



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	18 December 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategy Refresh
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies Executive Director of Strategy and Planning)
SWYDDOG ADRODD: REPORTING OFFICER:	Paul Williams Assistant Director of Strategic 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 purpose of this report is to assure the Committee about the progress that has been made to refresh our “A Healthier Mid and West Wales” (AHMWW) strategy and Primary Care and Community Services Strategic Plan.

Cefndir / Background

In November 2024, work was initiated to refresh the existing AHMWW strategy. Since then, work has been carried out to understand which elements of the strategy are still valid and can remain as they are, which elements are still valid but need revising to reflect, for example, demographic changes and which elements need refreshing because they are fundamentally different to how they were envisioned when AHMWW was ratified in 2018.

Engagement activity

Engagement activity has been an integral part of the strategy refresh process. Engagement has been split into two distinct phases:

- Phase 1 engagement started in July 2025. It took place alongside other consultation events and engagement activity, by asking people the broad question, “What is important for you to live a healthy life?” A thematic analysis of the responses was carried out and the results were presented to the SPC Committee in October 2025.
- Phase 2 engagement started at the end of September 2025. It lasted for 9 weeks and finished at the end of November 2025. Guided by a Communications and Engagement Plan, the purpose of Phase 2 engagement was to:
 - Publicise the strategy refresh process and raise awareness across our communities.
 - Provide opportunities for our communities to share their views and respond to the strategy questions and inform the strategic direction of the Health Board moving forward.

- Identify appropriate engagement and communication tools and methods, to reach more of our communities and engage them in the conversation.
- Seek to manage public expectations and provide reassurance about service provision
- Reactively address any widely spread misinformation.

Phase 2 engagement activity sought to gather feedback from our communities on the following 11 questions across 4 broad categories:

Social Model for Health and Well-being (SMfHW)

1. What helps you stay healthy day-to-day, beyond seeing a doctor, nurse or healthcare professional?
2. Who outside the NHS do you think could be part of keeping people well?
3. Are there people or groups in your local area who could play a big role in helping others live healthier lives?
4. What kind of support would make it easier for you to live a healthier life?

Digital Healthcare Support

5. How do you feel about using the internet or apps to look after your health or share health information?
6. If digital healthcare worked well for you, what would it look like?
7. What would help you to feel confident using online tools or services to get healthcare?

Balancing Hospital Care and Community Support

8. If you could get help quickly to stay well in your community, how would that change how you feel about going to hospital?
9. What kind of care or support would you like to have nearby so you don't need to go to hospital?
10. If you had to travel further for specialist care, what could we do to make that journey worthwhile and less stressful?

Clinical Services and Hospital Redevelopment

11. If we secure funding to improve healthcare buildings and facilities, especially at sites most in need of repair – what would you like us to prioritise and what concerns should we work through together as those changes take place?

A range of engagement methods were used, e.g. targeted group sessions, hospital walkarounds (including staff and outpatient engagement), attendance at local community events, digital engagement on “Have your say” and targeted social media activity. This face-to-face engagement was supported by a range of communication methods. In addition to a summary published on the Health Board’s website, regular updates were proactively shared with the media and key stakeholders to ensure transparency and maximise awareness of engagement opportunities across our communities. These coordinated efforts were designed to broaden reach, foster understanding and encourage meaningful participation in the strategy refresh process.

Development of draft version of the Strategy

An initial draft version of the Strategy has been developed, using feedback from Executive Improving Together sessions, Board Seminar and Board, to bring together emerging elements. Feedback on the initial draft has been sought from key staff supporting the planning process, while it may not be possible to completely align the two pieces of work as

short term changes may be needed to support longer term change, alignment with goals and themes will be essential.

The draft version of the Strategy has also been shared with Executive Director leads with responsibility for the themes, as well as other key stakeholders in the Health Board to ensure alignment with, for example, Wellbeing Objectives.

Following completion of Phase 2 engagement activity, we are now reviewing the feedback to test its alignment with the draft Strategy and incorporate any necessary changes. When the draft Strategy is shared more widely, it will include an appendix providing a detailed analysis of all feedback received. Additionally, each goal will feature a section explaining what the Strategy means for those who have engaged with us.

Asesiad / Assessment

Phase 2 engagement

The 9-week Phase 2 engagement activity finished on 28 November 2025. Overall, Phase 2 engagement was successful in terms of the number and diversity of individuals and communities that engaged with the process. A summary of Phase 2 engagement is provided for assurance:

- Number of events / sessions: 93
- Examples of events / sessions / stakeholders: We have engaged with a wide range of groups and organisations across our Health Board area, to ensure we capture a broad range of views. This has included attending and running sessions with carer groups, youth groups, people with sensory disability, physical disability and learning disability, as well as attending community events and local networks to help enable more people to share their views.
- Number of people who participated in events / sessions: 1727
- Number of HYS responses (English and Welsh): 274/7

Please note these figures are taken as of 1 December 2025 and will be updated following the close of the engagement period and full evaluation of engagement activities.

It is important that this engagement has meaning and purpose and is not only an activity that is undertaken as part of a process. Work will be undertaken to identify the key messages from the engagement as a whole, as well as feedback from specific groups who may have different experiences which should be considered. While this feedback will be contained within a summary form within the Strategy to illustrate how our Strategy will support our communities, the engagement will support the delivery of the Strategy.

We have said from the start of the process that delivery plans will be needed to bring around some of the larger changes required to deliver the Strategy, while smaller changes which may be managed through our natural 3-year planning processes can happen faster. Using the engagement activity, we will be able to inform services around the patient experience, the needs and views of our population to support the shaping of person-centred service change and improve quality.

Draft structure of the Strategy

The draft Strategy itself is not being shared with the Committee at this stage because it is still being refined and reworded to reflect feedback from key stakeholders. However, it is proposed that the draft Strategy uses the following structure:

- The Executive Summary will be followed by a section about “Healthier Lives, Well Lived”. This will provide background and contextual information, summarise challenges and highlight opportunities. The Strategic Objectives will be split into four broad themes. Each theme will have two goals. At least one Executive Director will have responsibility for developing and delivering the goals. The proposed structure for the refreshed Strategy is presented below:
 - **Executive Summary**
 - **01 Healthier lives, well lived**
 - **Our mission:** Healthier lives, well lived
 - **Our strategic objectives**
 - **Our values and behaviours**
 - **02 Thriving teams**
 - **Goal 1:** Healthy, thriving teams
 - **Goal 2:** Customer service excellence
 - **03 Healthier communities**
 - **Goal 3:** ‘20-4-7’ population health
 - **Goal 4:** Community by design
 - **04 Great care**
 - **Goal 5:** Digital first
 - **Goal 6:** Timely, high-quality care
 - **05 Positive futures**
 - **Goal 7:** Future orientated
 - **Goal 8:** Fit for purpose, modern facilities and services

Impact assessments will be undertaken to support the Strategy Refresh, however we will be seeking to refresh the existing Equality & Health Impact Assessment (EHIA) which covers the Programme Business Case (PBC) and Community Schemes with engagement activity information to support this as it is still relevant to this work.

The intention for the Strategy Refresh remains to:

- i) Analyse the results of Phase 2 engagement activity and present the results at the Public Board meeting on 29 January 2026.
- ii) Continue to refine the draft strategy (document) and present it at the Public Board meeting on 29 January 2026.

Delivery of the Strategy

We have said that the key principles at the heart of the Strategy have remained unchanged, with the Refresh looking to consider what has changed in how we deliver services and who we need to work with to do this.

If we want to successfully deliver the Strategy, we will need to consider what needs to change organisationally because there are still areas of the Strategy which are outstanding which have not been resolved since 2018.

To do this we are proposing that the Strategy embeds alongside our values and mission, a change in mindset to be **radical, radical, radical**. This is not just a mantra to promote and chase innovation, but a way to promote the change in behaviours and activities we will need to unlock our potential.

We will need **radical openness** to support honesty and bold leadership to be able to share hard and difficult messages which will be required regarding necessary changes, while also being humble and listening intently to the voice of the public, being open to hearing difficult messages and opinions which may differ from the views of others we work with internally or externally. Our future leaders will need to be able to consider and advocate for our experts of knowledge (staff, professional networks, partner organisations) and experts of experience (patients, carers, families).

We will need to develop **radical trust** across the system, including trusting the new CCG leadership teams, trust between Primary and Secondary Care, trust with our partners and with our public. It is accepted that building trust in the Health Board is likely to take time as trust in institutions across the UK and with Hywel Dda University Health Board (HDdUHB) has declined in recent years. We will need to show the public and partners that we can be trusted, by repeatedly demonstrating our actions.

This does not mean that we will always make popular decisions, but the public can trust that when we make decisions that we have truly understood what it will mean for them, and we deliver those changes, and mitigations needed, as we promise.

Lastly, we will need **radical change** to deliver what we set out. Despite the impacts of the COVID-19 pandemic in 2020, as well as other factors which led to us revising our Strategy, there were many areas of our Strategy where we could have gone further. Simply refreshing the Strategy will not be - we must fundamentally change how we approach change and transformation to deliver what we set out to do.

Primary Care and Community Services Strategic Plan update

Work is continuing to progress on the development of the Primary and Community Services Strategic Plan with the intention of presenting it to Public Board on 29 January 2026. Over the summer months engagement has been undertaken with the Primary Care Professional Collaboratives (GPs, Community Pharmacists and Optometrists) as well as other interested professional groups. Subsequently the Locality Leads were tasked to provide a Cluster view at their meeting in October 2025 of how services can be developed to support the “shift left”.

Through this work six principles have been identified which have started to shape the development of the Strategic Plan through the alignment of key priorities that will be formed from the engagement work at both collaborative and Cluster discussions.

In addition, from a national perspective the Cabinet Secretary has tasked the Chief Medical Officer to work with Health Board Chief Executives on a programme of transformation “Community by Design”, which commenced with a summit on Delivering Integrated Care in October 2025. Health Boards are expecting an action plan which will set out a number of actions that seek to address improving prevention and the care of patients with chronic conditions as well as how we respond to urgent care. The timeline for the initial priority actions will be for delivery within six months. A national Transformation Board will be formed with the first meeting scheduled for December 2025, and the expectation that Health Boards will mirror this approach.

The AHMWW Infrastructure Plan

The Strategy Refresh SBAR presented to the Board meeting on 27 November 2025 also set out the latest position regarding the fact that the Health Board has had further constructive discussions with Welsh Government (WG) on the infrastructure challenges facing the organisation, in particular at Worthybush (WGH) and Glangwili (GGH) Hospitals. The Board noted that WG has recently requested the Health Board produce, by early in the New Year, an addendum to the Programme Business Case (PBC) submitted in February 2022.

Previously, the Deputy Chief Executive, NHS Wales, advised through the WG Infrastructure Investment Board (IIB) that the Health Board’s identification of a preferred way forward was reached too early in the process. The view being that options considered to deliver the Health Board’s Clinical Strategy needed to be as wide as practicable and set out in a business case for consideration. WG has challenged the feasibility and affordability of a new urgent and planned care hospital alongside the retention of all other existing sites, set against a challenging WG capital budget.

The Health Board has therefore been asked to develop a range of options setting out how best to deliver services within the existing estate, alongside the development of a new facility to address current infrastructure challenges. The WG strategy ‘A Healthier Wales’ is focussed on delivery of more services within the community and closer to home and, as such, all options need to align to that strategic intent.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** regarding the process used for the Strategy Refresh.
- **CONSIDER** the delivery approach we plan to embed within the Strategy.
- **NOTE** the information regarding the progress made with Phase 2 engagement activity.
- **NOTE** the intention to present the results of Phase 2 engagement activity and draft Strategy at the Public Board meeting on 29 January 2026.
- **NOTE** the progress being made regarding the Primary Care and Community Services Strategic Plan.

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 1196 - Insufficient investment in facilities/ equipment/digital infrastructure (risk score 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	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:	Contained within the body of the report
Rhestr Termiau: Glossary of Terms:	Contained 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:	Board Seminar Clinical Reference Group

Effaith: (rhaid cwblhau)

Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Contained within key elements of the work programmes – overarching the Programme Business Case (PBC) and Strategic Outline Case (SOC) sets out both the revenue and capital funding assumptions for the programme including a detailed Financial Case section in the PBC.
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Ansawdd / Gofal Claf: Quality / Patient Care:	Implicit within the PBC and SOC. This is an integral part of the PBC and SOC case for change.
Gweithlu: Workforce:	Implicit within the PBC and SOC. This is an integral part of the PBC and SOC case for change.
Risg: Risk:	Risk 1196 Insufficient investment in facilities/ equipment/ digital infrastructure.
Cyfreithiol: Legal:	Implicit within the PBC.
Enw Da: Reputational:	Implicit within the PBC.
Gyfrinachedd: Privacy:	Implicit within the PBC.
Cydraddoldeb: Equality:	There is an Equality and Health Impact Assessment which will remain 'live' through the duration of the programme.