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Canolfan Staff 1  
Staff Base 1

## Targeted Intervention Update Shaun Ayres

9.30am - 12.30pm, Thursday 24 April 2025, Microsoft Teams

# Introduction



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This report provides a comprehensive update on the progress of Hywel Dda University Health Board against the agreed Targeted Intervention (TI) criteria, closely aligned with the Annual Plan objectives for 2025/26. Recent correspondence from Welsh Government highlights significant positive developments, particularly in governance, leadership, planned care, and Child and Adolescent Mental Health Services (CAMHS), leading to their de-escalation from Level 4 (Targeted Intervention) to Level 3 (Enhanced Monitoring). This clearly recognises the Health Board's strengthened governance arrangements, stable executive leadership, and improved planning capabilities.

However, sustained focus remains necessary in addressing ongoing challenges in finance, strategic clarity, cancer services, urgent and emergency care, Healthcare-Associated Infections (HCAs), and fragile services, which continue to require intervention at escalation Level 4. This report details proactive measures taken, ongoing initiatives, identified risks, and clear next steps to mitigate these challenges, thereby providing a balanced perspective that acknowledges both achievements and ongoing pressures.

The establishment of the Clinical Care Group structure represents a fundamental shift towards enhanced clinical accountability and governance, while the ongoing strategic refresh is crucial to align the Health Board's longer-term vision with contemporary operational realities. Continuous stakeholder engagement, clear governance structures, and structured regional collaboration underpin the progress achieved to date.

## Criterion 4: Submission of an Acceptable Annual Plan (Status: Advise)



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### Overview and Key Issues

The Health Board successfully approved and submitted the Annual Plan for 2025/26, on the back of the positive acknowledgement by Welsh Government, reflecting improvements in governance and leadership stability that supported its acceptance by the mandated deadline of 31 March 2025. The Annual Plan aligns with both the planning framework and accountability conditions, setting out ambitious yet pragmatic targets focused around four core priorities: workforce stabilisation, financial recovery, urgent care transformation, and significant improvements across diagnostics and cancer services. Despite comprehensive planning, two major challenges remain evident: the trajectories established for Urgent and Emergency Care (UEC) fall short of meeting Targeted Intervention criteria, and there remains a significant financial gap with no current trajectory to achieve breakeven within three years.

Specifically, the financial plan targets a reduced deficit of £31.55m against an underlying deficit of £51.1m. Achieving this ambitious target hinges on realising substantial savings totalling £43.5m, of which £19m are recurrent savings. Moreover, the Health Board is introducing a governance restructure through the Clinical Care Groups (CCGs), set to enhance decision-making processes and accountability at the clinician level, crucial for effective operational delivery.

### Actions Underway

The Clinical Care Group (CCG) structure officially commenced in April 2025, accompanied by the establishment of Integrated Governance Groups (IGGs) to ensure robust oversight of delivery against the Annual Plan's objectives. Monthly reviews conducted by the Integrated Quality, Finance and Performance Delivery (IQFPD) Group have been established to systematically track progress and swiftly address emerging issues. In parallel, quarterly updates to the Public Board are planned, providing comprehensive reporting against established milestones and targets, facilitating transparency and sustained accountability.

## Criterion 4: Submission of an Acceptable Annual Plan (Status: Advise)



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Further, a comprehensive maturity matrix assessment is scheduled for May-June 2025, aiming to rigorously evaluate the planning capability and alignment with Welsh Government expectations. The mid-year review planned for September 2025 will be pivotal for assessing progress across all strategic and operational domains, offering opportunities for corrective actions where necessary.

### Next Steps

Immediate actions involve embedding robust improvement plans across critical domains such as cancer performance, diagnostics capacity, urgent and emergency care transformation, and workforce sustainability. Additionally, the next planning cycle for 2026/27, commencing July 2025, will integrate lessons learned from the current year's challenges, especially around financial sustainability and service delivery resilience.

Significant risks remain, particularly around achieving the financial savings targets and maintaining operational performance within constrained resources. Sustained executive oversight and stringent performance monitoring will be essential to mitigate these risks and ensure continued progress towards meeting the Welsh Government's strategic expectations.

# Criterion 5: Integrated Planning across the Organisation (Status: Advise)



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## Overview and Key Issues

The 2025/26 planning process has demonstrated substantial improvement in integrated planning, significantly enhancing organisational coherence and alignment across clinical and operational teams. Initiated by a comprehensive strategic launch event in October 2024, this process established clear, shared objectives and parameters essential for Year 2 of Targeted Intervention. A system-wide workshop in November 2024 facilitated extensive cross-directorate engagement, highlighting interdependencies and resource alignment, essential for coherent service delivery.

## Actions Underway

A major milestone achieved was the formal launch of the CCGs in April 2025, designed explicitly to address integration challenges by placing leadership responsibilities jointly across managerial, medical, and nursing roles. Each CCG operates under clearly defined IGGs, providing fortnightly oversight and accountability.

In parallel, comprehensive feedback loops established in December 2024 provided specific validation and refinement of directorate-level plans, ensuring realistic and achievable trajectories for service delivery. Diagnostic capacity planning, workforce sustainability, and risk mitigation strategies have been systematically embedded into the final Annual Plan, promoting a more fully integrated approach across clinical, financial, operational, and workforce domains than in previous years.

## Criterion 5: Integrated Planning across the Organisation (Status: Advise)



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### Next Steps

Immediate priorities include ensuring the effective operationalisation of the CCG model, with structured implementation reviews scheduled from July to September 2025. Additionally, the Internal Audit planned for September 2025 will critically assess the governance arrangements and operational effectiveness of the new integrated structures.

Further, ongoing integrated planning monitoring will continue through fortnightly IGG meetings, supported by bi-weekly reviews conducted by IQFPD. This continuous evaluation framework is critical to identifying and promptly addressing integration issues, enabling the Health Board to maintain trajectory towards strategic alignment and service sustainability.

Risks include potential delays or resistance to fully embedding the new CCG model and the associated integrated governance frameworks. Ensuring robust communication, clear role definitions, and ongoing stakeholder engagement will be vital in mitigating these risks and driving sustained integration improvements.

## Criterion 6: Board Clarity on the Strategic Vision (Status: Alert)



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### Overview and Key Issues

The existing strategic vision outlined in the “A Healthier Mid and West Wales” framework requires refreshing to reflect contemporary operational realities, including major delays in capital infrastructure projects, demographic shifts, and altered demand patterns resulting from the ongoing impacts of the COVID-19 pandemic. Early Board discussions in November and December 2024 highlighted the urgent need for an updated strategic direction, acknowledging that without a cohesive and contemporary strategy, operational initiatives risk becoming fragmented and misaligned.

Welsh Government expectations for medium-term strategic clarity further underscore the importance of this refresh, demanding a demonstrable roadmap for the next three to five years that realistically reflects current constraints and opportunities. The absence of a formally ratified refreshed strategy also presents operational challenges, causing confusion in prioritisation and investment decisions, thereby impacting effective resource utilisation and service sustainability.

### Actions Underway

To address these challenges, the Strategic Refresh Working Group, chaired by the Executive Director of Strategy and Planning, was established. This group is actively developing a comprehensive strategic framework, clearly defining the refreshed organisational purpose, vision, strategic objectives, and key success factors. Current activities include detailed demographic analyses, population health assessments, and service configuration reviews, ensuring the strategic refresh is evidence-based and aligned with current and future service demands.

Structured engagement processes involving staff, patients, local authorities, and third-sector organisations have commenced, aiming to ensure the refreshed strategy is co-produced and fully reflective of stakeholder insights and expectations. Integration with the 2025/26 Annual Plan is actively underway, ensuring operational plans at the CCG level align directly with the refreshed strategic goals.

## Criterion 6: Board Clarity on the Strategic Vision (Status: Alert)



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### Next Steps

The immediate next step involves establishing clear Board-approved milestones for the strategic refresh, culminating in formal ratification by the Board by September 2025. Upcoming Board seminars and focused workshops with Welsh Government will critically evaluate draft proposals, ensuring strategic alignment and robustness.

Risks involve potential stakeholder disengagement if consultation and co-production processes are not effectively managed. Clear communication, transparency in decision-making, and robust governance oversight through the newly established Strategy and Planning Committee will be crucial to mitigating these risks. Ensuring timely adaptation of operational and investment decisions to reflect the refreshed strategic priorities will demonstrate early evidence of successful strategy implementation, aiding progression from the current 'Alert' status.

# Criterion 7: Roadmap and Implementation of the Clinical Services Plan (Status: Advise)



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## Overview and Key Issues

Significant progress has been made in the ongoing development and phased implementation of the Clinical Services Plan (CSP). This plan directly addresses critical service fragilities across nine identified service areas, notably Critical Care, Emergency General Surgery, Planned Care, Stroke, and Diagnostics. Following comprehensive option appraisal activities completed in November 2024, the CSP has advanced to the critical phase of public consultation, which is due to commence formally in May 2025. The consultation phase is essential for progressing strategic service reconfiguration aimed at enhancing patient outcomes, service sustainability, and optimal resource utilisation.

Current challenges involve managing complex stakeholder expectations and ensuring adequate resource availability, particularly for the medium and long-term implementation phases. Additionally, coordinating regional implications and impacts on neighbouring Health Boards remains a critical focus, requiring continuous collaborative dialogue and integration with regional strategic planning frameworks.

## Actions Underway

Preparatory activities for the public consultation phase are robustly underway, including comprehensive stakeholder mapping, the development of accessible consultation materials, and detailed equality impact assessments to ensure inclusivity. The Health Board has engaged external independent organisations, Opinion Research Services (ORS) and Hugh Irwin Company (HICO), to ensure impartiality, methodological rigour, and compliance with Welsh Government consultation standards.

Further, structured implementation timelines have been delineated clearly into immediate (0-2 years), medium-term (2-4 years), and long-term (4+ years) phases, explicitly detailing resource requirements, staffing models, and anticipated outcomes at each stage. Immediate-phase actions will primarily address critical service stabilisation issues achievable within current resources, notably focusing on consolidating emergency general surgery and critical care services. Medium-term actions will involve securing additional financial investments and staffing resources for significant service enhancements, such as improved diagnostic capacity and stroke service improvements. Long-term implementation will be contingent on regional planning, capital investment, and sustained collaboration with neighbouring Health Boards, particularly Swansea Bay University health Board (SBUHB).

## Criterion 7: Roadmap and Implementation of the Clinical Services Plan (Status: Advise)



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### Next Steps

The immediate next step involves the formal launch of the public consultation at the 29 May 2025 Public Board meeting, followed by an intensive 12-week consultation period. During this phase, proactive monitoring and targeted interventions will maximise stakeholder engagement and response comprehensiveness. Analysis and review of consultation feedback will occur between August and October 2025, culminating in presenting final recommendations to the Public Board in November 2025 for decision-making.

Potential risks include high volumes of public feedback possibly extending consultation analysis timelines, workforce availability issues impacting the medium-term implementation phase, and securing necessary financial and capital investment for the long-term transformative phases. The Health Board will maintain rigorous oversight through structured governance processes and detailed regional impact assessments to mitigate these risks and ensure effective progression and realisation of CSP objectives.

## Criterion 8: Delivery of Commitments in the Annual Plan (Status: Alert)



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### Overview and Key Issues

The Health Board has made notable progress in achieving its financial control totals in 2024/25, Planned Care and Mental Health and Learning Disabilities (MH&LD), which has resulted in de-escalation in Planned Care and MH&LD to enhanced monitoring. However, substantial operational pressures continue to impede delivery across several Ministerial Priority areas. Notably, diagnostics capacity constraints remain critical, with particular bottlenecks in Magnetic Resonance Imaging (MRI), and ultrasound imaging causing prolonged patient waiting times in a number of instances. Additionally, cancer service performance, urgent care, and delayed follow-up appointments present ongoing challenges, exacerbated significantly by winter pressures and increased emergency department attendances.

Planned Care targets remain challenging within Ophthalmology pathways. For cancer performance, despite incremental improvements, the Health Board has yet to sustain the necessary 60% compliance threshold on the Single Cancer Pathway consistently for three consecutive months (however, the 63.5% is extremely positive progress in February). Urgent and emergency care targets, including ambulance handovers, emergency department waiting times, and delayed discharge pathways, also remain persistently pressured, reflecting broader systemic flow challenges.

### Actions Underway

To address diagnostic service constraints, extended working hours and additional weekend and evening sessions in imaging and endoscopy have been introduced, supplemented by outsourcing arrangements with independent providers to handle routine and overflow procedures. Specific initiatives, including the “50-Day Challenge”, are in place to enhance patient flow, improve discharge planning, and optimise community responses to avoid unnecessary hospital admissions and Emergency Department (ED) attendances.

## Criterion 8: Delivery of Commitments in the Annual Plan (Status: Alert)



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Cancer services have implemented targeted actions through extended theatre sessions, especially prioritising high-volume tumour sites such as Lower Gastrointestinal (LGI) and Urology. Weekly tumour-site-specific “huddles” coordinate diagnostic scheduling and patient flow improvements, aiming to proactively address pathway breaches.

Enhanced performance management structures are in place, with directorate-level accountability meetings scheduled monthly to systematically address underperformance. These are closely integrated with oversight provided by the Strategy and Planning Committee (SPC), ensuring a transparent and accountable governance structure linking operational delivery directly to executive oversight and board scrutiny.

### Next Steps

Immediate actions involve maintaining and enhancing capacity enhancements and additional sessions in diagnostic services, alongside rigorous monitoring of cancer service improvements. Efforts will also continue to embed robust operational changes developed through urgent care initiatives such as the “50-Day Challenge,” ensuring sustainable improvements.

Risks remain significant, notably around workforce availability to support additional diagnostic sessions and theatres, sustained emergency demand pressures impacting ED performance, and financial constraints potentially limiting resource availability. Mitigation strategies include sustained recruitment campaigns, rigorous performance monitoring, and proactive engagement with Welsh Government to address capacity and resource concerns promptly. Continued regular performance reporting to Welsh Government and internal monitoring structures will remain critical to demonstrating tangible progress against these ministerial commitments.

# Criterion 9: Progress on Clinical Services Plan (Status: Advise)



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## Overview and Key Issues

The Clinical Services Plan continues to demonstrate considerable progress in addressing medium-term clinical service delivery challenges. Substantial preparatory and development work has progressed significantly, particularly following the successful completion of Phase 2 (Options Development and Appraisal) in November 2024. This comprehensive phase effectively outlined viable reconfiguration proposals aimed at stabilising and enhancing critical service areas, including Critical Care, Emergency General Surgery, Stroke, Diagnostics, and Planned Care services such as Ophthalmology, Orthopaedics, Dermatology, and Urology.

A critical component of progressing the CSP is the impending public consultation, scheduled to launch formally in May 2025, representing a significant opportunity to engage communities and stakeholders comprehensively. This consultation will solicit input on proposed service changes, facilitating an informed decision-making process by the Public Board in November 2025.

The Health Board has also prioritised strategic alignment between CSP developments and the broader 'A Healthier Mid and West Wales' strategy, ensuring coherence and integration with regional health planning frameworks. However, considerable risks remain, particularly around managing stakeholder expectations, ensuring adequate workforce resources, and securing the necessary financial investments to realise medium and long-term service improvements.

## Actions Underway

Robust preparatory activities for the public consultation are actively underway, including targeted stakeholder mapping, development of accessible consultation documentation, equality impact assessments, and comprehensive regional impact analyses. Engagement of external independent organisations, including Opinion Research Services and Hugh Irwin Company, underscores a commitment to transparency, objectivity, and methodological rigour throughout the consultation process.

## Criterion 9: Progress on Clinical Services Plan (Status: Advise)



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Phased implementation timelines have been detailed, clearly outlining immediate (0-2 years), medium-term (2-4 years), and long-term (4+ years) actions and resource requirements. Immediate plans focus on rapid service stabilisation achievable within existing resource parameters, while medium-term strategies require securing additional resources and targeted workforce developments. Long-term actions emphasise significant regional collaboration and capital investment, especially concerning complex service configurations and critical infrastructure upgrades.

Structured governance frameworks and detailed progress reporting mechanisms have been implemented, ensuring effective oversight and clear accountability. Regular updates to the Public Board and ongoing regional stakeholder engagement activities will facilitate continuous alignment and responsiveness to emerging regional service demands.

### Next Steps

The next critical step involves the formal launch of the public consultation in May 2025, followed by a comprehensive 12-week consultation period. During this phase, proactive monitoring will identify and address engagement gaps, ensuring broad representation and comprehensive stakeholder feedback.

Following consultation closure, detailed analysis and conscientious consideration of stakeholder feedback will be conducted from August to October 2025, culminating in a final decision by the Public Board in November 2025. Subsequent implementation phases will commence immediately thereafter, subject to resource availability and regional planning alignment.

Potential risks include managing high consultation response volumes, workforce availability for subsequent implementation phases, and securing financial and capital investments necessary for longer-term transformative initiatives. Ongoing proactive stakeholder management, continuous risk monitoring, and clear governance oversight will be vital in mitigating these risks effectively.

# Criterion 10: Sustained Improvements in Delivery of the Plan (Status: Advise)



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## Overview and Key Issues

The Health Board has demonstrated commendable progress in delivering the Annual Plan objectives, notably achieving targeted financial control measures and advancing infection prevention standards, particularly in reducing rates of Clostridium difficile (C. diff) and Staphylococcus aureus (Staph aureus) infections. Further progress has been observed in urgent care within Pembrokeshire, where patient flow and discharge processes have improved, demonstrating the effectiveness of integrated pathway redesign.

Despite these achievements, significant operational pressures persist, particularly within diagnostic services, cancer care, and urgent care pathways, indicating ongoing challenges to sustained service improvement. Diagnostic capacity constraints remain acute, particularly in radiology, limiting the Health Board's ability to achieve targeted improvements in cancer diagnostics and planned care timelines. Additionally, urgent care pathways face continual strain, significantly exacerbated during winter months and increased attendance pressures.

The dependency on financial non-recurrent measures remains an underlying risk, highlighting the necessity to transition more comprehensively to recurrent savings to ensure long-term financial sustainability and operational resilience.

## Actions Underway

The Health Board is actively addressing diagnostics capacity constraints through regional collaborations and targeted investments. Initiatives include expanding internal service hours, introducing additional sessions in radiology, endoscopy, and ultrasound, and leveraging independent providers to alleviate backlogs. Strategic regional diagnostic plans coordinated via the A Regional Collaboration for Health (ARCH) framework are progressing, ensuring alignment with broader regional resources and expertise.

## Criterion 10: Sustained Improvements in Delivery of the Plan (Status: Advise)



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Cancer service improvements remain a high priority, with ongoing operational recovery initiatives, weekly performance monitoring meetings, and targeted interventions addressing high-volume cancer pathways. Enhanced theatre utilisation and streamlined patient flow processes are currently being implemented, aiming for measurable improvement in cancer performance targets.

Urgent care continues to benefit from initiatives such as the “50-Day Challenge,” which has driven improved patient flow management, reduced emergency department bottlenecks, and strengthened community discharge pathways. Further integration of primary and community care services into urgent care pathways is actively underway, facilitating improved service responsiveness and patient outcomes.

Workforce stabilisation remains a crucial component of the Health Board’s operational strategy, with focused recruitment drives, international staffing initiatives, and targeted training programmes aiming to enhance workforce resilience, especially in critical areas such as diagnostics and urgent care.

### Next Steps

Immediate priorities include further enhancing diagnostic service capacity, sustained performance monitoring of cancer care improvements, and embedding operational changes across urgent care pathways. Structured workforce development plans will continue, specifically targeting recruitment, retention, and career development in high-pressure areas.

Additionally, transitioning from predominantly non-recurrent financial savings measures to more sustainable recurrent savings is a critical strategic objective, with detailed action plans and accountability structures in place to monitor and ensure progress.

Risks include potential workforce shortages impacting service delivery, sustained demand pressures on urgent care and diagnostics, and ongoing financial sustainability concerns. Continued strategic and operational oversight, regular reporting, and active stakeholder engagement will remain essential to mitigate these risks and sustain improvements effectively throughout the year.

# Criterion 11: Welsh Government's Confidence in Delivery (Status: Advise)



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## Overview and Key Issues

The Health Board has made considerable progress in developing robust planning structures and improving strategic planning maturity, demonstrating increased alignment with Welsh Government expectations and targeted intervention criteria. Welsh Government's recent recognition of substantial improvements, particularly resulting in the de-escalation of governance, leadership, planned care, and CAMHS, reflects positively on the Health Board's enhanced planning maturity and growing confidence in its delivery capabilities. Notable advancements include refined evidence collation processes, structured internal validations, and clearer alignment of planning documentation with established maturity matrix domains. The integration of internal audit recommendations from the 2023/24 assessment has substantially enhanced the robustness and transparency of the Health Board's planning processes.

Moreover, Welsh Government confidence continues to hinge critically on demonstrable progress and tangible outcomes against key financial, operational, and performance commitments outlined in the Annual Plan. Therefore, further sustained and evidenced improvements in operational performance remain essential to enhancing Welsh Government confidence further.

## Actions Underway

The comprehensive maturity matrix assessment for the 2025/26 planning cycle is currently underway, scheduled between May and June 2025. Structured stakeholder events have been planned, incorporating detailed internal reviews across clinical, operational, and corporate teams to validate maturity assessments comprehensively. Executive-level oversight has been significantly enhanced, with dedicated review sessions ensuring strategic alignment and evidence-based justifications for maturity scoring.

## Criterion 11: Welsh Government's Confidence in Delivery (Status: Advise)



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Continuous engagement with Welsh Government through regular correspondence and feedback incorporation ensures ongoing alignment with external expectations. Internal audit actions have been systematically embedded into the assessment process, addressing previous recommendations directly and strengthening evidence clarity and utilisation significantly.

Further, structured committee scrutiny processes have been enhanced, including dedicated Strategy and Planning Committee reviews and formal Board approval mechanisms, ensuring comprehensive governance oversight and accountability at the highest organisational levels.

### Next Steps

Immediate next steps involve completing the maturity matrix assessment process, culminating in formal submission and detailed presentation to the Strategy and Planning Committee and subsequent Board approval by July 2025. Welsh Government engagement will continue throughout, with a formal submission scheduled for early August 2025, supported by explicit evidence and robust validation documentation.

Risks include potential discrepancies between internal scoring and external Welsh Government evaluations, particularly if significant operational or financial performance shortfalls are evident. Continued transparent documentation, comprehensive evidence collation, and active stakeholder engagement will remain central to mitigating these risks and bolstering Welsh Government confidence in the Health Board's planning maturity and delivery capabilities.

# Criterion 12: Establishment of a Joint Committee with Swansea Bay UHB (Status: Advise)



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## Overview and Key Issues

The Health Board has established a formal Joint Committee arrangement with Swansea Bay University Health Board, officially operational from January 2025. This committee significantly enhances regional collaboration, addressing critical service fragilities and workforce challenges in key clinical areas such as Orthopaedics and Ophthalmology. The Committee structure provides a clear governance framework, enabling better integration of regional service provision and ensuring continued service viability and patient safety.

Despite this significant advancement, complexities remain in aligning clinical pathways, financial commitments, workforce planning, and resource-sharing principles between the two Health Boards. Ongoing operational challenges, including coordinating joint recruitment efforts, optimising resource utilisation, and maintaining alignment with both Health Boards' individual strategic objectives, require careful and sustained management.

Ensuring clarity and transparency in shared decision-making processes, particularly regarding financial and clinical resource allocation, remains a crucial area of focus. Effective governance structures, robust oversight, and continuous stakeholder engagement are vital to realising the intended regional service integration benefits fully.

## Actions Underway

The Joint Committee has initiated structured quarterly meetings, establishing transparent governance mechanisms, action logs, and clear accountability structures to oversee progress. Regular meetings ensure alignment and active monitoring of operational delivery against agreed regional priorities, particularly within fragile clinical services.

## Criterion 12: Establishment of a Joint Committee with Swansea Bay UHB (Status: Advise)



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Significant joint initiatives are currently progressing within Orthopaedics, including shared workforce recruitment, rotational staffing models, and coordinated patient waiting list management aimed at enhancing efficiency and reducing regional waiting times. In Ophthalmology, integrated regional pathways have been agreed upon, with collaborative efforts underway to improve patient access, resource optimisation, and workforce sustainability.

Broader regional collaborative projects under the ARCH framework are actively progressing, particularly focusing on increasing diagnostic service capacity, which directly supports cancer pathways and patient outcomes. Regular regional clinical pathway reviews are also planned, ensuring comprehensive identification and management of shared pressures across other service areas such as emergency surgery and critical care.

Additionally, comprehensive regional impact assessments, including equality and quality considerations, are embedded within the planning and delivery phases, ensuring alignment with broader strategic goals and regional sustainability objectives.

### Next Steps

Immediate priorities involve further accelerating joint operational improvements, particularly in Orthopaedics and Ophthalmology, ensuring tangible service delivery outcomes. Efforts will continue to embed structured governance processes and clarify joint financial and resource-sharing arrangements to support sustainable regional service integration.

Upcoming structured reviews and regular reporting to respective Health Boards will ensure transparency, accountability, and ongoing alignment with strategic priorities. Continuous engagement with clinical teams and stakeholders across both Health Boards remains crucial to maintaining effective collaboration, managing expectations, and promptly addressing operational challenges.

Risks include potential misalignment in clinical priorities, resource allocation disagreements, workforce integration challenges, and financial sustainability concerns. Robust governance oversight, clear communication frameworks, and proactive stakeholder engagement strategies will be essential in mitigating these risks and ensuring continued successful regional collaboration and service sustainability.

# Criterion 46: Engagement and Involvement of People, Public, Staff, and Partners (Status: Assure)



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## Overview and Key Issues

The Health Board continues to demonstrate substantial progress in its engagement with service users, the public, staff, and external partners, significantly enhancing service quality and sustainability. The launch and embedding of the 'Speak Up – Make Meaningful Change' initiative in October 2024 has notably increased staff confidence, organisational transparency, and responsiveness. Current engagement metrics underscore marked improvements, with the recent Board Outcome Survey indicating an average engagement score of 73%, reflecting heightened staff confidence in organisational leadership and clarity in strategic direction.

Exit interview completion rates have improved substantially, averaging 22%, providing robust data to inform targeted improvement strategies aimed at enhancing workforce retention, satisfaction, and organisational culture. Further, localised people-culture plans developed from insights provided by over 1,050 staff through the Hywel Dda Culture Survey have effectively addressed specific local and directorate-level needs, significantly improving frontline engagement and workplace satisfaction.

The structured escalation and issue-resolution frameworks, including Voices Networks and clear escalation processes involving executive leadership and the Chief Executive, have further reinforced organisational transparency and accountability, providing rapid feedback loops and immediate resolution capabilities for issues raised by staff and stakeholders.

## Actions Underway

The 'Speak Up – Make Meaningful Change' initiative continues to be actively promoted, supported by comprehensive communication strategies, educational resources, dedicated videos, accessible digital toolkits, and structured leadership training sessions. Regular updates via SharePoint and enhanced visibility through organisational communications maintain high engagement and awareness across all directorates.

## Criterion 46: Engagement and Involvement of People, Public, Staff, and Partners (Status: Assure)



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Localised culture improvement plans remain actively monitored and updated, utilising robust data from continuous engagement surveys and feedback mechanisms, directly addressing issues identified by staff at the frontline. Regular Voices Network meetings facilitate continuous dialogue, enabling rapid responses to emerging concerns and demonstrating visible leadership engagement and responsiveness.

Structured escalation processes ensure efficient issue resolution, with clearly defined roles for immediate local responses, Executive-level interventions, and ultimate resolution by senior organisational leadership, reinforcing accountability at all organisational levels. Continuous training for leadership roles in handling and resolving escalated issues further strengthens organisational responsiveness and transparency.

### Next Steps

Immediate priorities include sustaining and further enhancing staff engagement through ongoing communication and proactive responsiveness to feedback. Continuous monitoring of engagement metrics, exit interview data, and survey feedback will inform iterative improvement strategies, ensuring alignment with evolving staff expectations and organisational objectives.

The ongoing development and refinement of localised people-culture plans will remain central, specifically targeting areas identified as requiring additional focus, thereby ensuring comprehensive organisational alignment and continuous cultural enhancement. Additionally, structured annual reviews and comprehensive assessments of engagement initiatives will ensure sustained progress and continued stakeholder confidence.

Risks primarily involve potential disengagement or declining responsiveness if the effectiveness of feedback loops diminishes, or leadership visibility reduces. Maintaining proactive communication strategies, structured training, continuous leadership engagement, and visible accountability mechanisms will be crucial in mitigating these risks and ensuring sustained organisational transparency and stakeholder confidence.

# Conclusion



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## Closing Note

The detailed progress outlined within this report highlights both the significant achievements and the persistent challenges facing the Health Board. Welsh Government's recent recognition through partial de-escalation underscores substantial improvements in governance, leadership stability, Planned Care, and CAMHS. These positive developments demonstrate the Health Board's capacity for meaningful progress, reflecting effective leadership and strengthened organisational governance frameworks.

Nonetheless, sustained focus remains necessary in addressing ongoing challenges in finance, strategic clarity, and operational performance, particularly in urgent and emergency care, cancer services, diagnostics, and fragile service areas. Moving forward, sustained Executive oversight, rigorous performance monitoring, structured regional collaboration, and proactive stakeholder management will remain essential. Ensuring comprehensive alignment between strategic, operational, and financial planning will be pivotal to achieving sustainable improvements, meeting Welsh Government expectations, and ultimately enhancing patient outcomes and organisational resilience.



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University Health Board

Criteria	Action	Reporting Group	Committee Apr25	Status	Executive Lead	Summary of Current Status	Lead Executive Response (if applicable)	Documented Plan and Dates for Delivery (Evidence)	Actions Outstanding	Evidence and Assurance	Risk
4	Submission of an acceptable annual plan in line with the current planning framework.	TI coordination group	SPC	Advise	Lee Davies	<p>The Annual Plan for 2025/26 was presented to and approved by the Public Board on 27 March 2025 and has been submitted to Welsh Government by the required deadline of 31 March 2025. The plan broadly meets the expectations set through the planning framework and accountability conditions, representing one of the most comprehensive and ambitious programmes of work undertaken by the Health Board. It balances pragmatic recognition of starting positions with challenging but achievable aspirations for improvement.</p> <p>The plan is structured around clear priorities for 2025/26, including workforce stabilisation (extending the successful Nurse Stabilisation Programme to medical, allied health and healthcare science professionals), financial recovery (targeting a deficit of £31.55m against an underlying position of £51.1m), transformation of urgent and emergency care (implementing the Six Goals programme with defined performance trajectories), and improvements in planned care, diagnostics and cancer services.</p> <p>While the plan establishes clear trajectories for most areas, there are two significant challenges highlighted in Welsh Government scrutiny: firstly, the Urgent and Emergency Care trajectories do not fully meet the Targeted Intervention criteria; secondly, the Health Board does not currently have a plan to reach financial breakeven within three years as required. Despite these challenges, the plan demonstrates a comprehensive approach to improvement with detailed interventions, resource allocations, and process improvements designed to make meaningful progress toward de-escalation from Targeted Intervention.</p> <p>The plan also introduces the new Clinical Care Group (CCG) structure which will place decision-making closer to patients and clinicians, creating greater accountability and enabling more responsive service delivery. This represents a significant enhancement to governance and operational management that will support effective delivery of the Annual Plan.</p>	The development of the plan for 2025/26 and key decisions relating to it will be closely monitored through the Executive Team and overseen by SDOD, Board Seminars and Public Board.	<p>1. Implementation and Monitoring (April 2025 - March 2026)</p> <ul style="list-style-type: none"> <li>- Clinical Care Group implementation (April 2025): Formal launch of CCGs with Integrated Governance Groups providing regular oversight</li> <li>- Monthly performance review (ongoing): Progress tracking via the Integrated Quality, Finance &amp; Performance Delivery Group</li> <li>- Quarterly Board updates (June, September, December 2025, March 2026): Comprehensive progress reports against key targets and milestones</li> <li>- Comprehensive Maturity Matrix assessment (May-June 2025): Structured evaluation of planning capability aligned with Welsh Government requirements</li> <li>- Mid-year review (September 2025): In-depth evaluation of progress across all domains with corrective actions as required</li> <li>- Planning cycle for 2026/27 commences (July 2025): Building on lessons learned from current cycle</li> </ul> <p>2. Key Delivery Milestones</p> <ul style="list-style-type: none"> <li>- Single Cancer Pathway: Progress toward 80% compliance by March 2026 (from current position of 63.5% in February 2025)</li> <li>- Diagnostic capacity: Additional CT scanning for 480 patients/month, mobile MRI for 560 patients/month, and insourcing for 300 ultrasound scans/month by Q2 2025</li> <li>- USC imaging backlog: Clearance by September 2025</li> <li>- Workforce: 30% reduction in premium locum shifts through implementation of Allocate E-Rostering by Q3 2025</li> <li>- Financial control: Delivery of £43.5m savings (£19.0m recurrent, £24.5m non-recurrent) to achieve £31.55m control total</li> <li>- Urgent care improvements: 14% reduction in ambulance handovers over 1 hour and 40% reduction in handovers over 4 hours by Q4 2025</li> </ul> <p>The plan will be monitored through the new Clinical Care Group structure, with fortnightly Integrated Governance Group meetings feeding into the Integrated Quality, Finance &amp; Performance Delivery Group. This creates a streamlined governance pathway enabling effective monitoring and intervention, with clear escalation routes to Board committees for assurance or decision-making as required.</p>			<p>Risks:</p> <ul style="list-style-type: none"> <li>- Financial plan to achieve control total</li> <li>- Performance expectations in planning framework not deliverable within financial plan</li> </ul>
5	Evidence of integrated planning across the organisation which supports the development of a coherent and deliverable annual plan.	TI coordination group	SPC	Advise	Lee Davies	<p>The 2025/26 planning process has demonstrated a significantly enhanced approach to integrated planning, with extensive engagement across clinical and operational teams throughout the organisation. Beginning with a comprehensive strategic launch event in October 2024, the Health Board established clear parameters for Year 2 of Targeted Intervention across all domains. This was followed by a major system-wide workshop in November 2024 that brought together clinical leaders, operational managers, finance teams, and workforce planners to identify cross-directorate dependencies and develop integrated approaches to service delivery.</p> <p>The planning process continued with detailed challenge and refinement in December 2024, where assumptions were validated, interdependencies were resolved, and timeline deliverability was thoroughly assessed. Each directorate received comprehensive written feedback with specific requirements for improvement, ensuring plans were realistic and achievable. Final plan development in January 2025 included detailed financial profiling, workforce planning, clear performance trajectories, and robust risk mitigation strategies, all underpinned by quality impact assessments.</p> <p>A significant enhancement to the integrated planning approach will be the introduction of the new Clinical Care Group (CCG) structure from April 2025. This represents a fundamental redesign of how services are organised and delivered, moving from a traditional directorate model to more integrated, clinically-led service groupings. Each CCG will be led by a senior leadership "triumvirate" spanning managerial, medical, and nursing roles, with collective accountability for service quality, performance, workforce, and financial outcomes.</p> <p>The Annual Plan demonstrates clear alignment with the six Targeted Intervention domains and explicit focus on ministerial priorities including timely access to care, population health and prevention, building community capacity, mental health access, and women's health. This integrated approach ensures that performance, quality, and financial elements are considered holistically rather than in isolation, creating a more coherent and deliverable plan that addresses the Health Board's strategic priorities while responding to immediate operational challenges.</p>	As above	<p>The development and implementation of integrated planning is structured around several key phases and activities:</p> <p><b>1. Integrated Planning Development (October 2024 - March 2025) - Completed</b></p> <p><b>Strategic Launch Event (10 October 2024)</b>: Established planning parameters across all domains, including financial framework, performance trajectory expectations, quality and safety standards, and cross-system transformation priorities</p> <p><b>Directorate Engagement (October-November 2024)</b>: Each function developed initial planning initiation documents covering financial modelling, baseline capacity and demand assessments, workforce sustainability requirements, and service transformation opportunities</p> <p>System Integration Workshop (11 November 2024): Cross-directorate dependency mapping, critical interface identification, resource alignment requirements, and risk identification and mitigation</p> <p><b>Diagnostic Capacity Planning (November-December 2024)</b>: Comprehensive modelling of diagnostic requirements across pathways, including therapy resource needs, critical care implications, and workforce models</p> <p><b>Challenge and Refinement (December 2024)</b>: Detailed feedback to all directorates on assumption validation, interdependency resolution, timeline deliverability, resource availability, and performance trajectories</p> <p><b>Final Plan Development (January/February 2025)</b>: Comprehensive integration of directorate plans, ensuring alignment between financial, workforce, quality, and performance elements</p> <p><b>2. Clinical Care Group Implementation (April 2025 - September 2025)</b></p> <p><b>Formal Launch (April 2025)</b>: Establishment of Clinical Care Groups with Integrated Governance Groups (IGGs) providing fortnightly oversight of planning, performance, people, quality, health, and safety</p> <p>Transition Phase (April-June 2025): Migration from existing directorate structures to new CCG model, with refinement of reporting and accountability mechanisms</p> <p>Implementation Review (July-September 2025): Structured assessment of initial implementation, with process refinements as required</p> <p>Internal Audit (September 2025): Scheduled review of new governance arrangements to ensure effectiveness and compliance</p> <p><b>3. Ongoing Integrated Planning and Monitoring (April 2025 - March 2026)</b></p> <ul style="list-style-type: none"> <li>- Fortnightly IGG Meetings: Regular oversight of performance against integrated plans at CCG level</li> <li>- Integrated Quality, Finance &amp; Performance Delivery Group: Bi-weekly reviews of cross-organisational performance</li> <li>- Executive Improving Together Sessions: Bi-annual structured reviews of progress against key priorities</li> <li>- Quarterly Board Updates: Comprehensive reports on delivery against the integrated plan</li> <li>- Planning Maturity Matrix Assessment (May-June 2025): Structured evaluation of planning capability using the nine-domain framework</li> </ul> <p>The integrated planning approach is further strengthened by standard operating procedures, model terms of reference, and standard agendas that ensure consistency across all Clinical Care Groups while maintaining local flexibility to address specific service needs. This creates a balanced framework where strategic priorities are reflected in operational planning at all levels of the organisation.</p>			No risk identified

6	Board clarity on the strategic vision for the organisation.	AHMWW	SPC	Alert	Lee Davies	<p>The Health Board has recognised that while the overarching vision of 'A Healthier Mid and West Wales' (AHMWW) remains valid in principle, the strategy requires significant refreshing to address current realities and constraints. As noted in the January 2025 Board Report, the original strategy has become increasingly unsustainable due to multiple factors: substantial delays in the capital investment programme, the continued impacts of the COVID-19 pandemic, and emerging demographic and economic challenges that have fundamentally altered the operating landscape.</p> <p>The Health Board is undertaking a strategic refresh to adapt to these changed circumstances. This refresh acknowledges that a new hospital is unlikely to be operational before 2033 (potentially extending to the mid or late 2030s), necessitating a revised roadmap that balances phased capital investment with urgent service reconfiguration to sustain quality care. The Board has begun to articulate a refined vision under the theme "Healthier Lives, Well Led" with four pillars: Thriving Workforce, Healthier Communities, Great Care, and Positive Futures.</p> <p>While preliminary discussions have been held at the November 2024 Public Board meeting and December 2024 Board Seminar, the formal strategic refresh plan is still in development. The Annual Plan for 2025/26 reinforces the core principles of the original strategy – wellness over illness, social model for health, technology-enabled independence, modernised infrastructure, and resilient acute services – but acknowledges the need for updated delivery models and timelines.</p> <p>The Clinical Services Plan (CSP) consultation will provide valuable input for the strategic refresh, particularly regarding the future roles of the four acute hospital sites (Bronglais, Glangwili, Prince Philip, and Withybush) in the period before the new hospital becomes operational. However, until a revised governance structure is fully operational (with the Strategy and Planning Committee commencing in April 2025) and a comprehensive refresh plan is formally endorsed, this criterion remains at Alert status.</p>	This was discussed in detail at the Board Seminar in October and a paper is being presented to the November Public Board.	<p>The strategic refresh will follow a structured approach with defined milestones:</p> <p><b>1. Preliminary Review and Governance (January - April 2025)</b></p> <ul style="list-style-type: none"> <li>- Welsh Government Infrastructure Investment Board attendance (23 January 2025): Critical milestone to align AHMWW Strategic Outline Case with emerging capital investment opportunities</li> <li>- Board Seminar discussions (February-March 2025): Further refinement of strategic vision and priorities</li> <li>- Establishment of Strategy and Planning Committee (April 2025): New committee to provide dedicated governance and oversight for strategic development</li> <li>- Formal endorsement of revised purpose statement and strategic objectives for inclusion in 2025/26 Annual Plan (March-April 2025): Ensuring alignment between annual operational activities and longer-term strategic direction</li> </ul> <p><b>2. Strategic Refresh Development (April - August 2025)</b></p> <ul style="list-style-type: none"> <li>- Establishment of dedicated AHMWW workstream (April 2025): Formation of a focused team to drive the strategic refresh process, chaired by the Executive Director of Strategy and Planning</li> <li>- Comprehensive review of current strategic framework (April-May 2025): Detailed assessment of unsustainable service models, over-reliance on hospital services, and under-developed digital capabilities</li> <li>- Stakeholder engagement programme (May-July 2025): Structured consultation with internal staff, external partners, and community representatives to refine the vision and approach</li> <li>- Integration with CSP consultation (May-August 2025): Using insights from the Clinical Services Plan consultation to inform the broader strategic refresh</li> </ul> <p>- Development of detailed strategic refresh plan (July-August 2025): Creation of a comprehensive roadmap with clear milestones, accountabilities, and resource requirements</p> <p><b>3. Implementation and Monitoring (September 2025 onwards)</b></p> <ul style="list-style-type: none"> <li>- Presentation of Strategic Refresh Plan to Board (September 2025): Formal approval of the revised strategy</li> <li>- Integration with 2026/27 Annual Planning cycle (October-December 2025): Ensuring the refreshed strategy informs the next annual planning round</li> <li>- Quarterly progress reporting to Strategy and Planning Committee (from September 2025): Regular monitoring of implementation progress</li> <li>- Annual review of strategic progress (March 2026): Comprehensive assessment of first-year implementation</li> <li>- Integration of CSP consultation outcomes (November 2025 onwards): Incorporating Board decisions on service configurations into the strategic implementation plan</li> </ul> <p>This structured approach will address the current strategic limitations while ensuring continuity of the core values and principles that underpin the Health Board's longer-term vision. The enhanced governance arrangements, particularly through the new Strategy and Planning Committee, will provide robust oversight and assurance on the development and implementation of the refreshed strategy.</p>	The evidence required is and will be satisfied by the steps as set out in "Documented Plan and Evidence for Delivery"	No risk identified
7	Evidence of a clear roadmap and implementation of the health board's Clinical Services Plan.	AHMWW	SPC	Advise	Lee Davies	<p>The Health Board has made substantial progress on developing and implementing the Clinical Services Plan (CSP), which addresses service fragilities across nine critical areas. Following the Board's approval in March 2023 to focus on specific services, the CSP has advanced methodically through its planned phases. Phase 2 (options development and appraisal) was successfully completed in 2024, culminating in a comprehensive closing report presented to the Board in November 2024. This report detailed the options for service reconfiguration and confirmed readiness to proceed to public consultation.</p> <p>The Board has worked closely with Llais, in accordance with Welsh Government Guidance on changes to health services (2023), and formally agreed that the proposed changes constitute a substantial service change requiring consultation under Section 183 of the National Health Service (Wales) Act 2006. This statutory requirement underscores the significance of the planned reconfigurations and the Health Board's commitment to transparent engagement with the population it serves.</p>	This was discussed in detail at the Board Seminar in October and papers have been presented to the November and January Public Board Meetings.	<p><b>Phase 1 (Completed 2023)</b> - Identification of nine services requiring focused support - Critical Care, Emergency General Surgery, Planned Care (Ophthalmology, Dermatology, Urology, and Orthopaedics), Stroke, and Diagnostics (Endoscopy and Radiology).</p> <p><b>Phase 2 (Completed November 2024)</b> - Options development and appraisal process resulted in a shortlist of viable service reconfiguration proposals. The closing report was presented and approved at the November 2024 Public Board meeting.</p> <p><b>Phase 3 (January to November 2025)</b> - Public consultation on service change options:</p> <ul style="list-style-type: none"> <li>- January-May 2025 - Pre-consultation planning including stakeholder mapping, equality impact assessments, development of consultation materials in accessible formats</li> <li>- May 2025 - Formal launch of consultation at Public Board meeting</li> <li>- May-August 2025 - 12-week consultation period with mid-point review between weeks 4-6</li> <li>- August-October 2025 - Analysis of feedback and conscientious consideration led by Opinion Research Services (ORS), an independent partner contracted to ensure impartiality</li> <li>- November 2025 - Presentation of final consultation report and recommendations to Public Board for decision-making</li> </ul> <p><b>Phase 4 (From November 2025)</b> - Implementation of approved service changes, structured in three time horizons:</p> <ul style="list-style-type: none"> <li>- Implementation Period (0-2 years) - Changes achievable within existing workforce and financial resources</li> <li>- Improvement Period (2-4 years) - Developments dependent on additional funding</li> <li>- Long-term Transformation (4+ years) - Changes requiring regional planning and capital investment</li> </ul> <p>Consultation Scope and Approach</p> <p>The consultation will specifically seek views on:</p> <ul style="list-style-type: none"> <li>- The suitability of each service change option for the nine services in scope</li> <li>- Positive and negative impacts associated with each option</li> <li>- Alternative configurations that may not have been considered</li> <li>- Future roles of the four acute hospital sites (Bronglais, Glangwili, Prince Philip, and Withybush)</li> </ul> <p>The consultation explicitly excludes discussion on:</p> <ul style="list-style-type: none"> <li>- Services beyond the nine agreed in March 2023</li> <li>- The overall direction of the 'A Healthier Mid and West Wales' strategy agreed in 2018</li> </ul> <p>To ensure rigorous quality assurance and independence, the Health Board has procured external support:</p> <ul style="list-style-type: none"> <li>- Hugh Irwin Company (HICO) for consultation quality assurance (£74,080 for two years)</li> <li>- Opinion Research Services (ORS) for consultation and engagement services (£104,995.50 for two years)</li> <li>- Additional communications and engagement costs of £125,100 have been budgeted</li> </ul>		No risk identified

8	Delivery of commitments set out within the annual plan particularly in relation to the ministerial priorities.	IQFPD	SPC	Alert	Andrew Carruthers	<p>The Health Board's Annual Plan for 2025/26 represents one of its most comprehensive and ambitious programmes of work, tackling multiple challenges simultaneously across finance, service transformation, workforce stability, digital modernisation, and population health. However, there are significant risks to delivering all commitments, particularly in relation to the ministerial priorities of timely access to care, cancer performance, and urgent and emergency care.</p> <p>Key Ministerial Priorities in the 2025/26 Annual Plan:</p> <p><b>1. Timely Access to Care (Planned Care, Cancer and Diagnostics):</b>  <b>Planned Care Targets:</b>  - 100% compliance for patients waiting &lt;52 weeks for new outpatient appointments  - 100% compliance for patients waiting &lt;104 weeks from referral to treatment (with the exception of ophthalmology)  - 65% R1 compliance in ophthalmology (patients waiting no longer than 25% of target date)</p> <p><b>Cancer Performance Target:</b>  - Increasing Single Cancer Pathway compliance to 80% by March 2026 (with immediate focus on achieving 60% for three consecutive months to support de-escalation from Targeted Intervention)</p> <p><b>Diagnostic Services:</b>  - Deploying mobile MRI services creating capacity for 560 additional patients monthly</p> <p>- Providing additional CT scanning capacity for 480 patients per month  - Introducing insourcing for non-obstetric ultrasound for 300 additional scans per month  - Clearing the Urgent Suspected Cancer (USC) imaging backlog by September 2025</p> <p><b>2. Building Community Capacity (Urgent and Emergency Care and Primary Care):</b>  Urgent and Emergency Care Improvements:  - Reducing ambulance handovers over 1 hour by 14% (from 974 to 840 monthly)  - Reducing ambulance handovers over 4 hours by 40% (from 295 to 177)  - Reducing patients waiting over 12 hours in Emergency Departments by 20-30% (from 9-12% to &lt;10%)  - Reducing lengths of stay over 21 days by 16.3% (from 3306 to 2767 patients)  - Reducing Delayed Pathways of Care by 19% (from 214 to 174)</p> <p>Primary Care Development:  - Development of Health Board-approved Primary Care and Community Services Strategic Plan  - Implementation of new NHS Dental Commissioning Plan  - Full implementation of Welsh General Ophthalmic Services framework  - Review of Local Enhanced Services to increase scope of provision</p> <p><b>3. Mental Health Access:</b>  - Maintaining compliance with Mental Health (Wales) Measures  - Achieving 80% of adults beginning psychological therapy within 26 weeks by August 2025  - Improving neurodevelopmental assessment performance for children and young people  - Implementing an updated learning disabilities service model</p> <p><b>4. Population Health and Prevention:</b>  - Increasing immunisation rates (HPV from 78% to 80%, MMR2 from 88% to 90%)  - Expanding smoking cessation access (5% of adult smokers attempting to quit)  - Accelerating action to eliminate HIV and Hepatitis B &amp; C  - Implementing the "20-4-7" model targeting most deprived areas and key risk factors</p> <p><b>5. Women's Health:</b>  - Beginning delivery against Women's Health Plan for Wales  - Developing women's health hub by March 2026.</p>		<p>Identified Risks to Delivery:</p> <p><b>1. Financial Sustainability:</b>  - The plan targets a deficit of £31.55m, requiring £43.5m in savings (£19m recurrent, £24.5m non-recurrent)  - Reliance on non-recurrent measures may inflate future underlying deficit  - Macro-economic factors expected to create £15.5m of inflationary pressure</p> <p><b>2. Workforce Challenges:</b>  - Recruitment difficulties for specialist roles, particularly in radiology, oncology, and ophthalmology  - Risk of high turnover rates impacting continuity of care  - 9.2% of staff are already beyond average retirement age with 15.7% reaching this point by 2028</p> <p><b>3. Operational Performance:</b>  - The potential delivery gap of 619 patients for Stage 1 (52-week new outpatient) in ENT and Rheumatology  - Forecast gap of 3,431 patients for Stage 4 (104-week RTT), primarily in Ophthalmology (2,387)  - Diagnostic capacity constraints affecting multiple pathways  - Current cancer performance - although February is showing improvement 63.5%</p> <p><b>4. Service Fragility:</b>  - Ophthalmology R1 compliance at 34% (January 2025), far below the 65% target  - Urgent and emergency care performance showing concerning trends</p> <p>- Ambulance handovers &gt;1 hour fluctuating (1,117 in January 2025, 795 in February 2025) but still above target  - 12.8% of patients waiting &gt;12 hours in ED (February 2025), above the target of 7%</p> <p><b>5. Estate Infrastructure:</b>  - Ageing facilities and backlog maintenance exceeding £255m  - Limitations on service expansion due to physical constraints  - Dependency on capital funding for key developments</p> <p>Mitigation Strategies</p> <p><b>1. Financial Recovery:</b>  - Three Executive-led oversight groups focusing on different aspects of the savings programme  - Monthly monitoring and early escalation of any slippage  - Detailed project plans with clear milestones and accountabilities  - Development of a medical rate card with clear escalation processes</p> <p><b>2. Workforce Stabilisation:</b>  - Extension of Nurse Stabilisation Programme to medical, allied health and healthcare science professionals  - Implementation of Allocate E-Rostering to reduce premium locum shifts by 30%  - Targeted international recruitment for key roles  - Development of "grow your own" pipelines in partnership with HEIW</p> <p><b>3. Operational Improvements:</b>  - Comprehensive demand and capacity planning across all specialties  - Six Goals programme for urgent and emergency care transformation  - Expansion of Same Day Emergency Care and Hospital@Home initiatives  - Introduction of one-stop clinics for cancer pathways  - Enhanced community capacity through Digital Ward and Clinical Streaming Hub models</p> <p><b>4. Service Transformation:</b>  - Introduction of new Clinical Care Groups structure to strengthen clinical leadership and accountability  - Digital transformation programme with four defined phases throughout 2025/26  - Enhanced pathways for high-volume cancer sites  - Regional collaboration with Swansea Bay UHB for shared service provision</p>			1032 1843 1664 1350 1027 1708
9	Significant progress on a clinical services plan.	AHMWW	SPC	Advise	Lee Davies	<p>The Health Board has continued to demonstrate robust progress in developing and advancing the Clinical Services Plan (CSP). The CSP is a critical component aligned to the 'A Healthier Mid and West Wales' (AHMWW) strategic framework, designed to address medium-term clinical service delivery challenges exacerbated by capital constraints, the ongoing impact of COVID-19, and inherent service fragility across multiple sites.</p> <p>Following the successful conclusion of Phase 2 in November 2024, significant preparatory work has been undertaken to initiate Phase 3 - a comprehensive public consultation scheduled to commence in May 2025. The consultation process will consider multiple phased options across nine identified service areas, explicitly designed to address fragility, enhance sustainability, improve patient outcomes, and reduce dependency on limited specialist resources spread thinly across sites.</p> <p>Each proposed option clearly outlines resource implications, specifying what can be delivered within current resource parameters (short-term), what additional staffing and financial support are needed in the medium-term (2-4 years), and those longer-term improvements dependent on regional collaboration and capital funding beyond four years.</p> <p>The Health Board has also undertaken preparatory work, including extensive stakeholder engagement, alignment of options with regional strategic initiatives, and detailed impact assessments. This groundwork ensures alignment between CSP development and broader regional sustainability and integration plans.</p>		<p><b>Consultation Project Plan and Timeline (Phase 3)</b></p> <p>-Scope and Mandate - Clearly defined consultation scope includes nine key services - Critical Care, Urgent and Emergency Paediatrics, Planned Care (Dermatology, Elective Orthopaedics, Ophthalmology, Urology), Emergency General Surgery, Stroke, Diagnostics (Endoscopy, Radiology), and Primary Care &amp; Community Services. Consultation Launch Scheduled for formal initiation at the Public Board meeting in May 2025, with extensive public, staff, stakeholder, and partner engagement through structured consultation events, targeted surveys, and stakeholder forums .</p> <p>-Consultation Period - The consultation will run from May through August 2025. During this time, proactive monitoring will occur to identify any engagement gaps, facilitating targeted interventions to maximise inclusivity and response comprehensiveness .</p> <p>-Analysis and Decision Making - Detailed analysis of consultation feedback will occur from August to October 2025, with outcomes and final recommendations to be presented to the Public Board in November 2025. Potential delays due to high response volumes are recognised and proactively mitigated within the project plan .</p> <p><b>Options Development and Phased Implementation Approach</b></p> <p>-Short-term (0-2 years) - Immediate reconfiguration achievable within existing resources. Plans include rapid consolidation or centralisation of certain services to stabilise critical areas such as emergency general surgery at Withybush Hospital and critical care at Prince Philip Hospital. This immediate stabilisation directly addresses current fragility risks and operational vulnerabilities .</p>			No risk identified



46	Whether the people who use services, the public, staff, and external partners are engaged and involved to support high quality sustainable services demonstrated by local surveys showing increasing confidence in the leadership and awareness of strategies.	TI coordination group	SPC	Assure	Lisa Gostling	<p>The Health Board continues to demonstrate significant progress in engaging service users, staff, public, and external partners to enhance service quality and sustainability. Strong foundations established in previous years have been further developed through comprehensive engagement strategies, specifically the successful implementation and embedding of the 'Speak Up – Make Meaningful Change' initiative launched in October 2024. This initiative reflects a robust organisational commitment to listening and responding effectively to staff feedback, significantly enhancing staff confidence and organisational transparency.</p> <p>Recent engagement metrics highlight continued improvement in organisational culture and leadership perceptions. Notably, the average engagement score has reached 73% within the latest Board Outcome Survey, reflecting increasing staff confidence in organisational leadership, strategic clarity, and direction. Additionally, substantial progress has been made in capturing meaningful feedback from staff exiting the organisation, with exit interview completion rates improving to an average of 22%.</p> <p>Proactive engagement has been extended significantly through comprehensive localised people-culture plans developed from the insights provided by over 1,050 staff who completed the Hywel Dda Culture Survey. This approach ensures strategic alignment with local and directorate-specific needs, directly enhancing frontline staff engagement, retention, and workplace satisfaction.</p>		-Regional impact assessments are actively embedded within consultation planning, particularly recognising the implications for Swansea Bay University Health Board, Powys Teaching Health Board, and Betsi Cadwaladr University Health Board, given cross-boundary patient flows and shared service dependencies .			1185 (P)
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