recognised to protect from underspend savings targets.	Finance inc. claims	2	4	8	Following recent discussion with Finance leads there is some protection of ring fenced budgets for grants and key work areas recognised as outside of the non-recurring allocation of savings for this financial year. This has reduced likelihood score.	Explore the opportunity to include ring fenced and grant funded budgets onto the exclusion criteria for financial improvement measures for directorate.	Lewis, Bethan	Completed	Confirmation received by Director of Finance that budgets will be ring fenced and excluded from measures going forward for remainder of year post month 5.	Strategy and Planning Committee	1	4	4	Target score reduced to lower value as aim is for directorate to have flexibility within allocated budgets to prioritise key areas of work to enhance population health as recurring savings plans realised for the previous 2 year period.	Treat	26-May-26
																Review current detailed forecasting with each service lead and ensure robust approach in place for all budget allocation.	Lewis, Bethan	Completed	Review complete, additional spending plans and forecast in progress							
																Review current detailed forecasting with regard to non-recurring amount identified against each budget and ring fenced funding up to month 5 to mitigate against spending lost.	Lewis, Bethan	Completed	Ongoing monitoring of spending to ensure maximum spend against ringfenced budgets in place							
																Review current savings plans for directorate against monthly underspending to maximise available resource for population health priorities.	Lewis, Bethan	31/03/2027	Review complete for 25/26 financial year. Action to continue for 2026/27 financial year balanced with forecasting and underspend / savings allocations towards health coaching							
																Review current detailed forecasting with regard to non-recurring amount identified against each budget and ring fenced funding to mitigate against spending lost.	Lewis, Bethan	27/07/2026	New financial year focused actions							

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
									the partnership, hence any underspent is subject to the partnership not just the UHB. The public health workforce budget is also ring fenced (under TUPE Oct 2022). There is also an impact on the reputation of the Health Board due to the multi agency approach to approval of spending areas across several of these funding streams and need for close monitoring of compliance to Welsh Government. Risk location, Health Board wide.							Identify pay and non pay non-recurring underspend to allocate for health Coaching expansion as per Exec Team instruction, creating cost centre for recruitment and service delivery in 2026/27	Lewis, Bethan	06/01/2026	Budget for 2026/27 financial year identified through underspends across all budgets in directorate. SBAR for change of use into new cost centre to commence recruitment process completed and submitted to Deputy Director of Finance							

6.2

12:00, 10 Mins

6.2 - Targeted Intervention Update

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Shaun Ayres (Hywel Dda UHB - Director of Delivery)

For information

Attachments

6.2 SPC Targeted Intervention Update - June 2026.pdf

Targeted intervention escalation update

June 2026

Criteria 5 to 9: planning

Lead executive: Mr Lee Davies, Director of Strategy and Planning

Report author: Mr Shaun Ayres

Overall Position

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The planning framework is clearer and better structured, however the evidence does not yet show a fully deliverable position.

Over the past year we have secured de-escalation in four areas. We remain at Level 4 for finance, strategy and planning, urgent and emergency care (UEC) and infection control, and at Level 3 for planned care. We have submitted the 2026/27 Annual Plan, strengthened integrated planning, and moved the Clinical Services Plan (CSP) into implementation planning.

Summary against criteria 5 to 9

- Criterion 5, Annual Plan: submitted, but not yet acceptable to the Board or Welsh Government. (Alert)
- Criterion 6, integrated planning: improving, but not yet consistently deliverable. (Advise)
- Criterion 7, CSP: roadmap established and well-evidenced, implementation early. (Assure)
- Criterion 8, planning maturity: improving, but gated by the plan's acceptability; the integrative criterion. (Advise)
- Criterion 9, regional planning: active across priority services, impact not yet evidenced. (Advise)

In short: The direction is clearer, but we cannot yet show the Plan is acceptable or that regional planning is delivering.

Feedback and Our Response

Welsh Government has not accepted the Plan. Our response is to evidence deliverability, not redescribe process.

What Welsh Government has said

- The Plan, as submitted, is not acceptable to either the Board or Welsh Government.
- Feedback centres on the clarity of commitments, deliverability, and trajectories below expectation in some areas.
- On planning maturity, our self-assessment was recognised for its transparency, but the evidence behind the scores was judged too high-level. The Health Board is due to re-run this exercise in the next month.

Our planning response

- We are building an evidence bridge from the submitted Plan to the latest validated position, the trajectory assumptions and the choices available.
- Delivery is profiled by quarter and month as a single control baseline, and the first quarter is being used to validate commitments and dependencies.
- We are recruiting three heads of service planning and improvement to build planning capacity and produce more worked-up, deliverable plans.

The financial recovery route, savings and control total sit with the Finance and Performance Committee (FPC) and are not repeated here.

Criterion 5: Acceptable Annual Plan

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

We have submitted the Plan, but neither the Board nor Welsh Government yet regard it as acceptable.

What the evidence shows

- We approved and submitted the 2026/27 Annual Plan with a planned deficit of £41.0m, against a Welsh Government control total of £22.1m.
- Welsh Government feedback centres on the clarity of commitments, deliverability and trajectories below expectation, not on the planning process itself.
- Unlike last year, the Plan does not yet set out a credible route to improvement across all domains or to all the de-escalation criteria.

What this means: the planning process is sound, but the engagement can be variable, this is where the Heads of Service Planning and improvement become essential. The plan does not yet meet the standard of acceptability the framework requires. The financial recovery route is owned and reported by the FPC.

Assessment: Alert. Use the first quarter de-risking to validate commitments and dependencies, and evidence a credible route to £41.0m and then towards the control total.

Criterion 6: Integrated Planning

Integrated planning is more visible and better structured, but coherence does not yet convert into consistent delivery.

What the evidence shows

- The Plan was built through a risk-led process from July 2025, with integrated chapters across Clinical Care Groups (CCGs), workforce, estates, finance and Public Health.
- It uses a single control baseline for trajectories, workforce assumptions and quality constraints.
- Delivery against the 2025/26 Plan remained mixed, and the 2026/27 position still shows tension between financial assumptions, workforce capacity and operational feasibility.

What this means: the model is now established on paper. The gap is consistent deliverability in practice.

Assessment: Advise. Strengthen the link between planning assumptions and delivery confidence, embed a continuous medium-term cycle, and recruit three heads of service planning and improvement to build that capability and capacity within the Health Board.

Criterion 7: Clinical Services Plan

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The roadmap is established and well-evidenced. Implementation is now the test.

What the evidence shows

- The consultation ran for 13.5 weeks and drew more than 4,100 questionnaire responses.
- The programme tested clinical sustainability, accessibility, deliverability, strategic fit and financial sustainability.
- The Board has approved eight of the nine services in scope and is beginning a second-phase consultation on stroke including events at Prince Philip Hospital (PPH) on 5 June 2026; the programme has moved into Phase 4, implementation planning.

What this means: the planning route gives assurance on the roadmap. The area that will need to be monitored is implementation maturity and pace, and the wider response to service fragility. Put simply, once the plans are agreed, does the Health Board have credible and deliverable implementation plans. Clinical service change is cross-referenced to the Quality, Safety and Experience Committee (QSEC).

Assessment: Assure, with a watch on pace. Complete service-level implementation plans, conclude the stroke process, and set out the strategic response to wider service fragility (including the development of the Fragile Services register, monitored through QSEC).

Criterion 8: Planning Maturity

Planning maturity is improving, but this is the integrative criterion, and it is held back by the plan it rests on.

What the evidence shows

- Welsh Government recognised our self-assessment for its transparency and self-critique; but judged the supporting evidence too high-level.
- This criterion draws on Criteria 5, 6, 7 and 9, so it cannot rise above the Annual Plan's acceptability: the CSP lifts it, the plan (criterion 5) holds it back.
- We are building planning capacity, including three heads of service planning and improvement, and rebuilding the maturity evidence around milestones, ownership and deliverability. However, given the variability in the planning process, due to extreme operational pressures, the feedback reflects some aspects of that, but also the reality of trying to balance finance, performance, workforce, quality etc.

What this means: process maturity has improved faster than confidence in delivery, and that confidence will not move until the Plan is acceptable. However, to achieve that the third evidence point above becomes the most realistic route to achieving maturity, but, we must be cognisant of the challenges of balancing finite resources.

Assessment: Advise (could be alert), constrained by Criterion 5. Strengthen the evidence and ownership behind delivery, and resubmit a maturity position grounded in specific examples, not bullet points.

Criterion 9: Regional Planning

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Regional planning is active, but we cannot yet show it is delivering.

What the evidence shows

- Regional working spans orthopaedics, ophthalmology, stroke, pathology and cancer, aligned across south-west Wales and Mid Wales and increasingly to joint workforce.
- Orthopaedic regionalisation has plateaued: the long-term agreements for elective orthopaedics are unresolved and are limiting progress, and delivery to date is proof of concept rather than transformation.
- Stroke is the most advanced, but it is pre-decision; Welsh Government has criticised the absence of regional planning impact.

What this means: expectations and delivery are not hanging together. We cannot legitimately advocate that regional planning is delivering, which is why this moves to Alert.

Assessment: Alert. Agree the regional financial and contractual framework, including a pooled commissioning route through the Regional Joint Committee (RJC) for orthopaedics, and set a specialty-by-specialty recovery position with owners and measurable milestones, specifically around the deliverables and what is genuinely deliverable within the resources available across both Health Boards and the capability and capacity regionally.

Cross-cutting Reading

Across Criteria 5 to 9, the consistent issue is not absence of planning, although it can be variable, but the overriding issue is the limited confidence in delivery.

We can show clearer structures and a firmer strategic direction. The recurring weakness is that deliverable evidence and demonstrated impact have not caught up with the planning architecture. Whilst, a number of structures exist, a reasonable question is whether they are achieving their intended outputs and outcomes, especially for the Annual Plan and Maturity Matrix.

The criteria interlock; they are not independent

- Criterion 6 is the planning capability; Criteria 5, 7 and 9 are the products it generates.
- Criterion 8 is the integrative judgement of confidence in delivery, and cannot rise above its weakest critical dependency: the CSP lifts it, the unacceptable plan and regional working hold it back.

Recurring themes

- Across all five, the evidence is strong on process and elements of outputs (i.e. the Health Board did produce a Plan), and weak on outcome and impact.
- A Plan exists, but it is not yet acceptable; regional planning is active, but its impact is limited and not yet evidenced.

Recommendation

The Committee is asked to:

- **NOTE** and **SCRUTINISE** that, against Criteria 5 to 9, the Plan is not yet acceptable (Criterion 5) and regional planning cannot yet be shown to be delivering (Criterion 9), with Criterion 8 constrained and close to Alert.
- **ACCEPT** and/or **CHALLENGE** the assessment: two criteria at Alert, one constrained, and assurance only on the CSP roadmap.
- **CONSIDER** a specialty-by-specialty regional recovery position, including resolution of the orthopaedic financial and contractual framework, with owners and measurable milestones.
- **SUPPORT** the direction of travel, including the planning-capacity build, including three heads of service planning and improvement, and the evidence-bridge work to move the plan towards acceptability.

7

12:10, 0 Mins

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7 - For Information

7.1

12:10, 0 Mins

7.1 - Joint Commissioning Committee Planning, Performance and Finance Sub-Committee Reports

Winston Weir (Hywel Dda UHB - Independent Board Member)

For information

Attachments

7.1 2.2.2 - PPF Highlight Report 28 April 2026 Final.pdf

Cyd-bwyllgor Comisiynu Joint Commissioning Committee

Joint Commissioning Committee

Highlight Report from the Planning, Performance and Finance Sub-Committee

Dyddiad y Cyfarfod / Date of Meeting	26/05/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Maxine Evans, Assurance & Risk Officer
Cyflwynydd yr Adroddiad / Report Presenter	Paul Worthington, PPF Chair and Lay Member, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Huw George, Chief Commissioner, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Assurance

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Health Boards		Noted

1. SITUATION/BACKGROUND

This report has been prepared to provide Health Board Chief Executive Officer Members of the Joint Commissioning Committee (JC) with a summary of the key issues considered by the NHS Wales Planning, Performance and Finance (PPF) Sub-Committee at its public meeting on 28 April 2026.

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

(Links to reports highlighted - April 2026 - NHS Wales Joint Commissioning Committee)

Status	Update
Alert / Escalate	The NWJCC Finance Report - Month 12 2025/26 was received. A year-end overspend of £6.3 million was reported, which represented an improvement on earlier forecasts. This was more favourable than anticipated due to lower activity through the winter period, delays in the opening of the Neath Port Talbot Welsh Kidney Network (WKN) Unit and underspends on other non-committed expenditure. The importance of prospective financial monitoring with early identification and reporting of emerging service and financial pressures for 2026-27 was noted.
Advise	The NWJCC Combined Operational Performance Report at Month 11 was received. Highlights included improvements in dialysis, particularly within North Wales, and PET scan turnaround times. Reductions in inpatient and outpatient stays in specific specialties were highlighted whilst the Sub-Committee noted ongoing escalations in services such as the Caswell Clinic and medium secure units. The need for clear de-escalation criteria and timelines for the Caswell Clinic were discussed. The outcome of the upcoming meeting with Swansea Bay University Health Board (SBUHB), including clarity on outstanding actions and the route out of escalation would be shared outside the meeting. The performance stats for Ambulance Services were discussed in detail. Ongoing discussions with the Welsh Ambulance Service Trust (WAST) to set meaningful performance goals and improvement trajectories was noted. Performance around high rates of late arrivals and aborted journeys for the Non-Emergency Transport Service (NEPTS) were also highlighted as areas for improvement. Any future commissioning decisions on the WAST service model would form part of the planned strategic review.
Assure	The PPF Organisational Risk Register (ORR) was received for the assigned risks from the NWJCC Operational Risk Register as of 31 March 2026. After PPF scrutiny and review, the NWJCC Joint Committee will receive the March 2026 risk register at its May 2026 meeting. The following were highlighted: • Four commissioning risks and two corporate risks, with a score of fifteen or above had been assigned to the PPF sub-committee.

Status	Update
	• Escalated (Risk 68 - Specialist Auditory Implant Device Service' CVUHB) and de-escalated risks (Risk 61 - Obesity surgery for the population of North Wales) • The continued efforts to improve the risk register were highlighted. The ongoing review and oversight of risk will continue to contribute to the JCC's risk maturity and support the final development and approval of a robust Joint Assurance Framework (JAF), alongside the consideration and implementation of a risk appetite statement for the JC. • The need to capture emerging financial and strategic risks was highlighted, particularly around financial break-even for 2026-27 and the impact of the planned strategic reviews as reflected in the Annual Plan 2026-27, as these would likely identify further risks for the JCC. • Members were pleased with the progress made to date. The NWJCC Foundation Plan Quarterly Delivery Update was received providing updates on Quarter 1, 2, 3 and 4 deliverables. The report was noted, acknowledging the level of detail included and the areas reporting as red and amber as a result of the decisions made within the Foundation Plan discussions to not invest in legacy areas which had been agreed previously. Areas of successful delivery and projects rolling over into the 2026-27 Annual Plan delivery were highlighted. Members discussed the critical need for improved assurance on delivery against the 2026-27 Plan, reflecting on lessons learnt and early identification of delivery issues, highlighting that rigor, drive and delivery will need to improve. An update was provided on the NWJCC Annual Plan 2026-27 which is set within a 3-year context and had been approved by the JC on 30th March 2026. It was noted that a full project support function had been put in place to support delivery. Members discussed the significant capacity challenges of managing a risk based annual plan on a day-to-day basis, in addition to the programme of strategic reviews and deep dives reflected within it. The role of NHS Wales Performance and Improvement (P&I) was raised as a potential source of support with which to engage. The urgent need for delivering change at pace was highlighted, recognising that this would involve a number of difficult decisions needing to be made.
Inform	A report on Referral Management and Pathway Optimisation provided members with an update on the continued work to manage the financial pressures of activity growth in NHS England

Status	Update
	through a number of opportunities that might be exploited, and the ongoing review of the current NWJCC Referral Management Framework. The Annual Governance Statement 2024-25 was presented and members were invited to provide comments, queries, and suggestions for accuracy or completeness before the statement is submitted to the CTM Audit and Risk Committee (ARAC) on 19 May, and to the JC in May for approval. Members noted the thoroughness of the report. A verbal update was provided on the Annual Effectiveness Survey for 2025-26, noting the low response rate to date. Members were advised that although the deadline had passed, they should submit their responses as soon as possible as the feedback will inform the JC strategy day in June and help develop a plan to improve committee effectiveness. A brief update on the status of the Consultation and Engagement Framework was provided, noting that the document is still awaited. This item would remain on the committee's forward plan and be brought back for consideration once the framework is available following the May Senedd elections.
Appendices	None.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC **Link to JCC Strategic Objectives(s)**	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Enablers of Quality**	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective

(Duty of Quality Statutory Guidance (gov.wales))	
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Domains of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient; Equitable; Person-centred; Timely; Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☒	No: ☒
	Outcome for Equality (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~ Outcome for Welsh Language (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

4. RECOMMENDATIONS

The Health Board is asked to:

- **Note** the highlights outlined in Section 2 of this report.
- Receive the report as **assurance**

7.2

12:10, 0 Mins

7.2 - Strategy & Planning Committee Workplan 2026-27

Winston Weir (Hywel Dda UHB - Independent Board Member)

For information

Attachments

7.2 SPC Work Programme 2026-27 v0.1.pdf

STRATEGY AND PLANNING COMMITTEE WORK PLAN APRIL 2026 – MARCH 2027

Currently, Strategy and Planning Committee (SPC) meets bi-monthly. Based on this, the following table represents a proposal to incorporate the duties as outlined in the Committee's Terms of Reference into a basic work plan April 2026 – March 2027, including standing agenda items (denoted by *).

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	PURPOSE	28 Apr 2026	25 Jun 2026	20 Aug 2026	2 Nov 2026	22 Dec 2026	2 Mar 2027	Apr 2027
PAPER DEADLINE				**7 Apr 2026**	**4 June 2026**	**23 Jul 2026**	**12 Oct 2026**	**1 Dec 2026**	**9 Feb 2027**	
INTRODUCTIONS										
Welcome and Apologies*	Chair	All	**N/A**	✓	✓	✓	✓	✓	✓	✓
Declarations of Interests*	Chair	CSO	**N/A**	✓	✓	✓	✓	✓	✓	✓
GOVERNANCE										
Minutes from previous meeting*	Chair	CSO	**Approval**	✓	✓	✓	✓	✓	✓	✓
Matters Arising & Table of Actions (ToAs) *	Chair	All	**Information**	✓	✓	✓	✓	✓	✓	✓
Matters Arising (not on agenda) *	Chair	CSO	**N/A**			✓	✓	✓	✓	✓
Annual Review of SPC Terms of Reference (TORs) (12.1)	Chair	JW	**Approval**						✓	
SPC Annual Report 2025/26 on Committee's activity for onward submission to the Board (10.4)	Chair	CSO/LD	**Endorsement**	✓						✓

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	PURPOSE	28 Apr 2026	25 Jun 2026	20 Aug 2026	2 Nov 2026	22 Dec 2026	2 Mar 2027	Apr 2027
PAPER DEADLINE				**7 Apr 2026**	**4 June 2026**	**23 Jul 2026**	**12 Oct 2026**	**1 Dec 2026**	**9 Feb 2027**	
Committee Self-Assessment 6 Month Update	Chair	JW	**Assurance**			✓				
Self-Assessment of Committee Effectiveness: Outcome Report (10.5)	Chair	JW	**Assurance**						✓	
Assurance and Risk Report Assurance (3.1.23) ***Corporate*** *risks, Audits and Inspections, Ministerial Directions*	Relevant EDs	JW	**Assurance**	✓		✓		✓		✓
Assurance and Risk Report Assurance (3.1.23) ***Principal*** *Risks, Operational Risks, Welsh Health Circulars;*	Relevant EDs	JW	**Assurance**		✓		✓		✓	
Targeted Intervention Update (3.1.20)	LD	SA	**Assurance**	✓	✓	✓	✓	✓	✓	
STRATEGY, PLANNING AND PARTNERSHIPS										
Annual Plan Progress (3.1.1,2&4) • Planning Goals (PG) Update (3.1.21) • Maturity Matrix Timeline • Maturity Matrix	LD	SA	**Assurance**	✓	✓ ✓ ✓	✓	✓ ✓	✓	✓ ✓	

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	PURPOSE	28 Apr 2026	25 Jun 2026	20 Aug 2026	2 Nov 2026	22 Dec 2026	2 Mar 2027	Apr 2027
PAPER DEADLINE				**7 Apr 2026**	**4 June 2026**	**23 Jul 2026**	**12 Oct 2026**	**1 Dec 2026**	**9 Feb 2027**	
A Healthier Mid and West Wales Strategy (updates) (2.1.1.1 & 2)	LD	PW	**Assurance**	✓		✓		✓		
Planning Goal 8: Fit for purpose, modern facilities and services • Determine and implement sustainable models for services within the Clinical Services Plan programme • Deliver our Programme Business Case to develop fit for purpose and modern community and hospital facilities	LD	HMH	**Assurance**	✓		✓		✓		✓
Pharmaceutical Needs Assessment Annual Review	MH	OW	**Assurance**		**D**	✓				
Partnership Assurance Report (3.1.6&7)	AG	BB	**Assurance**		✓		✓		✓	
Mid Wales Joint Committee Report (3.1.8)	AC	NW	**information**			✓			✓	
Value Based Healthcare Update (3.1.9)	MH	LP/SM	**Assurance**		✓		✓		✓	

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	PURPOSE	28 Apr 2026	25 Jun 2026	20 Aug 2026	2 Nov 2026	22 Dec 2026	2 Mar 2027	Apr 2027
PAPER DEADLINE				**7 Apr 2026**	**4 June 2026**	**23 Jul 2026**	**12 Oct 2026**	**1 Dec 2026**	**9 Feb 2027**	
Strategic Commissioning Report (3.1.5) (bi-annual update)	LD	SA	**Information**			✓			✓	
Climate Migration and Adaption Plan (3.1.10)	AG	BB/SH	**Assurance**			✓			✓	
Prince Philip Hospital Urgent Care Centre Implementation Plan Update (action form February SPC)	AC	PS/AT	**Assurance**				✓			
Pharmaceutical Needs Assessment 6 Month Review of Services	MH	OW	**Assurance**					✓		
Transport Strategy	LD	GS	**Assurance**			✓				
Neonatal One team Strategic Plan Xferred to AHMWW > PODCC	AC	DS/SaD	**Assurance**							
POPULATION HEALTH, PRIMARY AND COMMUNITY										
Planning Goal 3: '20Four7' population health: • To reflect population health priorities that build in equality of opportunity and human rights, together with plans	AG	BB	**Assurance**	✓		✓		✓		✓

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	PURPOSE	28 Apr 2026	25 Jun 2026	20 Aug 2026	2 Nov 2026	22 Dec 2026	2 Mar 2027	Apr 2027
PAPER DEADLINE				**7 Apr 2026**	**4 June 2026**	**23 Jul 2026**	**12 Oct 2026**	**1 Dec 2026**	**9 Feb 2027**	
to reduce health inequalities										
Annual Managed Practices Assurance Report	AC	RB	**Assurance**		✓					
Healthy Weight Implementation Plan	AG		**Information**		✓					
Planning Goal 4: Community by design: • To ensure that HDd has a clear vision and strategic direction that secures the long-term sustainability of the organisation, both at local community and wider system levels	LD	RB/JC	**Assurance**		✓		✓		✓	
Vaccination Programme for Prevention and Response Plan - Progress Update, Key Priorities and Delivery Plan (3.1.13)	AG	BB	**Assurance**			✓				
Planning Goal 7: Future Orientated: • Connected and resilient communities	AG	BB	**Assurance**			✓		✓		✓

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	PURPOSE	28 Apr 2026	25 Jun 2026	20 Aug 2026	2 Nov 2026	22 Dec 2026	2 Mar 2027	Apr 2027
PAPER DEADLINE				**7 Apr 2026**	**4 June 2026**	**23 Jul 2026**	**12 Oct 2026**	**1 Dec 2026**	**9 Feb 2027**	
• Establish how we will strengthen how we listen and incorporate the voice of our future generations										
PSBs Well-being of Future Generations (Wales) Act 2015 (WBFGA) (3.1.6 & 3.1.7)	AG	BB	**Assurance**				✓			
Review of Clinical Pharmacy Services at NHS Hospitals in Wales	MH	OW	**Assurance**				✓			
Deep Dive: Healthy Domain Metrics	AG		**Information**		✓					
CAPITAL AND ESTATES										
Capital Programme for 2026/27 and Capital Governance (including the CSC 3A's update (3.1.24) & Discretionary Capital Programme (DCP) and Capital Resource Limit & other CSC items below) (3.1.18&19) * Also Capital Planning Equipment Replacement Programme.	LD	PW/ER	**Assurance/ Update the Board**	✓	✓	✓	✓	✓	✓	✓

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	PURPOSE	28 Apr 2026	25 Jun 2026	20 Aug 2026	2 Nov 2026	22 Dec 2026	2 Mar 2027	Apr 2027
PAPER DEADLINE				**7 Apr 2026**	**4 June 2026**	**23 Jul 2026**	**12 Oct 2026**	**1 Dec 2026**	**9 Feb 2027**	
Capital Business Cases (as and when required for scrutiny before onward ratification at Board) (3.1.16)	LD	ER	**Recommend,** for onward ratification by Board	✓	✓	✓	✓	✓	✓	✓
CSC Annual Report 2025/26 (10.4)	LD	ER	**Approve**	✓						✓
Annual Review CSC TORs (10.3)	LD	ER	**Approve**					✓		
HDdUHB Resilience Review: Management Response	LD	SH	**Assurance**		✓					
Sustainability Report (for HDdUHB Annual Report) (see SH email of 21 01 2026)	AG	SH	**Assurance**		✓					✓
Estate Condition & Performance Update	LD	PW	**Assurance**				✓			
CSC Workplan 2026/27 (3.1.26)	LD	ER	**Information**						✓	
Planning in Partnership: Regional Integration Fund Update (3.1.3 & 3.1.16)	AC	LJ	**Information**					✓		
5th LINAC Business case	LD	SA/AS	**Recommend,** for onward ratification by Board		✓					
FOR APPROVAL										

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	PURPOSE	28 Apr 2026	25 Jun 2026	20 Aug 2026	2 Nov 2026	22 Dec 2026	2 Mar 2027	Apr 2027
PAPER DEADLINE				**7 Apr 2026**	**4 June 2026**	**23 Jul 2026**	**12 Oct 2026**	**1 Dec 2026**	**9 Feb 2027**	
Policies (as required) (3.1.25) *	All	All	**Approval**	✓	✓	✓	✓	✓	✓	
FOR INFORMATION										
JCC Planning, Performance and Finance Sub-Committee Reports*	ME	N/A	**Information**	✓	✓	✓	✓	✓	✓	✓
SPC Workplan 2026/27*	LD	CSO	**Information**	✓	✓	✓	✓	✓	✓	✓
In Committee Session agenda items (as required)	CSO	N/A	N/A	✓	✓	✓	✓	✓	✓	✓
Issues for Board/Committees	Chair			✓	✓	✓	✓	✓	✓	✓
MEETING GOVERNANCE										
Agenda setting meeting with Chair & Exec Lead (at least 6 weeks before the meeting)	CSO	N/A	N/A	✓	✓	✓	✓	✓	✓	✓
Draft agenda to go to Executive Team	CSO	N/A	N/A	✓	✓	✓	✓	✓	✓	✓
Call for papers (at least 6 weeks before the meeting to receive papers at least 14 days before the meeting	CSO	N/A	N/A	✓	✓	✓	✓	✓	✓	✓
Disseminate agenda/papers 7 days prior to meeting	CSO	N/A	N/A	✓	✓	✓	✓	✓	✓	✓
Add actions to the Action Tracker within two days of	CSO	N/A	N/A	✓	✓	✓	✓	✓	✓	✓

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	PURPOSE	28 Apr 2026	25 Jun 2026	20 Aug 2026	2 Nov 2026	22 Dec 2026	2 Mar 2027	Apr 2027
PAPER DEADLINE				**7 Apr 2026**	**4 June 2026**	**23 Jul 2026**	**12 Oct 2026**	**1 Dec 2026**	**9 Feb 2027**	
the meeting and send notification to action owners										
Circulated minutes to Lead Director within 7 days of the meeting	CSO	N/A	N/A	✓	✓	✓	✓	✓	✓	✓
Issue minutes and TOA to Members (including the Committee Chair) following Lead Director review	CSO	N/A	N/A	✓	✓	✓	✓	✓	✓	✓
Produce 3A's Report for Board	CSO	N/A	N/A	✓	✓	✓	✓	✓	✓	✓

Chair: Winston Weir **Vice Chair:** Maynard Davies **Lead Executive:** Lee Davies

AC	Andrew Carruthers	**JC**	Julia Chambers	**OW**	Owain Williams
AG	Dr Ardiana Gjini	**JW**	Joanne Wilson	**PS**	Peter Skitt
AT	Anna Thomas	**LD**	Lee Davies	**PW**	Paul Williams
BB	Dr Bruce Bolam	**LJ**	Linda Jones	**RB**	Rhian Bond
CE	Clare Emmanuel	**LP**	Leighton Phillips	**SA**	Shaun Ayres
CSO	Committee Services Officer	**ME**	Matthew Edwards	**SH**	Sam Hussell
ER	Eldeg Rosser	**MH**	Mark Henwood	**SM**	Sophie Marr
HMH	Helen Morgan-Howard	**NW**	Nia Williams	**SD**	Simon Day
GS	Gareth Skye	**DS**	Dana Scott	**SaD**	Sara Davies

D Deferred

SO	Planning Goals	What we want to achieve (tangible outcomes – how do these align /fit with our current principal risks?	How we expect to deliver this (actions)	Committee Alignment
Thriving Teams	Goal 1 – Healthy, thriving teams *Lead – Lisa*	• Sustainable workforce in hospitals and communities • Shape organisational culture • To celebrate success and promote innovation	• Creating a positive workforce culture • Delivery of workforce stabilisation programme, in particular applying the approach to medical staff • Implementing the Research and Innovation Strategic Plan (2025 – 2030)	PODCC
	Goal 2 – Customer Service Excellence *Lead – Sharon*	• To promote a culture of speaking up safely • Promote equality, diversity and inclusion • Provide excellent bilingual services	• Compassionate experiences • Customer service excellence • Community connectedness	QSEC
Healthier Communities	Goal 3 - '20Four7' population health Lead – Ardiana	• To reflect population health priorities that build in equality of opportunity and human rights, together with plans to reduce health inequalities	• Strengthen prevention services • Advance population health programmes • Monitor performance	SPC
	Goal 4 - Community by design	• To ensure that Hywel Dda has a clear vision and strategic direction that secures the long-term sustainability of the	• Develop and deliver a primary care and community services strategic plan	SPC

	Lead – Andrew	organisation, both at local community and wider system levels		
Great Care	Goal 5 – People First, Digital Always *Lead – Huw*	• To bring the benefits of digitisation and technological advances into healthcare • Create digital pathways between hospital, community and home • Support our staff with digital tools to deliver safe, effective, quality care	• Delivery of Digital Strategic Plan • Progress digital, technology and AI adoption	DDIC
	Goal 6 – Safe, timely, high quality care *Lead – Andrew*	• Ensure patient safety is a priority • Safe and sustainable planned care and community services • Promote high ethical standards • To act as a catalyst for change, providing independent and objective perspectives. This includes having the courage to speak up about any concerns • Improved experiences and outcomes for those using our urgent and emergency care services • Implementation of national Mental Health and Women's Health strategies in Hywel Dda that meet local needs	• Improve patient pathways, embed safety dashboard & remove clinical variation • Promote a way of working that is open, transparent and accountable • Deliver the programme commitments made as part of the Clinical Services Plan and Community by Design strategic delivery plan • Improve efficiency and productivity and reduce waste, harm and variation • Develop and deliver an Urgent and Emergency Care strategic delivery plan to improve standards, in line with the existing strategy, ahead of the new hospital network • Develop and deliver a flexible, open access mental health model in Hywel Dda	FPC

			• Develop and deliver the Women's Health Plan for Wales in Hywel Dda • Implement Hywel Dda's learning disability transformation programme	
Positive Futures	Goal 7 - Future Orientated *Lead – Ardiana*	• Connected and resilient communities • Establish how we will strengthen how we listen and incorporate the voice of our future generations	• Embed the Principles of Social Model for Health & Wellbeing • Delivering our Decarbonisation Delivery Plan • Encourage collaboration with others	SPC
	Goal 8 - Fit for purpose, modern facilities and services *Lead – Lee*	• Determine and implement sustainable models for services within the Clinical Services Plan programme • Deliver our Programme Business Case to develop fit for purpose and modern community and hospital facilities	• Provide an addendum to our Programme Business Case to allow us to proceed with the development of community and hospital schemes • Develop the Clinical Services Plan to make changes to services, and consider other services that may need support, to allow us to provide safe and sustainable services for the future	SPC

8

12:10, 0 Mins

8 - Any Other Business

Winston Weir (Hywel Dda UHB - Independent Board Member)

9

12:10, 5 Mins

9 - Issues for Board/Committees

Winston Weir (Hywel Dda UHB - Independent Board Member)

For information

10

12:15, 0 Mins

10 - Date and Time of Next Meeting

10.1 **12:15, 0 Mins**

10.1 - 20 August 2026, 09:30 - 12:30, Hybrid

2 November 2026, 09:30 - 12:30, Hybrid
22 December 2026, 09:30 - 12:30, Hybrid
2 March 2027, 10:00 - 12:30, Hybrid