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# Strategy & Planning Committee – June 2025

## De-escalation Criteria Assessment

# Executive Summary



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This paper provides the Strategy and Planning Committee with an assessment of progress against the de-escalation criteria for Targeted Intervention status. Five key criteria have been evaluated using an assurance system - Alert, Advise and Assure.

The Health Board demonstrates significant planning capability across most criteria, with particular strength in the Clinical Services Plan delivery. However, challenges remain with Welsh Government approval of the Annual Plan due to financial deficit levels, despite robust planning processes being acknowledged.

## Assessment Overview

### Criteria Assessed

Criterion 4 - Submission of Balanced and Credible Annual Plan

Criterion 5 - Evidence of Integrated Planning

Criterion 6 - Clinical Services Plan Roadmap and Implementation

Criterion 7 - Planning Maturity Matrix Assessment

Criterion 8 - Regional Planning Progress

# Criterion 4 - Annual Plan Submission



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## Assessment – ALERT

### Key Achievements

The 2025/26 Annual Plan development demonstrates significant planning maturity:

- Robust Process - Commenced October 2024 with structured cross functional workshops engaging clinical leaders, operational managers, finance teams, and workforce planners
- Independent Validation - NHS Wales Audit awarded reasonable assurance for plan development and substantial assurance for governance arrangements
- Strategic Integration - Successfully connects urgent care transformation, planned care recovery, workforce stabilisation and digital initiatives
- Financial Transparency - Clear framework addressing £51.1m underlying deficit with identified savings of £19.0m recurrent and £24.5m nonrecurrent

### Critical Challenge

Welsh Government's (WG's) response (6 June 2025) deemed the plan “unsupportable and unacceptable” due to financial deficit levels, not planning quality. Notably, WG acknowledged that processes provide assurance, indicating the issue is financial recovery expectations rather than planning capability.

### Recommendation

While planning capability is clearly demonstrated and independently validated, the Welsh Government's non-approval prevents full criterion satisfaction. Continued dialogue on realistic financial recovery timescales is essential.

# Criterion 4 - Integrated Planning



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## Assessment – ADVISE

### Progress Demonstrated

The organisation shows improved integration across traditional planning silos:

- Cross Functional Synthesis - Planning Maturity Matrix workshops reveal genuine collaborative working between operations, planning, finance, workforce, and clinical services
- Workforce Stabilisation Programme - Exemplifies integration by connecting workforce challenges to financial sustainability and operational performance
- Clinical Care Groups - New governance structure provides vertical integration, placing accountability closer to clinical teams
- External Validation - Internal Audit confirmed “triangulation of critical enablers” with alignment to Ministerial Priorities and Targeted Intervention actions

### Integration Mechanisms

- Integrated Governance Groups meeting fortnightly across all domains
- “Alert, Advise, Assure” reporting framework for systematic escalation
- Joint Committee with Swansea Bay University Health Board (SBUHB) for cross boundary planning
- Four phase digital transformation programme ensuring strategic alignment

# Criterion 4 - Integrated Planning



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## Areas for Development

- Integration consistency varies across service areas, stronger in acute than non-acute
- Need to progress from annual planning cycles to sustainable Integrated Medium Term Plan (IMTP) capability and capacity
- Some stakeholder feedback indicates some elements of integration could be further improved

# Criterion 6 - Clinical Services Plan



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## Assessment – ASSURE

### Significant Achievements

The Clinical Services Plan demonstrates exemplary programme management:

- Structured Approach - Three phase roadmap addressing nine fragile service areas
- Systematic Progression - Phase 1 (clinical case) and Phase 2 (options) completed with comprehensive outputs
- Successful Launch - Phase 3 public consultation launched on schedule (29 May 2025)
- External Validation - Hugh Irwin & Company quality assurance under Enhanced Consultation Framework

### Programme Strengths

- Rigorous Methodology - Hurdle criteria testing against clinical sustainability, deliverability, accessibility, strategic alignment, and financial sustainability
- Detailed Analysis - Granular workforce modelling for each service configuration including establishments, recruitment, training, and rota sustainability
- Comprehensive Impact Assessment - Quality, Health, Equality, and Regional assessments completed as “live documents”
- Strong Governance - Regular Board engagement with formal approvals at key milestones

### Key Point

The successful consultation launch demonstrates mature programme management capability and organisational readiness for complex transformation, whilst maintaining democratic accountability through public engagement.

# Criterion 7 - Planning Maturity Matrix



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## Assessment – UNDER REVIEW

### Process Improvements

Significant strengthening of the maturity matrix approach:

- Learning Integration - Previous cycle recommendations fully embedded in current process
- Evidence Based Approach - Clear emphasis on tangible, verifiable evidence for all scoring
- Enhanced Governance - Strengthened Board scrutiny and validation arrangements
- Inclusive Engagement - Broad stakeholder participation across clinical, operational, planning, workforce, and finance

### Key Considerations

- Deliberately cautious approach prioritising honest self-appraisal over optimism or pessimism
- Recognition that robust process doesn't automatically guarantee delivery outcomes
- Acknowledgement of inherent biases in “lived experience” assessments
- Ongoing strategy refresh remains critical enabler for alignment

### Next Steps

- Further Executive and Board review before final submission
- All judgements to be supported by clear evidence and/or transparent narrative
- Continued focus on translating process improvements into outcome delivery

# Criterion 8 - Regional Planning Progress



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## Assessment – ADVISE

### Current Position by Service

#### Orthopaedics

- Both Health Boards achieved 104 week Ministerial target by March 2025
- Regional Standard Operating Procedure (SOPs) for arthroplasty developed and implemented
- 50 SBUHB longest waiting patients treated at Prince Philip Hospital
- Shared Patient Tracking List (PTL) development ongoing but not yet operational

#### Ophthalmology

- Region broadly maintaining compliance for <52 and 104 week waits
- Four subspecialty charters approved (Glaucoma, Cataract, Medical Retina, Paediatrics)
- Single service model design work underway
- Digital Eye Care Platform (DECP) implementation required by March 2026
- Challenges remain in achieving the 65% R1 Ophthalmology challenge

# Criterion 8 - Regional Planning Progress



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## Stroke Services

- Regional Programme Board reestablished with quarterly meetings
- Baseline pathway mapping and demand modelling complete
- Video triage pilots operational at Withybush and Morriston Hospitals
- Business case for hyperacute hub remains amber/red rated
- Significant workforce challenges (70 WTE requirement)

## Urology and Upper GI

- Included within Clinical Services Plan consultation
- No dedicated regional workstream established
- Tangible regional benefits unlikely before 2026/27

## Governance Arrangements

- Regional Joint Committee (RJC) established May 2025
- Clinical Services Group providing oversight of specialties
- Terms of Reference updated with quarterly reporting cycles
- Digital initiatives at varying stages of implementation

# Criterion 8 - Regional Planning Progress



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## Areas Requiring Attention

- Specific milestones absent for several workstreams
- Comprehensive Regional Risk Register
- Quantitative analysis needed to demonstrate activity increases
- Workforce feasibility assessments require development
- Full benefits realisation tracking not yet established
- Programme Resources

## Next Steps

- Agree explicit, timebound milestones for each regional specialty
- Ensure establishment of shared PTL by Quarter (Q) 3 2025/26
- Commission Clinical Services Group to develop urology/upper GI workstreams
- Implement integrated dashboard for quarterly monitoring

# Summary and Next Steps



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## Overall Position

**Criterion 4 - Annual Plan Alert** - WG non-approval despite robust process validated by audit. Continue dialogue on financial recovery expectations including setting out an options appraisal.

**Criterion 5 - Integrated Planning Advise** - Progress demonstrated but IMTP capability development needed. Focus required on 2026/27 planning cycle.

**Criterion 6 - Clinical Services Plan Assure** - On track with public consultation successfully launched. Maintain momentum through consultation period.

**Criterion 7 - Maturity Matrix Under Review** - Process strengthened with better evidence base. Awaiting final Executive and then Board assessment and validation.

**Criterion 8 - Regional Planning Advise** - Some progress evident but clear milestones and benefits tracking needed. Early stages for several workstreams.



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