Strategy and Planning Committee

HDD_Strategy and Planning Committee

NHS Wales

Agenda - 24 April 2025

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1 **Governance and Risk**

09:30, 0 min

1.1 **Welcome and Apologies**

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

1.2 **Declarations of Interests**

09:30, 0 min
All

1.3 **Minutes from the Strategic Development and Operational Delivery Committee meeting on 27 February 2025**

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

1.4 **Table of Actions the Strategic Development and Operational Delivery Committee meeting on 27 February 2025**

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

1.5 **Strategic Development and Operational Delivery Committee Annual Report**

09:35, 5 min
Winston Weir (Hywel Dda UHB - Independent Board Member)

1.6 **Strategy and Planning Committee (SPC) Terms of Reference**

09:40, 5 min
Winston Weir (Hywel Dda UHB - Independent Board Member)

1.7 **Ministerial Directions**

09:45, 5 min
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

1.8 **Targeted Intervention Update**

09:50, 10 min
Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Shaun Ayres (Hywel Dda UHB - Director of Delivery)

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2 **Strategy, Planning and Partnerships**

10:00, 0 min

2.1 **Planning Objectives Closure Report**

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

2.2 **Annual Plan Progress**

10:10, 20 min
Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Shaun Ayres (Hywel Dda UHB - Director of Delivery)

2.3 **Deep Dive PO6: Clinical Services Plan**

10:30, 20 min
Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Helen Morgan-Howard (Hywel Dda UHB - Head of Transformation Programme Office)

2.4 **A Healthier Mid and West Wales Update**

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

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3 **BREAK**

11:00, 10 min

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4 **Population Health, Primary and Community**

11:10, 0 min

4.1 **Deep Dive PO10: Population Health**

11:10, 20 min
Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health), Bruce Bolam (Hywel Dda UHB - Deputy Director Public Health/Consultant in Public Health)

4.2 **PSBs Well-being Assessments - Well-being of Future generations (Wales) Act 2015 (WBFGA)**

11:30, 10 min
Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health), Bruce Bolam (Hywel Dda UHB - Deputy Director Public Health/Consultant in Public Health)

4.3 **Pharmaceutical Needs Assessment: Annual Review**

11:40, 10 min
Jill Paterson (Hywel Dda Health Board - Director of Primary Care, Community and Long Term Care), Rhian Bond (Hywel Dda UHB - Assistant Director of Primary Care)

4.4 **Value Based Healthcare Update**

11:50, 10 min
Mark Henwood (Hywel Dda UHB - Interim Medical Director), Leighton Phillips (Hywel Dda UHB - Director Research, Innovation and Value), Simon Mansfield (Hywel Dda UHB - Head of Value Based Healthcare)

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5 **Capital and Estates**

12:00, 0 min

5.1 **Capital Programme for 2025-26 and Capital Governance**

12:00, 10 min
Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Eldeg Rosser (Head of Capital Planning)

Including:
Capital Planning Equipment Replacement Programme
CSC Workplan
CSC Annual Report

5.2 **Withybush Hospital Fluoroscopy Project**

12:10, 10 min
Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Julian Wheeler Jones (Hywel Dda UHB - Discretionary Capital Projects Manager)

5.3 **Energy Performance Contract**

12:20, 5 min
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Paul Williams (Hywel Dda UHB - Head of Property Performance)

5.4 **5th LINAC**

12:25, 5 min
Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Anne Simpson (Hywel Dda UHB - Head of Strategic Commissioning)

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6 **For Information**

12:30, 0 min

6.1 **JCC Planning, Performance and Finance Sub-Committee Reports**

12:30, 0 min
Winston Weir (Hywel Dda UHB - Independent Board Member)

6.2 **Strategy & Planning Committee Workplan 2025-26**

12:30, 0 min

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7 **Any Other Business**

12:30, 0 min
Winston Weir (Hywel Dda UHB - Independent Board Member)

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8 **Date and Time of Next Meeting**

12:30, 0 min

8.1 **1 July 2025, 09:30 - 12:30, Ystwyth Boardroom & MS Teams**

12:30, 0 min

28 August 2025
30 October 2025
18 December 2025
26 February 2026

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09:30, 0 min

1 - Governance and Risk

1.1

09:30, 0 min

1.1 - Welcome and Apologies

Winston Weir (Hywel Dda UHB - Independent Board Member)

1.2 **09:30, 0 min**

1.2 - Declarations of Interests ***All***

1.3

09:30, 0 min

1.3 - Minutes from the Strategic Development and Operational Delivery Committee meeting on 27 February 2025

Winston Weir (Hywel Dda UHB - Independent Board Member)

For approval

Attachments

1.3 2025-02-27 - SDODC - Minutes.pdf

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

MINUTES OF THE HDD STRATEGIC DEVELOPMENT & OPERATIONAL DELIVERY COMMITTEE MEETING

Date of Meeting:	**09:30, Thursday 27 February 2025**
Venue:	**Microsoft Teams Meeting**

Present:	Mr Maynard Davies, Independent Member, Chair Mr Michael Imperato, Independent Member, Vice Chair Cllr Rhodri Evans, Independent Member Mr Winston Weir, Independent Board Member
In Attendance:	Mr Lee Davies, Director of Strategy and Planning Mr Andrew Carruthers, Chief Operating Officer Dr Ardiana Gjini, Director of Public Health Mr Huw Thomas, Director of Finance Ms Jill Paterson, Director of Primary Care, Community and Long Term Care Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary Mrs Helen Mitchell, Committee Services Officer **Items SDODC (25)09, SDODC (25)13 and SDODC (25)14** Mr Shaun Ayres, Deputy Director of Operational Planning and Commissioning **Item SDODC (25)10** Ms Elaine Kent, Senior Nurse **Item SDODC (25)11** Ms Sarah Bolton, Head of Primary Care Transformation **Item SDODC (25)16** Ms Beccy Temple-Purcell, Assistant Director of Nursing, Mental Health and Learning Disabilities Ms Angela Lodwick, Assistant Director, Mental Health and Learning Disabilities **Item SDODC (25)20 and SDODC (25)21** Ms Eldeg Rosser, Head of Capital Planning Mr Rob Elliott, Director of Estates, Facilities and Capital Management **Item SDODC (25)22** Ms Steph Hire, General Manager Scheduled Care Services

Minutes Ref.	Item	Action
SDODC (25)01	**Introductions and Apologies**	
	Mr Maynard Davies welcomed members to the final Strategic Development and Operational Delivery Committee (SDODC)	

meeting, thanking all members for their hard work and contributions.

Apologies were received from:

- Ms Eleanor Marks, Independent Member

SDODC (25)02 Declarations of Interest

Cllr Rhodri Evans declared an interest in agenda item SDODC (25)19: Capital Programme 2024-25 - Plan for the Pentre Awel, Carmarthen Hwb and Cross Hands projects as a Local Authority Councillor.

SDODC (25)03 Minutes and Matters Arising from the Meeting held on 19 December 2024

RESOLVED - the minutes of the SDODC meeting held on 19 December 2024 were **APPROVED** as an accurate record of proceedings.

SDODC (25)04 Table of Actions from Meeting Held on 19 December 2024

All actions were complete.

In response to Cllr Rhodri Evans' enquiry regarding whether Planned Care recovery funding had achieved the desired outcomes, Mr Lee Davies confirmed that orthopaedic numbers were much improved, projected to be below 50 at year-end, while Mr Huw Thomas indicated that Hywel Dda University Health Board (HDdUHB) is in a relatively good position compared to other Health Boards in Wales.

SDODC (25)05 Self-Assessment of Committee Effectiveness: Outcome

Mrs Joanne Wilson presented the SDODC Self-Assessment Outcome Report 2024/25, indicating that of the four outstanding actions, three would be followed up by the Corporate Governance team and the fourth action would be followed up by the Chair of the new Finance and Performance Committee by ensuring that areas of concern in relation to performance are referred to Quality, Safety and Experience Committee (QSEC) to seek assurance on the impacts to the patient.

Mr Maynard Davies indicated that, as with Sustainable Resources Committee (SRC), responses had been limited but that Independent Members were engaged and would raise any concerns.

Mrs Wilson agreed to meet with new Chair of the Finance & Performance Committee to ensure a smooth handover of issues from SDODC. **JW**

Decision:
The Committee:

- CONSIDERED the outputs from the Committee Self-Assessment process.

- AGREED the actions to be taken to improve its effectiveness.

SDODC (25)06 Operational Risks Related to SDODC

Dr Ardiana Gjini presented the Operational Risks Assigned to SDODC report,

Decision:
The Committee:

- NOTED the re-alignment of risks currently reportable to SDODC in line with revised governance arrangements as approved by Board at its meeting on 30 January 2025.
- REVIEWED and SCRUTINISED the risks included within this report to RECEIVE ASSURANCE that all relevant controls and mitigating actions are in place.
- DISCUSSED whether the planned action will be implemented within stated timescales and will reduce the risk further and/ or mitigate the impact, should the risk materialise.
- This in turn enabled the Committee to PROVIDE the necessary ASSURANCE to the Board that these risks are being managed effectively.

SDODC (25)07 Monitoring Welsh Health Circulars (WHCs)

Dr Gjini presented the Monitoring of Welsh Health Circulars (WHCs) update report, confirming that there were no alerts. The actions required and approved by the Welsh Government are in line, but the uptake of staff vaccinations does not align with the actions in place; and is being monitored.

Decision:
The Committee:

- NOTED the re-alignment of WHCs currently reportable to SDODC in line with revised governance arrangements as approved by Board at its meeting on 30 January 2025.
- RECEIVED ASSURANCE from the Lead Executive / Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.

SDODC (25)08 Ministerial Directions (MDs)

Ms Jill Paterson presented the Monitoring of Ministerial Directions update report, confirming that HDdUHB is compliant in all areas.

Decision:
The Committee:

- NOTED the re-alignment of Ministerial Directions currently reportable to SDODC in line with revised governance arrangements as approved by Board at its meeting on 30 January 2025.

- RECEIVED ASSURANCE that HDdUHB is compliant with the NSIs (MDs) issued by WG between 1 September 2024 and 31 January 2025.

SDODC (25)09 Targeted Intervention

Mr Shaun Ayres presented the Targeted Intervention Update report, indicating that although only one objective had moved from Alert status to Advise in the past 12 months, progress had been made in areas where it is relatively easy to implement change, thereby improving the position. Mr Lee Davies advised that there are now certain challenging issues which make it difficult to observe changes on a month-to-month basis.

The Board has established a strategic vision; however, timelines have not yet been determined for the strategic refresh or the specific steps required to achieve it. When the detail has been outlined this matter is like to move to Advise status.

Indicating that the Financial Plan requires ongoing monitoring to ensure that non-recurrent savings are converted into actual savings, Mr Ayres indicated that ensuring clarity on the specific actions needed over the coming months is crucial, particularly regarding urgent care and diagnostics, as diagnostics are crucial to cancer performance. Additionally, while not directly linked to this Committee, the Health Board must also monitor health infections, which Quality, Safety and Experience Committee (QSEC) addresses. This area tends to fluctuate and is among the three or four areas causing most concern for the next financial year.

In response to Cllr Evans' enquiry regarding mitigations, Mr Ayres emphasised the importance of being proactive in areas where HDdUHB faces the greatest challenges. Inevitably, some challenges will revolve around configuration; and the organisation is stretched across four sites, with workforce requirements creating significant fragility. It is crucial to ensure that all considerations align with statutory requirements.

Indicating that his primary concern was cancer performance, particularly its alignment with diagnostics, Mr Ayres indicted that maintaining diagnostics and the numerous background actions is essential. The Annual Plan will address aspects such as Faecal Immunochemical Tests (FIT), which will impact upper Gastrointestinal (GI) tumour sites and endoscopy, linking to the

surveillance plan. His main concern remains the actions related to cancer performance and the ability to demonstrate their impact. This is a critical next step in the planning and operational evolution within the Health Board. Additionally, fragile services outside of cancer performance are a concern, as unforeseen issues can arise. The goal is to be as informed as possible to avoid being caught off guard, as has happened in the past.

Confirming that any final amendments to the Annual Plan are required by close of play on 28 February 2025, Mr Ayres indicated that he thoroughly interrogates any changes.

The Committee noted a cultural issue within the planning framework, specifically in the operational planning process. HDdUHB's approach should become more scientific and precise, particularly regarding action trajectory and traction. This would address the lack of clarity on actions to be undertaken, when they will occur, and their expected outcomes.
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Decision:
The Committee:

- NOTED the TI update report.

SDODC (25)10 Community & Long Term Care Quarterly Service Report

Ms Elaine Kent joined the meeting.

Ms Paterson presented the Long Term Care Performance Report, highlighting key issues and ongoing challenges within the independent sector. Indicating that one home was under a voluntary embargo, Ms Elaine Kent advised that two care homes refuse to accept Continuing Health Care (CHC) rates.

Regarding the development of nursing home provision across the area, HDdUHB is in discussion with Carmarthenshire County Council about an 84-bed care home in Carmarthenshire, which is expected to open in spring 2025. The providers have also purchased land in the Cross Hands area in Carmarthenshire with the intention of building a further 65-bed care home, which is anticipated to start construction at the end of 2025.

A 74-bed residential care home in the Ammanford area in Carmarthenshire has recently been re-registered as a nursing home for people with dementia. The Health Board is currently working through the residents there to undertake nursing assessments to determine which of them needs the oversight of a nurse 24 hours a day.

The Regional Partnership Board (RPB) continues to explore the possibilities of a public sector nursing home in the Pentra Awel development, as well as a 60-bed care home in Carmarthen, which is aiming to be operational in or around 2027/2028.

Regarding the Discharge to Assess (D2A) pathway, which was designed for individuals with nursing needs who required long-term placement in a nursing home, with the expectation that the CHC assessment would be completed within two weeks of discharge into the care home, data shared in previous meetings indicated that the Health Board had been fully funding individuals for a prolonged period despite the agreement to fund for a maximum of two weeks.

Given the prolonged delays and significant financial implications for the Health Board, a formal pilot was initiated at the beginning of August 2024, during which CHC assessments were completed in the hospital environment prior to discharge. The data collected from this pilot showed that the outcomes of the CHC assessments were not affected when undertaken in the hospital environment, indicating no actual difference whether the assessments were done in the hospital or in the care home at two weeks, three weeks, or four weeks.

The pilot evidenced a significant reduction in the number of days from referral to assessment. However, feedback from ward staff indicated delays before the referral reached the long-term care team, and ongoing issues with the home of choice and family preferences for moving their relatives. Feedback from the acute site highlighted that ward nurses lacked the confidence and competence to complete nursing assessments, the junior workforce was unfamiliar with detailed assessments, and there was a lack of awareness of the new process at ward level.

In December 2024, Welsh Government announced additional funding until the end of March 2025 as part of the 50-day integrated care Winter Challenge, enabling the restart of the discharge to assess model. This model aimed to step patients down from acute settings, community settings, or their own homes or residential homes into nursing homes for CHC assessments. These beds are monitored and reported to Welsh Government weekly, and to date, the Health Board has commissioned a total of 837 bed days, comprising 28 individuals stepped down from the hospital into a nursing home and six individuals stepped up from the community or residential care home to avoid hospital admission.

The Health Board has undertaken 11 CHC assessments and completed six-week assessments for these individuals. None were eligible for CHC; six were eligible for Funded Nursing Care (FNC), two were not eligible for either CHC or FNC and remained in residential beds, three returned to their own homes, and six passed away before the assessment was completed.

The Welsh Government funding is non-recurring, and a revised agreement is required moving forward into 2025/2026 to ensure financial sustainability for both organisations and to centralise patient decision-making. The ongoing funding for the discharge to assess beds will be discussed further at the Integrated Executive

Group (IEG) meeting during the week commencing 3 March 2025, and an update will be provided.

In response to Mr Imperato's enquiry regarding how the nursing home will be funded, Mss Paterson indicated that in terms of the potential Pentra Awel development, HDdUHB is considering a unique opportunity where the Local Authority would purchase the building, and the Health Board would either provide or commission the nursing care. The legal arrangements are currently being explored with a view to enabling HDdUHB to be the provider of the service.

Ms Paterson confirmed that Local Authorities cannot legally be responsible for nursing care, indicating that the Local Authority would take responsibility for the building, allowing HDdUHB to have improved governance by directly providing this service with NHS staffing, which the Health Board believes would lead to better outcomes.

Acknowledging the need to reflect on the learning from this project, Ms Paterson agreed to present Discharge to Assess (D2A) pilot to IQFPD prior to the next Finance & Planning meeting, noting that the process around the assessment is straightforward, with clear expectations for all partners to act in a timely manner. Part of the discussion involves addressing these expectations with Local Authority colleagues. Additionally, there are issues around confidence and support. It is concerning that ward staff feel ill-equipped to undertake nursing assessments. Trained, registered staff should be able to assess their patients' needs regularly. This issue should be addressed to ensure the best outcomes for patients, moving them to the right place to receive care in a timely manner.

JP

In response to Cllr Evans' enquiry regarding the care home sector, Ms Kent indicated that there are very few nursing home beds within Hywel Dda so individuals may be moved to different areas or to a home just over the border in Swansea for specialist needs. Relatives from other parts of the UK may also want to move their relatives closer to them, which can be more costly.

Regarding high-cost placements, most are catered for within the Health Board. The main reason for out-of-county placements is the home of choice or relatives wanting patients closer to them, rather than an inability to cater to them locally, although this may differ for mental health and learning disabilities patients.

In terms of the sustainability issue, Ms Paterson indicted that a new 84-bed care home is being built and is due to open soon. This care home was developed without any consultation with either the Health Board or the Local Authority. Consequently, the Local Authority is not keen to enter any contract with the facility at this point. HDdUHB is in discussions with Local Authority partners, as it would not be ideal for the Health Board to enter a contract with them solely. However, following a brief discussion

with Mr Carruthers, there may be different ways the Health Board could engage with this care home. Given the current pressure on nursing home beds, HDdUHB should not miss the opportunity for extra capacity if it is available and if it is satisfied that the provider can deliver the required level of care with robust arrangements in place.

In response to Mr Maynard Davies' enquiry regarding the sustainability of nursing homes due to the increased National Insurance (NI) costs, Ms Paterson indicated that care homes have raised concerns. Previously, the real living wage was funded by Welsh Government through Local Authorities and Health Board budgets. However, from a Health Board perspective, HDdUHB will have to cover next year without Welsh Government funding. The NI costs are particularly concerning for small providers in terms of maintaining their business. These issues are being worked through and will be reflected in the increase for the inflationary uplift for the forthcoming year, which is currently in progress.

Mr Thomas indicated that the National Insurance (NI) costs will have a consequential effect on HDdUHB's expenses, which have been factored into the 2025-26 Financial Plan. This situation prompts broader concerns regarding the sector's viability, as a portion of its sustainability relies on charging private patients. The alteration in charging could introduce additional costs, potentially impacting the viability of the private sector. This exacerbates the overall risk that the sector is facing.

The Committee agreed to advise the Board of the current position.

Ms Kent left the meeting.

Decision:
The Committee:

- NOTED the content of this report.
- RECEIVED ASSURANCE from the information provided.

SDODC (25)11 Deep Dive PO7: Primary Care & Community Strategic Plan

Ms Sarah Bolton joined the meeting.

Ms Paterson presented the Primary Care and Community Strategic Plan, highlighting that the Board Seminar held during the week commencing 17 February 2025 had raised certain issues which were now being addressed.

The Committee agreed to assure the Board of the current position.

Ms Bolton left the meeting.

Decision:

The Committee:

- NOTED the report for information as work progresses to develop a Primary and Community Services Strategic Plan.

SDODC (25)12 Primary Care IMTP (AKA Cluster Projects)

Ms Paterson presented the Cluster Integrated Medium Term Plan (IMTP) Monitoring Report, providing an update on cluster projects, emphasising the robust quarterly review process and the governance and finance mechanisms in place to monitor progress and outcomes. Referencing the importance of scaling up projects Ms Paterson highlighted the necessity of scaling up successful projects due to their beneficial outcomes for patient care and the overall system.

In response to Mr Weir's enquiry regarding categorisation of projects and the need for more information on outcomes and patient impact, Ms Paterson clarified that the paper is a process paper intended to provide assurance on the monitoring and governance of cluster projects, not to seek approval for specific projects.

Mr Thomas highlighted the need to quantify the impact of cluster projects and align them with broader public health and community preventative measures. Ms Paterson concurred, emphasising the importance of integrating cluster projects with other programmes and the need for more visible connections.

Ms Paterson agreed to liaise with Mr Carruthers to consider alignment of cluster projects with the wider objectives of services such as Urgent and Emergency Care (UEC). **JP**

In response to Mr Imperato's suggestion of a thematic approach to cluster projects to improve sustainability and reduce hospital admissions, Ms Paterson indicated that that cluster projects must reflect specific needs identified in population needs assessments and align with Ministerial and Health Board priorities.

Ms Paterson agreed to liaise with Mrs Wilson regarding the possibility of cluster leads delivering a presentation at a future Board Seminar to provide ground-level feedback on projects. **JP**

<u>Decision</u>:
The Committee:

- NOTED the former process for developing the Cluster IMTPs.

- RECEIVED ASSURANCE regarding the process being taken to ensure progress of Cluster projects through the monitoring and evaluation process.

- NOTED the new process of reporting finance data.

SDODC (25)13 Update on the 2024/25 Planning Objectives and the 2025/26 Annual Plan

Mr Ayres presented the Update on the 2024/25 Planning Objectives and the Annual Plan for 2025/26, emphasising the balance between short-term stabilisation needs and long-term strategic goals, and highlighting the involvement of clinical input and broader representation. In referencing fragile services, Mr Ayres indicated that the strategic refresh of the Clinical Services Plan (CSP) was expected to address these issues.

In response to Mr Maynard Davies' enquiry regarding the degree of confidence in delivering the activities outlined in the plan, Mr Lee Davies assured the Committee that the plan is credible and achievable, although some areas are still maturing. Mr Ayres acknowledged that while there are challenges, particularly in neurodevelopmental services, efforts are being made to improve performance.

In response to Cllr Evans' query re the presentation of data, Mr Ayres confirmed that the 2025-26 planning objectives will be more intrinsically linked with the overarching delivery of key programmes next year. Mr Lee Davies indicated that the new management structure would place an emphasis on reinforcing responsibilities and expectations.

Decision:
The Committee:

- RECEIVED ASSURANCE on the current position in regard to the progress of the Planning Objectives aligned to SDODC, in order to assure the Board that the Planning Objectives are progressing and are on target, and to raise any concerns where a Planning Objectives is identified as behind in its status and/or not achieving against its key deliverables.

- RECEIVED ASSURANCE on the steps taken in the development of the Plan for 2025/26.

SDODC (25)14 Commissioning

Mr Ayres presented the Commissioning bi-annual report, highlighting the following:
- Dual Energy X-Ray Absorptiometry (DXA) Scans have a reducing waiting list with 450 scans per month being undertaken compared to the original average of 142.
- The Non Drug Allergy service poses challenges, with no capacity available from University Hospitals of Liverpool, and reliance on an All-Wales or South Wales solution.
- South West Wales Cancer Centre (SWWCC): There was a slight delay in commissioning the Computerised Tomography Simulator (CT SIM), which it is expected to be live by May 2025. Strategic considerations include the development of the fifth and sixth Linac.

- Financial Plan and Joint Commissioning Committee (JCC) concerns: The financial plan includes a £5.5m uplift for the JCC, but it is currently predicting £5.9m, requiring measures to mitigate exposure on the contract.
- Long term Agreements (LTA): The negotiations deadline for agreement on LTAs is 28 February 2025 to avoid financial risk, with issues particularly with Velindre Cancer centre and Swansea Bay University Health Board (SBUHB) being addressed.

In terms of financial grip and control, Mr Ayres indicated that all directorates could demonstrate effective grip and control. HDdUHB has avoided a potential expenditure of £265k by thoroughly reviewing all oncology Service Level Agreements (SLAs). Without this review, there was a risk of incurring these costs. This achievement highlights the Health Board's understanding of its business and contractual obligations. Similarly, HDdUHB has redirected high-cost drugs inappropriately charged to Health Board contracts to the JCC, which may have implications for the next year. Additionally, in neurology and vascular services, HDdUHB has identified instances of double charging through an LTA and an SLA. These actions collectively demonstrate improved grip and control in several key areas.

In response to Cllr Evans' enquiry regarding reaching the radiotherapy 8-week target, where he referenced that the recent Board Seminar had highlighted a shortfall of 57,500 scans to meet the 8-week target, equating to approximately 327 hours of work per week, Mr Carruthers acknowledged the shortfall and the challenge of recruiting 139 whole-time equivalent (WTE) staff across various skill levels. The plan presented at the Board Seminar offered scope to continue following a similar model to the latter half of this year. There is an opportunity to improve cancer performance, maintain the single cancer pathway (SCP) position, and reduce the number of people waiting over eight weeks. However, it is unlikely to reach zero within the current allocation. Additional funding from Welsh Government may help bridge the gap, but the extent is uncertain. Regional conversations regarding diagnostics and system capacity are ongoing.

Mr Carruthers also indicated that the current plan aims to manage cancer performance and mitigate the 8-week position next year, though it won't completely clear the backlog. Looking ahead to years two and three, recruiting 140 staff is unlikely. Instead, a mixed approach involving digital solutions, Artificial Intelligence (AI) developments, and other opportunities will be explored to manage capacity, either as a Health Board or jointly with SBUHB on a regional basis.

The Committee agreed to advise the Board of the current position.

Decision:
The Committee:

- NOTED the content of this report.

SDODC (25)15 Deep Dive PO8: A Healthier Mid and West Wales Infrastructure

Mr Lee Davies presented the Deep Dive Planning Objective (PO) 8: A Healthier Mid and West Wales Infrastructure report, indicating that HDdUHB is awaiting clarity on the programme, which is expected at an upcoming meeting with Welsh Government scheduled for 25 March 2025.

Referencing the Pentre Awel project, Mr Lee Davies indicated completion of the leisure element of the construction, including the hydrotherapy pool, is likely to be completed at the end of April 2025, while the Clinical Unit is likely to be completed towards the end of 2025.

The Committee agreed to advise the Board of the current position.

Decision:
The Committee:

- NOTED the update both to the strategy discussions with Welsh Government and the progress with community schemes as they both relate to the objectives of PO8.

SDODC (25)16 Deep Dive PO5: Mental Health & CAMHS

Ms Beccy Temple-Purcell and Ms Angela Lodwick joined the meeting.

Ms Beccy Temple-Purcell presented the Planning Objective 5: Mental Health & Child and Adolescent Mental Health Services (CAMHS) Reporting Period: January 2025 report, providing an overview of the progress within the Mental Health and Learning Disabilities (MH&LD) Care Group. She highlighted the consistent achievement of Parts 1A and 1B compliance, the operational status of the 111 option 2 service, and the progress in upscaling multidisciplinary roles to be more psychologically informed.

In response to Mr Imperato's enquiry about the increasing number of Autism Spectrum Disorder (ASD) referrals, Ms Temple-Purcell indicated that the increase is due to greater awareness of ASD in communities and training of professionals to identify symptoms earlier.

Ms Angela Lodwick highlighted challenges faced by the children's ASD service, including the marked increase in referrals and the long waiting list. She presented a pilot proposal pathway aimed at fast-tracking assessments, indicating that the proposal aims to initiate a fast-track process for both existing and new referrals. The process involves two highly trained clinicians reviewing the information received, obtaining additional information if required, and then conducting a desktop review to decide against the criteria for a positive diagnosis of ASD. The goal is to improve the

timeliness of assessments and ensure that children can access support services more quickly.

In response to Cllr Evans' enquiry regarding the potential impact of the pilot on children and young people (CYP), Ms Lodwick cited positive evidence from both Aneurin Bevin and Cardiff and Vale University Health Boards, which have implemented this approach. These Health Boards have been able to see young people more promptly and avoid a 4-year waiting list, which is detrimental to educational and developmental attainment. Ms Lodwick also indicated that the Health Board is awaiting confirmation of additional funding from the Welsh Government.

Referencing Section (S) 136 provision, Ms Temple-Purcell provided an update on the new service model indicating that the Health Board is close to agreeing on a preferred model and is currently working on a quality impact assessment. In response to Mr Weir's enquiry regarding consistency across the Local Authorities, Ms Temple-Purcell confirmed a single approach across Hywel Dda.

The Committee agreed to alert the Board to the current position.

Ms Temple-Purcell and Ms Lodwick left the meeting.

Decision:
The Committee:

- NOTED the MH&LD Directorates progress against its Planning Objective as presented, including the associated risks, issues and considerations for each service area as highlighted.

- NOTED that assurances and mitigations against each service area's objectives are being managed/scrutinised through Business Planning, Performance and Assurance Group and Quality, Safety and Experience Group and that Quarterly monitoring and reporting arrangements have been developed.

- RECEIVED ASSURANCE that the Service is actively working through alternative models with key stakeholders to ensure improved future access to ASD services.

SDODC (25)17 Deep Dive PO3: Six Goals Programme

Mr Carruthers presented the Six Goals Programme Quarter (Q) 3 Update report, indicating that performance at the end of Q 3 was unsatisfactory, with significant pressure on delays and access. Media coverage indicated it was one of the worst winters for unscheduled care, affecting staff morale. However, January 2025 data showed some improvement in delays.

Referencing actions taken through the Six Goals programme Mr Carruthers indicated that they are starting to show positive

impacts, with efforts to provide a more consistent 7-day service across Urgent and Emergency Care (UEC).

Changes in front door pathways in Glangwili Hospital (GGH) have reduced the number of patients going through the emergency department, contributing to small improvements in length of stay.

Mr Carruthers emphasised the importance of transformational work in 2025-26, with a workshop planned for April 2025 to discuss a practical blueprint for West Wales.

He highlighted a need to include more contextual information in updates, focusing on activity and demand rather than only performance metrics.

Increased engagement and ownership from staff was observed, with more participation in improvement initiatives and weekly data review sessions. Mr Carruthers indicated that the Big Room model would be progressed from three separate meetings for ED, acute medicine and surgery staff to one large meeting to encourage further engagement and facilitate a change in culture.

The Committee agreed to advise the Board of the current position.

Decision:
The Committee:

- NOTED the Six Goals programme progress against its Planning Objective as presented, including the associated risks, issues and considerations for each Workstream as highlighted.

- NOTED the 2025/26 UEC Ministerial Priorities reflected within High level priorities identified for the Six Goals Programme in 2025/26.

- NOTED the risks/mitigations regarding refocusing of current SDEC and UPC funding towards initiatives aligned to 2025/26 UEC Ministerial Priorities.

- RECEIVED ASSURANCE regarding the formal response from Welsh Government following the Programme's mid-point review: A letter stated that the Six Goals Programme in Hywel Dda had made good progress in many areas and that engagement with the national team has been positive, as such it would be continuing to fund Q3 and Q4.

SDODC (25)18 Integrated Performance Assurance Report (IPAR)

Mr Thomas presented the Performance Update for HDdUHB – Month 10 2024/2025 report, highlighting staff sickness which is monitored by People, Organisational Development & Culture Committee (PODCC), particularly stress and depression; and has seen a worrying trend over the past two years, despite additional staffing resources.

In response to Cllr Evans' enquiry regarding spending of additional funding allocated for specific projects, whether all allocated funds had been spent and if any of the funding would need to be returned, Mr Thomas provided an update on the spending of additional funding allocated for specific projects. He confirmed that the Health Board had received £5.9m for orthopaedics and £420k for ophthalmology. Mr Carruthers indicated that he expected that all funding would be used by the year end, but in the event that it wasn't, he agreed to make enquiries and follow-up with Cllr Evans. **AC**

An issue was highlighted regarding the resignation of an orthopaedic consultant from an outsourced provider, which affected the delivery of services to approximately 100 patients. The team had worked to mitigate this risk and had reduced the number to approximately 40 patients.

Referencing the ophthalmology position, Mr Carruthers indicated that funds allocated to ophthalmology are not specifically for cataracts, but rather for other areas within the field. The additional money recently spent is intended to support the Intravitreal Injection Therapy (IVT) pathways, particularly the Age-related Macular Degeneration (AMD) induction pathway. This area is crucial for HDdUHB to focus on and improve in 2025-26, as there is a potential harm and safety risk from not being able to provide timely care. The capacity to address these needs has been challenged for some time.

In response to Mr Maynard Davies's enquiry regarding achieving a 70% target for cancer treatment by the end of March 2025, Mr Carruthers indicated that current expectations were 65%, with plans in place to maintain and improve radiology capacity for a future target of 80% at the end of 2026.

The Committee agreed to inform the Board that the Alert, Advise Assure status for cancer had been amended to advise.

Decision:
The Committee:

- CONSIDERED the IPAR – Month 10 2024/2025 report.
- RECEIVED ASSURANCE on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as 'Alert'.

SDODC (25)19 Capital Programme 2024-25; 2025/26 Plan

Ms Eldeg Rosser and Mr Rob Elliott joined the meeting.

Ms Eldeg Rosser presented the Capital Programme for 2024/25, 2025/26 and Capital Governance Update report, highlighting the following:

- An additional £600k had been received from Welsh Government for digital hardware, medical equipment, and closed-circuit television, (CCTV) cameras.
- The discretionary allocation for the next year has increased from £7.4m to £10m.
- The Cross Hands scheme is being reviewed to ensure its delivery within the financial envelope allocated by the Welsh Government.
- The response from the All Wales prioritisation process regarding the regional pathology scheme indicates that the current format is not affordable. Consequently, HDdUHB is engaged in further discussions with SBUHB to determine next steps. In the interim, it may be necessary to utilise some discretionary capital to secure suitable accommodation and maintain service continuity in the short to medium term.
- The Cylch Caron project is currently out to tender.
- Feedback from the All Wales prioritisation process regarding the hospital building programme indicates that there is currently no funding available to support a hospital building programme across Wales.

In response to Mr Maynard Davies' enquiry regarding the pathology labs, Mr Lee Davies indicated that the grant for the labs poses a significant risk. The Health Board is exploring what can be done in the medium term to address the associated risks, emphasising that the current environment is unacceptable and immediate actions within existing resources are being investigated, as well as more substantial measures ahead of the regional plan, which will take several years.

In response to Mr Maynard Davies' enquiry regarding a potential risk of a capital underspend. Ms Rosser indicated that she is collaborating with procurement and finance colleagues to ensure that all ordered items will be delivered by 31 March 2025. There are a number of items for which they have agreed vesting certificates off-site. Due to the influx of end-of-year capital from the Welsh Government, there are still risks under consideration. However, contingency plans are in place. If certain items of equipment are not delivered on time, there is a backup plan to work with digital colleagues to quickly procure hardware and software to ensure the Health Board does not breach the Capital Resource Limit (CRL).

In response to Cllr Evans' query regarding Reinforced Autoclaved Aerated Concrete (RAAC), Mr Rob Elliott explained that the ongoing work involves further annual site inspections of the condition of the RAAC in place. He indicated that only the very high-risk and high-risk planks have been mitigated so far, while the moderate and low-risk planks have not received any treatment. The annual inspections will help identify any further deterioration in the condition of the RAAC, and based on the findings, further business cases and investments may need to be developed.

In response to Cllr Evans' enquiry regrading CCTV cameras, Ms Rosser indicated that some cameras had been purchased earlier in the year and that there is a programme for rolling out new cameras. This rollout requires digital infrastructure, which is part of the pre-commitments for the next year's programme. The cameras being purchased now will be deployed over the next 12 months, prioritising areas identified by the security team as needing either replacement or new installation.

Decision:
The Committee:

- NOTED the update on the Capital Programme and CRL for 2024/25.
- ENDORSED the proposed allocation of the DCP for 2025/26 for onward ratification to Board.
- NOTED the capital schemes governance update.
- NOTED the RAAC update.
- NOTED the update from Capital Sub Committee and the content of the draft Infrastructure Enabling Plan.

SDODC (25)20 Programme Business Case: Letter of Fire Safety Matters at Bronglais Hospital

Mr Rob Elliott presented the Programme Business Case (PBC) for the Letter of Fire Safety Matters (LoFSM) at Bronglais Hospital (BGH), highlighting that the programme is worth over £100m in total. The current Program Business Case (PBC) is for BGH is responding to an LoFSM rather than an enforcement notice. The PBC is the initial stage in drawing down capital, and subject to endorsement by Welsh Government, will move to a Business Justification Case (BJC) for further financial checks and procurement details.

Mr Elliott indicated that HDdUHB has worked closely with Welsh Government, NHS Wales Shared Services Partnership (NHSSP), and the Mid and West Wales Fire and Rescue Service (MWWFRS) on the detailed work for the PBC, which has been agreed upon as part of a scope reduction plan. The current cost expectation is in excess of £25m, and the Health Board anticipates challenges from Welsh Government when it is officially submitted in April 2025.

Ms Rosser and Mr Elliott left the meeting.

Decision:
The Committee:

- NOTED the position of this Programme Business Case within the overall HDdUHB Fire Investment Programme.

- SUPPORTED the submission of the attached Programme Business Case to the HDdUHB Board for onward transmission to Welsh Government for Endorsement.

- NOTED that further reports will be provided to the Committee as this Fire Programme progresses.

SDODC (25)21 A Regional Collaboration for Health (ARCH)

Mr Lee Davies presented the A Regional Collaboration for Health (ARCH) Portfolio Update report, indicating that the programme is in a period f transition. Mrs Wilson indicated that SBUHB colleagues have contributed to a governance report which will be submitted to Board on 27 March 2025.

Decision:
The Committee:

- NOTED the Hywel Dda UHB and Swansea Bay UHB regional discussions and the ARCH Portfolio Summary Update.

SDODC (25)22 534 Patient Access Policy (from Watchtower Group)

Ms Stephanie Hire joined the meeting.

Ms Stephanie Hire presented the Extension to the review dates of SDODC - Access Policy Review, explaining that HDdUHB had been in consultation with Welsh Government and had received input from participating departments. The inclusion team helped ensure that the policy suggestions from Welsh Government were transparent and acceptable for implementation.

Ms Hire left the meeting.

Decision:
The Committee:

- APPROVED the extension to the review dates of the Access policy until 30 May 2025 when the new national guidelines are expected to be agreed.

SDODC (25)22 Close

Prior to Mr Maynard Davies closing the final SDODC meeting, Mr Weir thanked him for his hard work over his tenure, noting that Mr Maynard Davies will remain on the Committee as Vice Chair, and will chair the new Finance and Performance Committee meeting when it is established with effect from 1 April 2025.

1.4

09:30, 5 min

1.4 - Table of Actions the Strategic Development and Operational Delivery Committee meeting on 27 February 2025

Winston Weir (Hywel Dda UHB - Independent Board Member)

For discussion

Attachments

1.4 SDODC 27 02 2025 Table of Actions v0.1.pdf

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TABLE OF ACTIONS

Strategic Development and Operational Delivery Committee (SDODC)

27 February 2025

MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
SDODC (25)05	**Self-Assessment of Committee Effectiveness: Outcome** To meet with new Chair of the Finance & Performance Committee to ensure a smooth handover of issues from SDODC.	**JW**	**24 April 2025**	**Complete** Meeting has been arranged.
SDODC (25)10	**Community & Long Term Care Quarterly Service Report** To present Discharge to Assess (D2A) pilot to Integrated Quality, Financial Performance and Delivery Group (IQFPD) prior to next Finance & Planning Committee meeting.	**JP**	**24 April 2025**	**Complete** Forward planed for IQFPD – 26 March 2025.
SDODC (25)12	**Primary Care IMTP (AKA Cluster Projects)** To meet with Mr Andrew Carruthers to consider alignment of cluster projects with planning objectives such as Urgent & Emergency Care (UEC).	**JP**	**24 April 2025**	**Complete** Ongoing discussions through IQFPD , with presentations planned for 23 April, and discussions through the Six goals, Transforming Urgent and Emergency care workstreams.
SDODC (25)12	**Primary Care IMTP (AKA Cluster Projects)** To liaise with Mrs Wilson regarding a presentation on Cluster Projects.	**JP**	**24 April 2025**	**Complete** Forward planned for a future Board Development session.
SDODC (25)16	**Deep Dive PO5: Mental Health & CAMHS**	**AL**	**24 April 2025**	**Complete** Bi-weekly updates forward planned.

	To ensure that Ms Catherine Vaughan provides bi-weekly updates to IQFPD in AL's absence.			
SDODC (25)16	**Deep Dive PO5: Mental Health & CAMHS** Regarding Section 136 provision, to finalise the Quality Impact Assessment and present the proposal to the Board meeting on 27 March 2025.	**BTP**	**24 April 2025**	**Complete** Presented to Board on
SDODC (25)17	**Deep Dive PO3: Six Goals Programme** To Include more context information in Six Goals updates, focusing on activity and demand.	**PS**	**24 April 2025**	**Complete** Future updates wil include the wider demand and capacity constraints.
SDODC (25)18	**Integrated Performance Assurance Report (IPAR)** To update the members on the current spending status of Planned Care recovery funding, and whether any unspent monies would have to be returned to Welsh Government.	**AC**	**24 April 2025**	**Complete** Approx 98% of the total Planned Care Recovery allocation of £10.1m has been invested during 2024/25, supporting achievement of the key Ministerial Stage 1 (52 week) and Total Pathway (104 week) priorities and helping to reduced total waiting list volumes. In addition to achievement of the Stage 1 52 week maximum waiting time, the percentage of patients waiting less than 36 weeks for a first outpatient appointment has increased to 86%, improvements have been noted in respect of single cancer pathway performance above the 60% threshold and the number of patients awaiting a direct access diagnostic investigation has reduced by 40% during Quarter 4 2024/25. Approx £262k of the total recovery allocation has been returned, reflecting reduced capacity via one specific outsource provider and patient availability/suitability for treatment via the independent sector.

SDODC (25)19	**Capital Programme 2024-25; 2025/26 Plan** To review the Infrastructure Investment Plan 2025/26 and send comments/feedback to Ms Eldeg Rosser.	**ALL**	**24 April 2025**	**Complete**

JW: Joanne Wilson	JP: Jill Paterson	AL: Angela Lodwick	AC: Andrew Carruthers	PS: Peter Skitt
BTP: Beccy Temple-Purcell				

1.5

09:35, 5 min

1.5 - Strategic Development and Operational Delivery Committee Annual Report

Winston Weir (Hywel Dda UHB - Independent Board Member)

For approval

Attachments

1.5 SDODC Committee Annual Review 2024-25.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Strategic Development and Operational Delivery Committee (SDODC)

ANNUAL REVIEW REPORT

2024-2025

1. Introduction and Chair's summary

In line with Standing Orders the Strategic Development and Operational Delivery Committee (SDODC) must submit an Annual Report to the Board through the Chair within six weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any Sub-Committees it has established, setting out how the Committee has met its Terms of Reference (TOR) during the financial year.

The Board uses this Annual Report to inform:

- The ongoing development of its governance arrangements, including its structures and processes:
- Its Board Development Programme, as part of an overall Organisation Development framework.

Chairs Reflections

I will start by saying that it has been a privilege to chair this Committee for the last 12 months. I would like to thank all the Committee members, all those who presented papers and all those who have supported the Committee for all their hard work.

As set out below, the Committee has covered many areas of importance to the Health Board providing challenge, scrutiny and assurance to the Board on the areas set out in the Terms of Reference. This year has been different to previous years as the Committee has played its part in progressing the actions required to move the Health Board towards exiting Targeted Intervention. The Committee has undertaken deep dives into all the planning objectives assigned to the committee, monitored performance in planned care and cancer care, delivery of the Transforming Urgent and Emergency Care (TUEC) and Six Goals programmes and the Health Board's Capital programme.

This is the final annual report of the Committee as, due to a review of governance, the Committee structure supporting the Board is changing and the responsibilities of the Strategic Development and Operational Delivery Committee will now be shared by the Strategic Planning Committee and the Finance and Performance Committee.

2. Terms of Reference and Workplan

The TOR for the Strategic Development and Operational Delivery Committee is reviewed on an annual basis or following any significant changes. The TORs were last reviewed on 27 June 2024.

Latest [Strategic Development and Operational Delivery Committee Terms of Reference]

The Strategic Development and Operational Delivery Committee has a workplan to enable forward planning for the forthcoming year. The workplan is produced to

incorporate the duties outlined in the Committee's Terms of Reference and any suggested areas of focus identified during the self-assessment process.

The Strategic Development and Operational Delivery Committee workplan covers a range of activities including statutory reporting duties, regular items of business and priority planned pieces of work which support Board and Committee's objectives.

The workplan is regularly updated throughout the year to ensure it remains responsive to emerging issues and risks.

Final Strategic Development and Operational Delivery Committee Workplan.

3. Sub-Committee/s

The Capital Sub-Committee reports into the Strategic Development and Operational Delivery Committee with its own terms of reference and workplan for the year.

The Sub-Committee's TOR were last reviewed on 19 December 2024.

In line with their Terms of Reference, the Sub-Committee is required to provide a report after each meeting, as well as produce an annual report which is scheduled to be presented to the Committee on 24 April 2025 reporting on activity throughout the year.

4. Table of attendance

Membership		**25.04.24**	**27.06.24**	**29.08.24**	**31.10.24**	**19.12.24**	**27.02.25**
Maynard Davies	Independent Member - Committee Chair	✓	✓	✓	✓	✓	✓
Michael Imperato	Independent Member (Committee Vice-Chair)	✓	X	✓	✓	✓	✓
Rhodri Evans	Independent Member	✓	✓	✓	✓	✓	✓
Winston Weir	Independent Member	✓	X	✓	✓	✓	✓
Eleanor Marks	Independent Member (HDdUHB Vice-Chair)	✓	✓	✓	✓	✓	X
Delyth Raynsford (For quoracy)	Independent Member	-	✓	-	-	-	-
Chantal Patel (For quoracy)	Independent Member	-	✓	-	-	-	-
In Attendance							
Lee Davies	Director of Strategy and Planning	✓	✓	✓	✓	✓	✓
Huw Thomas	Director of Finance	✓	✓	✓	✓	✓	✓

Andrew Carruthers	Chief Operating Officer	✓	✓	✓	✓	✓	✓
Jill Paterson	Director of Primary Care, Community and Long Term Care	✓	✓	✓	✓	✓	✓
Dr Ardiana Gjini	Director of Public Health	✓	✓	✓	✓	✓	✓
Llais Cymru Representative		✓	X	X	X	X	X
Meeting quorate?		Yes	Yes	Yes	Yes	Yes	Yes

A quorum shall consist of no less than three of the membership and must include as a minimum the Chair or Vice Chair of the Committee, and two other Independent Members, together with a third of the In Attendance members.

5. Committee Activities – alert, advise and assure.

The Committee is required to report to the Board after each Committee meeting by presenting a report highlighting the key discussion items at the Committee.

Alert – *The following matters were areas where the Committee was unable to take an assurance or had a lack of confidence that the action in place was sufficient to address the issue satisfactorily and/or it was within the scope of the operational team to resolve, and were alerting the Board as engagement action or intervention was required.*

Cancer Performance

- In June 2024, the Board was alerted to the ongoing concerns regarding cancer performance, in particular diagnostic capacity. A further update in December 2024 indicated that cancer performance was still below the target set in Targeted Intervention (TI) criteria and, although the Committee received assurance regarding future expectations, the current performance was unacceptable. The Board, having been requested to seek solutions to improve the position, noted that insufficient radiology reporting capacity was significantly impacting Single Cancer Pathway (SCP) performance. It was confirmed that challenges had been identified in this area; and that the Health Board had put in place additional capacity, which would improve the position. The anticipated level of improvement in the January 2025 figures was not achieved. This was due to a capacity gap, which needed to be resolved for the new financial year. The team was exploring the detail to ensure that the Cancer pathway experience was not impacted going forward.

Capital Programme

- In April 2024, although assurance was provided in the report on the Discretionary Capital Programme 2023/24, which advised a £32k underspend, the report highlighted the risk of not receiving the additional £7.6m funding

from Welsh Government (WG) for the Glangwili Hospital (GGH) Fire Scheme, which was facing cost pressures similar to the Withybush Hospital (WGH) Fire Scheme. A new risk for the Corporate Risk Register was developed to capture this issue. In the following report in June 2024, the Board was assured by the Capital Programme 2023/24, the Plan for 2024/25, and Capital Governance Report, which detailed a £3.2m allocation from Welsh Government for diagnostic equipment replacements, including a Magnetic Resonance Imaging (MRI) replacement in Prince Philip Hospital (PPH), a fluoroscopy room, and a digital radiography room. However, the December 2024 Capital Programme for 2024/25 and Capital Governance Update Report alerted the Board that delivery of the HDdUHB Strategy was dependent upon adequate community facilities being available. Further work and discussions were ongoing with WG following the conclusion of a feasibility study to consider reduced floorspace required to progress the refresh of the Cross Hands Health and Wellbeing Centre Full Business Case (FBC). The Board, having been requested to pursue options within the revised WG funding allocation, noted that a number of capital schemes appeared to be in the process of being curtailed or reduced. In view of the effectiveness and impact of projects such as the Cardigan Integrated Care Centre (CICC), it would be unfortunate to lose or downgrade similar schemes. Noting that the Cabinet Secretary had recently visited CICC, the Chair, indicated that consideration should be given to how these schemes could be progressed.

The progression of A Healthier Mid and West Wales (AHMWW) infrastructure Strategic Outline Case (SOC) remained delayed due to the WG steer that the Health Board consider "the widest possible options" for the SOC. This led to a pause in the development of the SOC, as further clarification was sought on the scope of SOC options and the implications for the work undertaken to date. The Infrastructure Investment Board (IIB) agreed at their meeting on 23 January 2025, that a strategy document would be developed following a workshop between WG and HDdUHB colleagues on 20 March 2025.

Integrated Performance Assurance Report (IPAR)

- While concerns regarding Cancer and Child Neurodevelopmental waiting lists were noted at every Committee meeting, the IPAR highlighted several key areas of concern and ongoing efforts to improve performance across various healthcare metrics:
  - Cancer Performance: There had been a decline in cancer performance, with the percentage of patients starting treatment within 62 days from referral dropping from 60% in March 2024 to 43% in April 2024 and increasing to 53.3% in January 2025. Improvement plans are in place for the tumour sites with the largest waiting lists, including Urology, Lower Gastrointestinal (GI), Lung, and Gynaecology.
  - Child Neurodevelopmental Waiting Lists: 21.1% of children had a neurodevelopmental assessment within 26 weeks in August 2024, narrowly missing the trajectory of 24%3. Autism Spectrum Disorder (ASD) performance had been consistently below 20% since September 2022. Changes to the ASD model are currently being piloted and reviewed by the Integrated Quality, Financial Performance and Delivery (IQFPD) Group on a fortnightly basis.

- Diagnostics Waits: Breaches reduced by 25% in February 2025, but total breaches remained high at 6,017 patients. Actions were being taken to improve capacity and reduce breaches.
- Finance: Agency spend reduced by 68% compared to February 2024, and bank spend increased by 7%.
- Healthcare Associated Infections: Total Staphylococcus (S.) aureus and Clostridioides (C.) difficile case numbers were higher in January 2025 compared to the same period last year, but Escherichia (E.) coli cases were fewer.
- Mental Health: All Part 1a and 1b Mental Health Measures for adults and children met target and trajectory in January 2025.
- Ophthalmology Performance: Performance had declined due to clinic losses and intravitreal injections over the Christmas period. Actions were being taken to improve performance, including a shared approach between hospital and community-based optometrist eye care teams and recruitment and training efforts.
- Planned Care: Special cause improving variation continued, with reductions in new outpatient waits over 52 weeks and Referral to Treatment (RTT) waits over 104 weeks.
- Staff Sickness Levels: Concerns were raised regarding staff sickness levels, which had increased for the seventh consecutive month in February 2025. The 12-month rolling sickness rate remains high at 6.65% in February 2025. Anxiety, stress, and depression are the highest reasons for absence. This rise impacts finance and performance and is regularly considered at the People, Organisational Development, and Culture Committee (PODCC).
- Therapies Waits: Breaches reduced to 1,932 in February 2025, with physiotherapy and podiatry being the most affected services.

From 31 March 2025, the IPAR will in future be presented to all Finance and Planning Committee meetings for consideration and assurance.

Mental Health and Learning Disabilities

- An in-depth Mental Health and Learning Disability Update report outlined an alternative model for the diagnosis and assessment of autism spectrum disorder (ASD) in children and young people (CYP) prior to approval at Board on 27 March 2025. The ASD pilot would be established as a matter of urgency within the next three months and would report on a fortnightly basis to IQFPD. The Board, having been requested to consider what further action the Health Board could take in response to the neurodevelopmental position; and to raise the matter with WG emphasising the need for national solutions, noted the potential long-term impact of individuals not being able to access support and treatment due to the service being so pressured. There was a possibility these individuals would present with more severe problems in the future. The Board indicated that it was important to be cognisant of community need at a much broader level as this issue crosses the borders of healthcare into other sectors.

Ophthalmology Getting It Right First Time (GIRFT)

- The Ophthalmology GIRFT recommendations presented in December 2024 outlined deadlines of 31 January 2027 due to the lack of estates capacity to expand clinics. This issue was linked to the work on the Clinical Services Plan (CSP). At the Committee's request, IQFPD investigated the position to ascertain if further action could be undertaken more immediately to improve the situation. At the Board's request, an update was provided to the Board on 27 March 2025, when it was noted that there were opportunities to clarify and take further steps to progress and close actions. A further update would be provided to the Board on 29 May 2025.

Targeted Intervention

- In considering the Targeted Intervention Update presented in August 2024, concerns were raised regarding meeting the 100-Day Planning and Delivery Cycle, which had a firm operationalisation deadline of 1 October 2024, to ensure measurable and timely outcomes. In October 2024, the Committee acknowledged the substantial work and resource investment made in striving to meet HDdUHB's £64m deficit target. However, concerns persisted about how effectively key programmes including Urgent and Emergency Care, Cancer, and Diagnostics were aligned with the CSP. In an effort to drive performance improvements, positive results achieved in the Pembrokeshire system were highlighted and shared with Carmarthenshire teams to support enhancements at GGH.

  Additionally, the Emergency Department (ED) GIRFT Report prompted the formation of an Executive-led Steering Group which would oversee the management response to the GIRFT findings and ensure that key recommendations were actioned efficiently. The Committee remained committed to monitoring and overseeing the delivery of Targeted Intervention (TI) criteria, ensuring alignment with broader strategic objectives.

Urgent and Emergency Care (UEC)/ Six Goals Programme

- In June 2024, following an advisory update to the Board on 27 April 2024, Board was alerted that a detailed action plan was requested from the Operational team regarding UEC performance which responded to the challenges faced, including the possible withdrawal of six months WG Six Goals (formerly Transforming Urgent and Emergency Care (TUEC)) funding which was contingent on visible improvements in performance. Progress was noted in October 2024 although the Committee continued to closely monitor delivery of the programme.

  In February 2025, the Six Goals Programme was de-escalated following WG's mid-point review and the refocussing of Same Day Emergency Care (SDEC) and UEC funding towards initiatives aligned to UEC Ministerial Priorities. In addition, the Six Goals Programme Quarter 3 Update Report provided assurance regarding the formal response from WG following the Programme's mid-point review: A letter stated that the Six Goals Programme in HDdUHB had made good progress in many areas and that engagement with the national team had been positive, and therefore it would continue to fund the Programme through Quarters 3 and 4.

Advise – *The following matters were areas of concern where assurance had been taken on actions in place but required close monitoring.*

Commissioning

- The Commissioning Bi-Annual Report indicated that the negotiations regarding Long Term Agreements with Swansea Bay University Health Board (SBUHB) and Velindre Cancer Centre respectively would be finalised at the end of February 2025 which should mitigate financial risk.

Community and Long Term Care Quarterly Service Report

- Changes to the existing Discharge to Assess (D2A) process outlined in the June 2024 Community and Long Term Care Quarterly Service Report and their implications were fully considered. Given the prolonged delays and the significant financial implications to the Health Board, it was noted that the Health Board would cease to fund the D2A Pathway beds and return to undertaking Continuing Health Care (CHC) Assessments in hospital, prior to discharge. However, the Long Term Care Pathway Team would continue to work across the hospital sites, supporting with the CHC Assessments. This would ensure timely, consistent assessments and would continue to support patient flow. A further update was provided at the Committee meeting in February 2025 when concerns were raised regarding the sustainability of nursing and care homes and the impact of increased employers National Insurance contributions with effect from 6 April 2025. The position would be closely monitored as HDdUHB's Financial Plan is finalised.

Corporate Risk Report

- In April 2024, the Corporate Risk Report indicated that *Risk 1350: Risk of not meeting the Single Cancer Pathway waiting times target of 75% for 2022-2026 due to diagnostics capacity and delays at tertiary centre* had changed for the financial year and. WG had allocated funding for the SCP, but there was a risk of reputational challenge and escalation if the performance progress was not satisfactory.

  Risk 1350 was reviewed again in December 2024 noting that the risk score had increased to 16 following a revision of the SCP due to performance being behind the planned improvement trajectory over recent months. A revised trajectory had been developed for the period to the end of March 2025. While there was an anticipation of performance improvement in the upcoming months, the fragility of the position and the inability to meet the original Annual Plan targets led to the decision to increase the risk score.

Operational Risk

- In February 2025, concerns were raised regarding the risks outlined in the Operational Risk Register that uncertainty relating to recurring funding may impact a number of public health programmes. Programmes were likely to continue for the year 2025-26 as funding had been informally confirmed, and due to the time in post, staff had employee rights; however, risks relating to the financial recovery and savings delivered remained. There was acknowledgement that there is always a funding challenge in relation to one or two year funding grants from WG. This should be reviewed in the Finance

and Planning Committee after the Treasury's comprehensive spending review due later this year.

Pentre Awel

- In April 2024, the construction phase of the health section of the Pentre Awel project was likely to be delayed until the early part of the 2025-26, due to challenges in the supply chain and the impact of COVID-19. The delay in the construction phase may have some financial implications for the Health Board, such as a marginal improvement in the forecast for and, as well as the potential increase in the costs of the project.

Planned Care

- The April 2024 Planned Care Update report outlined key priorities for 2024-25, focusing on reducing long waiting times for outpatients and inpatients across various medical specialties. It provided a review of the progress made in 2023-24 and utilisation of recovery funding. The report examined the application of 2023-24 recovery funding and outlined how 2024-25 funding would expand to include Cancer and Therapies. Deep-dive assessments to ensure optimal fund utilisation and performance monitoring were presented at alternate Committee meetings through the year. These assessments highlighted the implementation of innovative approaches, such as See on Symptom (SoS) and Patient Initiated Follow-Up (PIFU) schemes aimed at reducing unnecessary outpatient appointments.

  Ongoing coordination with Swansea Bay University Health Board (SBUHB) regarding key regional services such as Orthopaedics, Vascular, and Ophthalmology was highlighted in each report alongside a commitment to ongoing review and improvements. While continuous efforts were made to address challenges and optimise service delivery, concerns were noted regarding performance risks and targeted intervention implications, particularly for cancer services.

Primary Care Integrated Medium Term Plan (IMTP) (Cluster Projects)

- In August 2025, the new contractual requirement for the development of GP Collaborative Integrated Medium Terms Plans (IMTPs) and the requirement to engage in the development of Cluster IMTPs and their implications were fully considered. The Committee agreed that the next Primary Care and Community Strategic Plan update report, expected in February 2025 would include targeted intervention (TI) measures and emphasise the importance of assessing local innovative initiatives. These initiatives would be integrated across the Health Board to prevent disparities in service provision. Consequently, the updated report offered assurance regarding the steps being taken to ensure the advancement of cluster projects through the monitoring and evaluation process.

Regional Integration Fund (RIF)

- The West Wales Regional Partnership Board Update (Regional Integration Fund Update) presented in December 2024, indicated that current funding was coming to an end, necessitating a review of currently funded projects to

consider either mainstreaming, in which case a clear business case would be required, or discontinuing.

Assure – *The following matters were areas where there was confidence that robust actions are in place and are sufficient to address the issues to operate effectively.*

Monitoring of Welsh Health Circulars and Ministerial Directions

- The Monitoring of Welsh Health Circulars Update Reports and Ministerial Directions were reviewed at alternate meetings and regularly reported that the respective actions required were being addressed by the Health Board; and that the Health Board was compliant with the Ministerial Directions (MDs) issued by WG.

Planning Objectives

- Planning Objectives aligned to SDODC were considered at each meeting, either individually or as a whole. Assurance was provided in April 2024 on the position regarding the progress. Subsequently, in June 2024, the Health Improvement Strategic Plan provided assurance that plans were in place for the delivery of health improvement priorities related to and Planning Objective 10: Population Health, and any relevant successor annual planning objectives for 2025-26, and 2026-27, in order to support the long-term achievement of Strategic Objective 4 (The best health and wellbeing for our individuals, families and communities). Progress was also noted in December 2024.
  In October 2024, assurance was provided that the Planning Objectives (including the Pharmaceutical Needs Assessment) were progressing and were on target. Development of the: Primary Care and Community Strategic Plan (Planning Objective 7) was underway and articulated the principles and standards to identify key actions which ensured provision of sustainable Primary Care and Community services across the four contractor professions, whilst aligning to the delivery of the overarching Health Board's strategic vision.
  At the final SDODC meeting in February 2025, assurance was provided by the 2024/25 Planning Objectives and the Annual Plan for 2025/26 on the current position in regard to the progress of the Planning Objectives aligned to SDODC.

Primary Care and Community Strategic Plan

- Assurance was provided on a number of areas in the Primary Care and Community Strategic Plan presented at alternative meetings, including in June 2024, the development of the Primary and Community Services Strategy Development Group's monthly meetings and the three task and finish groups that met every three weeks focusing on Best Practice, Outcomes, Improvement, Estates, Workforce, and Sustainability.

Population Health

- The quarterly Population Health Progress Update outlined health improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol.
  Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (eg Primary Care) were also considered,

as were leadership and partnership working to strengthen the Health Board's position on health equity and the wider determinants of health, continuing to develop a Social Model for Health and Wellbeing (including support and collaboration with Public Services Boards (PSBs) and Regional Partnership Boards (RPBs)).

Public Health Return on Investment

- The Public Health Return on Investment: Smoking and Drugs and Alcohol reports presented to the Committee in August 2024, provided assurance regarding economic benefits of Public Health programmes to the Health Board.

Social Model for Health and Wellbeing

- In December 2024, assurance was provided that the Health Board would advance the Social Model for Health and Wellbeing in alignment with the Annual Plan and, by supporting its definition and principles.

Items recommended for approval by the Committee during the year:

- SDODC Annual Report 2023-24
- Maturity Matrix and Action Plan
- SDODC Terms of Reference
- Health Improvement Strategic Plan
- Winter Respiratory Vaccination Programme: Delivery Plan 2024/25
- Well-being of Future Generations Annual Report 2023-2024
- Embedding a Social Model for Health and Wellbeing Report
- Proposed allocation of the Discretionary Capital Programme (DCP) for 2025/26
- Programme Business Case (PBC) for Letters of Fire Safety Matters (LoFSM) at Bronglais Hospital (BGH) prior to submission to Welsh Government

6. Committee Effectiveness - Feedback from self-assessment process

As stipulated within Standard Orders, the Board introduced a process of regular and rigorous self-assessment and evaluation of the performance of the Strategic Development and Operational Delivery Committee.

- For the Strategic Development and Operational Delivery Committee this involved the completion of a short digital form which requested feedback on the following areas:
  - Governance and administration
  - Committee's inputs
  - Conduct of Committee meetings
  - Interface with other Committees, including the Board
  - Committee's impact
  - Individual role on Committee

The results from which were fed into an action plan, combining information and Auditor/Regulator feedback.

The process was undertaken during the year and reported to the Committee on 27 June 2024.

Strategic Development and Operational Delivery Committee Outcome report.

The Committee received an update on progress at the Committee on 19 December 2024.

Strategic Development and Operational Delivery Committee (SDODC) Self-Assessment Outcome report 2023-24 – Progress Update.

7. Conclusion

The Committee is satisfied that it operated effectively and in line with the Terms of Reference. Issues were escalated to Board as appropriate, and the Committee used feedback from the self-assessment process to evolve and improve.

This Annual Report marks the final submission for this Committee, as significant changes to governance arrangements will take effect from April 2025. As part of this transition, the current structure and oversight mechanisms will evolve to align with the new governance framework, ensuring continued effectiveness and accountability. This report serves as a reflection on the Committee's contributions, key achievements, and insights gained over the past 12 months, providing a comprehensive summary before the forthcoming governance changes reshape its role and responsibilities.

1.6

09:40, 5 min

1.6 - Strategy and Planning Committee (SPC) Terms of Reference

Winston Weir (Hywel Dda UHB - Independent Board Member)

For approval

Attachments

1.6 Strategy and Planning Committee Terms of Reference.FINAL.Board.Approved30.01~.pdf

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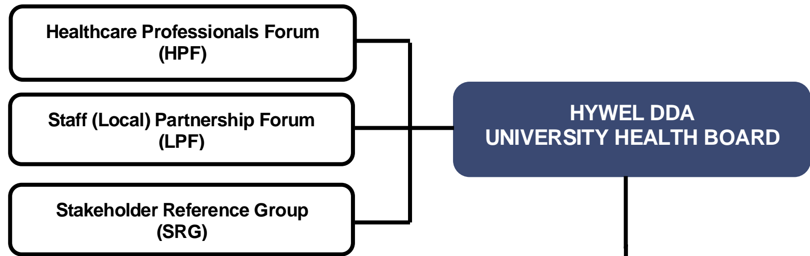

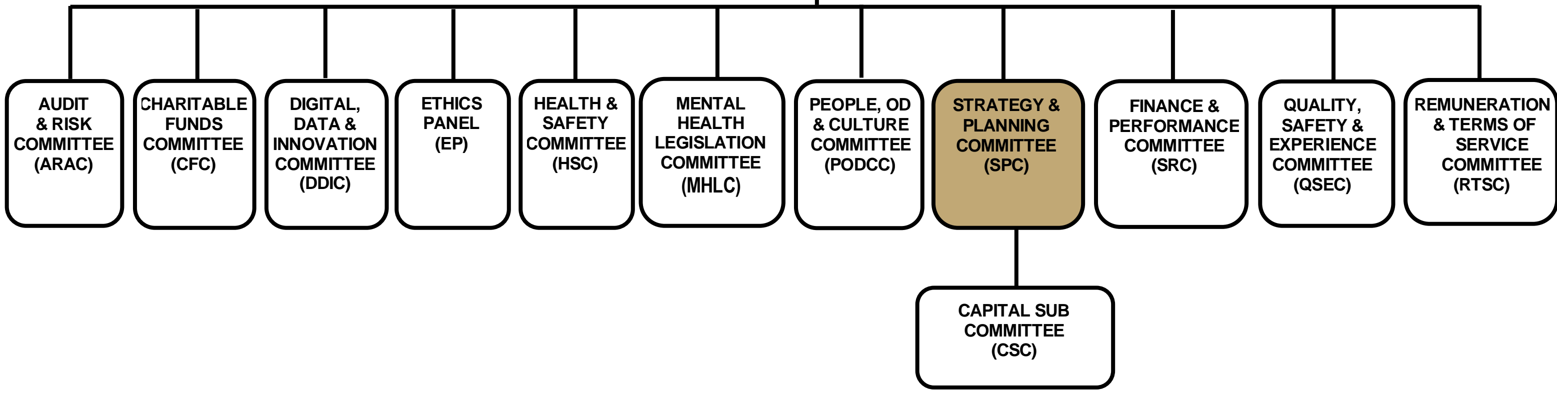

TERMS OF REFERENCE

STRATEGY AND PLANNING COMMITTEE

Version	Issued to:	Date	Comments
V1	**Board**	30/01/2025	APPROVED

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

STRATEGY AND PLANNING COMMITTEE

1. Constitution

1.1 The Strategy and Planning Committee (the Committee) was established as a Committee of the Hywel Dda University Local Health Board (the Health Board) and constituted from 01 April 2025.

2. Principal Duties

2.1 The purpose of the Strategy and Planning Committee is to:

2.1.1 Provide *evidence based (where possible) and timely advice* to the Board on the development of the following matters consistent with the Health Board's overall strategic direction:

2.1.1.1 Strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board's overall strategic direction;

2.1.1.2 Business cases and service planning proposals;

2.1.1.3 The alignment of supporting and enabling strategies, including workforce, capital, estates and digital;

2.1.1.4 The implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board;

2.1.1.5 The Health Board's priorities and plans to improve population health, prevention and wellbeing; and

2.1.1.6 The Health Board's plans to address climate migration and adaption.

2.1.2 Provide *assurance* in respect of the achievement of the Health Board's strategic aims, objectives and priorities, on:

2.1.2.1 The robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership;

2.1.2.2 Plans and arrangements for the following matters are adequate, effective and robust and achieving intended outcomes:

(i) Joint committee and partnership planning;
(ii) Engagement and communication; and
(ii) Environmental sustainability.

2.1.2.3 The delivery of the Health Board's Annual Plan/ Integrated Medium Term Plan.

2.1.2.4 That partnership governance and partnership working is effective and successful; and

2.1.2.5 That those arrangements in place to improve population health, prevention and wellbeing are robust and effective and delivering intended outcomes.

3. Operational Responsibilities

3.1. The Committee will, in respect of its provision of advice and assurance to the Board:

Strategy, Planning and Partnerships

3.1.1. Receive assurance that the planning cycle is being taken forward and implemented in accordance with Health Board and Welsh Government requirements, guidance and timescales.

3.1.2. Receive assurance on the development of the Health Board's Annual Plan/Integrated Medium Term Plan (IMTP), based on robust business intelligence and modelling, and assure the development of delivery plans within the scope of the Committee, their alignment to the Health Board's Annual Plan/IMTP and the Health Board's strategy and priorities.

3.1.3. That, wherever possible, Health Board plans are aligned with partnership plans developed with Joint Committees, Local Authorities, Universities, Collaboratives, Alliances and other key partners, such as the Transformation Group who form part of A Regional Collaboration for Health (ARCH).

3.1.4. Receive assurance on delivery of the Health Board's Annual Plan through the scrutiny of regular monitoring reports.

3.1.5. Seek assurance on the review and informed decision-making on pathway changes, service planning, and strategic focuses for commissioning.

3.1.6. Consider the development of strategies and plans developed in partnership with key strategic partners and monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need.

3.1.7. Seek assurance that partnership governance and partnership working is effective and successful.

3.1.8. Seek assurance on delivery of plans in relation to the National Networks and Joint Committees.

3.1.9. Seek assurance on the delivery of Value Based Healthcare (VBHC) strategic plans and programmes.

3.1.10. Seek assurance on the delivery of the Health Board's climate mitigation and adaptation activity.

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.

3.1.12. Seek assurance on the development and delivery of implementation plans for the Estates Strategy, including environmental sustainability, agreeing corrective actions where necessary and monitoring its effectiveness.

Population health, primary and community

3.1.13. Consider population health and wellbeing assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans.

3.1.14. Seek assurance on plans, systems and processes to deliver health improvement and increase health equity and seek assurance on the work of the Health Board to reduce avoidable health inequalities.

3.1.15. Seek assurances on the development and delivery of the Primary Care and Community Strategic Plan.

Capital and Estates

3.1.16. Review capital (excluding digital) business cases, prior to Board approval.

3.1.17. Review revenue expenditure implications relating to capital and provide assurance to the Board that arrangements for capital expenditure and management are robust.

3.1.18. Recommend to the Board, following consideration of proposals from the Capital Sub Committee, the use of the Health Board's Capital Resource Limit (CRL), which includes the Discretionary Capital Programme (DCP), in line with the HB's financial scheme of delegation.

3.1.19. Receive assurance on the delivery of the Health Board's capital programmes and projects included in the planning cycle (in year and longer term).

Other

3.1.20. Seek assurance on delivery against all areas of targeted intervention, and the required elements for de-escalation, that are aligned to the Committee.

3.1.21. Seek assurance on delivery against all Planning Objectives aligned to the Committee, in accordance with the Board approved timescales, as set out in the Health Board's Annual Plan, considering and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate.

3.1.22. Seek assurance on the delivery of the requirements arising from Health Board's regulators, WG and professional bodies.

3.1.23. Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers (including for hosted services and

through partnerships and Joint Committees as appropriate) aligned to the Committee and its sub-committees, and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board's risk appetite/tolerance, recommend acceptance of risks to the Board.

3.1.24. Receive assurance through Sub-Committee Update Reports and other management/task & finish group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

3.1.25. Approve relevant corporate policies and plans within the scope of the Committee.

3.1.26. Review and approve the annual work plans for any Sub-Committee which has delegated responsibility from the Strategy and Planning Committee and oversee delivery.

4. Membership

4.1 The membership of the Committee shall comprise:

Member
Independent Member (Chair)
Independent Member (Vice Chair)
2 x Independent Members

4.2 The following should attend Committee meetings:

In Attendance
Executive Director of Strategy and Planning (Lead Executive)
Chief Operating Officer
Executive Director of Public Health
Executive Director of Finance
Director of Primary, Community & Long-Term Care
Communications and Engagement Director
Other Lead Executives to be invited to attend for their relevant Planning Objectives aligned to the Committee
Llais Cymru/ Citizen Voice Body (not counted for quoracy purposes)

4.3 The membership of the Committee will be reviewed on an annual basis.

5. Quorum and Attendance

5.1 A quorum shall consist of no less than two of the membership and must include as a minimum the Chair or Vice Chair of the Committee and one other Independent Member, together with half of the In attendance Members.

5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair – taking into account the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

5.3 Any senior officer of the Health Board or from a partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.

5.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.

5.5 Should any officer Member be unavailable to attend, they may nominate a deputy, with full voting rights, to attend in their place subject to the agreement of the Chair.

5.6 The Chair of the Health Board reserves the right to attend any of the Committee's meetings as an ex officio member.

5.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.

5.8 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

5.9 The Committee may ask any or all of those who normally attend but who are not Members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and the Lead Director (Executive Director of Planning and Strategy) at least **six** weeks before the meeting date.

6.2 The agenda will be based around the Committee work plan, identified risks matters arising from previous meetings, issues emerging throughout the year and requests from Committee Members. Following approval, the agenda and timetable for request of papers will be circulated to Committee Members.

6.3 All papers must be approved by the relevant Lead Director.

6.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.

6.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and Table of Actions action log will be circulated to the Lead Director within **seven** days to check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next **seven** days.

6.6 Members must forward amendments to the Committee Secretary within the next **seven** calendar days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

7. In Committee

7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

8.1 The Committee will meet bi-monthly and shall agree an annual schedule of meetings. Additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.

8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

9. Accountability, Responsibility and Authority

9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

9.3 The Committee shall embed the Health Board's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

9.4 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee.

10. Reporting

10.1 The Committee, through its Chair and Members, shall work closely with the Board's other Committees, including joint and Sub-Committees and groups to provide advice and assurance to the Board through the:

- 10.1.1 Joint planning and co-ordination of Board and Committee business.
- 10.1.2 Sharing of information

10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

10.3 The Committee, may, subject to the approval of the Board, establish Sub-Committees or task and finish groups to carry out on its behalf specific aspects of Committee

business. The Committee will receive an update following each meeting providing an assurance on business undertaken on its behalf. The Sub-Committee reporting to this Committee is:

10.3.1 Capital Sub-Committee

10.4 The Committee Chair, supported by the Committee Secretary, shall:

10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an Annual Report within **six** weeks of the financial year.

10.4.2 Bring to the Board's specific attention any significant matter under consideration by the Committee.

10.4.3 Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant Committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the Health Board.

10.5 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation including that of any Sub-Committees established. In doing so, account will be taken of the requirements set out in the NHS Effective Board Committees Guide.

11. Secretarial Support

11.1 The Committee Secretary shall be determined by the Director of Corporate Governance/Board Secretary.

12. Review Date

12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

1.7

09:45, 5 min

1.7 - Ministerial Directions

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

For assurance

Attachments

1.7 SP SBAR Ministerial Directions April 2025 FINAL clean.pdf

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PWYLLGOR STRATEGAETH A CHYNLLUNIO
STRATEGY & PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 April 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Monitoring of Ministerial Directions
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rachel Williams, Head of Assurance and Risk

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide the Strategy and Planning Committee (SPC) with a status update and assurance that all NHS Non-Statutory Instruments, otherwise known as Ministerial Directions (MD), received from Welsh Government (WG) have been implemented/adopted by Hywel Dda University Health Board (HDdUHB).

Cefndir / Background

Acts of Parliament, Acts of Senedd Cymru, Assembly Measures and Assembly Acts enable Welsh Ministers to develop more detailed legislation, known as secondary or subordinate legislation, usually by means of Statutory Instruments (SI).

Non-Statutory Instruments (NSI) are legislative in character; they alter legal rights and duties, however they are not SIs. NSIs, which are issued by Welsh Ministers, include codes of practice and guidance.

In complying with the requirements of various governance codes and the Annual Governance Statement requirements, HDdUHB has a duty to provide assurance of compliance with the NSIs.

As MDs potentially form part of the process of how the Health Board delivers its services, the Strategy and Planning Committee (SPC) will receive a regular assurance report on compliance.

Asesiad / Assessment

The table below details the MD, previously aligned to the disestablished Sustainable Resource Committee (SRC), now realigned to the Strategy and Planning Committee (SPC) which relates to the delivery of autism services (issued on 26 July 2021).

The following RAG status is now applied to MDs:

- Green = completed
- Amber = a plan is in place and on schedule to be completed by the timescale provided by the Lead Officer
- Red = behind schedule to the timescale provided by the Lead officer, or a plan (with date for implementation) is not yet in place
- Blue = External i.e., the means to achieve compliance is currently outside the gift of the Health Board

MDs noted as on schedule (Amber):

MD	Lead Director	Progress on Implementation	Health Board Completion Date
WG21-59 - The Directions to Local Health Boards and NHS Trusts in Wales on the Delivery of Autism Services 2021 (issued July 2021)	Chief Operating Officer	This Ministerial Direction is currently being implemented, with an implementation date of October 2025. The Health Board continues to work with the Regional Partnership Board in the development and delivery of the Code of Practice Implementation Plan which requires a multi-agency response to address the recommendations outlined in the code.	October 2025

Argymhelliad / Recommendation

The Committee is requested to:

- **NOTE** the re-alignment of the Ministerial Direction which is now reportable to SPC in line with revised governance arrangements as approved by Board at its meeting in January 2025; and
- **RECEIVE ASSURANCE** that HDdUHB is compliant with the NSIs (MDs) issued by WG between 31 January 2025 and 31 March 2025.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.1 Receive assurance that the planning cycle is being taken forward and implemented in accordance with Health Board and Welsh Government requirements, guidance and timescales.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained within the body of the report
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality:	6. All Apply

Quality and Engagement Act (sharepoint.com)	
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	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Ministerial Directions
Rhestr Termau: Glossary of Terms:	Incorporated within the main body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategy and Planning Committee:	Relevant Lead Executives/Lead Directors or Supporting Officers

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Non-statutory Instruments are legal tools which often have a financial impact on the organisation.
Ansawdd / Gofal Claf: Quality / Patient Care:	Non-statutory Instruments are legal tools which can impact patient care
Gweithlu: Workforce:	Not applicable
Risg: Risk:	Non-Statutory Instruments are legislative in character, they alter legal rights and duties and must be implemented by the Health Board.
Cyfreithiol: Legal:	Non implementation of Non-Statutory Instruments may result in the Health Board being less likely to defend itself in a legal challenge which could lead to fines/ penalties and damage to reputation.

Enw Da: **Reputational:**	Non implementation of Non-Statutory Instruments may result in the Health Board being less likely to defend itself in a legal challenge which could lead to fines/ penalties and damage to reputation.
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Not applicable

1.8

09:50, 10 min

1.8 - Targeted Intervention Update

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

For approval

Attachments

1.8.1 SPC - TI Report - April 25.pdf

1.8.2 SPC April TI Tracker.pdf

Targeted Intervention Update
Shaun Ayres

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

Introduction

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

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 (HCAIs), 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)

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.

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)

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.

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)

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)

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)

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)

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 Helath 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.

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)

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.

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)

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)

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)

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)

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)

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

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)

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)

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

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

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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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	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. 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. 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. 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.	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.	1. Implementation and Monitoring (April 2025 - March 2026) - Clinical Care Group implementation (April 2025): Formal launch of CCGs with Integrated Governance Groups providing regular oversight - Monthly performance review (ongoing): Progress tracking via the Integrated Quality, Finance & Performance Delivery Group - Quarterly Board updates (June, September, December 2025, March 2026): Comprehensive progress reports against key targets and milestones - Comprehensive Maturity Matrix assessment (May-June 2025): Structured evaluation of planning capability aligned with Welsh Government requirements - Mid-year review (September 2025): In-depth evaluation of progress across all domains with corrective actions as required - Planning cycle for 2026/27 commences (July 2025): Building on lessons learned from current cycle 2. Key Delivery Milestones - Single Cancer Pathway: Progress toward 80% compliance by March 2026 (from current position of 63.5% in February 2025) - 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 - USC imaging backlog: Clearance by September 2025 - Workforce: 30% reduction in premium locum shifts through implementation of Allocate E-Rostering by Q3 2025 - Financial control: Delivery of £43.5m savings (£19.0m recurrent, £24.5m non-recurrent) to achieve £31.55m control total - Urgent care improvements: 14% reduction in ambulance handovers over 1 hour and 40% reduction in handovers over 4 hours by Q4 2025 The plan will be monitored through the new Clinical Care Group structure, with fortnightly Integrated Governance Group meetings feeding into the Integrated Quality, Finance & 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.			Risks: - Financial plan to achieve control total - Performance expectations in planning framework not deliverable within finanical plan
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	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. 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. 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. 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.	As above	The development and implementation of integrated planning is structured around several key phases and activities: **1. Integrated Planning Development (October 2024 - March 2025) - Completed** ***Strategic Launch Event (10 October 2024)*** : Established planning parameters across all domains, including financial framework, performance trajectory expectations, quality and safety standards, and cross-system transformation priorities ***Directorate Engagement (October-November 2024):*** Each function developed initial planning initiation documents covering financial modelling, baseline capacity and demand assessments, workforce sustainability requirements, and service transformation opportunities System Integration Workshop (11 November 2024): Cross-directorate dependency mapping, critical interface identification, resource alignment requirements, and risk identification and mitigation ***Diagnostic Capacity Planning (November-December 2024):*** Comprehensive modelling of diagnostic requirements across pathways, including therapy resource needs, critical care implications, and workforce models ***Challenge and Refinement (December 2024):*** Detailed feedback to all directorates on assumption validation, interdependency resolution, timeline deliverability, resource availability, and performance trajectories **Final Plan Development (January/February 2025):** Comprehensive integration of directorate plans, ensuring alignment between financial, workforce, quality, and performance elements **2. Clinical Care Group Implementation (April 2025 - September 2025)** ***Formal Launch (April 2025):*** Establishment of Clinical Care Groups with Integrated Governance Groups (IGGs) providing fortnightly oversight of planning, performance, people, quality, health, and safety Transition Phase (April-June 2025): Migration from existing directorate structures to new CCG model, with refinement of reporting and accountability mechanisms Implementation Review (July-September 2025): Structured assessment of initial implementation, with process refinements as required Internal Audit (September 2025): Scheduled review of new governance arrangements to ensure effectiveness and compliance 3. Ongoing Integrated Planning and Monitoring (April 2025 - March 2026) - Fortnightly IGG Meetings: Regular oversight of performance against integrated plans at CCG level - Integrated Quality, Finance & Performance Delivery Group: Bi-weekly reviews of cross-organisational performance - Executive Improving Together Sessions: Bi-annual structured reviews of progress against key priorities - Quarterly Board Updates: Comprehensive reports on delivery against the integrated plan - Planning Maturity Matrix Assessment (May-June 2025): Structured evaluation of planning capability using the nine-domain framework 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.			No risk identified

6	Board clarity on the strategic vision for the organisation.	AHMWW	SPC	Alert	Lee Davies	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. 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. 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. 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.	This was discussed in detail at the Board Seminar in October and a paper is being presented to the November Public Board.	The strategic refresh will follow a structured approach with defined milestones: **1. Preliminary Review and Governance (January - April 2025)** - Welsh Government Infrastructure Investment Board attendance (23 January 2025): Critical milestone to align AHMWW Strategic Outline Case with emerging capital investment opportunities - Board Seminar discussions (February-March 2025): Further refinement of strategic vision and priorities - Establishment of Strategy and Planning Committee (April 2025): New committee to provide dedicated governance and oversight for strategic development - 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 **2. Strategic Refresh Development (April - August 2025)** - 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 - 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 - Stakeholder engagement programme (May-July 2025): Structured consultation with internal staff, external partners, and community representatives to refine the vision and approach - Integration with CSP consultation (May-August 2025): Using insights from the Clinical Services Plan consultation to inform the broader strategic refresh - Development of detailed strategic refresh plan (July-August 2025): Creation of a comprehensive roadmap with clear milestones, accountabilities, and resource requirements 3. Implementation and Monitoring (September 2025 onwards) - Presentation of Strategic Refresh Plan to Board (September 2025): Formal approval of the revised strategy - Integration with 2026/27 Annual Planning cycle (October-December 2025): Ensuring the refreshed strategy informs the next annual planning round - Quarterly progress reporting to Strategy and Planning Committee (from September 2025): Regular monitoring of implementation progress - Annual review of strategic progress (March 2026): Comprehensive assessment of first-year implementation - Integration of CSP consultation outcomes (November 2025 onwards): Incorporating Board decisions on service configurations into the strategic implementation plan 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.		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	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. 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.	This was discussed in detail at the Board Seminar in October and papers have been presented to the November and January Public Board Meetings.	**Phase 1 (Completed 2023)** - 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). **Phase 2 (Completed November 2024)** - 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. **Phase 3 (January to November 2025)** - Public consultation on service change options: -January-May 2025 - Pre-consultation planning including stakeholder mapping, equality impact assessments, development of consultation materials in accessible formats -May 2025 - Formal launch of consultation at Public Board meeting -May-August 2025 - 12-week consultation period with mid-point review between weeks 4-6 -August-October 2025 - Analysis of feedback and conscientious consideration led by Opinion Research Services (ORS), an independent partner contracted to ensure impartiality -November 2025 - Presentation of final consultation report and recommendations to Public Board for decision-making **Phase 4 (From November 2025)** - Implementation of approved service changes, structured in three time horizons: -Implementation Period (0-2 years) - Changes achievable within existing workforce and financial resources - Improvement Period (2-4 years) - Developments dependent on additional funding -Long-term Transformation (4+ years) - Changes requiring regional planning and capital investment Consultation Scope and Approach The consultation will specifically seek views on: -The suitability of each service change option for the nine services in scope -Positive and negative impacts associated with each option -Alternative configurations that may not have been considered -Future roles of the four acute hospital sites (Bronglais, Glangwili, Prince Philip, and Withybush) The consultation explicitly excludes discussion on: -Services beyond the nine agreed in March 2023 -The overall direction of the 'A Healthier Mid and West Wales' strategy agreed in 2018 To ensure rigorous quality assurance and independence, the Health Board has procured external support: -Hugh Irwin Company (HICO) for consultation quality assurance (£74,080 for two years) -Opinion Research Services (ORS) for consultation and engagement services (£104,995.50 for two years) -Additional communications and engagement costs of £125,100 have been budgeted			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	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. Key Ministerial Priorities in the 2025/26 Annual Plan: **1. Timely Access to Care (Planned Care, Cancer and Diagnostics):** **Planned Care Targets:** - 100% compliance for patients waiting <52 weeks for new outpatient appointments - 100% compliance for patients waiting <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) **Cancer Performance Target:** - 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) **Diagnostic Services:** - Deploying mobile MRI services creating capacity for 560 additional patients monthly - 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 2. Building Community Capacity (Urgent and Emergency Care and Primary Care): 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 <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) 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 3. Mental Health Access: - 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 4. Population Health and Prevention: - 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 & C - Implementing the "20-4-7" model targeting most deprived areas and key risk factors 5. Women's Health: - Beginning delivery against Women's Health Plan for Wales - Developing women's health hub by March 2026.		Identified Risks to Delivery: **1. Financial Sustainability:** - 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 **2. Workforce Challenges:** - 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 **3. Operational Performance:** - 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 Feburary is showing improvement 63.5% **4. Service Fragility:** - Ophthalmology R1 compliance at 34% (January 2025), far below the 65% target - Urgent and emergency care performance showing concerning trends - Ambulance handovers >1 hour fluctuating (1,117 in January 2025, 795 in February 2025) but still above target - 12.8% of patients waiting >12 hours in ED (February 2025), above the target of 7% 5. Estate Infrastructure: - Ageing facilities and backlog maintenance exceeding £255m - Limitations on service expansion due to physical constraints - Dependency on capital funding for key developments Mitigation Strategies 1. Financial Recovery: - 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 2. Workforce Stabilisation: - 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 3. Operational Improvements: - 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 4. Service Transformation: - 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			1032 1843 1664 1350 1027 1708
9	Significant progress on a clinical services plan.	AHMWW	SPC	Advise	Lee Davies	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. 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. 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. 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.		**Consultation Project Plan and Timeline (Phase 3)** -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 & 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 . -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 . -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 . **Options Development and Phased Implementation Approach** -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 .			No risk identified

								-Medium-term (2-4 years) - Requires additional staffing and financial investment. Plans focus on significant service enhancement, addressing workforce gaps, clinical recruitment, and training strategies. Key deliverables include improvements in diagnostics services, elective surgery restoration, stroke pathway enhancements, and primary care and community integration improvements . -Long-term (4+ years) - Delivery contingent on detailed regional planning, substantial capital investment, and inter-Health Board collaboration, particularly with Swansea Bay and other neighbouring health boards. These longer-term plans aim to fundamentally reshape service provision, ensuring sustainable, resilient clinical pathways, and improved regional service configuration aligned to the broader AHMWW strategic vision .			
10	Sustained improvements in delivery of the plan throughout the year.	IQFPD	SPC	Advise	Andrew Carruthers	The Health Board has made substantial progress in delivering against its key planning objectives, despite facing sustained operational and resource pressures across several critical service areas. While the overall financial targets for 2024/25 have been consistently met, performance across clinical and operational domains has experienced variability, reflecting challenges particularly acute in diagnostics, cancer services, and urgent care pathways. Specific improvements have been realised in some areas, notably in urgent care performance within the Pembrokeshire system, and substantial achievements have been documented in mental health services, with certain performance metrics surpassing the 80% Welsh Government benchmark. Progress in infection prevention and control is notable, with sustained reductions in key metrics such as Clostridium difficile (C. diff) and Staphylococcus aureus (Staph aureus) infections; however, the incidence of hospital-onset infections remains marginally above targeted thresholds, indicating a continued focus required. Despite these gains, critical service areas—particularly diagnostics and cancer service —remain at significant risk due to ongoing capacity and resource constraints, including cost-control measures such as transitioning from external providers (e.g., Everlight Radiology) to internal capacity solutions.					1032 1843 1664 1350 1027 1708
11	Welsh Government's confidence in delivery based on an assessment against the planning maturity matrix and planning quadrant.	TI coordination group	SPC	Advise	Lee Davies	The Health Board continues to make structured progress against the Planning Maturity Matrix as part of its Targeted Intervention (TI) improvement journey. Significant preparatory work and enhancements have been undertaken in response to internal audit recommendations, Welsh Government (WG) feedback, and comprehensive internal and external stakeholder input, strengthening the Health Board's planning processes and providing greater confidence in delivery capabilities. The annual assessment for the 2025/26 planning round will rigorously evaluate planning maturity across nine defined domains, benchmarking the Health Board's progress towards the required minimum maturity level of 3 (initial achievements) across all areas. The previous 2023/24 internal audit rated the process as providing "Reasonable Assurance," highlighting specific areas for improvement in evidence clarity, utilisation, and board oversight. Actions addressing these recommendations have been explicitly embedded into the refined assessment process for 2025/26. While notable improvements have been made, including robust financial savings delivery (£43.5m savings target for 2025/26, comprising £19m recurrent and £24.5m non-recurrent), the Health Board recognises that achieving sustained improvements in broader performance and quality domains remains a longer-term objective. Welsh Government's confidence continues to improve through clear demonstration of strengthened planning structures, evidence-based decision-making, and proactive risk management. The process to review our current positio is set out under Documented Plans for Delivery.	A further assessment will be made following the completion of the annual for 2025-26	Regional Collaboration and Strategic Alignment			No risk identified
12	Establishment of a Joint Committee with Swansea Bay UHB and demonstrate improved regional collaboration where required to ensure continued safety quality and ongoing viability and sustainability of regional services; including orthopaedics and ophthalmology.	Executive team	SPC	Advise	Lee Davies	Hywel Dda University Health Boardcontinues to demonstrate structured progress in the establishment and effective operationalisation of a Joint Committee arrangement with Swansea Bay University Health Board (SBUHB), in direct response to Welsh Government's requirement for strengthened regional collaboration. Following the initial Board-to-Board session held in October 2024, the inaugural meeting of the Joint Committee took place in January 2025, marking a critical milestone in governance arrangements for enhanced regional service integration and sustainability. Significant groundwork has been undertaken to develop robust, joint regional approaches particularly in Orthopaedics and Ophthalmology, identified as priority services due to ongoing fragility, workforce challenges, and service delivery pressures. While these foundational activities indicate positive strategic intent and initial progress, it is acknowledged that further acceleration and tangible operational improvement remain necessary to fully realise anticipated regional benefits. The establishment of clear governance structures, joint operational frameworks, and agreed resource-sharing principles underpin the collaborative approach, providing greater assurance of future sustainability and viability of regional services. Nevertheless, the complexities around clinical integration, financial planning, and cross-organisational alignment of priorities continue to require careful management and governance oversight.		-The Clinical Services Plan explicitly aligns with the strategic direction of AHMWW, ensuring that medium-term proposals do not contradict or impede future strategic refresh efforts.			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	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. 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%. 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.		-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)

2

10:00, 0 min

2 - Strategy, Planning and Partnerships

2.1

10:00, 10 min

2.1 - Planning Objectives Closure Report

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

For assurance

Attachments

2.1.1 SPC SBAR POs April 2025.pdf

2.1.2 Annex 1 Q4 2024-25 Planning Objective Highlight Reports.pdf

2.1.3 Annex 2 2024-25 Full Year Planning Objective Highlight Reports.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR STRATEGAETH A CHYNLLUNIO
STRATEGIC AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 April 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on the 2024/25 Annual Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Daniel Warm, Head of Planning Shaun Ayres, Director of Delivery Angharad Lloyd-Probert, Senior Project Manager (Planning)

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper provides the Strategy and Planning Committee (SPC) with an update on the Planning Objectives (POs) aligned to it as part of the 2024/25 Annual Plan, specifically for quarter 4 of 2024/25 and for 2024/25 as a whole.

Cefndir / Background

The Annual Plan for 2024/25 was built around 10 Planning Objectives (which in themselves are aligned to Ministerial and Local Priorities) and, within this, the de-escalation of our Targeted Intervention (TI) status (across six critical domains: Finance, Strategy and Planning; Performance and Outcomes; Fragile Services; Governance; Leadership, Capability and Culture; and Quality of Care).

The POs set out the aims of the organisation, i.e. the horizon that Hywel Dda University Health Board (HDdUHB) is driving towards over the long term, as well as a set of specific, measurable actions, which move the organisation towards that horizon over the next year.

For 2024/25, seven Planning Objectives were aligned to the Strategic Development and Operational Delivery Committee (SDODC), namely:

- PO3: Transforming urgent and emergency care
- PO4: Planned care, diagnostics and cancer
- PO5: Mental health and Child and Adolescent Mental Health Services (CAHMS)
- PO6: Clinical services plan
- PO7: Primary and community strategic plan
- PO8: Estates plans
- PO10: Population health

Of these, Planning Objectives 6, 7, 8 and 10 remain aligned to SPC going into 2025/26.

Asesiad / Assessment

The overarching status of the four POs aligned to SPC are as per the table below:

Planning Objective	Executive Lead	Q4 Status
PO6: Clinical services plan	Director of Strategy and Planning	On-track
PO7: Primary and community strategic plan	Director of Primary Care, Community and Long-Term Care	Behind
PO8: Estates plan	Director of Strategy and Planning	Behind
PO10: Population health	Director of Public Health	Complete

Highlight reports are included as Annex 1 for Quarter 4 of 2024/25 and in Annex 2 for 2024/25 as a whole.

As noted in the January 2025 Board Paper, the actions and milestones for 2025/26 will continue to be tracked through POs and regularly reported to the appropriate Committee. Each PO will also support delivery across the Efficiency, Productivity and Value themes - people, place, enablers, quality, value and outcomes, and clinical service models. Further, as noted in the Annual Plan for 2025/26 that following the revision of our purpose statement and strategic objectives, the planning objectives will be refreshed through Quarter 1, aligned to Chief Executive and Executive Director objective setting. Additional areas to be considered as part of this include the strategic refresh and a focus on transforming customer service.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** on the reported delivery during 2024/25 of the Planning Objectives aligned to the Strategy and Planning Committee, in order to assure the Board.
- **DISCUSS** the Planning Objectives identified as behind in its status and/or not achieving against its key deliverables, and seek further assurance on these items through the relevant report and/or the Committee's work programme.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	3.1.21 Seek assurance on delivery against all Planning Objectives aligned to the Committee, in accordance with the Board approved timescales, as set out in the Health Board's Annual Plan, considering and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality:	6. All Apply

Quality and Engagement Act (sharepoint.com)	
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Striving teams 2. Healthier communities 3. Great care
Amcanion Cynllunio Planning Objectives	6 Clinical services plan 7 Primary and community strategic plan 8 Estates plans 10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Annual Plan 2024/25 Annual Plan 2025/26
Rhestr Termau: Glossary of Terms:	Explanation of terms is included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to Strategy and Planning Committee:	Public Board - March 2024 (acceptance of 2024/25 Planning Objectives as part of the 2024/25 Annual Plan)

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report
Gweithlu: Workforce:	Any issues are identified in the report
Risg: Risk:	Consideration and focus on risk is inherent within the report. A sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: Legal:	Any issues are identified in the report
Enw Da: Reputational:	Any issues are identified in the report
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Submitted By: Ben Rogers and Alex Martin, Principal Programme Managers

Date Submitted:03APR2025

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

Planning Objective: 6 – Clinical Services Plan

Executive Lead: Lee Davies/ Mark Henwood

Reporting Period: 19NOV2024 – 03APR2025

Overall status: On-track

- **Rationale for overall status: PACE project plan for Phase 3 – Public Consultation is on track overall.**

Progress against planned outcomes / trajectories / milestones:

•**November 2024**: The Board approved the Clinical Services Plan(CSP)and the four options submitted to progress to Phase 3 – Public Consultation. This included simplifying the view of the options by service and considering phased assessments based on existing resources. The Board also approved the procurement process and the utilisation of HICO for quality assurance of Phase 3. Opinion Research Services were approved to support the independent analysis of questionnaire feedback.

•**December 2024**: A phased assessment was conducted for the nine services within the scope of the CSP, evaluating their varied options.

•**January 2025**: The Board approved the CSP Consultation Mandate.

•**February 2025**: Pre-consultation planning activities commenced, including the development and testing of the questionnaire with a readers panel. The main consultation documents were drafted and progressed to design. The CSP Sub Group agreed on the alternative options process for the public consultation phase, utilising the current Hurdle and Evaluation Criteria process from Phase 2.

•**March 2025**: Development of the summary document, animation, and detailed consultation planning activities progressed. Regional Impact Assessments were shared with Powys Teaching Health Board (PTHB), Betsi Cadwaladr University Health Board (BCUHB), and Swansea Bay University Health Board (SBUHB) for feedback following the Quality Improvement Activity (QIA) panel checks in February 2025.

Activities planned for next milestone and reporting period

- Production of detailed Consultation Plan for Board in May 2025 with request for Board approval to go live with a CSP Public Consultation on that day.
- Production and implementation of all related planning in relation to Public Consultation for the CSP for the planned period between 29 May 2025 – 31 August 2025.
- Refreshed Equality Impact Assessments (EqIAs), Regional Impact Assessment and Health Impact Assessments (HIAs) with support and feedback from Equality, Diversity and Inclusion Committee (EDIC) and Public Health.
- Refined Support Document Suite (a directory of links in relation to all technical information accessed and utilised throughout Phase 1 – Issues Paper and Phase 2 – Options Development process.
- Public Consultation quality assurance through HICO

Any other Comments

Matters for information:

- There is potential that the CSP Public Consultation will overlap with the proposals for a Prince Philip Hospital (PPH) Minor Injuries Unit (MIU) engagement. There could be aspects contained within the CSP consultation that could further cause concern for services users in within the PPH catchment area.
- Further engagement sessions have taken place with Stroke colleagues in Bronglais Hospital (BGH) to listen to concerns and share the information used within the programme to date. This has also included sharing information with neighbouring Health Boards on the CSP programme.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Submitted By: Rhian Bond, Assistant Director of Primary Care

Date Submitted: 18 March 2025

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

Planning Objective: 7 - Primary Care Strategy

Executive Lead: Jill Paterson, Director Primary Care, Community and Long Term Care

Reporting Period: Quarter 4

Overall status: Complete / Ahead / On-track / Behind

Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery)

The timescale to achievement had previously been recognised as being a challenge given the wide scope and number of service areas included within the strategic plan. Engagement in the Clinical Referenced Group has proved to be challenging

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):

Whilst progress was being made against the original plan and timescale, the inability to progress with a clinical reference group discussion has led to a reconsideration of the approach through the Primary Care and Community Services Strategic Plan Development Group in March 2025. This will impact on the scope of work that can be shared with Board in May 2025.

Activities completed in previous reporting period

- 1 Discussion with Executive Team in both December 2024 and February 2025 to shape the "principle" to underpin the development of the plan
- 2 Presentation to Board Seminar in February 2025
- 3 Establishment of a Clinical Reference group with a set of questions to shape the development of the plan

Activities planned for next milestone and reporting period

- 1 Re-engagement with the Locality Leads through a workshop on 3 April 2025
- 2 Cluster level engagement plan to inform Clinical Reference Group
- 3 Scope out the potential for priority areas to be developed for engagement/consultation

Any other Comments

Matters for information: Establishing a Clinical Reference Group that is representative of the multi professional groups but not contractually focussed is a challenge.

Risks to delivery: Clinical input is essential to shaping the potential shift left to enable engagement with workforce and the population.

Any other comments: Alignment with the wider Health Board strategic work is key to ensure that there is not a fragmented approach in delivering a Primary Care and Community services strategic plan.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Submitted By: Eldeg Rosser, Paul Williams

Date Submitted: March 2025

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

Planning Objective: PO8 Estates Plan | **Executive Lead: Lee Davies**

Reporting Period: Quarter 4 – January, February, March, 2025

Overall status: Complete / Ahead / On-track / Behind

Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery). Whilst the Health Board has delivered against some of the outcomes contained in Planning Objective (PO) 8 we remain behind on the timeline for the completion and submission of a Board approved A Healthier Mid and West Wales (AHMWW) Strategic Outline Case (SOC). The Health Board were invited to the Infrastructure Investment Board with Welsh Government (WG) on 23rd January to clarify the next steps for the infrastructure requirement to implement the AHMWW. At the meeting the following summary position was reached 1.WG are supportive of the development of a long term strategic solution for West Wales 2. There was agreement on the need to develop a strategy document. The precise form of that document and the content and component parts are to be the subject of a workshop to be held between WG and UHB officers within 6 weeks of the IIB meeting date 3. It was agreed there needs to be a plan which addresses the clinical services and estate fragility. 4. It was agreed the plan will need to include any regional opportunities most particularly with Swansea Bay University Health Board (SBUHB). WG welcomed the pragmatic approach being adopted by the UHB to find consensual agreement on the best way forward and the shared aim that this will result in a supportable and deliverable programme plan.

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):

1. Response to the Nuffield Trust Review to be presented to Infrastructure Investment Board (IIB)
2. Secure Ministerial endorsement to AHMWW Programme Business Case (PBC)
3. Completion and submission of Board approved SOC
4. Review and refresh 10 year Regional Capital Plan
5. Submission of Full Business Case (FBC) Cross Hands
6. Submission of FBC for Pentre Awel
7. Submission of Business Justification Case (BJC) for Carmarthen Hwb
8. Appointment of Supply Chain Partner Fishguard SOC/ Outline Business Case (OBC)
9. Implementation of Property Asset Strategic Plan as a consequence of the limited response to the market testing exercise to inform the scheme target price
10. Scoping agreed for Aberystwyth Integrated Care Centre (ICC)
11. BJC's for major infrastructure
12. Continued implementation of Hywel Dda University Health Board (HDdUHB) Decarbonisation Plan

Activities completed in previous reporting period

1. IIB discussion 23 January 2025 with WG and agreement of next steps for the PBC/SOC
2. Participated in the refresh of the 10 year Regional Capital Plan
3. Development of bids for Decarbonisation scheme through WG Invest to Save funding
4. Progress of Community Schemes to include:
5. Review of Cross Hands timeline and capital costs for refreshed FBC
6. Meeting with WG on Aberystwyth ICC February 12th 2025
7. Internal review of options for Fishguard Health and Wellbeing Centre

Activities planned for next milestone and reporting period

1. Meeting with WG on 21st March, 2025 to agree next steps
2. Continuation of development of Community Schemes (Fishguard, Pentre Awel, Carmarthen Hwb, Cross Hands in line with project timelines and key milestones).

Any other Comments

Matters for information: All other matters reported via SDODC SBAR updates

Risks to delivery: The programme is in delay. There is a risk that the programme might be further delayed or stopped. This is because of the risk of insufficient capital (or potentially revenue for innovative finance solutions) to support the development and implementation of the programme infrastructure requirements. The impact would be the highly significant risk to current service provision, location of services, equity of access and the need for unplanned service changes in response to potentially unsustai[...]narios. There will also be a need for significant interim investment in the current estate

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Submitted By: Bethan Lewis, Assistant Director, Public Health

Date Submitted: 27 March 2025

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

Planning Objective: 10 – Population Health

Executive Lead: Dr Ardiana Gjini, Executive Director of Public Health

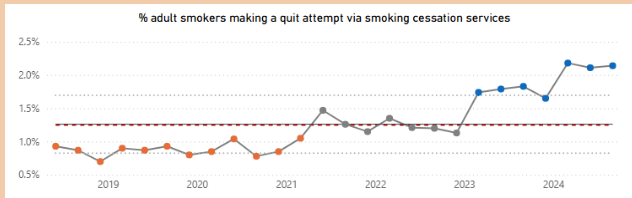
Reporting Period: Quarter 4 – January – March 2024

Overall status: Complete / Ahead / On-track / Behind

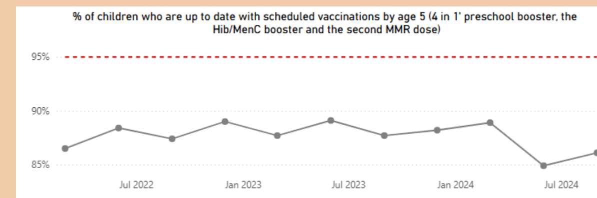
Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery)

Key deliverable actions for reporting period, including those reported in previous quarters, are complete. It has been noted these actions are predominantly process driven with clear outputs which enables the reporting period to indicate as complete. The Directorate is committed to demonstrate the impact our deliverable actions within the objective are having on population health and actions required to demonstrated further improvement.

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):



Dashboard update delayed to correspond with reporting graph. Refresh will occur in early April 2025. Current position reflects a sustained performance at 2.1%, with the overall performance at 6.36% against an all-Wales target of 5%



Dashboard update for Cover Report 153 – childhood immunisation uptake not received in time for report. Current uptake position reflects an improvement in uptake to 90.4% in schedule against previous uptake of 86.1%.

Activities completed in previous reporting period:

- **10.3 Deliver on National Immunisation Framework with a focus on increasing uptake of MMR and seasonal immunisations –** delivery of seasonal flu and autumn Covid-19 booster programmes completed to population eligible groups and healthcare staff throughout quarter with focused mop up offers. Targeted focus on offer of MMR2 and Pre-school booster communicated with Primary Care and communication arranged to all households via leaflets.
- **10.5 Delivery of Whole Systems Approach to Healthy Weight –** 110+ stakeholders engaged across the region, leading to 'Access to Food' as a priority sub-system; 2 of 3 Public Service Boards adopted healthy weight as a strategic priority, with place-based asset mapping completed to guide local solutions.
- **10.7 Progress the development of the Social Model for Health and Wellbeing –** Launched 'Creating Change Together' across three counties, evolving into a dynamic community of practice aimed at driving local project- and partnership-based action, and fostering shared learning on health equity. SMfHW Maturity Matrix to be embedded in WBFG Maturity Matrix and Progress tracker to support embedding Social Model for Health and Wellbeing across Wales.
- **10.8 Alcohol and drug use –** The tender evaluation has been completed. Tender negotiations are currently ongoing as part of the procurement process and we will be in a position to confirm further in April.

Priority areas to deliver in Quarter 1 of 2025/26:

- **10.1 Strengthening Prevention and Population Health Programs –** strengthened immunisation outreach, including planning for targeted GP and school-based interventions. Planning for early years and school health promotion initiatives, including embedding 'Whole School Approaches' to health and wellbeing. Planning for smoking cessation and vaping prevention initiatives, setting targets and aligning with WG guidance.
- **10.2 Advancing Prevention in Healthcare Services** - develop 20-4-7 prevention model, defining core interventions for priority communities. Planning and consultation for improved screening for HIV, Hepatitis B & C aligning with WG targets.
- **10.3 Embedding the Social Model for Health & Wellbeing –** Social Model for Health prevention, and population health plans approved and commenced.
- **10.4 Addressing Priority Population-Level Risks –** Climate Adaptation Plan developed, outlining system-wide resilience measures. Planning and consultation on expanding MECC training, digital prevention initiatives, health coaching, and weight management capacity with operations, finance and related teams.
- **10.5 Driving Innovation and System Development –** Planning and consultation with operations, finance, Board and VBHC teams to align prevention in system-wide transformation. Plans drawn up and partnership opportunities scoped for digital innovation and rural public health research.

Any other Comments

Matters for information: Ambition for immunisation improvement identified as 5% improvement of last year's baseline within a three-year planning cycle– our local ambition therefore would be to achieve 92% uptake by 2027 in planned outcome measure for % of children who are up to date with their scheduled immunisations by age 5 years (Annual target for 2025 is 88%, target for 2026 is 90%).

Risks to delivery: 1884 - Risk of not being able to provide a timely and effective Public Health service due to limited p[illegible]nt capacity. Risk increased to 16 due to increased absence in team and service has a vacant full time Consultant post.

Submitted By: Ben Rogers and Alex Martin, Principal Programme Managers

Date Submitted:31MAR2025

Planning Objective: 6 – Clinical Services Plan

Executive Lead: Lee Davies/ Mark Henwood

Reporting Period: 01APR2024-31MAR2025

Overall status: On-track | Rationale for status: Gateway of Phase 1 (Issues Paper), 2 (Options Development Process) and 3 (Public Engagement). Monitored through PACE

Progress against planned outcomes / trajectories / milestones:

2023/24 Q4: (refresh)

- All nine services (excluding Primary Care and Community Services) moved to phase 2 (on track). Primary Care was managed separately with its own project plan. Assurance was taken on the methodology for phase 2, and risks for phases 2 and 3 were noted.

2024/25 Q1:

- Key activities in this quarter included reviewing key points and minimum criteria during the Deliberative Session, presenting findings to stakeholders in Check & Challenge sessions, and developing a long list of options in Sprint 1. Service teams presented initial options, which were checked and scored. Data Drop-In sessions allowed for questions. Sprint 2 refined the options list, and Sprint 3 focused on feedback from the Clinical Reference Group, finalizing the shortlist through further development sessions.
- Board updates: The programme progressed in line with the Board agreed timeline. Phase 2 aims, objectives, and hurdle criteria were noted, along with outputs from the Deliberative session, Check and Challenges, and Sprint 1 sessions. Procurement of independent support and assurance was approved.

2024/25 Q2 –

- Key activities during this quarter included check and challenge feedback, SWOT analysis for the shortlist of options, refining the SWOT analysis, and scoring the shortlist.
- Board updates: The Evaluation Criteria for Phase 2 were endorsed by the Clinical Services Plan Steering Group. The timeline change to produce a report for a Board Decision in November 2024 was approved. The programme's progress to date and the shortlisting of four options were noted, along with output reports from the Consultation Institute.

2024/25 Q3:

- The Board approved the four options for Phase 3 – Public Consultation. This included simplifying options by service and considering phased assessments based on existing resources. The procurement process and utilisation of HICO for quality assurance were also approved, along with Opinion Research Services for independent analysis of questionnaire feedback. A phased assessment was conducted for the nine services, evaluating their varied options.

2024/25 Q4:

- The CSP Consultation Mandate was approved. Pre-consultation planning activities commenced, including questionnaire development and testing with a readers panel. Main consultation documents were drafted and progressed to design. The CSP Subgroup agreed on the alternative options process for the public consultation phase, utilizing the current Hurdle and Evaluation Criteria process from Phase 2. Development of the summary document, animation, and detailed consultation planning activities progressed. Regional Impact Assessments were shared with PTHB, BCUHB, and SBUHB for feedback following the QIA panel checks.

Activities planned for next milestone and reporting period | Phase 3 Public Consultation

2025/26 Q1-Q4: The process will be supported by ORS and advised by HICO. Activities include producing a detailed consultation plan, developing consultation documents, launching public engagement, conducting mid-point and closing reviews, preparing a feedback report, and conscientious consideration by the Hywel Dda Board. The final report will support the Board's decision on the services in scope. Implementation will begin pending the Board's decision, including task an [illegible] nd project support for service changes.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Submitted By: Rhian Bond, Assistant Director of Primary Care

Date Submitted: 18.03.25

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

Planning Objective: 7 Primary Care Strategy

Executive Lead: Jill Paterson, Director Primary Care, Community and Long Term Care

Reporting Period: 2024/25

Overall status: Complete / Ahead / On-track / Behind

Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery)

The timescale for delivery has always been recognised as being a challenge given the need to engage with four contractor professions as well as other professional groups to ensrue that there is a consistent and cohesive approach to the development of the strategic plan

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):

Work had been progressing against the planned milestones however with the development of a Clinical Reference Group at the end of February 2025 it was challenging to gain sufficient engagement and attendance to ensure meaningful development of service innovation, supporting the shift left which has resulted in the need to consider an alternative approach to ensure clinical engagement. Whilst there has been clinical engagement through the Stategic Development Group through its membership there has been insufficient ownership of the development of the plan.

Activities completed in previous reporting period

- 1 Establishment of a Primary and Community Services Development Group to have oversight of the work; the group's membership and TOR were revised in the latter part of 2024/25 to ensure a strategic focus to the plan's development .
- 2 Public and workforce engagement in September 2024
- 3Executive team and Board Seminar engagement in the development of the underlying principles to support the development of the strategic plan

Activities planned for next milestone and reporting period

- 1 Undertake further scoping to develop a series of recommendations for a clinical reference group to consider and develop
- 2 Board paper in May 2025
- 3 Public and workforce engagement during Autumn 2025

Any other Comments

Matters for information: Issues papers for both Community Services and Primary Care have been developed, and similar themes were recognised for both service areas. Public and workforce engagement was limited in attendance and response rates. It has been important to ensure that local discussions are aligned to national contractual negotiations which can be challenging to manage due to the rolling nature of contract negotiations and mandate development.

Risks to delivery:

Any other comments:

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Submitted By: Eldeg Rosser, Paul Williams

Date Submitted: March 2025

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

Planning Objective: PO8 Estates Plan | **Executive Lead: Lee Davies**

Reporting Period: Annual Report 24_25

Overall status: Complete / Ahead / On-track / Behind

Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery). Whilst the Health Board has delivered against some of the outcomes contained in Planning Objective (PO) 8 we remain behind on the timeline for the completion and submission of a Board approved A Healthier Mid and West Wales (AHMWW) Strategic Outline Case (SOC). The PBC was submitted to WG in February 2022 and remains unendorsed. Note that the Nuffield Review of the Clinical Model was supportive of the Clinical Strategy. The work on the SOC was suspended pending reset with WG. The UHB were invited to the Infrastructure Investment Board with Welsh Government (WG) on 23rd January 2025 to clarify the next steps for the infrastructure requirement to implement the AHMWW. At the meeting the following summary position was reached 1.WG are supportive of the development of a long term strategic solution for West Wales 2. There was agreement on the need to develop a strategy document. The precise form of that document and the content and component parts are to be the subject of a workshop to be held between WG and UHB officers within 6 weeks of the IIB meeting date 3. It was agreed there needs to be a plan which addresses the clinical services and estate fragility. 4. It was agreed the plan will need to include any regional opportunities most particularly with Swansea Bay University Health Board (SBUHB). WG welcomed the pragmatic approach being adopted by the UHB to find consensual agreement on the best way forward and the shared aim that this will result in a supportable and deliverable programme plan. In November, 2025 the Board agreed a strategic refresh.

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):

1. Response to the Nuffield Trust Review to be presented to Infrastructure Investment Board (IIB)
2. Secure Ministerial endorsement to AHMWW Programme Business Case (PBC)
3. Completion and submission of Board approved SOC
4. Review and refresh 10 year Regional Capital Plan
5. Submission of Full Business Case (FBC) Cross Hands
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9. Implementation of Property Asset Strategic Plan as a consequence of the limited response to the market testing exercise to inform the scheme target price
10. Scoping agreed for Aberystwyth Integrated Care Centre (ICC)
11. BJC's for major infrastructure
12. Continued implementation of Hywel Dda University Health Board (HDdUHB) Decarbonisation Plan

Activities completed

1. IIB discussion 23 January 2025 with WG and agreement of next steps for the PBC/SOC
2. Participated in the refresh of the 10 year Regional Capital Plan
3. Development of bids for Decarbonisation scheme through WG Invest to Save funding
4. Progress of Community Schemes (see also additional slide) to include:
5. Review of Cross Hands timeline and capital costs for refreshed FBC
6. Meeting with WG on Aberystwyth ICC February 12th 2025
7. Internal review of options for Fishguard Health and Wellbeing Centre

Activities planned for next milestone and reporting period

1. Meeting with WG on 21st March, 2025 to agree next steps
2. Continuation of development of Community Schemes (Fishguard, Pentre Awel, Carmarthen Hwb, Cross Hands in line with project timelines and key milestones).

Any other Comments

Matters for information: All other matters reported via SDODC SBAR updates

Risks to delivery: The programme is in delay. There is a risk that the programme might be further delayed or stopped. This is because of the risk of insufficient capital (or potentially revenue for innovative finance solutions) to support the development and implementation of the programme infrastructure requirements. The impact would be the highly significant risk to current service provision, location of services, equity of access and the need for unplanned service changes in response to potentially unsustai[...]narios. There will also be a need for significant interim investment in the current estate.

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

Community Schemes Update, 03/03/25

The 19 schemes listed in the PBC as potential community Schemes for the UHB can be categorised as follows:

Completed Schemes - Delivered:	Active Schemes – work is currently being undertaken:
• Cardigan Integrated Care Centre • Aberaeron Integrated Care Centre	• **Cross Hands** – the Health Board is reviewing the Full Business Case (FBC) which is under development, to ensure that it is deliverable within the new guidance issued on budgetary constraints. This will require a reduction in the scheme footprint, and this has been communicated to scheme stakeholders. Work is currently progressing with the scheme advisors and WG to understand what is deliverable withing the cost envelope available. • **Carmarthen Hwb** – The Board approved the signing under seal, of the contract documentation for the lease with Carmarthenshire County Council at their meeting on 25 July 2024. The current completion for this scheme is early 2026. • **Pentre Awel** – The completion of the Hydrotherapy Pool element of this development is anticipated in April 2025 with the Clinical Unit expected towards the end of 2025. The final details of the Agreement for Lease are being worked on. • **North Pembrokeshire Health and Wellbeing Centre in Fishguard** – A paper to inform the Executive Team on the options for scope and size of the scheme was presented to the Executive Team in November, 2024 with approval to progress with the business planning stage. The next steps include a site selection workshop with key partners • **Cylch Caron** – A tender has now been issued by Ceredigion County Council for partners to work with us in a Competitive Dialogue procurement exercise, this tender will be live until 12th April 2025. A resource schedule has been submitted to WG calling out the costs of refreshing the current OBC. • **Aberystwyth Integrated Care Centre** – A further meeting with Ceredigion County Council and Welsh Government has been arranged for mid February. WG colleagues were going to explore the possibility of funding a feasibility report into the development of a site plan for the Rheidol and WG buildings.

Submitted By: Bethan Lewis, Assistant Director, Public Health

Date Submitted: 27 March 2025

Planning Objective: 10 – Population Health

Executive Lead: Dr Ardiana Gjini, Executive Director of Public Health

A Reflection on 2024/25

SCOPE

- Health Improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol.
- Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (e.g. Primary Care)
- Leadership and partnership working to strengthen health board position on health equity and the wider determinants of health, continuing to develop a Social Model for Health and Wellbeing. (Including support & collaboration with PSBs and RPB)

AIM

To lead strategy, delivery and oversight in relevant areas to improve health, prevent ill health and reduce the long-term trends of increasing burden of ill health on the Health Board.

Key achievements:

- **Give Children and Young People the best start in life**
  - RPB Children and Young People's Board re-established.
  - 100% of secondary schools and 74% of all schools are action planning for Whole School Approach to Emotional and Mental Wellbeing.
  - Early Years Needs Assessment completed and knowledge mobilisation activities undertaken.
- **Held a Social Model for Health & Wellbeing Summit** featuring keynote speakers, including Prof Sir Michael Marmot, to celebrate and promote the system-wide adoption of equity and wellbeing principles of the regional Social Model for Health and Wellbeing. This initiative is supported by a regional steering group with national leadership.
- **Community of Practice Housing & Health** Since September 2024, Hywel Dda has convened a Community of Practice on indoor warmth. This has worked with fuel poverty organisations, housing partners plus other agencies to deliver a range of offers to help people maintain adequate heat in their homes and thus help to reducing NHS pressures. This includes existing partners, such as the Welsh Government NEST project, plus new partners, including Warm Wales, Severn Wye and Hope4U.
- **Health Protection – Assertive Outreach work** commenced in June 2024, in partnership with The Wallich, a homeless charity. 9 outreach days held across 'hot spot' areas in Llanelli, Carmarthen and Ammanford. 54 Contacts, 6 of whom only came forward due to receiving a blood transfusion prior to 1991 (Infected Blood Inquiry).
- **Health Protection – Find & Treat Bus** in partnership with Public Health Wales and University Hospital London a targeted TB and BBV screening service provided in Llanelli area for homeless, refugee/asylum seekers and at risk population.
- **Harm Reduction – Drugs & Alcohol** 93.2% of those accessing drug and alcohol services successfully completing treatment, 1st in Wales.

Outcomes:

- **Give Children and Young People the best start in life**
  - Number of health aspects completed by pre-school settings = 42
  - 86% of schools are engaged in an active Health Promoting Schools offer
  - 27 training courses provided for schools and pre-schools workforce with 859 participants attending in total
  - Pilot programmes commenced in Infant Feeding, First 1000 Days: Food, Nutrition & Movement, starting well - Arts in Health/Peri Natal Mental Health initiative.
- **Social Model for Health & Wellbeing Summit**
  - 98 people attended from 18 different organisations across the region. 7 speakers - 2 of them keynote and other high level representation from key partners. Social Model for Health and Wellbeing Charter supported by organisations. Key messages and learning from the day will inform next steps for embedding a Social Model for Health and Wellbeing
- **Community of Practice Housing & Health**
  - We are leading a Bevan Exemplar project on housing and health, which has potential for all-Wales 'spread and scale'. Using a novel performance system developed by a multi-agency group in phase 1 of the project, over the last 3 years the delivery of housing and health work has increased by 20% to 65%. The ambition is to continue the phase 2 on that trajectory over the next 3 years to achieve >85%, potentially leading to an all-Wales programme.
- **Health Protection – Assertive Outreach work**
  - 48 Blood borne virus (BBV) tests, 34 syphilis test, 23 Hepatitis B vaccinations provided (43% of contacts).
  - 10 Hepatitis C antibody positive (18.5%), 7 Hepatitis C PCR positive (13% ongoing infection).
- **Health Protection – Find & Treat Bus**
  - 85 people attended the screening in the local community – good response.
  - 84 chest x-rays completed, 85 blood tests completed. 4 Hepatitis vaccinations provided.

Opportunities Identified

- **Testing of the 20-4-7 model** – Strengthening targeted prevention in high-need communities and priority issues and services.
- **Stronger integration of public health into annual and medium-term Health Board planning** – Positioning prevention as a strategic priority for long-term health system transformation.
- **New funding mechanisms** – Leveraging value-based healthcare, AI-driven efficiencies, and programme budgeting and marginal analysis for sustainable prevention investment business case development.
- **Scaling social & lifestyle interventions & digital innovation** – Using technology and non-medical interventions to i[...]ealth outcomes and reduce inequalities.
- **Climate & health resilience leadership** – Positioning the Health Board at the forefront of climate adaptation in hea[...]

2.2

10:10, 20 min

2.2 - Annual Plan Progress

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

For assurance

Attachments

2.2.1 SPC SBAR Annual Plan 2025-26 April 2025.pdf

2.2.2 maturity matrix 25.26 process.pdf

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

PWYLLGOR STRATEGAETH A CHYNLLUNIO
STRATEGY & PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 April 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Annual Plan 2025/26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Shaun Ayres, Director of Delivery Daniel Warm, Head of Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Health Boards in Wales are required to produce a Board-approved Integrated Medium-Term Plan (IMTP) and submit to the Welsh Government (WG) for approval. A statutory requirement is that the IMTP must be financially balanced over the three-year period.

Whilst the ambition and aspiration for Hywel Dda University Health Board (HDdUHB) remains to submit an approvable IMTP, the challenges over the last 12 months are such that, despite our best endeavours, we are not in a position to produce a balanced financial plan at this stage. This was formally noted to Welsh Government (WG) in an accountability letter from the Chief Executive in February 2025.

In lieu of an IMTP, HDdUHB has developed a one-year Annual Plan for 2025/26 but within the context of the next three years.

Importantly, while this does not meet the statutory duty to break even, the plan achieves the control total of £31.55m as agreed with WG, representing a critical milestone in restoring financial discipline.

Further assurance is provided by the positive trajectory of improvement, reflected in the Cabinet Secretary's recent decision to de-escalate four domains: Child and Adolescent Mental Health Services, Planned Care, Governance and Leadership from Targeted Intervention (TI) to Enhanced Monitoring status. This external recognition reinforces the Health Board's direction of travel and substantiates the rationale for a single-year plan as an interim step toward an approvable IMTP.

The revised planning approach for 2025/26 also responds directly to the internal audit recommendations on planning maturity, with a strengthened Maturity Matrix process underpinning the Annual Plan and ensuring readiness for scrutiny and future de-escalation. Finally, the paper also provides the Strategy and Planning Committee (SPC) with an intended approach to the review of our Planning Maturity Matrix.

This paper therefore seeks to provide SPC with an update on the Plan, which was submitted to WG on 31 March 2025 following approval by Public Board on 27 March 2025.

Cefndir / Background

Annual Plan 2025/26

The submission of a three-year IMTP to Welsh Government is a statutory obligation. For an IMTP to be approvable it must show financial balance over the lifecycle of the Plan and, as such, HDdUHB has not had an approvable Plan to date.

Despite this, 2024/25 has marked a year of material progress. The Health Board has:

- Delivered over £30m in savings, including a significant proportion on a recurrent basis;
- Stabilised key areas of the workforce, particularly nursing, through targeted international recruitment and conversion of high-cost agency roles;
- Reduced waiting times and delivered improvement in long-wait patient pathways;
- Embedded stronger governance and scrutiny, supported by revised planning, financial and operational oversight mechanisms.

Reflecting this progress, four areas under the Welsh Government's oversight framework have now been formally de-escalated from Targeted Intervention (TI) to Enhanced Monitoring: Child and Adolescent Mental Health Services (CAMHS), Planned Care, Governance and Leadership. This recognition underlines both the improvement journey and the importance of the 2025/26 Annual Plan in continuing this trajectory.

Although there is an improving position, given the current financial position of HDdUHB, alongside the fact that the organisation remains in Targeted Intervention (save for the areas de-escalated), we have not been in a position to submit an IMTP and as such an Annual Plan was submitted instead to WG at the end of March 2025.

Maturity Matrix

In response to WG's Targeted Intervention, the Health Board initially developed and introduced the Planning Maturity Matrix in late 2022. The purpose of this matrix is to benchmark organisational planning maturity across nine domains, ranging from Strategy Development to Assurance, scoring each from 0 (no progress) to 5 (exemplar). WG's expectation is for the Health Board to reach a minimum Maturity Level of 3 (initial achievements) in each domain.

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

The revised process for the 2025/26 planning round directly addresses these audit recommendations and incorporates comprehensive internal and external stakeholder engagement, reflective assessment and rigorous validation. This strengthened approach is fundamental in demonstrating the Health Board's preparedness for eventual de-escalation from TI and aligning our planning processes with WG expectations.

Asesiad / Assessment

The Annual Plan for 2025/26 represents a clear and deliberate progression in the Health Board's strategic and operational planning maturity. Whilst it does not fulfil the statutory requirement for an Integrated Medium-Term Plan (IMTP) due to the inability to demonstrate financial balance over a three-year horizon, it does nonetheless present a credible, structured,

and evidence-based response to the significant challenges facing the organisation. It offers assurance that the Health Board is on a strengthening trajectory both operationally and financially, and that the required frameworks and mechanisms are now embedded to enable further progression against Welsh Government expectations.

The Plan has been developed through a robust and inclusive process, grounded in an improved planning architecture that reflects learning from internal audit recommendations, enhanced governance, and the rigour required under the Targeted Intervention framework. The engagement of clinical, corporate and operational stakeholders has been central to the formulation of the Plan, with scenario testing, modelling, and iterative triangulation exercises ensuring alignment across workforce, finance, performance and risk. This has ensured that the Plan is both deliverable and responsive and has provided a structure through which short-term improvements can be operationalised without losing sight of longer-term strategic goals.

Crucially, the 2025/26 Annual Plan has been developed in full alignment with the NHS Wales Planning Framework 2025–2028, ensuring that national expectations are fully embedded into local delivery. The Plan responds directly to the Ministerial Priorities—**Timely Access**, **Population Health and Prevention**, **Mental Health, Women's Health**, and **Building Community Capacity**. These priorities have been mapped and aligned to the Health Board's planning objectives, which provide the framework for delivery, performance monitoring and reporting. In doing so, the Plan does not simply mirror national aims it internalises them into local delivery systems and trajectories that are resourced, risk-assessed and tied into corporate accountability structures.

From a service delivery perspective, the Plan sets out a comprehensive and targeted improvement agenda. Across planned care, diagnostics, cancer services, mental health, urgent and emergency care, workforce, digital and estates, the Plan articulates trajectories, milestones and resourcing assumptions. Importantly, these are not isolated ambitions but closely interlinked with the Health Board's overarching objective of transitioning from TI to a sustainable delivery model, with the Planning Framework acting as a unifying structure.

In Planned Care, the Health Board continues to make strong progress. The 2025/26 Plan commits to achieving 100% compliance for patients waiting less than 52 weeks for a first outpatient appointment and under 104 weeks from referral to treatment, across all specialties with the exception of ophthalmology. The shortfall in ophthalmology, and specifically cataract procedures, is transparently acknowledged. Addressing this will require targeted investment beyond current allocations, estimated at approximately £3m. For all other specialties, the existing resources are forecast to be sufficient to deliver the required improvements (inclusive of previous recovery monies). This reflects full alignment with the Planning Framework's emphasis on sustainable reductions in long waits and evidence-based backlog clearance.

The Plan also includes a specific focus on R1 compliance in ophthalmology, targeting a 65% performance threshold for patients at risk of irreversible harm (in line with the TI criteria, not the 95% National Standard). Supported by expanded intravitreal therapy, recruitment of glaucoma specialists, and clinical estate expansion, the actions are designed not only to meet national standards but to maintain clinical safety for those most at risk.

In diagnostics, the Health Board has articulated a clear three-phase transformation strategy spanning 2025 to 2028, directly supporting the Timely Access and Digital and Diagnostic Infrastructure ambitions within the Framework. The Plan commits to using £3.4m funding to eliminate the urgent suspected cancer imaging backlog and improve scan-to-report turnaround times. A further £2.0 to £2.4m in non-recurrent investment is being pursued to fully eradicate 8-

week breaches by March 2026. These actions are critical to supporting parallel improvements across Planned Care, Urgent Care and Cancer services.

Cancer performance is a core priority within both the Planning Framework and TI de-escalation expectations. The Health Board has committed to increasing Single Cancer Pathway compliance to 80% by March 2026, from a baseline of approximately 60% (63.5% in February 25). Progress will be delivered through enhanced diagnostics, targeted pathway redesign and expanded service models particularly Acute Oncology. Diagnostic dependencies are recognised, and mitigating actions are included within the wider radiology and imaging plans. In line with Framework expectations, improvements are not confined to one part of the system but extend across multiple tumour sites and delivery points.

The Plan's response to urgent and emergency care is structured around the Six Goals for Urgent and Emergency Care (UEC), which are explicitly referenced in the NHS Wales Planning Framework as a Ministerial Expectation. The Health Board has committed to:

- Reducing ambulance handovers over one hour by 14%, and over four hours by 40%;
- Reducing patients waiting more than 12 hours in Emergency Departments (EDs) to below 10% — a 20–30% reduction;
- Reducing 21-day lengths of stay by 16.3%;
- Reducing Delayed Pathways of Care by 19%.

These are supported by delivery mechanisms including the Regional Clinical Streaming Hub, Frailty Front Door models, Hospital@Home and robust escalation arrangements through Integrated Quality, Financial Performance and Delivery Group (IQFPD).

Financially, the Plan achieves the control total of £31.55m, despite the underlying deficit of £51.1m. The Health Board has demonstrated a sustained improvement in financial management, delivering over £30m in savings in 2024/25 of which nearly £20m were recurrent. The Plan for 2025/26 includes the requirement to deliver £43.5 million in-year (£19m recurrent, £24.5m non-recurrent), supported by three Executive-led oversight groups and clear directorate-level accountability.

The governance arrangements that support the Plan reflect improved maturity. The implementation of the Clinical Care Group (CCG) structure embeds local ownership of delivery across quality, finance, performance and workforce. These are directly linked to IQFPD and relevant Board Committees, enabling triangulated assurance and early identification of risk.

In addition, the Planning Maturity Matrix process has been strengthened significantly. Aligned with the Planning Framework's focus on continuous improvement and de-escalation readiness, the 2025/26 cycle includes:

- Full internal evidence collation and mapping (March–April 2025);
- Structured stakeholder and scoring workshops (with effect from 12 May 2025);
- Welsh Government feedback integration (late May–early June);
- Governance scrutiny and Board sign-off by 31 July 2025;
- Formal submission to WG in early August 2025.

In summary, the Annual Plan 2025/26 has been developed in full alignment with the NHS Wales Planning Framework, demonstrates improvement across each of the Ministerial Priority areas, and provides clear and measurable trajectories for delivery. While financial balance over three years remains a longer-term aim, the Plan offers assurance on grip, governance, delivery and maturity. The Health Board is demonstrably more stable than 12 months ago and now has the building blocks in place to transition from recovery to sustainability.

Argymhelliad / Recommendation The Strategy and Planning Committee is asked to: • **RECEIVE ASSURANCE** with regard to the Annual Plan for 2025/26. • **APPROVE** the approach and process with regard to the review of our status against the Planning Maturity Matrix.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.4. Receive assurance on delivery of the Health Board's Annual Plan through the scrutiny of regular monitoring reports.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategy and Planning Committee:	Executive Team Public Board (March 2025)

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	This is a key component in the delivery of the Integrated plan for the period 2025/26
Ansawdd / Gofal Claf: Quality / Patient Care:	This is a key component in the delivery of the Integrated plan for the period 2025/26
Gweithlu: Workforce:	This is a key component in the delivery of the Integrated plan for the period 2025/26
Risg: Risk:	Risks will be assessed as part of the ongoing process of both the development of the 2025/26 Plan and its subsequent monitoring
Cyfreithiol: Legal:	As above
Enw Da: Reputational:	Hywel Dda University Health Board needs to meet the targets set in order to maintain a good reputation with Welsh Government, together with our stakeholders, including our staff
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Consideration of Equality legislation and impact is a fundamental part of the planning of service delivery changes and improvements.

Hywel Dda University Health Board

Comprehensive Planning Maturity Matrix Assessment Process 2025/26

Formal Procedure and Timeline

Introduction

Hywel Dda University Health Board (HDdUHB) remains in Targeted Intervention (TI) status, requiring ongoing scrutiny and systematic improvements across all organisational domains. This status was escalated by the Welsh Government (WG) in September 2022 due to persistent challenges in delivering a balanced and approvable Integrated Medium-Term Plan (IMTP), compounded by increasing financial deficits. Consequently, WG introduced a Planning Maturity Matrix designed to objectively assess the Health Board's planning capabilities, underpin improvements, and demonstrate measurable progress.

Given the critical importance of this assessment to our TI de-escalation journey, HDdUHB is committed to conducting a rigorous, transparent, and comprehensive annual review. The 2025 assessment builds upon insights and learnings from the previous year's processes, internal audit recommendations, and feedback from both internal stakeholders and WG. The enhanced process set out here will provide a robust evaluation not only of the annual planning cycle but also against the broader TI escalation criteria and the associated 56 de-escalation requirements.

Background

In response to WG's Targeted Intervention, the Health Board initially developed and introduced the Planning Maturity Matrix in late 2022. The purpose of this matrix is to benchmark organisational planning maturity across nine domains, ranging from Strategy Development to Assurance scoring each from 0 (no progress) to 5 (exemplar). WG's expectation is clear - the Health Board must reach a minimum Maturity Level of 3 (initial achievements) in each domain.

The inaugural assessment in 2023 identified mixed results — progress in some areas but stagnation and regression in others. A subsequent internal audit completed in June 2024 provided a Reasonable Assurance rating, highlighting essential improvements required in evidence usage and Board oversight.

The revised process for the 25-26 planning round directly addresses these audit recommendations and incorporates comprehensive internal and external stakeholder engagement, reflective assessment, and rigorous validation. This strengthened approach is fundamental in demonstrating the Health Board's preparedness for eventual de-escalation from TI and aligning our planning processes with WG expectations.

Step-by-Step Detailed Process for 2025

Step 1 - Initial Evidence Gathering and Preparation (March–April 2025)

- Undertake a comprehensive review of internal documents, including operational plans, strategy alignment documents, previous maturity matrix outcomes, and TI criteria.
- Collate evidence proactively across all nine maturity domains to ensure readiness for scoring sessions.
- ***Audit Recommendation Action*** - Ensure all evidence is prepared and clearly accessible to stakeholders ahead of scoring events.

Step 2 - Initial Internal Scoring and Stakeholder Engagement (Week Commencing 12th May 2025)

- Clinical, Operational and Corporate Stakeholder Event (all those part of the workshops - Monday 12 or Tuesday 13 May 2025.
- Engage operational, clinical and corporate teams and senior managers in a structured session to validate evidence, score maturity domains, and capture feedback.
- **Executive Business Meeting** - Wednesday 14 May 2025
- Conduct an Executive-level session to review operational scoring, integrate strategic oversight, and refine maturity scores based on Executive insights and wider reflections.
- ***Audit Recommendation Action*** - Facilitate scoring based explicitly on prepared evidence.

Step 3 - Incorporation of Welsh Government Feedback (Mid to Late May / Early June 2025)

- Obtain and incorporate WG feedback on the Annual Plan submitted by 31st March 2025.
- Reflect all TI correspondence throughout 24/25 to ensure the matrix reflects a longer-term planning period
- Update maturity matrix scoring and narrative to reflect WG feedback, ensuring alignment with external expectations and TI criteria.

Step 4 - Final Review and Consolidation (June 2025)

- Reassess and consolidate maturity matrix scoring based on integrated internal stakeholder sessions and WG feedback.
- Provide detailed narrative justifications and evidence to support each maturity score comprehensively.
- ***Audit Recommendation Action*** - Explicitly demonstrate linkage between evidence, feedback, and maturity scoring in documentation.

Step 5 - Committee Reviews and Governance Scrutiny (June–July 2025)

- Present revised maturity matrix to relevant internal committees for detailed scrutiny and validation
- Strategy and Planning Committee Review - Tuesday 1 July 2025
- Review consolidated matrix, provide recommendations, and approve forwarding to the Public Board.
- Address any committee recommendations prior to Board submission.

Step 6 - Board Approval and Formal Sign-off (31st July 2025)

- Submit the final Planning Maturity Matrix document to the Public Board for formal approval.
- Document Board feedback comprehensively and make necessary amendments before final submission.
- ***Audit Recommendation Action*** - Ensure final Board approval occurs prior to submission to WG.

Step 7 - Submission to Welsh Government (Early August 2025)

- Officially submit the Board-approved Maturity Matrix to WG, supported by comprehensive evidence and committee endorsements.

Supporting Evidence and Documentation to develop the 25/26 Maturity Matrix

- Previous maturity matrix assessments (2023, 2024)
- Internal audit report and action plan (June 2024)
- Targeted Intervention Documentation (throughout 24/25)
- Detailed operational and strategic planning documentation (25-26)
- WG Annual Plan feedback
- Minutes from stakeholder, executive, and committee meetings

Conclusion

The comprehensive and structured approach outlined above seeks to ensure that the Health Board rigorously addresses the key areas identified through past assessments, internal audit recommendations, and targeted intervention feedback. By systematically incorporating internal stakeholder insights, clear evidence-based assessments, and external Welsh Government feedback, we aim to achieve demonstrable improvements across all maturity domains. This careful process is critical for providing the clarity, accountability, and transparency necessary for successful governance and strategic alignment, thereby

positioning the Health Board towards sustained improvement and meeting criteria required for de-escalation from Targeted Intervention status. Ultimately, our goal is to embed a culture of continuous planning, and effective governance that underpins high-quality, sustainable patient care across our systems.

2.3

10:30, 20 min

2.3 - Deep Dive PO6: Clinical Services Plan

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Helen Morgan-Howard (Hywel Dda UHB - Head of Transformation Programme Office)

For assurance

Attachments

2.2 Planning Objective 6 Deep Dive Report 24APR2025.pdf

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Deep Dive Planning Objective 6: Clinical Services Plan

Lee Davies

Helen Morgan-Howard | Sarah Isaac | Ben Rogers | Alex Martin
Clinical Services Plan Sub Group

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Planning Objective Aim

The Scope and Impact of Planning Objective 6:

To provide a set of plans for key clinical services to address critical sustainability risks up to the proposed new hospital network through the production of an issues paper.

- Stroke
- Planned care (Orthopaedics, Ophthalmology, Dermatology, Urology, Emergency General Surgery, Critical Care)
- Diagnostics (Radiology, Diagnostics)

Urgent and Emergency Paediatrics was also included within the broader Clinical Services Plan as it was an example of service change brought about to address sustainability issues, however that project was further established having already developed an issues paper, produced options and was preparing for consultation at the time of the Clinical Services Plan establishment.

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Planning Objective Drivers

The drivers of the Clinical Services Plan:

In March 2023, Board approved the establishment of a programme approach to develop a **Clinical Services Plan** in response to service fragilities, based on the principles of care that is safe, sustainable, accessible, and kind. The development of a Clinical Services Plan is also an action within the Targeted Intervention requirements of Welsh Government.

Service	Driver	Executive Lead
Critical Care	Response to service fragility, in particular at Prince Philip Hospital (PPH)	Chief Operating Officer
Urgent and Emergency Paediatrics	As per the outcome of the consultation. Currently at Implementation phase as updated in Board in January 2024	Chief Operating Officer
Planned Care (Dermatology, Elective Orthopaedics, Ophthalmology, and Urology)	To support the return to pre-COVID activity levels (as a minimum), as part of improving access and reducing waiting times for patients	Chief Operating Officer
Emergency General Surgery	To respond to service fragility, particularly at Withybush Hospital (WGH), as referenced in the March 2023 operational update	Chief Operating Officer
Stroke	To meet standards and respond to service fragility	Executive Director of Allied Health Professions and Health Science
Diagnostics (Endoscopy and Radiology)	To support the return to pre-COVID activity levels (as a minimum), as part of improving access and reducing waiting times for patients	Chief Operating Officer

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Achievements

- Phase 1 – Issues Paper | CSP SBAR and appendices Phase 1 included a clinically led assessment of the ten service areas included within the Clinical Services Plan programme across all sites within the Health Board. For the Primary Care issues paper, the assessment was led by the senior management team which oversees contracted services. This concluded with the Board endorsing the programme to move into phase 2.

https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-march-2024/

- Phase 2 – Options Development Process | CSP SBAR and Phase 2 Closing report - Phase 2 – Options Development stage focused on the development of a series of deliverable options. This stage also brought in interdependencies such as Therapies, WAST, Trade Union representatives and Swansea Bay to name but a few.

hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-november-2024/board-agenda-and-papers-28-november-2024/3-7-update-on-a-healthier-mid-and-west-wales-strategy-pdf/

- Phase 3 – Public Consultation | CSP SBAR and endorsement of the Consultation Project Plan and Consultation Mandate – To seek views on the service options and potential alternatives noting any impacts. Within this also consider the thematic findings with the role of the 4 main acute hospital sites.

hduhb.nhs.wales/about-us/your-health-board/board-meetings-2025/board-agenda-and-papers-30-january-2025/board-agenda-and-papers-30-january-2025/3-7-1-clinical-services-plan-pdf/

Achievements Outputs

Changes to our nine clinical service areas as a result of the consultation may impact on how they are organised at our four main hospitals

The configurations at a higher level can be seen in the table to the right:

CSP SBAR and Phase 2 Closing report highlighting the progress of the programme to date can be found here - hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-november-2024/board-agenda-and-papers-28-november-2024/3-7-update-on-a-healthier-mid-and-west-wales-strategy-pdf/

Service	Current Service	Commonality	Option A's	Option B's	Option C's	Option D's
Emergency General Surgery	EGS service at GGH, WGH and BGH, no EGS service at PPH	EGS service at BGH, no service at PPH. EGS SDECs in WGH and GGH.	WGH EGS operations transferred to GGH	EGS operations alternate weekly between WGH and GGH		
Stroke	Acute Stroke Unit at GGH, PPH, WGH and BGH	BGH and GGH Treat and Transfer	PPH and WGH are Acute Stroke Units	WGH offers Treat and Transfer & ASU, PPH is Comprehensive Stroke Centre		
Dermatology	Medical Photography and Phototherapy at GGH, HB service (Temporary) at PPH, no service at WGH or BGH	Service at PPH only	AVH & CICC community delivery	SPH community delivery with community spokes through GP practices	Cross Hands paediatric clinics only, CICC and SPH community delivery with community spokes through GP practices	Cross Hands paediatric clinics only, CICC and SPH community delivery
Ophthalmology	HB service at GGH and BGH, outpatient service at PPH and WGH	WGH provides outpatients, no longer using SPH for community, clinics remain in NRC and AVH	HB service centralised in GGH, no longer using AICC for community	HB service provided in BGH and PPH, review community sites.	HB service in BGH and centralised to GGH. No AICC for Community	
Urology	HB service at GGH and PPH, Outpatients and day case at WGH and BGH	Emergency pathway in GGH, outpatients and day cases in WGH and BGH, diagnostic hub in PPH. TWOC in community.				
Elective Orthopaedics	Local and regional arthroplasty pathway at PPH, local arthroplasty pathway at BGH, day case and short stay pathways at PPH, WGH & BGH (temporary changes)	Local arthroplasty, day case and short stay pathways at BGH	Regional arthroplasty pathway at PPH, day case and short stay pathways at WGH	Regional arthroplasty pathway at PPH, extended day case and short stay pathways at WGH	Local arthroplasty pathway at PPH, day case and short stay pathways at WGH	Regional arthroplasty pathway at PPH, day case and short stay pathways at WGH, increased service at BGH
Endoscopy	HB service at GGH, PPH, WGH and BGH	HB service at GGH, WGH and BGH	Diagnostic hub at PPH	HB service at PPH. Community sites for Bowel Screening Wales	HB service with extended working hours at PPH	
Radiology*	HB service at GGH, PPH, WGH and BGH. X-ray only at TCH, CICC, SPH, LH	No X-ray service at LH or SPH, X-ray services remain at CICC and TCH	HB general service day time only at all sites.	7 day general HB service and 5 day interventional service at all sites. Cancer focus at PPH and WBH. Regional Diagnostic hub	HB Interventional service at GGH and BGH, HB service without interventional at PPH and WGH.	HB general service at PPH and WGH, 7 day HB general service with at BGH, 7 day HB general service with 24/7 interventional at GGH.
Critical Care**	Level 3 ICU in GGH, WGH and BGH, Level 2 ICU with level 3 Transfers (Temporary) at PPH	Level 3 ICU at GGH and BGH	Enhanced Care Unit at GGH, PPH and WGH	Level 3 ICU at WGH, Enhanced Care Unit at PPH	Level 3 ICU at WGH, Level 2 ICU with Level 3 Transfers at PPH	

Key:	All Options	Option A	Option B	Option C	Option D

*Interventional Radiology: refers to more complex diagnostic procedures including biopsies. Day time and general service refer to routine diagnostics. Currently CT and X-ray are offered 24 hours a day at Bronglais, Glangwili, Prince Philip and Withybush hospitals

**ICU – Intensive Care Unit | Levels of care (Intensive Care Society | Levels of care)

GGH – Glangwili Hospital | BGH – Bronglais Hospital | P[illegible]spital | WGH – Withybush Hospital | AVH – Amman Valley Hospital | SPH – South Pembrokeshire Hospital | AICC – Aberaeron Integrated Care Centre | CICC – Car[illegible] Centre | NRC – North Road Clinic, Aberystwyth | TCH – Tenby Cottage Hospital | LH – Llandovery Hospital

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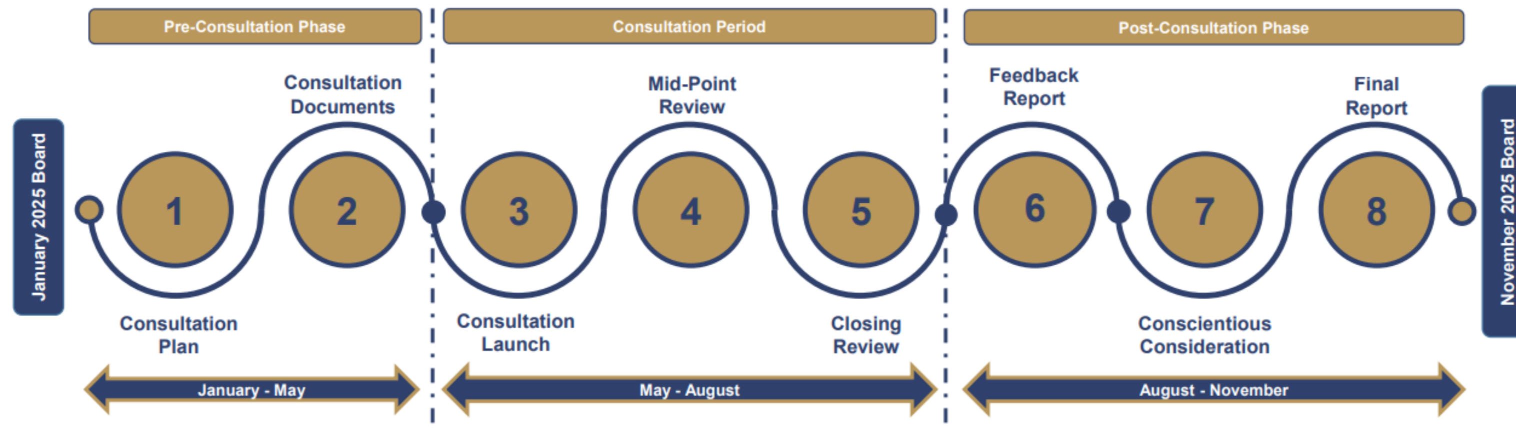
Next Steps



Matters for inclusion within the Public Consultation and views to be gathered:

- **The suitability of each of the service change options for the nine services in scope of the Clinical Services Plan**
- **The positive and negative impacts associated with each of the service change options for the nine services in scope of the Clinical Services Plan**
- **Any alternative options which should be considered for the nine services in scope of the Clinical Services Plan**
- **The future roles of the acute hospital sites (Bronglais, Glangwili, Prince Philip, and Withybush hospitals)**

CSP SBAR and Appendices: hduhb.nhs.wales/about-us/your-health-board/board-meetings-2025/board-agenda-and-papers-30-january-2025/board-agenda-and-papers-30-january-202 ical-services-plan-pdf/

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Key Messages

Updates to the committee:

- **Board decision -** As described within the Consultation Mandate, the Board will make a formal decision on the Clinical Services Plan service change options in Winter 2025. Additionally, the Board will consider the feedback on the future roles of the four acute hospital sites based on the developed options.
- **Political and Public Scrutiny**: The 2025 consultation phase, occurring in a pre-election year, may attract significant political scrutiny and public contention due to the impacts on hospital services and operations.
- **Capacity and Funding Constraints**: Implementing the phased approach may face delays without clear funding streams for short-term (2-4 years) and long-term (4+ years) periods. Additionally, multiple upcoming engagements and consultations may strain organizational capacity, especially without a developed and agreed phasing plan

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Submitted By: Ben Rogers and Alex Martin, Principal Programme Managers

Date Submitted:03APR2025

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Planning Objective: 6 – Clinical Services Plan | **Executive Lead: Lee Davies/ Mark Henwood**

Reporting Period: 19NOV2024 – 03APR2025

Overall status: On-track

- **Rationale for overall status: PACE project plan for Phase 3 – Public Consultation is on track overall.**

Progress against planned outcomes / trajectories / milestones:

•**November 2024**: The Board approved the Clinical Services Plan and the four options submitted to progress to Phase 3 – Public Consultation. This included simplifying the view of the options by service and considering phased assessments based on existing resources. The Board also approved the procurement process and the utilization of HICO for quality assurance of Phase 3. Opinion Research Services were approved to support the independent analysis of questionnaire feedback.

•**December 2024**: A phased assessment was conducted for the nine services within the scope of the CSP, evaluating their varied options.

•**January 2025**: The Board approved the CSP Consultation Mandate.

•**February 2025**: Pre-consultation planning activities commenced, including the development and testing of the questionnaire with a readers panel. The main consultation documents were drafted and progressed to design. The CSP Sub Group agreed on the alternative options process for the public consultation phase, utilizing the current Hurdle and Evaluation Criteria process from Phase 2.

•**March 2025**: Development of the summary document, animation, and detailed consultation planning activities progressed. Regional Impact Assessments were shared with PTHB, BCUHB, and SBUHB for feedback following the QIA panel checks in February 2025.

Activities planned for next milestone and reporting period

- Production of detailed Consultation Plan for Board in May 2025 with request for Board approval to go live with a CSP Public Consultation on that day.
- Production and implementation of all related planning in relation to Public Consultation for the CSP for the planned period between 29MAY2025-31AUG2025.
- Refreshed impact assessments EqIA's, Regional Impact Assessment and HIA's with support and feedback from EDI and Public Health.
- Refined Support Document Suite (a directory of links in relation to all technical information accessed and utilised throughout Phase 1 – Issues Paper and Phase 2 – Options Development process.
- Public Consultation quality assurance through HICO

Any other Comments

Matters for information:

- There is potential that the CSP Public Consultation will overlap with the proposals for a PPH MIU engagement. There could be aspects contained within the CSP consultation that could further cause concern for services users in within the PPH catchment area.
- Further engagement sessions have taken place with Stroke colleagues in BGH as to listen to concerns and share the information used within the programme to date. This has also included sharing information with neighbouring Health Boards on the CSP programm

2.4

10:50, 10 min

2.4 - A Healthier Mid and West Wales Update

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning)

For discussion

Attachments

2.3.1 AHMWW SDODC update for April 25 v0.1.pdf

2.3.2 AVAILABLE ON REQUEST Annex A Major Infrastructure Business Continuity - Risks Patient Impact Report.pdf

2.3.3 Annex B Exec Team MIIP - April 25.pdf

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STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 April 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	A Healthier Mid and West Wales Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Paul Williams, Assistant Director of Strategic Planning and Developments

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The report provides the updated summary position relating to the 'A Healthier Mid and West Wales' (AHMWW) Programme. In particular:

- The outcome of the workshop held with Welsh Government (WG) on 21 March 2025 to discuss the programme next steps.

The report also includes

- An estates infrastructure report, 'A Risk & Patient Impact Report' (Annex A) which includes a review of initial investment priorities, their specific risks and consequences for patient services and a PowerPoint presentation on the 'Business Continuity Major Infrastructure Programme' (Annex B).

Cefndir / Background

The outcome of the workshop held with WG on 21 March to discuss the programme, products, timelines, and resource

The February 2025 report to the Strategy and Planning Committee provided a summary of the outcome of the Infrastructure Investment Board meeting on the 23 January 2025 where the following summary was reached:

- WG are supportive of the development of a long-term strategic solution for West Wales.
- There was agreement on the need to develop a strategy document. The precise form of that document and the content and component parts are to be the subject of a

workshop to be held between WG and Health Board officers within six weeks of the Infrastructure Investment Board (IIB) meeting date.

- It was agreed there needs to be a plan which addresses the clinical services and estate fragility.
- It was agreed the plan will need to include any regional opportunities most particularly with Swansea Bay University Health Board (SBUHB).

WG welcomed the pragmatic approach being adopted by Hywel Dda University Health Board (HDdUHB) to find consensual agreement on the best way forward and the shared aim that this will result in a supportable and deliverable programme plan. Following IIB, a workshop was held with WG on the 21 March to discuss the programme, products, timelines and resource.

AHMWW community infrastructure schemes
The Committee has received updates on the community infrastructure schemes at previous meetings. There is little material change from the last report and therefore summary progress reports will be provided in the Situation, Background, Assessment and Recommendation (SBAR) for the next meeting of the Committee.

The Estate Risks and Major Infrastructure (Business Continuity) Investment Programme (MIIP)
The HDdUHB Estates Infrastructure was the subject of a Board report in March 2025. However this was in advance of the finalisation of the joint report on initial investment priorities with NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES).

The Board SBAR provided the context for the importance of this report, saying:

- *The challenge – modern, fit-for-purpose facilities and our estate risks*
  Prior to developing the 2018 AHMWW strategy, it was recognised that the Health Board's estate was older than other parts of Wales, was in poor condition and often not meeting modern day health care standards. Work was undertaken to identify the level of investment required on the four acute sites to improve the condition of the Estate to "Estate Condition B", which is defined as: "Sound – Operationally safe and exhibits only minor deterioration". This resulted in the development of a Programme Business Case (PBC) for works on the four sites estimated at £246.5m (Pub Sec 250). This original PBC was revisited in 2020/21 to take account of the proposed AHMWW programme. This was endorsed by the Welsh Government Infrastructure Investment Board in July 2021 at approximately £87m (Pub Sec 250). This was on the assumption that the AHMWW programme would progress as per the timescales at that point, therefore reducing the works required at Withybush(WGH) and Glangwili (GGH) Hospitals (as the proposed AHMMW investment would supersede this).

- *In 2022, further support was provided by Welsh Government to refresh the priorities to ensure all the highest risks that had significant impact were identified. This was costed and submitted to WG in February 2023 with an associated project cost of £130m (Pub Sec 293). Following this submission, further discussions were held with WG and the Health Board was asked to target the highest risks at each site. This significantly reduced the project scope and in turn the costs reduced to c£17.4m. It was proposed this would be delivered over a 3-4 year time period at approximately £5m/annum.*

Since then, Welsh Government has established a Targeted Estates Fund from 2025-26 which will allow some of the smaller schemes to be progressed through a separate route. The remaining projects are now known as the Major Infrastructure (Business Continuity) Investment Programme (MIIP) and aim to mitigate the highest estate risks only. The schemes contained within it seek to address the most urgent and unacceptable infrastructure risks, which have the potential for significant disruption to clinical services and/or potential for serious harm to patients. The programme does not materially improve the patient environment, increase capacity or support transformation of services and does not bring the sites up to Estate Condition B as per the original aspiration.

In addition to the above, the Health Board is undertaking significant and disruptive works in response to fire enforcement notices at Glangwili and Withybush Hospitals and is also in the final year of the initial phase of Reinforced Autoclaved Aerated Concrete (RAAC) work at WGH. Removing the RAAC planks would be a highly disruptive and expensive undertaking and is not considered a viable strategy for the site.

The result of this is that the Health Board and Welsh Government are investing substantial sums of money to extend the lifespan of our four acute sites. In large part, the investment above is aiming to maintain current service provision and mitigate the greatest risks, rather than advance the strategy or provide an estate which is fit-for-purpose for the long-term. Consequently, despite this investment (and investment in other schemes), 35% of the Health Board's estate is now over 50 years and total backlog has increased to c£255m, a significant deterioration since the original PBC in 2018.

Asesiad / Assessment

Workshop held with WG on the 21st March to discuss the next steps associated with the AHMWW programme.

The Chief Executive and colleagues met with the Deputy Chief Executive, NHS Wales and colleagues on the 21 March 2025 at GGH and commenced with a short site tour to contextualise some of the pressing issues associated with service delivery and the estate infrastructure.

The meeting was a helpful step in the process, with the Welsh Government reiterating their willingness to work collaboratively with HDdUHB. There was recognition the existing service model remains unsustainable and that very significant investment will be required to replace or refurbish the estate over the next 10 to 15 years.

As part of the presentation to WG the following key questions were asked in order to help shape the future infrastructure plans for health services within West Wales:

- Is there agreement that the clinical model is unsustainable and consolidation of acute services (critical care, stroke, trauma, emergency departments, general medicine etc) is necessary?
- Is it accepted that GGH and WGH will require either substantial refurbishment or replacement over the next 10-15 years?
- If so, are WG in a position to work with the Health Board to develop a strategic infrastructure plan which will ultimately lead to investment cases of c£1bn (potentially phased)?

Welsh Government colleagues confirmed their agreement in principle with each of the above.

The Health Board also highlighted the need for long term agreement on strategic decisions given the risks associated with personnel change and policy shifts in long term programmes.

Affordability remains a significant risk and WG colleagues undertook to consider the future funding mechanisms and affordability envelope to help guide HDdUHB strategic planning.

The agreement from the meeting discussion is to meet again, potentially in June 2025, with HDdUHB setting out the range of potential service and estate scenarios with phasing that address the strategic challenges. It is recognised that any new strategic planning scenarios would need to be the subject of engagement and consultation with staff, our public and partners.

Estate Risks and Major Infrastructure (Business Continuity) Investment Programme (MIIP)

The HDdUHB strategic infrastructure challenge was the subject of a Board report in March 2025 and the report highlighted**:**

Implications for patients and service delivery
The AHMWW strategy was primarily about a change in the model of health care, towards a wellness service supported by a social model for health. Nonetheless, it was the proposals to change the hospital configuration that attracted most attention. Given the public focus on a 'new hospital', there is a risk that the Health Board's infrastructure plans, as part of AHMWW, are perceived as being about the appeal of modern, sleek buildings that are desirable, but perhaps not essential.

On the contrary, as described above, the reality is that parts of the estate are in such poor condition that there are very real ongoing risks of service disruption and/or patient harm. The Health Board has been working with NHS Wales Shared Services Partnership (NWSSP) to develop a statement of risks for the acute sites, which sets out in clear language the highest estate risks and the potential implications for services and patient care.

This is provided in Annex A. HDdUHB and NHS SS Estates have reached a shared position on the risks under the MIIP, to aid discussions and decision-making within the Health Board and Welsh Government. As an example, one of the ten projects within the MIIP is Roofing, Building Envelope and Guttering at GGH. This relates to risks 1154, 212, 1139, 1140 and 1147 on the Health Board risk register and is assessed as having a risk rating of 16, Extreme (Likelihood 4, Impact 4). The issues include flat roofs over the Outpatient Department being in poor condition and leaks entering patient treatment and consultation rooms below; failing guttering resulting in water tracking into plant areas below; and roofing sheets showing signs of degradation and pin-holing. The specific patient risks of this are that water ingress into areas are a potential Infection Prevention and Control risk and may cause slips, trips and falls. Furthermore, there is a risk of impact on daily services, including cancellation of outpatient appointments if leaks cannot be stemmed. This is one example; other risks include electrical infrastructure and water infrastructure. Whilst the commitment of our staff is such that they find ways to deliver care in these circumstances, it is vital that this situation does not become normalised.

The Health Board employs highly sought-after, well-trained professionals, who care for some of the most vulnerable members of our society in these buildings. The condition of our estate would be regarded as unacceptable in many other sectors and yet persists within a service that should be operating to some of the highest standards. Beyond quality, safety and patient experience, the limitations of our estate can impact on the productivity and modernisation of our services.

It will be critical, through the HDdUHB strategic refresh, to establish a common understanding of the likely timeframe and nature of the long-term plans for the acute sites so that short- and medium-term developments can align with the strategic direction, whilst addressing the most urgent risks facing the Health Board.

The attached report in Annex A sets out the highest priority risks and therefore the investment priorities established through a joint review process with NWSSP-SES. These will be subject to Business Case processes.

Argymhelliad / Recommendation

The Strategy and Planning Committee are asked to:

- **NOTE** the strategy discussions with Welsh Government held on the 21 March 2025 and the follow-on meeting planned for June 2025.
- **DISCUSS** the Estates Risks as noted in this report, supported by:
  - The Risk & Patient Impact Report (Annex A) which includes a review of initial priorities, their specific risks and consequences for patient services.
  - PowerPoint Presentation on the Business Continuity Major Infrastructure Programme (Annex B).

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)	3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	8 Estates plans
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 in the body of the report
Rhestr Termau: Glossary of Terms:	Contained in the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Within report

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The PBC and SOC sets out both the revenue and capital funding assumptions for the programme including a detailed Financial Case section in the PBC
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 case for change and is the subject of Workforce Appendix in support of the PBC.
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 & Health Impact Assessment which will remain 'live' through the duration of the programme.

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Hywel Dda University Health Board

Major Infrastructure (Business Continuity) Investment Programme (MIIP)

Review of initial MIIP priorities, their specific risks and consequences for patient services.

Version – V1
Date – 06th March 2025
Author – Kyle Wheeler (BSc Hons I.Eng ACIBSE) – Assistant Major Capital Development Manager
Department – Estates

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Health Board Estates	*Priorities accepted*	*Simon Day / Head of Maintenance & Engineering*	*28/02/2025*
NWSSP-SES	*Document accepted*	*Stuart Douglas*	*06/03/2025*

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1 Executive Summary

This document intends to set out in clear terms, what we, Hywel Dda University Health Board (HDdUHB) supported by NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES), feel are the most urgent specific and unacceptable risks associated with its critical infrastructure and the impact that these will have on business continuity and patient safety.

There will be a need to consider this further given the recent decisions on estate reconfiguration and extended operational timelines on an estate which already has circa £250M back log maintenance. This would best be served by a refresh of the previous Programme Business case undertaken in 2018/19 (*noted below*). This would give assurance that all current risks are known, and appropriate mitigation measures are in place. Also to be clear on any future Service changes planned within this extended timeline and incorporated into a Strategic Plan supported by an appropriate estate investment plan.

This report however summarises the first part of this journey.

The detail is contained in later pages of this report, but what is being reported by the Health Board is the potential for significant disruption to clinical services and patient risks.

The identification of the priorities was initially linked to the delivery of the A Healthier Mid and West Wales (AHMWW) programme – *16/11/2018 and refreshed on 13/03/2020*.

The sole intention of this investment plan was to maintain business continuity for the short interim period until Estates reconfiguration was in place. Now that this time horizon has been extended, this brings greater levels of need to address the key priorities to both uphold business continuity and minimise the potential risk of harm to patients, staff, and visitors. This report focusses on the most urgent and higher complexity schemes which have potential for significant disruption to the Health Board and its core services, which will require significant planning and works to mediate. The lower complexity schemes have now been omitted from this report as these have been submitted for separate funding via Targeted Estates Funding (TEF) bids to WG (*confirmation of funding is pending*).

By undertaking the initial phase of projects, this would assist with a reduction in the total backlog maintenance quantum that are currently forecasted at c.£255.45m. The delivery of the projects outlined in latter sections of this report would assist the Health Board to remove some highly critical risks that could have significant impact on business.

To summarise, without support and funding, there is potential for serious harm and consequences to patients under the care of Hywel Dda University Health Board. While this report focuses on a minimum 3 – 4-year investment programme (linked to previous AHMWW programme), we now need to understand the wider consequence of remaining on our existing estate for potentially 10 -15 years.

Further works are now underway to finalise and detail the scopes of the project contained in the latter part of this report. This will include the assessment of deliverability, outline timescales, and provide a Rough Order of Cost (ROC), at current cost indices, of the schemes retained within this initial Major Infrastructure Investment Programme (MIIP).

Full design teams are now appointed to undertake this work, and we are currently developing a programme so that we can present likely timelines for this process.

In addition to all the above, the Health Board has substantial and disruptive works planned in managing fire enforcement notices at Glangwili General Hospital & Withybush General Hospital, especially in-patient ward areas. This will bring challenges and opportunities to clinical capacity as the phases

progress. Of note would be an opportunity to undertake a refresh of ward accommodation to improve the Patient environment aligned with Fire improvement works. This is not included here but is being reviewed by the Health Board and discussed with NWWSSP Shared Services. Any additional, unplanned failures caused by the issues set out in this document will add significantly to the challenges faced by the Health Board in maintaining clinical services.

2 Introduction

This document has been compiled following an assessment of the existing major infrastructure priorities that were identified as the top infrastructure risks currently managed by Hywel Dda University Health Board (HDdUHB). The list was agreed jointly between the Health Board supported by NHS Wales Shared Services Partnership Specialist Estate Services (NWSSP-SES) colleagues.

Initial surveys were undertaken in September 2023 by:

Kyle Wheeler – *Assistant Major Capital Development Manager (HDdUHB)*
Jason Wood – *Major Capital Development Manager (HDdUHB)*
Simon Day – *Head of Maintenance & Engineering (HDdUHB)*
Mark Gapper – *Head of Engineering (NWSSP-SES)*
Anthony Goddard – *Principal Electrical Engineer (NWSSP-SES)*

Surveys were supported by Site Operational Staff at each acute site:

Malcolm Arnold – *Estates Manager WGH*
Claus Schilke – *Estates Officer WGH*

Elfyn Jones – *Estates Manger BGH*
Nick Hossington – *Senior Estates Officer BGH*

Andrew Stephens – *Senior Estates Officer GGH*
Gari Owen – *Estates Officer GGH*

Stewart Evans – *Estates Manager PPH*
Steve Thomas – *Senior Estates Officer PPH*

Further subsequent meeting and site surveys were undertaken in November 2024 by:

- Kyle Wheeler – *Assistant Major Capital Development Manager (HDdUHB)*
- Anthony Goddard – *Principal Electrical Engineer (NWSSP-SES)*
- Steve Rees – *Electrical Engineer (NWSSP-SES)*
- Nigel Bolan – *Electrical Engineer (NWSSP-SES)*
- Aran Chaplin – *Assistant Engineer (NWSSP-SES)*

Site surveys were undertaken with representatives from each site.

3 Background

Hywel Dda University Health Board (HDUHB) initially completed a Programme Business Case (PBC) in 2018 which identified the level of investment required to improve the condition of the Estate and to reduce its backlog maintenance. At this stage there was an aspiration to improve the estate, to Estate Condition B – defined as: "Sound – Operationally safe and exhibits only minor deterioration." The level of investment was determined through the identification of the works required at:

- Glangwili General Hospital,
- Withybush General Hospital,
- Bronglais General Hospital and
- Prince Philip Hospital.

The original PBC identified full project costs of £246.5m (Pub Sec 250) which included a 4 – 5-year prioritised programme of work at both Glangwili and Withybush hospitals (taking account of the A Healthier Mid & West Wales (AHMWW) programme). Additionally, the PBC included the whole programme of priority works and improvements to CAT B standard at both Prince Phillip and Bronglais hospitals.

The original PBC was revisited in 2020/21 to take account of the proposed AHMWW programme which was endorsed by Infrastructure Investment Board (IIB) in July 2021 at approximate £87m (Pub Sec 250).

In 2022 further support was provided by Welsh Government (WG) to refresh the priorities to ensure all highest risks that had significant impact on patient safety were identified. This was costed and submitted to WG in February 2023 with an associated project cost of £130m (PubSec 293).

Following this submission discussions with WG were held and the HB was asked to target the highest risks at each site, reducing the project scope from 54No. key priorities, broken into 166No. individual projects, to just the risks detailed in this report. The reduction in scope reduced the project costs to c.£17.4m and it was proposed this would be delivered over a 3 to 4-year time horizon at approximately £5m/annum. While this option was not fully supported, some monies (c.£1.4m) was supported to deliver the designs associated with the first-year schemes as well as dealing with undertaking the works to the Bronglais Lift Shaft façade and replacing some of the electrical infrastructure at Glangwili Hospital. Further scope changes have been made in January 2025 by moving some risks, e.g., AHU refurbishments, IPS/UPS systems, & secondary standby generators from the MIIP programme into the Targeted Estates Funding (TEF) project stream.

This report seeks to expand on the risks associated with priorities with significant complexity and clearly demonstrate the significant impact that a failure would mean to the Health Board and the potential impacts this would have on its patients, in terms of patient safety, and associated operational impacts of service delivery.

Further works are now underway to finalise and detail the scope(s), assess the deliverability, outline timescales, and provide a Rough Order of Cost (ROC) of the retained schemes at current cost indices. As noted previously this is only an initial assessment of short-term priorities over the next 3-4 years and does need further consideration given the extended period that existing estate will need to be maintained.

4 Supported Projects

The following identified projects were assessed, acknowledged, and supported by NWSSP-SES as the main key priorities which needed to be remediated to reduce the risks to patient safety and operational continuity to tolerable levels.

4.1 Withybush General Hospital

Project Hierarchy

1. Electrical Low Voltage (LV) Infrastructure – Sub Mains Boards
2. Roofing Systems [*note RAAC management risk*]
3. Domestic Water Infrastructure Distribution Pipework

4.1.1 Electrical LV Infrastructure – Sub Mains Boards (Project 1)

HB Risk Register Entry No. 1131
HB Risk Rating 12 (**High** – 3x4 (likelihood x impact))

Observations of Existing Installation

- Aged Essential and Non-Essential Sub mains boards. Existing configuration allows for switching between supplies however never exercised due to risk of contacts not making – resulting in loss of services.
- Obsolete fuses in boards with no spares available.

- NWSSP-SES Authorising Engineers for High Voltage (HV) and Low Voltage (LV) have identified issues with existing incoming High Voltage (HV) supplies and front-end LV panel board in Engineering Block namely:
  I. Transformers on site are at or very near to full capacity, thus in current guise no scope for additional works on site or upgrades***** to existing areas due to greater reliance on electrically led systems unless significant investment was made to upgrade incoming supplies.

     ***Upgrades to wards in line with potential services changes to current HBNs / HTMs / CIBSE and Building Regulations standards would likely require wards to be mechanically ventilated to ensure sufficient fresh air is available and to prevent overheating during summer months. Thus greater electrical capacity would be required to facilitate any future service changes.*

  II. Aged Essential and Non-Essential panel boards with parts and breakers that are no longer available feeding supplies to critical areas of the building. Switches not being exercised / switched due to fear of contacts not making and not switching back on, resulting in areas being shut down.
  III. Single point of failure on incoming HV supplies – loss of which would cut all mains power to the site. If bus-coupler were to fail, then potentially no mains power to site for weeks. *District Network Operator (DNO) to confirm availability of bus couplers and incoming switches in event of a failure.*
  IV. Poorly designed LV front-end board leading to concerns with resilience - multiple single points of failure in series.
  V. Single point of failure in existing LV front-end board - if bus-coupler between incoming feeds and the busbars were to fail, there would be no mains power to hospital resulting in a blackout to all lighting and power and heating systems. Depending on location of this failure the site could be left running on generator until this is rectified.

VI. Single point of failure exists for the sole permanent generator on site – only one connection supplying site from generator and connected via single bus coupler.
VII. Existing generator connected to non-essential side of LV board, if bus coupler was to fail under generator conditions, then all essential services would be without power.
VIII. Original and very aged "Town & Country" boards changed to supply Essential and Non-Essential circuits. These are served by single supplies from front-end board – single point of failure. This would result in sub-mains panel boards within the hospital not getting power, thus could result in loss of kitchens, whole blocks and critical areas. Power outage would likely be multiple weeks.
IX. Resilience concerns in existing site Isolated Power Supply (IPS) / Uninterruptible Power Supply (UPS) systems not maintaining power for their design period, so undertaking statutory maintenance to LV breakers is troublesome and routinely not being undertaken.
X. Obsolete parts making it difficult to fix in an event of a failure – some spare parts available but extremely limited stock. Initial discussions with Site Operations teams suggested spare breakers could be sought but with a 10+ week lead in.
XI. Limited spare capacity available in existing front-end LV-Board, so limited future expansion.

Existing Mitigation

- None
- System configuration does not facilitate maintenance to be done without prolonged shutdowns.
- No spare breakers available on site to facilitate changeovers for servicing or in an event of a failure.
- Provision of additional secondary standby generator to connect to the "essential side" supply has been submitted as part of the TEF bids.

Specific Risk to Patient / Site Activities

- Potential for significant disruption to clinical services.
- Potential for serious harm to patient – especially if essential supplies are lost.

Recommendations from Site Visits

The following are recommendations that were summarised as part of the site survey and shall be developed by the appointed MEP consultants into a firm scope of works. It is proposed that the recommendations are delivered via 2off. Phases of works:

Phase 1

- Source spare breakers / ACBs to enhance immediate reaction in event of a local failure.
- Ascertain capacity within existing & local infrastructure and available capacity for potential future developments via contact with the local District Network Operator (DNO).
- Reconfiguration of the existing transformers to for A & B supplies to provide greater resilience and reduce risks associated with site capacity concerns.
- Installation of new A & B Low Voltage (LV) boards to remove existing front end and aged "Town & County / essential & non-essential" boards. This reduces number of single points of failure in the system.
- Undertake diversity assessment to understand load profile and demand on site.

Phase 2

- Consider the formation of a High Voltage (HV) ring on site to facilitate additional resilience, additional capacity within the on-electrical system thus mitigating the risks associated with

site capacity concerns and have the ability to cater for future expansion, and service changes linked to the adjusted AHMWW programme.

NOTE - Due to costs associated with the recommendations above, the NWSSP-SES Authorising Engineers (AEs) suggested that the above works are undertaken via the Major Infrastructure / Business Continuity Scheme and that the original, and supported project to address risks of the sub-mains boards within the main risers within the hospital are undertaken via Targeted Estates Funding (TEF) or Backlog Maintenance funding streams.

4.1.2 Roofing Systems *RAAC Risk* (Project 2)

HB Risk Register Entry No. 1382
HB Risk Rating 15 (**Extreme** – 5x3 (likelihood x impact))

Observations of Existing Installation

- Evidence of water ingress into the roof voids. Issues mainly from valleys and Velux window systems on Western aspect.
- Water tracking along steel beams and being diverted to internal rainwater gulley's / downpipes.
- Internal gully systems are inappropriate causing ponding on flat roof areas within the roof space.

Existing Mitigation

- Limitation of access to roof spaces due to limit weight bearing down on to the Reinforce Aerated Autoclaved Concrete (RAAC) below roof space.
- Velux windows removed from Eastern roof aspects to limit amount of water ingress.
- Catchment troughs and pipework installed to intercept worse effected areas and divert to existing above ground drainage stacks.

Specific Risk to Patient / Site Activities

- Potential for water to effect Reinforce Aerated Autoclaved Concrete (RAAC) planks below the former flat roof water-proof membrane. Ingress since the RAAC remediation works have been noted above Ward 7 and moisture levels within the RAAC planks has been recorded as elevated. Although most of the RAAC planks above Ward 7 are supported via the uni-strut system, some unsupported "amber" planks are located throughout, thus further ingress could cause existing "amber" planks to degrade.
- Further ingress could result in failures that would result in closing of wards / areas and or result in serious harm / or even death to patients, staff, or visitors (*public*).
- Site wide impact due to associated service relocations.
- Potential for site or large areas to be closed for months.
- Ingress could see accelerated deterioration to RAAC planks leading to:
  - Further localised ward closures.
  - Further substantial capital support needed for RAAC remediation due to leaks.
  - Difficult to manage public perceptions.

Recommendations from site visits

It is recommended that the existing tile roof is replaced in its entirety to ensure risk of future water ingress is mitigated as far as is practicably possible.

4.1.3 Domestic Water Infrastructure Distribution Pipework (Project 3)

HB Risk Register Entry No. 1546
HB Risk Rating 9 (**High** – 3x3 (likelihood x impact))

Observations of Existing Installation

- Current infringement notices given by Dwr Cymru Welsh Water (DCWW) potentially leading to water quality issues.
- Pipework within main system is largely oversized due to aged infrastructure sizing and arrangements. This could lead to water stagnation and raising likelihood of growth of water-borne pathogens.
- Existing pipework design facilitates good water flow rates at outlets however lack of pressure is evident in areas, especially second floor wards.

Existing Mitigation

- Existing PPM's require additional flushing to be undertaken to sufficiently flush large pipes. Increase revenue due to increased volumes being taken directly to drain.

Specific Risk to Patient / Site Activities

- Water quality is of a concern and could lead to IPC issues and contamination to patients, staff, and visitors.
- Potential for site wide impact if pathogen growth was high.
- Risks with associated chlorination of pipework due to system infrastructure design

Recommendations from Site Visits

The following are recommendations that were summarised as part of the site survey and shall be developed by the appointed MEP consultants into a firm scope of works.

- Surveys to be undertaken to understand domestic hot and cold-water system layouts and identify associated pipe sizes.
- Water system analysis to identify correct water loading units for each area.
- Re-design and install new water infrastructure pipework to minimise risks of stagnation and remove dead-legs in existing systems.

4.2 Bronglais General Hospital

Project Hierarchy

1. Electrical High Voltage (HV) & Low Voltage (LV) Infrastructure

4.2.1 Electrical High Voltage (HV) & Low Voltage (LV) Infrastructure (Project 1)

HB Risk Register Entry No. 1070

HB Risk Rating 12 (**High** – 3x4 (likelihood x impact))

HV/LV Switchgear Room –

Observations of Existing Installation

- Board configured Essential / Non-Essential; generator sized to cater for whole site.
- Single point of failure on LV Panel as current configuration has both incoming supplies terminated to the same side of the bus-coupler.
- Site the only hospital in Wales not on protected site's list by District Network Operators (DNOs)
- Existing breakers are now obsolete. Spare parts becoming increasingly difficult to source. Site Operations have stated that they have found suitable breakers outside of the UK however these have a lead in of 10+ weeks.
- Multiple areas of the building are fed off the same side of the board e.g., Front Of House / A&E extension – loss of which would close the associated areas for some time.
- Only 1off. generator installed on site. Single point of failure exists for the sole permanent generator on site.

Existing Mitigation

- Critical departments (ITU, Theatres, MRI & CT) supported by UPS/IPS systems however these are only rated for 1-hour of use.
- Temporary generator connection and controls have been installed however full shut down to site required to safely connect in temporary generator.
- Provision of additional secondary standby generator to support the site is currently in planning phases to be delivered by the Operational Estates / Discretionary Capital Projects department(s).

Specific Risk to Patient / Site Activities

- Potential for significant disruption to clinical services.
- Potential for serious harm to patient – especially if essential supplies are lost.

Recommendations from Site Visits

The following are recommendations that were summarised as part of the site survey and shall be developed by the appointed MEP consultants into a firm scope of works. It is recommended that the following is works are undertaken to address existing resilience issues:

- Source spare breakers / ACBs to enhance immediate reaction in event of a local failure.
- Undertake load and capacity assessment to ensure proposed solution is the correct size whilst also accounting for potential future expansion capacity / and or Ward refurbishments*.

**Refurbishments to wards in line with potential services changes to current HBNs / HTMs / CIBSE and Building Regulations standards would likely require wards to be mechanically ventilated to ensure sufficient fresh air is available and to prevent overheating during summer months. Thus greater electrical capacity would be required to facilitate any future service changes*

- Provide permanent connection from temporary generator panel to bus bars to facilitate immediate connection to temporary electrical source.
- New HV/LV panel is installed and reconfigured as A&B circuits.
- New sub-mains cables installed between Electrical switchgear and hospital blocks.

Medical Block –

Observations of Existing Installation

- Single supply from energy centre. Single point of failure.
- Aged breakers that are obsolete. No spares available.
- Panel is no longer manufactured, and asbestos used internally so limited scope for maintenance.
- Potential high risk to personnel whilst undertaking maintenance tasks as boards feature live terminals behind covers.
- Existing cables supplying boards approaching or at design original design capacity. If more load was introduced, then it could create issues with overheating of cables.

Existing Mitigation

None

Specific Risk to Patient / Site Activities

- Potential for significant disruption to clinical services.
- Potential for serious harm to patient – especially if essential supplies are lost.

Recommendations from Site Visit

The following are recommendations that were summarised as part of the site survey and shall be developed by the appointed MEP consultants into a firm scope of works. It is recommended that the following is works are undertaken to address existing resilience issues:

- New medical block panel is installed and reconfigured as A&B circuits.
- 2off. new sub-mains cables installed between Electrical switchgear and hospital blocks to allow board to be split into A&B supplies.

Surgical Block –

Observations of Existing Installation

- Single supply from energy centre. Single point of failure.
- Aged breakers that are obsolete. No spares available.
- Panel is no longer manufactured, and asbestos used internally so limited scope for maintenance.
- Potential high risk to personnel whilst undertaking maintenance tasks as boards feature live terminals behind covers.
- Existing cables supplying boards approaching or at design capacity.

Existing Mitigation

None

Specific Risk to Patient / Site Activities

- Potential for significant disruption to clinical services.
- Potential for serious harm to patient – especially if essential supplies are lost.

Recommendations from Site Visit

The following are recommendations that were summarised as part of the site survey and shall be developed by the appointed MEP consultants into a firm scope of works. It is recommended that the following is works are undertaken to address existing resilience issues:

- New surgical block panel is installed and reconfigured as A&B circuits.
- 2off. new sub-mains cables installed between Electrical switchgear and hospital blocks to allow board to be split into A&B supplies.

4.3 Glangwili General Hospital

Project Hierarchy

1. Electrical HV & LV Infrastructure
2. Roofing, Building Envelope & Guttering Systems

4.3.1 Electrical HV & LV Infrastructure (Project 1)

HB Risk Register Entry No. 1066 / 1149

HB Risk Rating 12 (**High** – 4x3 (likelihood x impact))

Observations of Existing Installation

- Potential to have either site wide or local impact resulting in closures, especially if secondary faults result in critical parts.
- Existing switches and breakers are no longer manufactured, and the existing infrastructure has no ability to adjust the breakers to prevent false tripping.
- Potentially long lead in times to source new breakers and challenges with installation of new requiring complete blocks / areas to be shut down.
- Panels are serving very critical areas and main Ward Blocks.
- Panel manufacturer has confirmed the availability of spares is sparse and extent of modifications required for upgrade. Modifications require the installation of new carriers onto the busbars to accept new breakers.
- Monies have been made available by WG to undertake a scheme to free up spares in less critical boards to be used in more critical boards however this does not remove other, potential, single points of failure in the electrical infrastructure.

NWSSP-SES Authorising Engineers for High Voltage (HV) and Low Voltage (LV) have identified issues with existing incoming High Voltage (HV) supplies and front-end LV panel board in Engineering Block namely:

I. Single point of failure on incoming HV supplies – loss of which would cut all mains power to the site.
II. Poorly designed transformer change over panel board introduces further single points of failure to the system, leading to concerns with resilience.
III. Single point of failure exists for the sole permanent generator on site.
IV. Existing generator connected via single bus coupler, if this was to fail under generator conditions, then all essential services would be without power.
V. Resilience concerns in existing site Isolated Power Supply (IPS) / Uninterruptible Power Supply (UPS) systems not maintaining power for their design period, so undertaking statutory maintenance to LV breakers is troublesome and routinely not being undertaken.
VI. Obsolete parts making it difficult to fix in an event of a failure – some spare parts available but extremely limited stock.
VII. Limited spare capacity available in existing front-end LV-Board, so limited future expansion.
VIII. Main LV panel board in fair condition for its age (circa 20years old).
IX. No isolation between temporary generator connection point and connection to generator panel.

Existing Mitigation

- Provision of additional secondary standby generator to connect to the “essential side” supply has been submitted as part of the TEF bids.

Specific Risk to Patient / Site Activities

- Potential for significant disruption to clinical services.
- Potential for serious harm to patient – especially if essential supplies are lost.

Recommendations from Site Visits

The following are recommendations that were summarised as part of the site survey and shall be developed by the appointed MEP consultants into a firm scope of works. It is proposed that the recommendations are delivered via 3off. Phases of works:

Phase 1

- o It is recommended to undertake works to existing LV sub-mains boards via the Backlog Maintenance funded monies to free up spares for use in an event of failure within panels within the main hospital.

Phase 2

- o It is recommended that the incoming HV is upgraded along with the transformers to provide full A&B supplies to the site.
- o Undertake load and capacity assessment to ensure proposed solution is the correct size whilst also accounting for potential future expansion / refurbishments***** capacity via contact with the local District Network Operator (DNO).

**Refurbishments to wards in line with potential services changes to current HBNs / HTMs / CIBSE and Building Regulations standards would likely require wards to be mechanically ventilated to ensure sufficient fresh air is available and to prevent overheating during summer months. Thus greater electrical capacity would be required to facilitate any future service changes*

- o It is recommended that spare ACBs are purchased to facilitate maintenance on existing breakers and to swap out in the event of a failure.

Phase 3

- o It is recommended that in 5-years' time the main LV panel board is upgraded to remove risks with obsolescence.

NOTE - Due to costs associated with the recommendation for Phase 2 above, the NWSSP-SES Authorising Engineers (AEs) suggested that the above works are undertaken via the Major Infrastructure / Business Continuity Scheme and that project scopes are correctly identified jointly with NWSSP-SES to ensure accurate costings can be obtained at Business Case stage ahead of submittal to WG.

4.3.2 Roofing, Building Envelope & Guttering (Project 2)

HB Risk Register Entry No. 1154 / 212 / 1139 / 1140 / 1147
HB Risk Rating 16 (**Extreme** – 4x4 (likelihood x impact))

Observations of Existing Installation

- Guttering systems around main ward block roofs in very poor condition. Falls within guttering system are insufficient resulting in stagnation of water, vegetation & algae growth leading to corrosion.
- Failing guttering resulting in water tracking into plant areas below.
- Roofing sheets showing signs of degradation and pin-holing.
- Flat roofs over OPD are in poor condition and leaks entering patient treatment and consultation rooms below.
- Failing internal guttering systems and poor roof falls are exacerbating the issues.
- Some monies have been made available to remediate worst areas – Blocks 2, 5 & 6 however other key core ward blocks 2, 4 & 8 will remain in existing guise.
- Original curtain walling within concave façade of Blocks 5 & 6 is aged and showing signs of water ingress into core service areas. Existing curtain wall system is single glazed with poor U-values. Some departments have installed secondary glazing to remove draughts and increase thermal performance of the glazing.

Existing Mitigation

- Some monies have been made available to remediate worst areas – Blocks 2, 5 & 6.
  Note - A separate TEF bid has been submitted to continue works to Blocks 5 & 6 and the external envelope however exact scopes are not fully detailed. Lastly this is subject to funding approval.

- Should a leak be reported following inclement weather, site operations will inspect and repair where possible. If leak cannot be stemmed, specialist roofing contractors will be engaged to ascertain extent of repair. Depending on cost this may be followed by a capital bid to remediate.
- Monies have been spent via hospital operational estates department to touch up areas of paint and flooring following reactive works.

Specific Risk to Patient / Site Activities

- Water ingress into areas a potential IPC risk and potential for mould growth and slips trips and falls.
- Impact on daily services and potential to reduce appointment lists if leaks cannot be stemmed, thus impacts felt by patients and could lead to harm if critical appointments are missed.
- Lower thermal performance of building fabric resulting in higher revenue costs.

Recommendations from Site Visits

It is recommended that further surveys are undertaken to the gutters and valleys, and further surveys are undertaken to the existing roof to understand current condition and areas of most deterioration, and initial investment is made to target the areas of highest deterioration.

Due to changes in the AHMWW programme, additional benefit would be realised from undertaking works to the curtain walling system to increase its thermal performance and weather proofness. This would assist the HB reduce revenue costs through better thermal performance and utilise fabric first principles to assist with decarbonisation of the estate. This work would also provide an upgrade to the aesthetic appearance of the building and provide betterment to the patient, staff and visitors perception of the hospital.

4.4 Prince Philip Hospital

Project Hierarchy

1. Water Infrastructure – Water Storage Tanks
2. Electrical HV & LV Infrastructure
3. Ventilation Plant – *Theatres 1 & 2*

4.4.1 Water Infrastructure - Water Storage Tanks (Project 1)

HB Risk Register Entry No. 1331

HB Risk Rating 16 (**Extreme** – 4x4 (likelihood x impact))

Observations of Existing Installation

- Bitumen coatings were removed to comply with Water Regulations Approval Scheme (WRAS) standards and regulations.
- Water tanks recoated with epoxy coating however this needs annual inspection and regular repair. Recent inspections show evidence of rust forming between steel tank and epoxy coating creating discolouration of epoxy coating, and potential for contamination to water.
- Tanks in very poor condition and if they were to fail then potential for serious site wide impact if failure occurred.
- Mains bypass fitted but supplies site via the tanks therefore cannot be used in event of emergency.
- Risk to personnel due to confined space working.
- Working at height risks due to tanks being located on elevated gantry.
- Tank volumes to be rationalised to reduce stored water capacity and risks associated with large volumes of stored water.

Existing Mitigation

- Periodic inspections and tank cleaning undertaken along with associated water sampling and microbiology testing.

Specific Risk to Patient / Site Activities

- If major failure were to occur, then no water to site, resulting in significant disruption such as no domestic hot or cold water to the site.
- Serious impact on patients. Patient transfers would be required.

Recommendations from Site Visit

The following are recommendations that were summarised as part of the site survey and shall be developed by the appointed MEP consultants into a firm scope of works. To remove tanks from high level gantry system, replace with ground mounted tanks and supply site via run and standby booster pump sets and convert existing system to a pressurised system.

4.4.2 Electrical Switch Gear – High Voltage (HV) (Project 2a)

HB Risk Register Entry No. 1099

HB Risk Rating 16 (**Extreme** – 4x4 (likelihood x impact))

Observations of Existing Installation

- Existing HV incoming supplies on same side of HV board, single point of failure to site transformers. If bus-coupler fuse was to fail, there would be no power to hospital resulting in a blackout to most lighting and power and heating systems. Site generator would provide power to essential circuits only.
- HV breakers are aged and far beyond life expectancy. HV breakers are oil filled – H&S risk.

- Only 1off. generator installed on site. Single point of failure exists for the sole permanent generator on site.

Existing Mitigation
- None
- System configuration does not facilitate maintenance to be done without prolonged shutdowns to relevant areas.
- No spare breakers available on site to facilitate changeovers for servicing or in an event of a failure.
- Provision of additional secondary standby generator to connect to the "essential side" supply has been submitted as part of the TEF bids.

Specific Risk to Patient / Site Activities
- Potential for significant disruption to clinical services.
- Potential for serious harm to patient – especially if essential supplies are lost.

Recommendations from Site Visits
The following are recommendations that were summarised as part of the site survey and shall be developed by the appointed MEP consultants into a firm scope of works. It is anticipated that the works would be delivered via 2off. phases:

Phase 1
Short term recommendations are to:
- Install a second set of batteries to the existing generator to provide N+1 resilience to starting sequence of the generator.

Phase 2
It is recommended that the following is works are undertaken to address existing resilience issues:
- New HV/LV panel is installed and reconfigured as A&B circuits.
- Load assessment undertaken to ascertain if new transformers are required and to understand capacities required for future expansion capacity / and or Ward refurbishments*.

**Refurbishments to wards in line with potential services changes to current HBNs / HTMs / CIBSE and Building Regulations standards would likely require wards to be mechanically ventilated to ensure sufficient fresh air is available and to prevent overheating during summer months. Thus greater electrical capacity would be required to facilitate any future service changes*

NOTE – It has been recommended by the NWSSP-SES Authorising Engineers (AEs) that monies for Phase 1 recommendations are sought from the EFAB 3 / TEF funding streams.

Due to costs associated with the recommendation for Phase 2 above, the NWSSP-SES suggested that the above works are undertaken via the Major Infrastructure / Business Continuity Scheme and that project scopes are correctly identified jointly with NWSSP-SES to ensure accurate costings can be obtained at Business Case stage ahead of submittal to WG.

4.4.3 Low Voltage (LV) Mains Distribution Boards (Project 2b)

Observations of Existing Installation
- LV board has no spare capacity for additional circuits within the building. Breakers are no longer available and can only be replaced with refurbished units however this requires whole board to be turned off (loss of power to site).

- No IPS/UPS systems installed to existing theatres so undertaking statutory maintenance to LV breakers is troublesome and routinely not being undertaken as results in loss of theatre lists.
- Single point of failure at incoming point of board. Single bus-coupler between incoming supply and busbars in panel board, a failure would result in power to the essential side only via the generator. All non-essential circuits would be lost.
- Aged breakers that are no longer manufactured.
- Potential high risk to personnel whilst undertaking maintenance tasks as boards feature live terminals behind covers.

Existing Mitigation

- ACBs are serviced by third party however spares are extremely limited / obsolete. Spares can be sought however lead in times are 10+ weeks.

Specific Risk to Patient / Site Activities

- Potential for significant disruption to clinical services.
- Potential for serious harm to patient – especially if essential supplies are lost.

Recommendations from Site Visit

Phase 1

- Procure spare ACBs to facilitate maintenance of existing, and aging ACBs.

Phase 2

It is recommended that the following is works are undertaken to address existing resilience issues:

- New panel boards shall be installed and reconfigured as A&B circuits.
- Undertake load and capacity assessment to ensure proposed solution is the correct size whilst also accounting for potential future expansion capacity / and or Ward refurbishments*.

**Refurbishments to wards in line with potential services changes to current HBNs / HTMs / CIBSE and Building Regulations standards would likely require wards to be mechanically ventilated to ensure sufficient fresh air is available and to prevent overheating during summer months. Thus greater electrical capacity would be required to facilitate any future service changes*

4.4.5 Ventilation Plant – Air Handling Units (AHUs) serving Theatres 1 & 2 (Project 3)

AHU Serving Theatres 1 & 2 shall remain within the guise of the MIIP portfolio of projects due to the complexity of the works.

HB Risk Register Entry No. 369.
HB Risk Rating 12 (**High** – 4x3 (likelihood x impact))

Observations of Existing Installation

- Shared plant between 2off. theatres. Theatres 1 & 2 are the main cancer pathway theatres for the HB.
- Ventilation plant in fair condition for its age due to being installed internally.
- Plant is aged and beyond its design life. Units installed late 1980's, so approaching twice the industry design guides.
- Existing units suffering with ingress of water into intake sections causing premature collapse and failure due to corrosion. Works to replace intake sections via capital bids have been undertaken however these are now failing.
- Water ingress causing accelerated deterioration of frost coils requiring additional maintenance.

- Fire dampers are actuated by pneumatics however are aged and in poor operational capacity.
- Fire damper surveys have identified dampers have failed in many locations. If dampers fail closed this would result in no ventilation to the associated spaces.
- If operation of dampers is poor, cannot guarantee that the fire compartmentation will be maintained resulting in fire risks throughout the building.

Specific Risk to Patient / Site Activities
- Potential for significant disruption to clinical services.
- Loss of plant will result in 50% of theatre lists being lost.
- Potential for serious harm to patient – especially if essential supplies are lost.
- Failure of some Fire Dampers would result in loss of critical plant thus result in loss of theatre lists and significant service disruption, additional pressures on remainder of the service across Health Board.
- Serious fire management risks by association.

Existing Mitigation
- Additional PPMs are undertaken to reduce speed of deterioration however inspections and works becoming more frequent.
- Existing DCP scheme is targeting works associated with replacement of the Fire Dampers (FDs) on the site. A further TEF bid has been submitted for funding to address remaining FDs on site.

Recommendations from Site Visit
- Given the changes to the AHMWW programme replacement of the plant should be explored including Fire Dampers to plant where not undertaken by the DCP / TEF bids, and costs ascertained to determine final scope of the project.

- Refurbishment* of the units may be possible via:
  - Upgrade to intake sections including flooring sections,
  - Installation of new atmospheric damper systems and associated actuators,
  - Replace old, obsolete fans for new, energy efficient EC fans,
  - Installation of new components and ancillaries.

**Exact scopes to be ascertained to determine cost benefit analysis of refurb verses replacement.*

Subject to further analysis, temporary theatre capacity may be required to be supplied as enabling works ahead of the delivery of the AHUs to existing theatres.

Major Infrastructure (Business Continuity) Investment Programme

Update on Progress

April 2025

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Background

A challenging journey:

- Initial Programme Business Case (PBC) submitted (2019) – circa £528m (PubSec 250)
- First re-appraisal (2020) – £246.464m (PubSec 250)
- Second re-appraisal and presentation to Infrastructure Investment Board (IIB) (July 2021) – £87.275m (PubSec 250)
- Spring 2022 - £98.12m (PubSec 281)
- February 2023 - £130m (PubSec 293) – Note: £150k Welsh Government (WG) support to identify key patient risks
- Multiple reviews requested by WG / NNHS Wales Shared Services Partnership (NWSSP) to reduce capital expenditure throughout Summer / Autumn 2023
- Summer 2024 – reduced to circa £17m (PubSec 293)
- On going challenges with NWSSP regarding risks presented by Health Board

Progress was updated to Health &Safety Committee (HSC) in January 2024

(deep dive into estate risks)

Slide 1
April 2025

Key Issues

- Continued challenge from NWSSP delaying any progress to formal Business Case stage.
  - Fee levels
  - Risk / Priority
- Clear need for a refreshed approach with NWSSP to include increased levels of engagement and collaborative working.
- This was commenced November 2024.

Health Board Estate Fragility

Delay in any meaningful investment in Major Infrastructure Investment Programme (MIIP) since 2018 - PBC

- Oldest age profile of existing estate in Wales
- Continuing deterioration of the estate
- Backlog Maintenance increased to c.£250m(+)
- Ongoing challenges on Business Continuity for critical services
- All-Wales Capital funding only option to invest scale and pace needed
- Extensive Risk Assessment process supporting the above

Siarad Iechyd Talking Health
hyderus o ran anabledd CYFLOGWR
disability confident EMPLOYER
Calon Iechyd Lleol The Heart of Local Health
1000 LIVES O FYWYDAU

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Revised Approach Taken

Enhanced engagement with NWSSP-SES

- Liaison group established with key technical personnel to consider risks in an open and transparent way
- Collaborative working to assess Risk Prioritisation between the Health Board and NWSSP-Specialist Estate Services (SES)
- Extensive discussion and cooperation with NWSSP-SES in establishing a supported Risk and Consequence statement on key areas
- Co-developed a report with NWSSP-SES to highlight risks *(now complete)*

Revised Approach Taken

What does this document include / not include?

Includes:

- Top priority risks supported by NWSSP-SES
- A range of urgent infrastructure investments including – electrical, enveloping, water and air handling plant
- Funding in place from WG to develop – design scoping, planning and costing information in preparation for later Business Case process
- WG are in support of this programme and have confirmed in their All-Wales prioritisation letter the support for further work to identify major infrastructure risks across the estate

What is included

Summary of Projects

Full details contained within – document ref "*Major Infrastructure Business Continuity - Risks & Patient Impact Report*"

Prince Philip Hospital (PPH)

- PPH Water Tanks replacement
- PPH Low Voltage (LV) / High Voltage (HV) Board replacement

Withybush Hospital (WGH)

- WGH Roofing repairs (note Reinforced Autoclaved Aerated Concrete (RAAC) Risk)
- WGH Electrical Infrastructure (HV&LV)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

What is included

Summary of Projects (continued)

Bronglais Hospital (BGH)

- BGH Low Voltage (LV) / High Voltage (HV) Board replacement

Glangwili Hospital (GGH)

- GGH Enveloping, Roofing & Guttering
- GGH Electrical Infrastructure (HV&LV)

What is NOT included

Revision to Timelines for New Hospital Programme

- Longer term infrastructure investments if existing hospital sites are retained for circa 10 – 20 years
- Much needed Internal refurbishment programmes and ward condition upgrades
- Requirements for estate investment linked to future clinical and service changes

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Next Steps

- To conclude the future scoping works and engage with WG to progress development to Business Case stage
- Further consider the longer-term needs of the estate and how this is incorporated into wider clinical service redesign(s) and development control planning

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Any Questions?

3

11:00, 10 min

3 - BREAK

4

11:10, 0 min

4 - Population Health, Primary and Community

4.1

11:10, 20 min

4.1 - Deep Dive PO10: Population Health

Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health), Bruce Bolam (Hywel Dda UHB - Deputy Director Public Health/Consultant in Public Health)

For assurance

Attachments

4.1 SPC PO10 Population Health Deep Dive Report April 2025.pdf

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

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

- Planning Objective 10: Population Health

- Executive Lead Dr Ardiana Gjini

- Reporting Officers Dr Bruce Bolam and Bethan Lewis

- 2025/26

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

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

The aim of Planning Objective 10

- To improve population health, reduce avoidable health inequalities and prevent avoidable disease impacting the Health Board.
- The underlying principles of Planning Objective 10 are to leverage the Health Board’s capacity and capability as a healthcare provider, employer, anchor institution, and partner agency to improve population health outcomes.
- Key priorities for health promotion, health protection and healthcare public health activities are developed and reviewed in the annual planning cycle.
- Population Health is a Ministerial Priority for 2025/26.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

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

What have been the key achievements so far? Activities completed in Quarter 4 reporting period.

Key deliverable actions for reporting period, including those reported in previous quarters, are complete.

- **10.3 Deliver on National Immunisation Framework with a focus on increasing uptake of Measles Mumps Rubella vaccination (MMR) and seasonal immunisations –** Delivery of seasonal flu and autumn COVID-19 booster programmes completed to population eligible groups and healthcare staff throughout quarter with focused mop up offers. Targeted focus on offer of MMR2 and Pre-school booster communicated with Primary Care with uptake increase noted to 91% and communication arranged to all households via leaflets.
- **10.5 Delivery of Whole Systems Approach to Healthy Weight –** 110+ stakeholders engaged across the region, leading to 'Access to Food' as a priority sub-system; two of three Public Service Boards (PSBs) adopted healthy weight as a strategic priority, with place-based asset mapping completed to guide local solutions.
- **10.7 Progress the development of the Social Model for Health and Wellbeing (SMfHW) –** Launched 'Creating Change Together' across three counties, evolving into a dynamic community of practice aimed at driving local project- and partnership-based action, and fostering shared learning on health equity. SMfHW Maturity Matrix to be embedded in Wellbeing of Future Generations (WBFG) Maturity Matrix and Progress tracker to support embedding Social Model for Health and Wellbeing across Wales.
- **10.8 Alcohol and drug use –** The tender evaluation has been completed. Tender negotiations are currently ongoing as part of the procurement process, and we will be in a position to confirm further in April 2025.

What have been the key achievements so far?
A Reflection on 2024/25 - Key Achievements

Give Children and Young People the best start in life

- Regional Partnership Board (RPB) Children and Young People's Board re-established.
- 100% of secondary schools and 74% of all schools are action planning for Whole School Approach to Emotional and Mental Wellbeing.
- Early Years Needs Assessment completed and knowledge mobilisation activities undertaken.

Held a Social Model for Health and Wellbeing Summit featuring keynote speakers, including Professor Sir Michael Marmot, to celebrate and promote the system-wide adoption of equity and wellbeing principles of the regional Social Model for Health and Wellbeing. This initiative is supported by a regional steering group with national leadership.

Community of Practice Housing and Health - Since September 2024, Hywel Dda University Health Board (HDdUHB) has convened a Community of Practice on indoor warmth. This has worked with fuel poverty organisations, housing partners plus other agencies to deliver a range of offers to help people maintain adequate heat in their homes and thus help to reduce NHS pressures. This includes existing partners, such as the Welsh Government Warm Homes NEST project, plus new partners, including Warm Wales, Severn Wye Energy Agency and Hope4U.

Health Protection – Assertive Outreach work commenced in June 2024, in partnership with The Wallich, a homeless charity. Nine outreach days held across 'hot spot' areas in Llanelli, Carmarthen and Ammanford. 54 Contacts, six of whom only came forward due to receiving a blood transfusion prior to 1991 (Infected Blood Inquiry).

Health Protection – Find and Treat Bus in partnership with Public Health Wales and University Hospital London a targeted Tuberculosis (TB) and Blood-borne Virus (BBV) screening service provided in Llanelli area for homeless, refugee/asylum seekers and at risk population.

Harm Reduction – Drugs and Alcohol 93.2% of those accessing drug and alcohol services successfully completing treatment, first in Wales.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

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

What have been the key achievements so far?
A Reflection on 2024/25 - Outcomes

Give Children and Young People the best start in life

- Number of health aspects completed by pre-school settings = 42.
- 86% of schools are engaged in an active Health Promoting Schools offer.
- 27 training courses provided for schools and pre-schools workforce with 859 participants attending in total.
- Pilot programmes commenced in Infant Feeding, First 1000 Days: Food, Nutrition and Movement, Starting Well - Arts in Health/Peri Natal Mental Health initiative.

Social Model for Health & Wellbeing Summit

- 98 people attended from 18 different organisations across the region. seven speakers – two of them keynote and other high-level representation from key partners. Social Model for Health and Wellbeing Charter supported by organisations. Key messages and learning from the day will inform next steps for embedding a Social Model for Health and Wellbeing.

Community of Practice Housing & Health

- We are leading a Bevan Exemplar project on housing and health, which has potential for All-Wales 'spread and scale'. Using a novel performance system developed by a multi-agency group in Phase 1 of the project, over the last three years the delivery of housing and health work has increased by 20% to 65%. The ambition is to continue the Phase 2 on that trajectory over the next three years to achieve >85%, potentially leading to an All-Wales programme.

Health Protection – Assertive Outreach work

- 48 BBV tests, 34 syphilis test, 23 Hepatitis B vaccinations provided (43% of contacts).
- 10 Hepatitis C antibody positive (18.5%), seven Hepatitis C PCR positive (13% ongoing infection).

Health Protection – Find and Treat Bus

- 85 people attended the screening in the local community – good response.
- 84 chest x-rays completed, 85 blood tests completed. four Hepatitis vaccinations provided

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

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

What needs to be done next?

- Increase immunisation rates: raising HPV coverage from 78% to 80%, MMR2 from 88% to 90%, and flu vaccination rates for priority populations by 3%.
- Expand Smoking Cessation Access: Aim for 5% of adult smokers to attempt quitting, increasing CO-validated quit rates to 20%.
- Accelerate HIV and Hepatitis Elimination: Increase testing and early detection to align with 2030 elimination goals.
- Reduce Drug-Related Harm: Target interventions for women in addiction, users of performance-enhancing drugs, and at-risk communities.
- Improve Childhood Health Promotion: Support activities in pre-school and school settings, pilot infant feeding services to boost breastfeeding rates.
- Embed Social Model for Health & Wellbeing: Strengthen community partnerships, volunteering, and social innovations.
- Develop Climate Change Adaptation Plan: Strengthen health system resilience and business continuity.
- Advance digital public health: improving productivity, reach and impact.
- **Strengthen Prevention through Health Services: Scale up training for Making Every Contact Count, health coaching, and weight management services.**

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

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

What needs to be done next?

Risks

- Low immunisation uptake: Expand school-based vaccination and targeted GP outreach.
- Low smoking cessation uptake: Strengthen referral pathways via Making Every Contact Count (MECC) trained professionals and pharmacy.
- Limited MECC and workforce capacity: Review and scale prevention training, reporting and service improvement efforts across Primary and Secondary Care.
- Limited digital tools: Confirm requirements early and integrate into digital and innovation strategies.

Opportunities

- Funding and delivery mechanisms: Leverage value-based healthcare and social innovation and Artificial Intelligence (AI) driven efficiencies.
- Climate resilience: Position the Board as a leader in climate adaptation in healthcare.
- **Testing the 20-4-7 model: Targeted prevention in high-need communities, on priority risk factors and prevention priorities.**

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

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

What are your take home messages for the Committee?

- A stronger focus on activity and outcome measures has been taken into the 2025/26 planning cycle.

- Developing and testing a 20-4-7 model to further embed prevention across health services is a key priority, requiring supporting action across directorates.

4.2

11:30, 10 min

4.2 - PSBs Well-being Assessments - Well-being of Future generations (Wales) Act 2015 (WBFGA)

Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health), Bruce Bolam (Hywel Dda UHB - Deputy Director Public Health/Consultant in Public Health)

For assurance

Attachments

4.2 PSB Well-being Assessment SPC SBAR.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR STRATEGAETH A CHYNLLUNIO
STRATEGY & PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 April 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	PSBs Wellbeing Assessments - Wellbeing of Future Generations (Wales) Act 2015 (WBFGA)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Ardiana Gjini, Executive Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Trina Nealon, Principal Public Health Practitioner

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Hywel Dda University Health Board (HDdUHB) is a statutory member of Public Services Boards (PSBs) in Carmarthenshire, Ceredigion and Pembrokeshire and the West Wales Regional Partnership Board (RPB).

Each PSB Well-Being Plan has four priority areas, with an over-arching theme of reducing inequalities, inequity and poverty. Delivery and Task and Finish Groups have been established to support specific programmes reflected in the Plans with governance arrangements in place to the PSB.

The purpose of this report is to provide an update to the Board in respect of the recent work of the three PSBs and the RPB.

Cefndir / Background

PSBs were established under the Well-being of Future Generations (Wales) Act 2015 (WFGA), with the purpose of improving the economic, social, environmental and cultural well-being of populations within their geographic areas by strengthening joint working across all public services in Wales. The effective working of PSBs is subject to overview and scrutiny by the Well-being of Future Generations Commissioner and Audit Wales, as well as by designated Local Authority overview and scrutiny Committees.

The Well-being of Future Generations (Wales) Act 2015 requires each local authority area in Wales to establish a PSB. HDdUHB is therefore a member of Carmarthenshire, Ceredigion and Pembrokeshire PSBs, and is represented on these strategic partnerships by the Executive Director of Public Health.

The WFGA places a collective well-being duty on each Board to improve the economic, social, environmental and cultural well-being of its area though its contribution to meeting seven national Well-being Goals established by Welsh Government.

A PSB must produce a **"**Local Assessment of Well-being**"** which was last refreshed in 2022 and used to inform the production of "Well-being Plans" which contain "Well-being Objectives" that contribute to achieving the national Well-being Goals as laid out by WG. All three PSB Well-being Plans were published in 2023 for a three-year period, due to be reviewed and published in 2027.

The Health Board developed eight well-being objectives in 2019 that aligned with the strategic objectives to support long-term goals as outlined in the strategy, *A Healthier Mid and West Wales: Our Future Generations Living Well* (HDdUHB, 2019). These objectives are not confined to a single national outcome and align to more than one of the seven well-being goals as outlined in the Act. The Health Board publishes an Annual Report that outlines activities and programmes that contribute to achieving the national Well-being goals. These Objectives will be reviewed in 2025, in consultation with all staff, to inform future reports and publications.

Regional Partnership Boards, based on Local Health Board footprints, became a legislative requirement under Part 9 of the Social Services and Well-being (Wales) Act 2014 (SSWBWA). Their core remit is to promote and drive the transformation and integration of health and social care within their areas, linking with PSB partners and established Delivery Groups.

Asesiad / Assessment

West Wales Regional Partnership Board Update
The RPB last met on 27 January 2025, focusing on proposed changes to form and function, and the identification of key priorities. Proposed changes were agreed, as was a focus on agreeing priorities and utilising Board meetings to spotlight priority for strategic discussion and direction. The importance of key data sets was highlighted, as was improving engagement with other RPBs. The '50-day challenge' was discussed, and an agreement that further discussion was needed on the role of the RPB within this process. A 'Senior Manager/Executive Workshop' is planned to identify high level, long term strategic priorities to be agreed.

The NEST (Nurturing, Empowering, Safe, Trusted)/NYTH Framework, (Welsh Government, December 2024), for improving the mental health and wellbeing of babies, children, young people and their families, and the feedback received from Welsh Government was discussed, together with the role of the Children and Young Persons Board. It was agreed that a current vacant post within the Regional Partnership team be re-assigned to ensure compliance. The introduction of increased reporting for individual projects was also agreed.

The role of the RPB and how it can add value and ensure it meets its aims has been the subject of discussion in a number of planned meetings between senior Executives and the Chair and Lead of the RPB. Once completed, a written report will be presented to the Board. It will also be part of the refresh of the self-assessment tool and the Population Health Needs Assessment that each RPB in Wales must complete by September 2025.

The '50-Day challenge' has continued to evolve, with the funding announced. Additional supporting papers have been requested, including completion of an initial '50 day' funding template, a review of spending/achievements within eight weeks, a self-assessment tool to facilitate a discovery discussion, and ongoing weekly slides. The Regional Partnership team has worked closely with partners to develop a dashboard to evidence outcomes/outputs, and the funding has been added to our 'tracker' to enable monitoring of funding alongside Regional Integration Funding and 'Further Faster'.

The Health and Social Care Regional Integration Fund (RIF) is currently at the half-way point of its five-year cycle, and two meetings have been held to begin discussing the future of RIF and

options for further iteration. A general consensus view is that this will be aligned to the vision of an Integrated Community Care System (ICCS)

The RPB conference and awards were held in March 2025, and partners were encouraged to sign up.

PSB Well-being Plan Update
PSB Well-being Plans have agreed objectives (or 'themes') which reflect the findings from the Well-being Assessments and subsequent engagement exercises which took place with key stakeholders, communities and PSB partners prior to publication. All three PSBs have cross-cutting themes of reducing inequalities, inequity and poverty and these are reflected in the updates provided by each PSB to inform this paper.

Ceredigion PSB
Ceredigion PSB met on 3 March 2025.

The Activity Tracker of progress made during the quarter against the identified priorities within the Local Well-being Plan for 2023-2028, was presented to the Board for comment and feedback.

It was noted that work had commenced on drafting the Ceredigion PSB Annual Report 2024-2025, which is planned to be presented at the PSB meeting in June 2025.

Discussion took place on publicising and sharing Well-being Plan Information Events that are relevant to all partners of the PSB. A calendar would be added to the PSB's website to help promote these activities.

The PSB received feedback on the Lampeter Well-being Show held on 28 March 2024. Over 20 stalls were present and insights from the event will be shared via a report, with PSB partners. It was suggested that a similar event could be held in other areas such as Cardigan and noted that support to host events could be accessed via Ceredigion Association of Volunteer Organisations (CAVO).

The PSB Chair provided an update on joint work between CAVO and Mid and West Wales Regional Safeguarding Children Board (CWMPAS) relating to community travel and engagement and access to services and support, the recently held workshop relating to the Shared Prosperity Fund and future regional collaboration.

A spotlight session on 'Ways of Working' was presented to the group, highlighting the work of Ceredigion County Council in developing and adopting a hybrid way of working utilising organisational assets and estates.

Other items discussed included the Refugee Resettlement Group update and feedback from Ceredigion County Council Co-ordinating Overview and Scrutiny Committee.

Well-being in Lampeter Delivery Group
The revised Lampeter Poverty and Deprivation Report was presented to the group. The report provides an overview of both urban and rural issues in ward areas Lampeter 1 (primarily in Lampeter town centre), and Lampeter 2. The report highlighted issues around community safety, emphasising concerns around high rates of specific crimes, increasing housing prices and high levels of unclaimed pension credit.

An update was received on the provision of youth services available, including the new Phoenix Project, Area 43, Stage Goats and a new Youth Café.

A Whole System Approach to Healthy Weight session had taken place, around asset mapping with access to food being the key priority focus area.

The group also received an update on the recent Good Food Survey, with over 200 responses received, and noted that a Social Model for Health and Wellbeing Summit event was taking place on 20 March 2025 to which a number of PSB partners had been invited.

Climate and Nature Delivery Group
It was noted that, due to the current Chair of the Group leaving their role with Natural Resources Wales (NRW), and with NRW currently undergoing a staff restructure, a replacement (and consequently a new Chair) has yet to be assigned. It is hoped that NRW's new staff structure will be in place from the start of the next financial year, and a new Chair appointed to continue the work of the Delivery Group.

It was noted that an opportunity to collaborate with Carmarthenshire PSB to complete the Climate Change Risk and Opportunity Assessment had been identified, with an initial meeting scheduled.

A meeting with the national Healthy Travel Lead and the Partnerships and Civil Contingencies Manager, Ceredigion County Council has been arranged as part of ongoing work relating to the Mid and West Wales Healthy Travel Charter.

Well-being in Cardigan Delivery Group
The group received the same update on the Good Food Survey and an update on the Age-Friendly Project.

It was noted that twelve members of the group had attended training to map food systems as part of the Whole System Approach to Healthy Weight.

Carmarthenshire PSB
Carmarthenshire PSB met on 21 January 2025.

Members noted that Welsh Government's, *Future Generations Commissioner's Report, 2025* is due to be published on 29 April 2025 and members agreed that this document would provide key drivers for setting future well-being objectives, reflecting the key priorities outlined in the Report – noted as better community involvement, simplified partnerships, and a focus on inequality and prevention. Key recommendations included promoting Community Wealth Building, making culture a statutory requirement, developing food strategies, establishing nature recovery targets, and prioritising prevention across policies. The published report will be placed on a future agenda for further discussion.

Members received an update from the Whole Systems Approach to Healthy Weight, Healthy Wales programme, and confirmation that the regional work will focus on food access and affordability, and the importance of local sourcing and community partnerships.

The Head of Children's Services, Carmarthenshire County Council, introduced the Corporate Parenting Charter, highlighting the principles and promises to support care-experienced young people, and called for nominations to develop the offer.

A Climate Change Risk Assessment meeting was held on 4 March 2025.

Safer Communities Partnership
The group met on 31 January 2025. Key agenda items included:

- Implementation of the Single Unified Safeguarding Review process
- Domestic Homicide review action plans
- Initiatives funded by the Home Office Anti-Social Behaviour Hotspot
- Additional projects agreed to be funded by the Home Office Serious Violence funding stream
- An overview of the proposed Prevention Partnerships

Pembrokeshire PSB
Pembrokeshire PSB met on 4 February 2025.

The meeting focused on the Strengthening Communities workstream, where PSB partners took part in a 'Most Significant Change' (MSC) session. This technique is a form of participatory monitoring and evaluation, involving the collection of stories and data. Those examples showing the most significant outcomes are then examined by a panel selection process. Panel participants consider each story to identify the type of change that has occurred, for example, in the quality of people's lives or in organisational culture. Four stories, which had been through a selection process led by the operational and strategic Strengthening Communities Groups were chosen for considered by the PSB. It was noted that balancing measurable and meaningful data to inform organisational decision-making is needed but is challenging in practice.

Updates were also provided on the Poverty workstream of the PSB Well-being Plan including the local Family and Community Engagement (FaCE) Programme, which was noted as an example of joint working with education, health, social services and housing.

The Nature, De-carbonisation and Climate Change (NDC) Group discussed options for future Chairing of the NDC group as the current Chair is stepping down. It was noted that Pembrokeshire County Council is currently monitoring 24 climate adaption initiatives and projects and developing a climate adaption toolkit for local communities.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** that the Health Board is working effectively with Statutory Partners in order to meet the required obligations as laid out by the Well-being of Future Generations (Wales) Act 2015 and the Social Services and Wellbeing (Wales) Act 2014.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.13. Consider population health and wellbeing assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:	Not Applicable

Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	All UHB Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Well-being of Future Generations (Wales) Act 2015 Social Services and Well-being (Wales) Act 2014
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategy and PlanningCommittee:	PSB Well-being Plan Update provided to the Strategic Development and Operational Delivery Committee on 29 February 2024. Bi-monthly Update Reports produced for HDdUHB Board Meetings (last reported, 27 March 2025)

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	HDdUHB staff time to support progression of PSB Assessments of Local Well-being as well as supporting project groups established to deliver existing Well-being Plans. The Regional Partnership Board is working collaboratively to deliver “A Healthier West Wales”. Health and Social Care Regional Integration Fund (RIF) funding will flow into the Health Board, but its use must be agreed through the RPB. Guidance issued in relation to the funding also identifies a requirement to identify an element of match-funding in order to be eligible for RIF funding.

Ansawdd / Gofal Claf: **Quality / Patient Care:**	Improving the well-being of the population is at the forefront of this legislation.
Gweithlu: **Workforce:**	Implementing the five ways of working required under the Well-being of Future Generations (Wales) Act 2015 should lead to increased collaboration and integration between services, professionals and communities. "A Healthier West Wales: Transformation proposal by the West Wales Regional Partnership Board" includes a key programme of work focused on "an asset-based workforce". This work will be refreshed as part of the development of new proposals to implement the requirements of the Regional Integration Fund.
Risg: **Risk:**	The Health Board has a duty to work collaboratively to address the seven Well-being Goals for Wales. Embedding the principles of the act into everyday business is therefore paramount and contributing to the project and delivery groups of PSBs needs to demonstrate the synergy with achieving the Health Boards goals.
Cyfreithiol: **Legal:**	*The Well-being of Future Generations (Wales) Act 2015* (the Act) provides that the Health Board (as a designated public body) must publish a Well-being Statement, Well-being Objectives and provide an Annual Report on progress towards meeting these objectives. An aim of the Act is to place communities at the heart of decision making. The public can use the Act to ensure that public bodies are taking the approach to decision making that utilises the five ways of working in line with the sustainable development principle when developing or making changes to services that impact upon them and their community. The Health Board will need to ensure that all transformation and service change projects, including capital developments, take account of the new statutory requirements.
Enw Da: **Reputational:**	There is a statutory requirement for the Health Board to contribute to the work of the PSBs.

Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	The focus of equality runs throughout the work of the PSBs aligned to the Well-being goal: A More Equal Wales

4.3

11:40, 10 min

4.3 - Pharmaceutical Needs Assessment: Annual Review

Jill Paterson (Hywel Dda Health Board - Director of Primary Care, Community and Long Term Care), Rhian Bond (Hywel Dda UHB - Assistant Director of Primary Care)

For assurance

Attachments

4.3 SPCSBARPNAApril 2025.pdf

PWYLLGOR STRATEGAETH A CHYNLLUNIO
STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	24 April 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Pharmaceutical Needs Assessment
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jill Paterson, Director Primary Care, Community and Long Term Care
SWYDDOG ADRODD: **REPORTING OFFICER:**	Rhian Bond, Assistant Director of Primary Care

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The publication of the NHS (Pharmaceutical Services) (Wales) Regulations 2020 required Health Boards to produce and publish a Pharmaceutical Needs Assessment by October 2021.

Cefndir / Background

Section 82A of the National Health Service (Wales) Act 2006 (the "2006 Act")1 requires each local health board (LHB) to assess the pharmaceutical needs for its area and to publish a statement of its assessment and of any revised assessment. Termed a "pharmaceutical needs assessment" (PNA), the NHS (Pharmaceutical Services) (Wales) Regulations 2020 (the "2020 Regulations") set out the minimum information that must be contained within a PNA and also outline the process that must be followed in the development of the PNA.

In summary, the 2020 Regulations provide:

- The definition of pharmaceutical services (Regulation 2)
- The date by which the first PNA must be published (Regulation 5)
- When LHBs are required to publish a subsequent assessment or supplementary statement (Regulation 6)
- The minimum information that must be contained within a PNA (Regulations 3, 4 and 8 and Schedule 1)
- The minimum consultation process that each LHB is required to undertake during the development of its PNA (Regulation 7)
- How the PNA is to be published (Regulation 9)

Health Boards have a statutory duty to prepare and publish a Pharmaceutical Needs Assessment and once published to undertake a review and publish a revised document within five years of the first publication. The PNA is intended to improve the planning and delivery of pharmaceutical services through the consideration of population health needs and the alignment of services (Community Pharmacies and Dispensing Doctors) accordingly.

"Pharmaceutical services", are defined within the 2020 Regulations as all pharmaceutical services that fall within Section 80 and 81 of the 2006 Act, namely: essential services, and advanced and enhanced services set out in Directions made by the Welsh Government (as published in the Drug Tariff).

The following, as outlined in Regulation 10 of the 2020 Regulations, are included in a pharmaceutical list. They are: 2020 Regulations: Non-statutory Guidance for LHBs pharmacy contractors, and dispensing appliance contractors

Since the publication of the Hywel Dda University Health Board (HDdUHB) PNA in October 2021, there have been three changes to pharmaceutical services that have necessitated the issuing of a Supplementary Statement in line with the Regulations:

- Solva Surgery cessation of dispensing rights on the termination of the General Medical Services (GMS) contract (April 2023)
- Superdrug Llanelli when they closed the branch (December 2023)
- Saundersfoot Surgery following notification of their intention to cease dispensing (April 2025)

For each of the above situations it was determined that given the level of local provision of pharmaceutical services the withdrawal of service provision for each of these contractors did not leave a gap in service provision.

All Supplementary Statements were considered by the Primary Care Contracts Review Group which includes membership from Community Pharmacy Wales and the Local Medical Committee, prior to issuing in line with the statutory requirements.

Asesiad / Assessment

In line with the development of the Primary Care and Community Services Strategic Plan it is timely to begin the review of the current pharmaceutical needs to ensure that a revised PNA is published in line with the statutory duty.

Given that a PNA is already in existence, it is proposed that the review of current service provision and service need is reviewed at Cluster level. Each Cluster has a population health summary and has membership from both GP and Community Pharmacy Collaboratives to inform the discussion.

Each Cluster review will be considered by an overarching group, with membership in line with the Regulatory Guidance that will review all the updated Cluster submissions and reconsider the overarching needs assessment narrative to assist in finalising the PNA.

Argymhelliad / Recommendation

- Members are asked to **NOTE**:

  - The process in place for oversight of issuing Supplementary Statements in line with the Regulations; and
  - The outline process for the review and re-issuing of the Hywel Dda PNA.

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.15.Seek assurances on the development and delivery of the Primary Care and Community Strategic Plan.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	7 Primary and community strategic plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The NHS (Pharmaceutical Services) (Wales) Regulations 2020
Rhestr Termau: Glossary of Terms:	Within document
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Primary Care Contract Review Group (PCCRG)

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable

Ansawdd / Gofal Claf: **Quality / Patient Care:**	Not Applicable
Gweithlu: **Workforce:**	Not Applicable
Risg: **Risk:**	Not Applicable
Cyfreithiol: **Legal:**	Not Applicable
Enw Da: **Reputational:**	Not Applicable
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Not Applicable

4.4

11:50, 10 min

4.4 - Value Based Healthcare Update

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

For assurance

Attachments

4.4 Strategy and Planning Committee VBHC April 2025.pdf

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

PWYLLGOR ADNODDAU CYNALIADWY
STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 April 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Value Based Health Care
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr. Mark Henwood – Interim Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Professor Leighton Phillips, Director of Research, Innovation and Value

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report is being presented to the Strategy and Planning Committee to provide an update on the work of the Value Based Health Care (VBHC) Programme.

The Strategy and Planning Committee is asked to review the progress that has been made, and to take assurance from this report.

Cefndir / Background

VBHC is an international movement started by Professor Michael Porter in 2006, designed to shift the way healthcare systems are planned, managed and delivered to focus on health outcomes.

The VBHC programme was set up in 2019 to enable HDdUHB to identify and invest its resources in the delivery of care and services that deliver outcomes that matter most to its population. This is achieved through supporting service areas to collect and analyse Patient Reported Outcome Measurements (PROMs) and invest in service models proven to deliver high value, disinvesting in low value activities.

The current programme is driven by local needs and strategic plans and national drivers.

Local Strategic Plan
Set against the 'A Healthier Mid and West Wales Strategy,' in 2022, Hywel Dda University Health Board (HDdUHB) committed to a strategic plan for VBHC with a vision to ensure the equitable, sustainable, and transparent use of available resources to achieve better outcomes and experiences for every individual. Specifically, the plan committed to:

- Invest in the systems and processes to enable staff to routinely use patient reported outcomes and resource utilisation data in planning, organising and delivering healthcare.
- Developing the knowledge and skills of staff to put the theory of VBHC into practice.

- Establish partnerships to understand how to optimise the wider societal benefits of adopting a VBHC approach and accelerate the innovations with demonstrable potential to securing them.

Substantial progress has been made against all the goals. Some notable achievements have included:

- Investment in systems and processes to routinely capture Patient Reported Outcome Measures, culminating in the Health Board becoming the largest numerical collector of PROM data on the DrDoctor platform in the UK.
- Establishment of a VBHC Delivery Fund, which is responsible for the investment of approximately £1m per annum on value driven projects aimed at demonstrating novel approaches to the delivery of improved services.
- Investing in the capability and capacity of our workforce through bespoke VBHC education offerings and by partnering with the Value Based Health and Care Academy at Swansea University. Through these programmes, we have trained over 200 staff in the theory and practical application of Value Based Health Care.

National drivers

HDdUHB receives c.£1.7m pa from the Welsh Government to invest in its VBHC programme and is held to account through the National Value and Sustainability Board. Currently, the Board has identified five national high value, high impact areas that it wishes to see Health Boards advance:

- Diabetes.
- Bone Health.
- Trauma & Orthopaedics - Hips and Knees.
- Trauma & Orthopaedics - Shoulders and Elbows.
- Cardiovascular Disease - Heart Failure.

In advancing work in these areas, the National Value and Sustainability Board, encourages work in the following domains:

The work of the Welsh Government policy and service specification ‘Promote, prevent and prepare for planned care’, more commonly referred to as the 3Ps, is becoming increasingly relevant in the delivery of higher value interventions. Much of this work occurs at an earlier stage in the patient pathway, and seeks to improve outcomes, obviate the need for some interventions and use scarce healthcare resources more effectively. These ‘upstream’ objectives are contextualised by the predicted resource demands of an ageing population, who are likely to present with significantly more diseases of ageing and multiple co-morbidities. Nationally, there is a requirement to share summary PROM data, to enable the comparison and benchmarking of different populations throughout Wales. In order to achieve this goal a national PROM Standardised Operating Model (PSOM) has been developed and system suppliers were invited to tender for a national framework contract to collect, visualise and share PROM data. Five suppliers were successfully added to the national framework and a group of four Health Boards undertook a local evaluation, resulting in an award to Promptly Health as the new digital PROM solution provider.

HDdUHB VBHC Programme
The current VBHC programme is structured into five areas:

1. Enabling services to implement VBHC. This includes the National Pathways and areas determined through local plans and covers a range of activities, from PROM capture and analysis, pathway mapping, business case and plan development to independent evaluation of the impact of new ways of working.
2. Making focused investments in High Value activities. This relates to the enabling work but also encompasses 'one off' trialling of activities.
3. Investing in systems and processes. PROM and financial analysis provide fundamental nourishment for the programme activities. There is an ongoing system development and administration overhead that must be met.
4. Through the Rapid Value Programme, identification and removal of low value activity that does not contribute to improved patient outcomes.
5. Action learning. Strategic partnership and collaboration with the Value Based Health and Care Academy at Swansea University to address the development of value-driven business cases, practical steps to address regional value based procurement, and clinical engagement with value based approaches to Health Care.

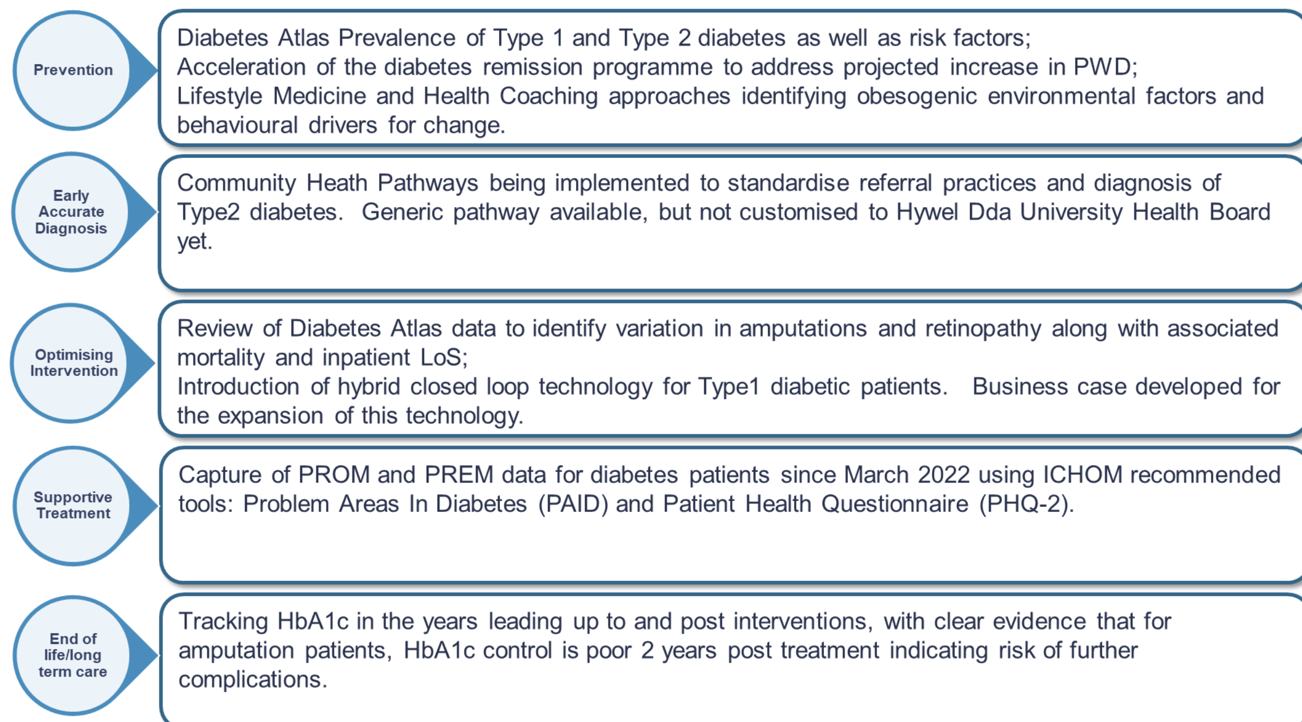
The assessment section provides the latest position against each of these programmatic activities:

Asesiad / Assessment

1. Enabling Services to Implement VBHC

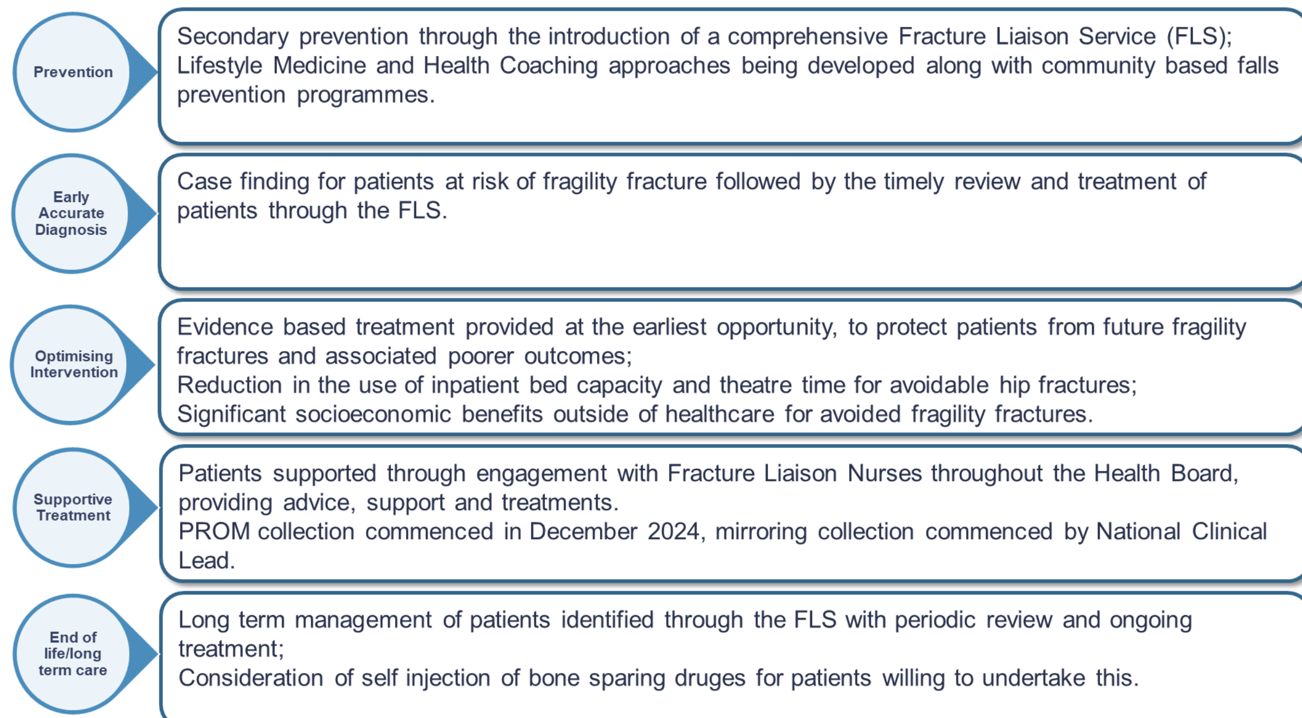
1.1 National High Value, High Impact Pathways
The HDdUHB VBHC Team have worked with service teams to consider the interventions and developments at all stages of the patient pathway through the lens of Value for each of the nationally approved High Value, High Impact pathways. Included below is a summary of the work undertaken to date in each pathway:

Diabetes



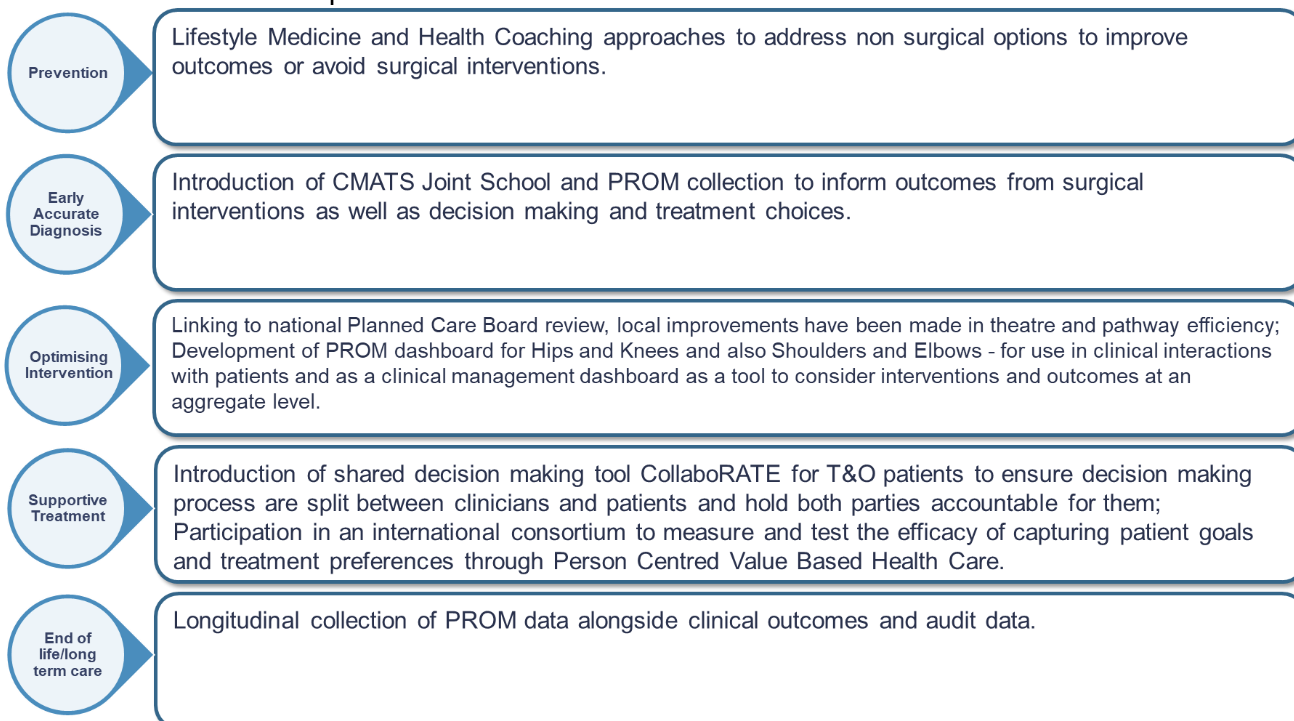
PROM data - 7,105 collections

- Bone Health



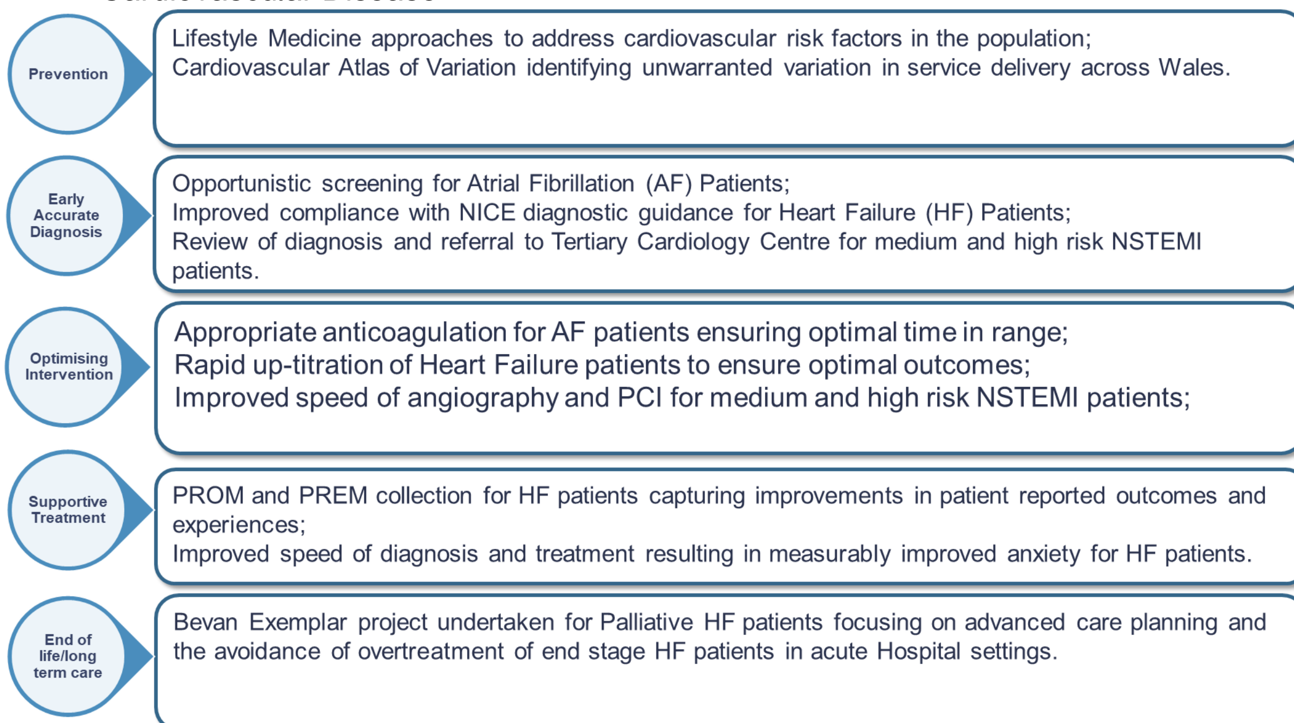
PROM data - 641 collections

- Trauma & Orthopaedics



PROM data - 11,504 collections

- Cardiovascular Disease



PROM data - 10,975 collections

1.2 Local High Value Pathways

A further two service areas have been identified locally for prioritisation, these are:

- Respiratory Disease:
    - Asthma
    - Chronic obstructive pulmonary disease (COPD)
    - Obstructive Sleep Apnoea
- End of Life Pathway

Additional Pathways
In addition to the national and local priority areas and projects that are supported through the VBHC Delivery Fund, the HDdUHB VBHC are also working and actively collecting PROM data in the following service areas:

- Mental Health Services
- Stroke
- Cancer Prehabilitation
- Endometriosis
- Perimenopause
- Chronic Pain BPS
- Urology Trial Without Catheter (TWOCC)
- Bowel and Bladder Service
- Colorectal Cancer
- Lung Cancer
- Musculoskeletal (MSK) Physiotherapy
- Irritable Bowel Syndrome (IBS)
- Inflammatory bowel disease (IBD)
- Long COVID
- Specialist Weight Management Service
- Ophthalmology Age-related Macular Degeneration (AMD)
- Clinical Musculoskeletal Assessment and Treatment Service (CMATS)
- Chronic Pain Medical
- Bronchiectasis

2. Making Investments in High Value Activities
Through Welsh Government funding, the HDdUHB VBHC Team have provided resources to support the following projects:

- **Atrial Fibrillation (AF)** – opportunistic AF screening in Podiatry Clinics
- **Lymphoedema** – ongoing support for national team and avoidance of disease progression
- **Heart Failure** – one stop diagnostic clinics and improved compliance with National Institute for Health and Care Excellence (NICE) guidelines
- **Fracture Liaison Service (FLS)** – funding to implement FLS across the Health Board
- **Acute Kidney Injury** (AKI) – introduction of novel AKI nurse role to better manage AKI
- **Vascular Podiatry** – novel approach to treatment within HDdUHB using better staff mix
- **Virtual Reality (VR)** – use of VR headsets to manage palliative care patients
- **Diabetes Remission Service** – improved access to diabetes remission service
- **Lifestyle Medicine** support and evaluation – demonstrating the impact of prevention
- **Obstructive Sleep Apnoea** patients remotely monitored and managed through the procurement and distribution of modems for Continuous Positive Airway Pressure (CPAP) machines.

3. Investing in Systems and Processes

Digital PROM Solution

Following a procurement off the national framework, HDdUHB were the first Health Board to implement the Promptly Health initiative and undertook an ambitious implementation plan that transitioned all of the existing PROM collections across. As part of this, over 200 staff were trained on the new platform. PROM data is being provided to the National Data Resource and patient level visualisation of PROM data is now available within the Promptly platform for all service areas that collect PROMs.

Further work is required by Digital Health and Care Wales (DHCW) to ensure that national systems are fully integrated, enabling PROM collections to be triggered at all points in the pathway (currently limited to outpatient activity) and patient level visualisations to be available in Welsh Clinical Portal alongside pathology results, radiology investigations and clinic letters.

4. Stopping known Low Value activities

Rapid Value Programme

Alongside the core VBHC Programme, HDdUHB has initiated a Rapid Value Programme. This work is founded on the principles of Lean and focuses on the identification and elimination of waste in pathways where it does not add to the achievement of better outcomes for patients. The Rapid Value Programme works in 90-day sprint cycles with approximately 10 projects per sprint. The current work programme for the Rapid Value Programme includes the following:

- Biosimilar switch
- Nitrous oxide usage
- Palliative Care review
- Pathology Faecal Immunochemical Test (FIT) testing and d-dimer
- Maternity services review
- Women ad Children (W&CH) Health neurodevelopment review
- W&CH Psychology and intervention
- Withybush Hospital (WGH) Medical Day Unit review
- Childrens continence service
- Stroke Early Supported Discharge (ESD) service review
- Mental Health service review
- Electronic Prescribing and Medicines Administration (EPMA) evaluation
- Porth Preseli implementation and evaluation

5. Delivery VBHC Action Learning

In order to support some of these approaches, it is also suggested that a collaborative arrangement with Swansea University VBHC Academy could enable more nuanced approaches to the development of Value driven business cases, enable regional Value based procurement to be undertaken and to provide small digestible educational offerings on key aspects of Value.

6. Plans

Looking ahead, the VBHC Team will now work to update and refocus the strategy document 'Our Approach to Value Based Health Care 2022-2025' with a revised plan that will be based upon the routine use of PROM data at the patient, cohort and population level and the changes that this enables. Additionally, the plan and goals will reflect the national and local objectives of evidencing the impact of preventative approaches using health coaching and lifestyle medicine approaches. A revised strategic plan will be presented to the Committee after December 2025 with a view to approving for publication in March 2026.

In developing the new plan, some key themes and opportunities have emerged:

Preventative

- Lifestyle Medicine/Health Coaching
- Development of wellness app
- Community based health check/screening
- Community based falls prevention programmes

Interventional

- Acceleration of diabetes remission programmes
- Improved access to closed loop glucose monitoring for eligible patients
- Remote monitoring of obstructive sleep apnoea
- Perioperative review of surgical patients
- Use of Virtual Reality (VR) technologies in palliative care, Intensive care Unit (ICU) and older adult mental health (MH) settings
- Improved access to Arts in Health
- Acceleration of Women's Health Psychology

Flow

- Wider rollout of Same Day Emergency Care (SDEC)/ Same Day Urgent Care (SDUC) models
- Central Allocation Team for Care and Health (CATCH) Team
- Hospital at Home
- Alternative approaches to Medically Fit for Discharge patients

7. Challenges

The challenges to enacting the VBHC strategic plan are primarily centred around the integration of national systems with the widely adopted PROM solution, Promptly Health. This issue means that PROM collections are limited to automatic collection through outpatient activity and cannot be triggered in primary or community care. Furthermore, the PROM data is only viewable within the Promptly platform, which would require clinicians to log into, search for the correct patient and then view the PROM data instead of viewing it directly in Welsh Clinical Portal, alongside other patient data.

These digital challenges have been highlighted to the local Digital Team as well as to the national Digital Health and Care Wales (DHCW) team.

Argymhelliad / Recommendation

The Strategy and Planning Committee is asked to:

- RECEIVE ASSURANCE from this report on the work of the Value Based Health Care Programme.
- NOTE that this is responsive to the priorities of the organisation as well as the nationally agreed pathways.

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

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	
Amcanion Cynllunio Planning Objectives	6 Clinical services plan 10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Annual Report of the Chief Medical Officer 2018/19 'Our approach to Value Based Health Care'
Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Strategy and Planning Committee:	Sustainable Resources Committee VBHC Management Group National Value in Health Community of Practice

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	A VBHC Business Case has been submitted and approved by the Sustainable Resources Committee to support the implementation of a comprehensive VBHC Programme.

	In addition to this Business Case, project plans are being constructed for individual services and pathway areas. These plans culminate in a Service Review process that considers the resources consumed in delivering services against the outcomes achieved by patients. The insights and proposed changes may impact all elements of a service both in pay and non-pay and are built upon the principles of Prudent Healthcare.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	VBHC is designed to improve outcomes and the use of resources in delivering them. It is also driven by prudent healthcare principles which drive the delivery of equitable services across the Health Board.
Gweithlu: **Workforce:**	Individual teams and resources are considered as a part of the VBHC review of services, but recommendations are owned by service areas.
Risg: **Risk:**	VBHC Programme risk assessment has been completed, however individual project areas are subject to their own project structures with risk assessment being an integral component.
Cyfreithiol: **Legal:**	None
Enw Da: **Reputational:**	None
Gyfrinachedd: **Privacy:**	Privacy Impact Assessment has been completed for PROM and PREM capture as part of the VBHC Programme.

Cydraddoldeb: **Equality:**	Equality Impact Assessment completed.

5

12:00, 0 min

5 - Capital and Estates

5.1

12:00, 10 min

5.1 - Capital Programme for 2025-26 and Capital Governance

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

Including:
Capital Planning Equipment Replacement Programme
CSC Workplan
CSC Annual Report

For information

Attachments

5.1.1 DCP Gov Update April 25 v2.pdf

5.1.2 Annex 1 - Sealing schedule.pdf

5.1.3 Annex 2 CSC Update (3As) Report.Template.V1 April 25.pdf

5.1.4 Annex 3 Major Infrastructure Business Continuity - Risks Patient Impact Report.pdf

5.1.5 Annex 4 - CSC Annual Report 2024-25 Final.pdf

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

PWYLLGOR STRATEGAETH A CHYNLLUNIO
STRATEGY & PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 April 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Capital Programme for 2024/25, 2025/26 and Capital Governance Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Eldeg Rosser, Head of Capital Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report is presented to the Strategy and Planning Committee (SPC) to:

- Update on the 2024/25 Capital Programme and Capital Resource Limit (CRL) for 2024/25
- Update on the allocation of the Discretionary Capital Programme (DCP) for 2025/26
- Notify the SPC of the contracts that may require sealing during 2025/26
- Provide a capital schemes governance update
- Update on the status of the Reinforced Autoclave Aerated Concrete (RAAC) Schemes, Withybush Hospital (WGH)
- Update from Capital Sub-Committee including a copy of the Annual Report of the Sub Committee

Cefndir / Background

This report provides an update on the 2024/25 Discretionary Capital Programme. It follows on from the report and discussion at the Strategic Development and Operational Delivery Committee (SDODC) meeting held on 27 February 2025 and the Capital Sub-Committee (CSC) meeting held on 21 March 2025.

The available capital allocation for 2024/25 and that announced for 2025/26 will provide Hywel Dda University Health Board (HDdUHB) with a significant challenge and risk in trying to address the historical backlog in:

- Medical and non-medical equipment
- Informatics and Digital infrastructure and equipment
- Estates, statutory and infrastructure

Risk
The corporate risk 1196 states:

There is a risk the Health Board is not able to provide safe, sustainable, accessible and kind services. This is caused by insufficient investment to ensure appropriate facilities, medical

equipment and digital infrastructure of an appropriate standard. This could lead to an impact/effect on the Health Board's ability to deliver its strategic objectives, service improvement/ development, statutory compliance (ie, fire, health and safety) and delivery of day-to-day patient care.

Discretionary Allocation Use
The terms of the Discretionary Capital Allocation letter from Welsh Government (WG) state:

Discretionary capital is that allocated directly to NHS organisations for the following priority obligations across all healthcare settings: Meeting statutory obligations, such as health and safety and Firecode; maintaining the fabric of the estate; and the timely replacement of equipment.

The prioritisation process for DCP includes representation from Executive portfolios at the Capital Planning Group (CPG) which reports to the CSC, and the position set out is consistent with that reported to the Sustainable Resources Committee (SRC).

Asesiad / Assessment

Capital Resource Limit 2024/25
The CRL for 2024/25 has been issued with the following allocations:

Allocation	£'m
All Wales Capital Programme (AWCP)	33.899
Discretionary Programme (gross allocation)	7.304
Disposal Proceeds	0.034
International Financial Reporting Standards (IFRS) 16 Leases	1.522
Total	42.759

In addition to the above the following were available for use:

- £0.555m of value added tax (VAT) recovery is available for use following completion of the review of the 2023/24 programme.
- £0.793m release of a VAT provision made for the Bronglais Front of House Scheme following a decision by His Majesty's Revenue & Customs.
- £0.540m following a review of aged accruals on the Balance Sheet.

These have been utilised to address some of the Health Board's backlog estates and medical / digital equipment replacement. Items funded include the purchase of replacement Windows 10 devices which are becoming end of life, three tissue processors and the replacement of the roof over the Outpatients Department at Withybush General Hospital (WGH).

Since the previous report, the following changes to the CRL have been made:

Scheme	£m	Description
Estates Funding Advisory Board	(0.227)	Scheme slippage identified
Backlog Maintenance 2024/25	(0.605)	Scheme slippage identified
Year End Funding – October 2024	(0.443)	Scheme slippage identified

Aberystwyth Sexual Assault Referral Centre	0.213	Accelerated spend in 2024/25, scheme completing in 2025/26
Discretionary Capital Programme	1.062	This represents the net effect of the above four scheme variances. Spend has been accelerated on DCP schemes to offset the above slippages. 2025/26 DCP will be reduced to compensate for this.
Year End Funding – February 2025	0.446	Replacement medical devices
Year End Digital Funding – February 2025	0.130	Closed Circuit Television (CCTV) cameras
International Financial Reporting Standard (IFRS) 16 – Pentre Awel	(1.174)	Funding requirement for lease element of Pentre Awel, now in 2025/26
IFRS 16 allocations	0.771	
	0.173	

In addition to the resource allocated through the CRL and the net book value of disposals, the Health Board is able to make capital purchases through donations.

Allocation	£m
All Wales Capital Programme (AWCP)	33.899
Discretionary Programme (gross allocation)	7.304
Disposal Proceeds	0.034
Donations	2.758
IFRS 16 leases	1.522
Total Resource Available	45.517

The un-audited Capital Expenditure position for 2024/25 is detailed in the table below:

Scheme	Un-audited Spend 2024/25 £m
AWCP	
Estates Funding Advisory Board (EFAB) - Infrastructure	2.888
EFAB – Fire	1.123
Withybush RAAC fees and works	5.198
Glangwili Fire Enforcement Phase 1	8.030
Glangwili Fire Enforcement Phase 2 - Fees	0.066
Cross Hands Health and Wellbeing Centre	0.208
Brongais Hospital (BGH) Digital Radiology X-Ray works	0.258
Diagnostic Equipment 2024-25	2.400
Backlog Maintenance 2024-25	2.593
Digital Priorities Investment Fund (DPIF) - Radiology Informatics System Procurement (RISP)	0.201
Fishguard Health and Wellbeing Centre	0.077
Year End Funding – October 2024	0.954
Aberystwyth Sexual Assault Referral Centre	0.987
Block C, Picton Terrace, Carmarthen	1.347
DPIF - Electronic Prescribing and Medicines Administration (EPMA)	0.486

Diagnostic and Medical Equipment 2024-25	3.924
Glangwili Laundry Hub – Transfer from NHS Wales Shared Services Partnership (NWSSP)	0.080
Digital Equipment – December 2024-25	0.483
Transfer from Public health Wales (PHW) for refurbishment of molecular laboratory	0.093
Commercial Research Delivery Wales (CRDW) Equipment Call 2024-25	0.007
Year End Funding – January 2025	1.386
Year End Funding – January 2025 – Digital	0.600
Year End Funding – February 2025	0.446
Year End Digital Funding – February 2025	0.141
Carmarthen Hwb	0.282
Sub-total All Wales Capital Programme (AWCP)	34.258
Discretionary	
Digital	1.619
Equipment	1.537
Statutory Compliance	0.439
Estates	2.195
Other	1.104
Sub-total Discretionary	6.894
Donated & Granted Assets	2.758
IFRS 16	
New and renewed leases	1.522
Sub-total IFRS 16	1.522
TOTAL	45.432

Against the resource available, the unaudited expenditure position for the year is an underspend of £0.085m

Equipment vested / bonded at year end
As previously reported, there was a requirement to vest some items of equipment. These are detailed below:

Item of equipment	£m
WGH Fluoroscopy Machines	0.443
Electronic Prescribing and Medicines Administration Carts	0.388
Bronglais Hospital Generator	0.509
Central Stations	0.211
Arjo Baths	0.018
Total	1.569

Capital Programme 2025/26

Discretionary Capital Allocation (DCP)

The Health Board has received confirmation that the Discretionary Capital Allocation for 2025/26 has been increased to £10.000m, an increase of nearly 35% on the 2024/25 level.

Whilst this is very good news, it needs to be considered in the context of a combined backlog of c£300m across the estate, medical equipment and Information Management and Technology (IM&T).

The current estimated value of the backlog is

- £255m Estates backlog
- £26.6m Medical Devices
- £15-£18m Digital backlog

As part of the capital planning cycle the Capital Planning Team have circulating the capital themed risk registers to the relevant capital leads to assist them with the prioritisation of projects

- Digital Director
- Deputy Director of Operations
- Director of Estates or nominated deputy
- Members of Capital Planning Group

With these risks in mind the Capital Planning Group, which has representation from the Operational Directorates, Digital Team and Estates has carefully considered the distribution of the 2025/26 DCP allocation.

This consideration noted that the current level of DCP resource available will not enable HDdUHB to mitigate all of the capital risks that are currently highlighted on the Health Board's risk registers as capital themed risks. However, it did recognise that additional allocations received from WG in 2024/25 through the end of year bidding process has enabled the organisation to mitigate against some of the risks being carried.

A paper was prepared for the Executive Team in January 2025 to consider options on the broad split of the DCP allocations for 2025/26, this was shared with the CSC in January 2025. The Executive Team agreed the following split of allocations which has been endorsed by SDODC and agreed by Board in March 2025.

The programme approved was

Discretionary Capital Programme 2025/26	
	£m
Pre-Commitment	3.959
Business Case Development	0.400
Capital Support	0.200
Contingency Reserve	1.000
Opportunity risks	0.941
Spend to Save	0.300
Refurbishment of clinical areas	1.000
Statutory and estates programme	0.450
Equipment	0.500
Digital	0.500
Allocation via matrix	0.750
Total	10.000

Pre-Commitments

The current schedule of pre-commitments for 2025/26 is listed in the table below:

Pre-Commitments 2025/26	
	£m
Targeted Estate Fund (TEF) 2025/26	1.700
Welsh Intensive Care System	TBC
Paediatric Consultation	0.800
Pentre Awel contribution	0.300
2024/25 slippage/underspend managed into 2025/26	0.500
Residential Accommodation	0.200
CCTV installation of equipment from 2024/25	0.459
Total	3.959

Since the programme was developed there are other items of expenditure that also need to be considered during the 2025/26:

- Refurbishment of Combined Heat and Power (CHP) plant - £0.460m subject of a separate paper on the agenda
- Reprovision of additional slippage from 2024/25 into 2025/26 estimated - £0.500 actual figures will be confirmed following end of year
- Opportunity to increase the TEF contribution from £1.7m to £1.9m

It is currently proposed that the additional slippage and increase in TEF bids be managed through the pre-commitment allocation and that the CHP costs be managed through the spend to save allocation and contingency reserve.

As additional allocations become available during the year through VAT recovery and other opportunities the use of these allocations will be reviewed and reported.

Potential contracts for sealing

The Board has approved the distribution of the Health Board's capital allocation and plan. The delivery of this plan requires HDdUHB to enter into works and construction contracts which may require sealing. Works and construction contracts executed under seal provide an extended latent defects period cover, an extension from six years to 12 years.

Our Standing Orders state that 'the common seal of HDdUHB is primarily used to seal legal documents such as transfers of land, lease agreements and other important/key contracts. The seal may only be fixed to a document if the Board has determined it shall be sealed, or if a transaction to which the document relates has been approved by the Board'.

To ensure compliance with our Standing Orders, the Board must approve, in advance, that the seal can be applied to all schemes listed in Annex 1, which is a schedule of projects that are currently in our Capital Plan for 2025/26 where there may be associated works contracts that require sealing. This schedule will be updated for Capital Sub Committee and SPC on an ongoing basis so that it can be submitted to Board with the Committee update.

Capital Governance – Project Updates

At the March 2025 meeting of the Capital Sub-Committee, the Projects with a current alert status were reported as follows:

Project:	RAG Indicator:	Stage:	Matters for Committee attention:
Cross Hands Health and Wellbeing Centre	ALERT	Full Business Case Development	Work continues towards producing a new brief for the scheme. The project timeline is dependent on what final option is agreed with timeline for re-work yet to be considered by the supply chain partner and subject to approval.
Next Key Milestone:	Service reduction/SOA approval SBAR prepared for Executive Team in May 2025.		

Project:	RAG Indicator:	Stage:	Matters for Committee attention:
Regional Pathology Service	ALERT	Outline Business Case – Stage 2	Confirmation has been received following the outcome of the All-Wales Prioritisation process that this project in its current form is unaffordable. It is likely that some investment in the HDdUHB estate is likely to mitigate the current risks being faced by the service.
Next Key Milestone:	Discussions with SBUHB and WG required to determine next steps. A group from SBUHB and HDdUHB are meeting regularly to progress with options assessment for a Cellular Pathology solution which is currently deemed to be the most critical area to resolve.		

Projects led by other organisations:

Carmarthen Hwb (led by Carmarthenshire County Council)
The Board approved the signing under seal, of the contract documentation for the lease with Carmarthenshire County Council at their meeting on 25 July 2024. The current completion for this scheme is likely to be early 2026

Pentre Awel (led by Carmarthenshire County Council)
The completion of the Hydrotherapy Pool element of this development is likely to be in April 2025 with the Clinical Unit being completed towards the end of 2025,

Cylch Caron (led by Ceredigion County Council)
A tender was issued to obtain a housing partner to work with Ceredigion County Council and the Health Board in July 2024. The tender process did not result in the identification of a partner for the project. However, two potential partners have expressed an interest in delivering the scheme, with some variations to those proposed in the tender. In accordance with Procurement Regulations and in order to explore those variations fully to successfully deliver the Cylch Caron Scheme, Ceredigion County Council are undertaking a procurement exercise for partners who wish to work with both organisations in a Competitive Dialogue process.

Reinforced Autoclave Aerated Concrete Schemes WGH

The RAAC remedial capital works at WGH were completed on 14 March 2025. The survey works on the RAAC planks will be an ongoing process.

Update from Capital Sub Committee and Annual Report

Attached in Annex 2 is the update from the Capital Sub-Committee (CSC) held on 21 March 2025.

There are:

- One item to alert the Committee – which is the Major Infrastructure Business Continuity - Risks & Patient Impact Report attached as Annex 3
- Three items to advise the Committee
- Nine items to assure the Committee

Attached as Annex 4 is the Sub Committee Annual Report.

Argymhelliad / Recommendation

The Strategy and Planning Committee is asked to:

- **RECEIVE ASSURANCE** from the update on the Capital Programme and CRL for 2024/25
- **NOTE** the allocation of the DCP for 2025/26 and the potential changes since Board ratification
- **RECOMMEND FOR APPROVAL BY THE BOARD**, that the seal can be applied for all schemes listed in Annex 1
- **NOTE** the capital schemes governance update
- **NOTE** the RAAC update
- **RECEIVE ASSURANCE** from the Capital Sub Committee update
- **APPROVE** Capital Sub Committee Annual Report
- **CONSIDER** the Major Infrastructure Business Continuity - Risks & Patient Impact Report.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.11 Consider proposals from the Capital Sub Committee on the allocation of capital and agree recommendations to the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Corporate Risk 1196 - not be able to provide safe, sustainable, accessible and kind services. This is caused by insufficient investment to ensure we have appropriate facilities, medical equipment and digital infrastructure of an appropriate standard. Score 16 Corporate Risk 1745 - of not being able to deliver safe, effective and timely services across the Health Board

	estate, including acute, community and mental health facilities. This risk also impacts the Health Board's nonclinical estate, educational facilities and managed practices. Risk Score 15
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	5. Whole systems persepctive
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	8 Estates plans
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Included within the report
Rhestr Termau: Glossary of Terms:	Not Applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategy and Planning Committee:	CSC Sustainable Resources Committee Capital Planning Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Capital values noted within the report. Included within individual business cases and Capital prioritisation process.

Ansawdd / Gofal Claf: **Quality / Patient Care:**	Included within individual business cases and capital prioritisation process.
Gweithlu: **Workforce:**	Included within individual business cases and capital prioritisation process.
Risg: **Risk:**	Risk assessment process is integral to the capital prioritisation process and the management of capital planning within HDdUHB also included within individual business cases and capital prioritisation process.
Cyfreithiol: **Legal:**	Included within individual business cases and capital prioritisation process.
Enw Da: **Reputational:**	Included within individual business cases and capital prioritisation process.
Gyfrinachedd: **Privacy:**	Included within individual business cases and capital prioritisation process.
Cydraddoldeb: **Equality:**	Equality assessments are included within individual business cases and capital prioritisation process when required.

Annex 1

Potential Contracts requiring the use of the UHB Seal in 2025/2026					
Project Name	Site	Funding Source	Supplier	Contract sealing date	Start on Site
Phase 2 Fire Works	WGH	AWCP	to be added when known	to be added when known	to be added when known
Phase 2 Fire Works	GGH	AWCP	to be added when known	to be added when known	to be added when known
Flouroscopy Room	WGH	AWCP	to be added when known	to be added when known	to be added when known
Provision 2nd generator at Glangwili Site	GGH	WG - TEF	to be added when known	to be added when known	to be added when known
Provision 2nd generator at Withybush	WGH	WG - TEF	to be added when known	to be added when known	to be added when known
Provision 2nd generator at Prince Philip	PPH	WG - TEF	to be added when known	to be added when known	to be added when known
AHU Refurbishment Works all sites		WG - TEF	to be added when known	to be added when known	to be added when known
Replacement & upgrades to passenger lifts		WG - TEF	to be added when known	to be added when known	to be added when known
Glangwili Roof related projects	GGH	WG - TEF	to be added when known	to be added when known	to be added when known
South pembrokeshire roof related project	SPH	WG - TEF	to be added when known	to be added when known	to be added when known
PPH IPS UPS Installation	PPH	WG - TEF	to be added when known	to be added when known	to be added when known
Theatre Lights upgrade		WG - TEF	to be added when known	to be added when known	to be added when known
Chiller replacement ITU	WGH	WG - TEF	to be added when known	to be added when known	to be added when known
LV Electrical Infrastructure		WG - TEF	to be added when known	to be added when known	to be added when known
Chiller refurbishment	PPH	WG - TEF	to be added when known	to be added when known	to be added when known
Replacement Fire dampers		WG - TEF	to be added when known	to be added when known	to be added when known
Cause and effect upgrade programme		WG - TEF	to be added when known	to be added when known	to be added when known
Replacement programme obsolete fire alarms and detection system		WG - TEF	to be added when known	to be added when known	to be added when known
Ty Bryn Scheme		WG - TEF	to be added when known	to be added when known	to be added when known
S136 Adult and Young Person Stepdown Carmarthen		WG - TEF	to be added when known	to be added when known	to be added when known
St Non's Point of Ligature		WG - TEF	to be added when known	to be added when known	to be added when known
Private Wire Solar Farm enabling works	PPH	WG - TEF	to be added when known	to be added when known	to be added when known
Phased replacement of single glazed windows		WG - TEF	to be added when known	to be added when known	to be added when known
Electrical vehicles Charging Points	GGH & PPH	WG - TEF	to be added when known	to be added when known	to be added when known
Replacement Surgical Instrument Washers	GGH	WG - TEF	to be added when known	to be added when known	to be added when known
Replacment endoscope washers and centralisation into HSDU	BGH	WG - TEF	to be added when known	to be added when known	to be added when known
Low Voltage Breaker replacements	GGH & PPH	WG - TEF	to be added when known	to be added when known	to be added when known
Picton Terrace	Picton Terrace	AWCP	to be added when known	to be added when known	to be added when known
Sensory Garden	PPH	Charitable Funds	to be added when known	to be added when known	to be added when known
Aseptic Project	WGH	Currently in WG Scrutiny process	to be added when known	to be added when known	to be added when known

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CAPITAL SUB COMMITTEE UPDATE REPORT

Date of last meeting: 21 March 2025

Quoracy: Met

Report by: Eldeg Rosser, Head of Capital Planning

KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING:

Alert[1] (may require discussion)

Capital Sub-Committee (CSC) wish to **alert** members of the Strategy and Planning Committee (SPC) of:

- **The Major Infrastructure Business Continuity - Risks & Patient Impact Report** and the key risks around business continuity of critical services. This report is attached as Annex 3. Extensive risk assessment has been undertaken and a report included that has been co-developed between the Health Board and NHS Wales Shared Services Partnership (NWSSP) outlining the top priority current risks. The next steps are to conclude the future scoping works and engage with Welsh Government (WG) to progress development to Business Case stage and further consider the longer-term needs of the estate and how this is incorporated into wider clinical service redesigns and development control planning.

Advise[2] (to monitor)

Capital Sub-Committee wish to **advise** members of the SPC that:

- The Capital Sub Committee Annual Report is presented in Annex A which was approved by CSC for onwards submission to the Strategy and Planning Committee at their meeting on 24 April 2025.
- **<u>Capital Resource Limit (CRL) 2024/25</u>**

- As of morning of 21/03/25 £6.4m spend remaining.
- Slippages have been identified and mitigations put in place.
- Although the above would need to be receipted over the next week, some assurance could be provided that the CRL should be met.

<u>Capital Programme 25/26</u>

- The Capital Programme for 2025/26 was presented to the Executive Team in January and allocations were agreed.

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[1] *There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.*

[2] *There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.*

- The programme was due to be submitted to Board in March 2025 for approval, however since this programme was compiled there have been changes which need to be considered.
- There is the opportunity to increase contribution to the Targeted Estate Fund (TEF) allocation from £1.7m to £1.9m.
- The proposal is to manage the slippage and increase in TEF bid through the pre-commitment allocation, and to manage the additional £460k for the CHPs through the spend-to-save allocation and contingency reserve.

Assure[3] (to note)

The Capital Sub Committee noted the following:

- The contents of the **Committee Key Actions report**
- **The Capital Governance Highlight Reports** and the projects with Red and Amber status. The CSC endorsed the timeline changes of the Sexual Assault Referral Centre (SARC) and Clinical Decision Unit (CDU) schemes and were assured on the actions taken on Cross Hands and the pathology development.
- The contents of the **Dashboard Reports** returned to WG in February 2025 on the schemes being funded through a range of sources, including Primary Care, Integration and Rebalancing Capital Fund/ Integrated Regional Capital Fund (IRCF), and All Wales Capital Programme.
- **The Estates Funding Advisory Board (EFAB) Update Report** and the following projects on site and complete.
- **The Fire Safety Management Update Report and update on the fire programme**.
    - Phase 1 - Successfully completed for Withybush Hospital (WGH) and Glangwili Hospital (GGH) with enforcement notices lifted for this phase, significant investments ~£40m-£45m between both schemes.
    - Phase 2 – Completion dates: WGH current completion date August 2027. GGH current completion date December 2027.
    - CSC received assurance that both schemes are on the WG prioritisation list for Hywel Dda University Health Board (HDdUHB).
    - CSC were advised that the Bronglais Hospital (BGH) project is not yet on the approved list for the Health Board, however there is a high degree of assurance this will go through on the same basis. The Programme Business Case (PBC) was submitted to Board in March 2025 and WG are conducting advance scrutiny on this. Until the detailed scrutiny and endorsement of PBC there is no certainty on this scheme.
    - **The update on the 'A healthier Mid and West Wales' (AHMWW) Programme on 23 January 2025** and the follow-up meeting to the Infrastructure and Investment Board (IIB) on 21 March 2025indicated

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[3] *There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.*

that the HDdUHB was committed to working through potential options and to presenting these at the WG meeting in June 2025.

- **The West Wales Regional Capital Programme Update Report** on the key activities currently being worked through in support of the West Wales Strategic Capital Plan indicated that the Regional Partneship Board (RPB) was required to submit the next tranche of priority capital schemes, endorsed by all partners and RPB Strategic Capital Board, by 31 March 2025. . It was noted the Health Board ambition in developing community facilities would likely exceed available capital funding and HDdUHB and WG would need to consider their response.
- **The Infrastructure Investment Plan (IIP)** - with minor amendments the final version would be available as an annex to the Annual Plan and sent to WG for information.
- **The Energy & Carbon Programmes of Work update** - the three programmes of work that will target reductions in the energy use and carbon impact on the estate:
  - A new Energy Performance Contract (EPC).
  - Heat Network Efficiency Scheme (HNES) optimisation and funding.
  - Private wire solar farm project near Prince Philip Hospital (PPH).
- **The EPC End of year contract arrangements**

Reports for information were noted by the CSC as follows:

- Capital Monitoring Forum – Minutes of meetings on 14 January 2025 and 11 February 2025.
- Capital Planning Group – Minutes of meetings on 31 January 2025 and 28 February 2025.

Review of Risks

The Capital Sub Committee discussed and noted the risks highlighted in relation to:

- **The Major Infrastructure Business Continuity - Risks & Patient Impact Report** and the key risks around business continuity of critical services.

Sharing of learning

None noted for this meeting

Recommendation

The Strategy and Planning Committee is asked to **NOTE** the Capital Sub Committee Update Report following it’s meeting on 21 March 2025.

Hywel Dda University Health Board

Major Infrastructure (Business Continuity) Investment Programme (MIIP)

Review of initial MIIP priorities, their specific risks and consequences for patient services.

Version – V1
Date – 06th March 2025
Author – Kyle Wheeler (BSc Hons I.Eng ACIBSE) – Assistant Major Capital Development Manager
Department – Estates

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Health Board Estates	*Priorities accepted*	*Simon Day / Head of Maintenance & Engineering*	*28/02/2025*
NWSSP-SES	*Document accepted*	*Stuart Douglas*	*06/03/2025*

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1 Executive Summary

This document intends to set out in clear terms, what we, Hywel Dda University Health Board (HDdUHB) supported by NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES), feel are the most urgent specific and unacceptable risks associated with its critical infrastructure and the impact that these will have on business continuity and patient safety.

There will be a need to consider this further given the recent decisions on estate reconfiguration and extended operational timelines on an estate which already has circa £250M back log maintenance. This would best be served by a refresh of the previous Programme Business case undertaken in 2018/19 (*noted below*). This would give assurance that all current risks are known, and appropriate mitigation measures are in place. Also to be clear on any future Service changes planned within this extended timeline and incorporated into a Strategic Plan supported by an appropriate estate investment plan.

This report however summarises the first part of this journey.

The detail is contained in later pages of this report, but what is being reported by the Health Board is the potential for significant disruption to clinical services and patient risks.

The identification of the priorities was initially linked to the delivery of the A Healthier Mid and West Wales (AHMWW) programme – *16/11/2018 and refreshed on 13/03/2020*.

The sole intention of this investment plan was to maintain business continuity for the short interim period until Estates reconfiguration was in place. Now that this time horizon has been extended, this brings greater levels of need to address the key priorities to both uphold business continuity and minimise the potential risk of harm to patients, staff, and visitors. This report focusses on the most urgent and higher complexity schemes which have potential for significant disruption to the Health Board and its core services, which will require significant planning and works to mediate. The lower complexity schemes have now been omitted from this report as these have been submitted for separate funding via Targeted Estates Funding (TEF) bids to WG (*confirmation of funding is pending*).

By undertaking the initial phase of projects, this would assist with a reduction in the total backlog maintenance quantum that are currently forecasted at c.£255.45m. The delivery of the projects outlined in latter sections of this report would assist the Health Board to remove some highly critical risks that could have significant impact on business.

To summarise, without support and funding, there is potential for serious harm and consequences to patients under the care of Hywel Dda University Health Board. While this report focuses on a minimum 3 – 4-year investment programme (linked to previous AHMWW programme), we now need to understand the wider consequence of remaining on our existing estate for potentially 10 -15 years.

Further works are now underway to finalise and detail the scopes of the project contained in the latter part of this report. This will include the assessment of deliverability, outline timescales, and provide a Rough Order of Cost (ROC), at current cost indices, of the schemes retained within this initial Major Infrastructure Investment Programme (MIIP).

Full design teams are now appointed to undertake this work, and we are currently developing a programme so that we can present likely timelines for this process.

In addition to all the above, the Health Board has substantial and disruptive works planned in managing fire enforcement notices at Glangwili General Hospital & Withybush General Hospital, especially in-patient ward areas. This will bring challenges and opportunities to clinical capacity as the phases

progress. Of note would be an opportunity to undertake a refresh of ward accommodation to improve the Patient environment aligned with Fire improvement works. This is not included here but is being reviewed by the Health Board and discussed with NWWSSP Shared Services. Any additional, unplanned failures caused by the issues set out in this document will add significantly to the challenges faced by the Health Board in maintaining clinical services.

2 Introduction

This document has been compiled following an assessment of the existing major infrastructure priorities that were identified as the top infrastructure risks currently managed by Hywel Dda University Health Board (HDdUHB). The list was agreed jointly between the Health Board supported by NHS Wales Shared Services Partnership Specialist Estate Services (NWSSP-SES) colleagues.

Initial surveys were undertaken in September 2023 by:

Kyle Wheeler – *Assistant Major Capital Development Manager (HDdUHB)*
Jason Wood – *Major Capital Development Manager (HDdUHB)*
Simon Day – *Head of Maintenance & Engineering (HDdUHB)*
Mark Gapper – *Head of Engineering (NWSSP-SES)*
Anthony Goddard – *Principal Electrical Engineer (NWSSP-SES)*

Surveys were supported by Site Operational Staff at each acute site:

Malcolm Arnold – *Estates Manager WGH*
Claus Schilke – *Estates Officer WGH*

Elfyn Jones – *Estates Manger BGH*
Nick Hossington – *Senior Estates Officer BGH*

Andrew Stephens – *Senior Estates Officer GGH*
Gari Owen – *Estates Officer GGH*

Stewart Evans – *Estates Manager PPH*
Steve Thomas – *Senior Estates Officer PPH*

Further subsequent meeting and site surveys were undertaken in November 2024 by:

- Kyle Wheeler – *Assistant Major Capital Development Manager (HDdUHB)*
- Anthony Goddard – *Principal Electrical Engineer (NWSSP-SES)*
- Steve Rees – *Electrical Engineer (NWSSP-SES)*
- Nigel Bolan – *Electrical Engineer (NWSSP-SES)*
- Aran Chaplin – *Assistant Engineer (NWSSP-SES)*

Site surveys were undertaken with representatives from each site.

3 Background

Hywel Dda University Health Board (HDUHB) initially completed a Programme Business Case (PBC) in 2018 which identified the level of investment required to improve the condition of the Estate and to reduce its backlog maintenance. At this stage there was an aspiration to improve the estate, to Estate Condition B – defined as: "Sound – Operationally safe and exhibits only minor deterioration." The level of investment was determined through the identification of the works required at:

- Glangwili General Hospital,
- Withybush General Hospital,
- Bronglais General Hospital and
- Prince Philip Hospital.

The original PBC identified full project costs of £246.5m (Pub Sec 250) which included a 4 – 5-year prioritised programme of work at both Glangwili and Withybush hospitals (taking account of the A Healthier Mid & West Wales (AHMWW) programme). Additionally, the PBC included the whole programme of priority works and improvements to CAT B standard at both Prince Phillip and Bronglais hospitals.

The original PBC was revisited in 2020/21 to take account of the proposed AHMWW programme which was endorsed by Infrastructure Investment Board (IIB) in July 2021 at approximate £87m (Pub Sec 250).

In 2022 further support was provided by Welsh Government (WG) to refresh the priorities to ensure all highest risks that had significant impact on patient safety were identified. This was costed and submitted to WG in February 2023 with an associated project cost of £130m (PubSec 293).

Following this submission discussions with WG were held and the HB was asked to target the highest risks at each site, reducing the project scope from 54No. key priorities, broken into 166No. individual projects, to just the risks detailed in this report. The reduction in scope reduced the project costs to c.£17.4m and it was proposed this would be delivered over a 3 to 4-year time horizon at approximately £5m/annum. While this option was not fully supported, some monies (c.£1.4m) was supported to deliver the designs associated with the first-year schemes as well as dealing with undertaking the works to the Bronglais Lift Shaft façade and replacing some of the electrical infrastructure at Glangwili Hospital. Further scope changes have been made in January 2025 by moving some risks, e.g., AHU refurbishments, IPS/UPS systems, & secondary standby generators from the MIIP programme into the Targeted Estates Funding (TEF) project stream.

This report seeks to expand on the risks associated with priorities with significant complexity and clearly demonstrate the significant impact that a failure would mean to the Health Board and the potential impacts this would have on its patients, in terms of patient safety, and associated operational impacts of service delivery.

Further works are now underway to finalise and detail the scope(s), assess the deliverability, outline timescales, and provide a Rough Order of Cost (ROC) of the retained schemes at current cost indices. As noted previously this is only an initial assessment of short-term priorities over the next 3-4 years and does need further consideration given the extended period that existing estate will need to be maintained.

4 Supported Projects

The following identified projects were assessed, acknowledged, and supported by NWSSP-SES as the main key priorities which needed to be remediated to reduce the risks to patient safety and operational continuity to tolerable levels.

4.1 Withybush General Hospital

Project Hierarchy

1. Electrical Low Voltage (LV) Infrastructure – Sub Mains Boards
2. Roofing Systems [*note RAAC management risk*]
3. Domestic Water Infrastructure Distribution Pipework

4.1.1 Electrical LV Infrastructure – Sub Mains Boards (Project 1)

HB Risk Register Entry No. 1131
HB Risk Rating 12 (**High** – 3x4 (likelihood x impact))

Observations of Existing Installation

- Aged Essential and Non-Essential Sub mains boards. Existing configuration allows for switching between supplies however never exercised due to risk of contacts not making – resulting in loss of services.
- Obsolete fuses in boards with no spares available.

- NWSSP-SES Authorising Engineers for High Voltage (HV) and Low Voltage (LV) have identified issues with existing incoming High Voltage (HV) supplies and front-end LV panel board in Engineering Block namely:
  I. Transformers on site are at or very near to full capacity, thus in current guise no scope for additional works on site or upgrades* to existing areas due to greater reliance on electrically led systems unless significant investment was made to upgrade incoming supplies.

     **Upgrades to wards in line with potential services changes to current HBNs / HTMs / CIBSE and Building Regulations standards would likely require wards to be mechanically ventilated to ensure sufficient fresh air is available and to prevent overheating during summer months. Thus greater electrical capacity would be required to facilitate any future service changes.*

  II. Aged Essential and Non-Essential panel boards with parts and breakers that are no longer available feeding supplies to critical areas of the building. Switches not being exercised / switched due to fear of contacts not making and not switching back on, resulting in areas being shut down.
  III. Single point of failure on incoming HV supplies – loss of which would cut all mains power to the site. If bus-coupler were to fail, then potentially no mains power to site for weeks. *District Network Operator (DNO) to confirm availability of bus couplers and incoming switches in event of a failure.*
  IV. Poorly designed LV front-end board leading to concerns with resilience - multiple single points of failure in series.
  V. Single point of failure in existing LV front-end board - if bus-coupler between incoming feeds and the busbars were to fail, there would be no mains power to hospital resulting in a blackout to all lighting and power and heating systems. Depending on location of this failure the site could be left running on generator until this is rectified.

VI. Single point of failure exists for the sole permanent generator on site – only one connection supplying site from generator and connected via single bus coupler.
VII. Existing generator connected to non-essential side of LV board, if bus coupler was to fail under generator conditions, then all essential services would be without power.
VIII. Original and very aged "Town & Country" boards changed to supply Essential and Non-Essential circuits. These are served by single supplies from front-end board – single point of failure. This would result in sub-mains panel boards within the hospital not getting power, thus could result in loss of kitchens, whole blocks and critical areas. Power outage would likely be multiple weeks.
IX. Resilience concerns in existing site Isolated Power Supply (IPS) / Uninterruptible Power Supply (UPS) systems not maintaining power for their design period, so undertaking statutory maintenance to LV breakers is troublesome and routinely not being undertaken.
X. Obsolete parts making it difficult to fix in an event of a failure – some spare parts available but extremely limited stock. Initial discussions with Site Operations teams suggested spare breakers could be sought but with a 10+ week lead in.
XI. Limited spare capacity available in existing front-end LV-Board, so limited future expansion.

Existing Mitigation
- None
- System configuration does not facilitate maintenance to be done without prolonged shutdowns.
- No spare breakers available on site to facilitate changeovers for servicing or in an event of a failure.
- Provision of additional secondary standby generator to connect to the "essential side" supply has been submitted as part of the TEF bids.

Specific Risk to Patient / Site Activities
- Potential for significant disruption to clinical services.
- Potential for serious harm to patient – especially if essential supplies are lost.

Recommendations from Site Visits
The following are recommendations that were summarised as part of the site survey and shall be developed by the appointed MEP consultants into a firm scope of works. It is proposed that the recommendations are delivered via 2off. Phases of works:

Phase 1
- Source spare breakers / ACBs to enhance immediate reaction in event of a local failure.
- Ascertain capacity within existing & local infrastructure and available capacity for potential future developments via contact with the local District Network Operator (DNO).
- Reconfiguration of the existing transformers to for A & B supplies to provide greater resilience and reduce risks associated with site capacity concerns.
- Installation of new A & B Low Voltage (LV) boards to remove existing front end and aged "Town & County / essential & non-essential" boards. This reduces number of single points of failure in the system.
- Undertake diversity assessment to understand load profile and demand on site.

Phase 2
- Consider the formation of a High Voltage (HV) ring on site to facilitate additional resilience, additional capacity within the on-electrical system thus mitigating the risks associated with

site capacity concerns and have the ability to cater for future expansion, and service changes linked to the adjusted AHMWW programme.

NOTE - Due to costs associated with the recommendations above, the NWSSP-SES Authorising Engineers (AEs) suggested that the above works are undertaken via the Major Infrastructure / Business Continuity Scheme and that the original, and supported project to address risks of the sub-mains boards within the main risers within the hospital are undertaken via Targeted Estates Funding (TEF) or Backlog Maintenance funding streams.

4.1.2 Roofing Systems *RAAC Risk* (Project 2)

HB Risk Register Entry No. 1382
HB Risk Rating 15 (**Extreme** – 5x3 (likelihood x impact))

Observations of Existing Installation

- Evidence of water ingress into the roof voids. Issues mainly from valleys and Velux window systems on Western aspect.
- Water tracking along steel beams and being diverted to internal rainwater gulley's / downpipes.
- Internal gully systems are inappropriate causing ponding on flat roof areas within the roof space.

Existing Mitigation

- Limitation of access to roof spaces due to limit weight bearing down on to the Reinforce Aerated Autoclaved Concrete (RAAC) below roof space.
- Velux windows removed from Eastern roof aspects to limit amount of water ingress.
- Catchment troughs and pipework installed to intercept worse effected areas and divert to existing above ground drainage stacks.

Specific Risk to Patient / Site Activities

- Potential for water to effect Reinforce Aerated Autoclaved Concrete (RAAC) planks below the former flat roof water-proof membrane. Ingress since the RAAC remediation works have been noted above Ward 7 and moisture levels within the RAAC planks has been recorded as elevated. Although most of the RAAC planks above Ward 7 are supported via the uni-strut system, some unsupported "amber" planks are located throughout, thus further ingress could cause existing "amber" planks to degrade.
- Further ingress could result in failures that would result in closing of wards / areas and or result in serious harm / or even death to patients, staff, or visitors (*public*).
- Site wide impact due to associated service relocations.
- Potential for site or large areas to be closed for months.
- Ingress could see accelerated deterioration to RAAC planks leading to:
  - Further localised ward closures.
  - Further substantial capital support needed for RAAC remediation due to leaks.
  - Difficult to manage public perceptions.

Recommendations from site visits

It is recommended that the existing tile roof is replaced in its entirety to ensure risk of future water ingress is mitigated as far as is practicably possible.

4.1.3 Domestic Water Infrastructure Distribution Pipework (Project 3)

HB Risk Register Entry No. 1546
HB Risk Rating 9 (**High** – 3x3 (likelihood x impact))

Observations of Existing Installation

- Current infringement notices given by Dwr Cymru Welsh Water (DCWW) potentially leading to water quality issues.
- Pipework within main system is largely oversized due to aged infrastructure sizing and arrangements. This could lead to water stagnation and raising likelihood of growth of water-borne pathogens.
- Existing pipework design facilitates good water flow rates at outlets however lack of pressure is evident in areas, especially second floor wards.

Existing Mitigation

- Existing PPM's require additional flushing to be undertaken to sufficiently flush large pipes. Increase revenue due to increased volumes being taken directly to drain.

Specific Risk to Patient / Site Activities

- Water quality is of a concern and could lead to IPC issues and contamination to patients, staff, and visitors.
- Potential for site wide impact if pathogen growth was high.
- Risks with associated chlorination of pipework due to system infrastructure design

Recommendations from Site Visits

The following are recommendations that were summarised as part of the site survey and shall be developed by the appointed MEP consultants into a firm scope of works.

- Surveys to be undertaken to understand domestic hot and cold-water system layouts and identify associated pipe sizes.
- Water system analysis to identify correct water loading units for each area.
- Re-design and install new water infrastructure pipework to minimise risks of stagnation and remove dead-legs in existing systems.

4.2 Bronglais General Hospital

Project Hierarchy

1. Electrical High Voltage (HV) & Low Voltage (LV) Infrastructure

4.2.1 Electrical High Voltage (HV) & Low Voltage (LV) Infrastructure (Project 1)

HB Risk Register Entry No. 1070

HB Risk Rating 12 (**High** – 3x4 (likelihood x impact))

HV/LV Switchgear Room –

Observations of Existing Installation

- Board configured Essential / Non-Essential; generator sized to cater for whole site.
- Single point of failure on LV Panel as current configuration has both incoming supplies terminated to the same side of the bus-coupler.
- Site the only hospital in Wales not on protected site's list by District Network Operators (DNOs)
- Existing breakers are now obsolete. Spare parts becoming increasingly difficult to source. Site Operations have stated that they have found suitable breakers outside of the UK however these have a lead in of 10+ weeks.
- Multiple areas of the building are fed off the same side of the board e.g., Front Of House / A&E extension – loss of which would close the associated areas for some time.
- Only 1off. generator installed on site. Single point of failure exists for the sole permanent generator on site.

Existing Mitigation

- Critical departments (ITU, Theatres, MRI & CT) supported by UPS/IPS systems however these are only rated for 1-hour of use.
- Temporary generator connection and controls have been installed however full shut down to site required to safely connect in temporary generator.
- Provision of additional secondary standby generator to support the site is currently in planning phases to be delivered by the Operational Estates / Discretionary Capital Projects department(s).

Specific Risk to Patient / Site Activities

- Potential for significant disruption to clinical services.
- Potential for serious harm to patient – especially if essential supplies are lost.

Recommendations from Site Visits

The following are recommendations that were summarised as part of the site survey and shall be developed by the appointed MEP consultants into a firm scope of works. It is recommended that the following is works are undertaken to address existing resilience issues:

- Source spare breakers / ACBs to enhance immediate reaction in event of a local failure.
- Undertake load and capacity assessment to ensure proposed solution is the correct size whilst also accounting for potential future expansion capacity / and or Ward refurbishments*.

**Refurbishments to wards in line with potential services changes to current HBNs / HTMs / CIBSE and Building Regulations standards would likely require wards to be mechanically ventilated to ensure sufficient fresh air is available and to prevent overheating during summer months. Thus greater electrical capacity would be required to facilitate any future service changes*

- Provide permanent connection from temporary generator panel to bus bars to facilitate immediate connection to temporary electrical source.
- New HV/LV panel is installed and reconfigured as A&B circuits.
- New sub-mains cables installed between Electrical switchgear and hospital blocks.

Medical Block –

Observations of Existing Installation

- Single supply from energy centre. Single point of failure.
- Aged breakers that are obsolete. No spares available.
- Panel is no longer manufactured, and asbestos used internally so limited scope for maintenance.
- Potential high risk to personnel whilst undertaking maintenance tasks as boards feature live terminals behind covers.
- Existing cables supplying boards approaching or at design original design capacity. If more load was introduced, then it could create issues with overheating of cables.

Existing Mitigation

None

Specific Risk to Patient / Site Activities

- Potential for significant disruption to clinical services.
- Potential for serious harm to patient – especially if essential supplies are lost.

Recommendations from Site Visit

The following are recommendations that were summarised as part of the site survey and shall be developed by the appointed MEP consultants into a firm scope of works. It is recommended that the following is works are undertaken to address existing resilience issues:

- New medical block panel is installed and reconfigured as A&B circuits.
- 2off. new sub-mains cables installed between Electrical switchgear and hospital blocks to allow board to be split into A&B supplies.

Surgical Block –

Observations of Existing Installation

- Single supply from energy centre. Single point of failure.
- Aged breakers that are obsolete. No spares available.
- Panel is no longer manufactured, and asbestos used internally so limited scope for maintenance.
- Potential high risk to personnel whilst undertaking maintenance tasks as boards feature live terminals behind covers.
- Existing cables supplying boards approaching or at design capacity.

Existing Mitigation

None

Specific Risk to Patient / Site Activities

- Potential for significant disruption to clinical services.
- Potential for serious harm to patient – especially if essential supplies are lost.

Recommendations from Site Visit

The following are recommendations that were summarised as part of the site survey and shall be developed by the appointed MEP consultants into a firm scope of works. It is recommended that the following is works are undertaken to address existing resilience issues:

- New surgical block panel is installed and reconfigured as A&B circuits.
- 2off. new sub-mains cables installed between Electrical switchgear and hospital blocks to allow board to be split into A&B supplies.

4.3 Glangwili General Hospital

Project Hierarchy

1. Electrical HV & LV Infrastructure
2. Roofing, Building Envelope & Guttering Systems

4.3.1 Electrical HV & LV Infrastructure (Project 1)

HB Risk Register Entry No. 1066 / 1149

HB Risk Rating 12 (**High** – 4x3 (likelihood x impact))

Observations of Existing Installation

- Potential to have either site wide or local impact resulting in closures, especially if secondary faults result in critical parts.
- Existing switches and breakers are no longer manufactured, and the existing infrastructure has no ability to adjust the breakers to prevent false tripping.
- Potentially long lead in times to source new breakers and challenges with installation of new requiring complete blocks / areas to be shut down.
- Panels are serving very critical areas and main Ward Blocks.
- Panel manufacturer has confirmed the availability of spares is sparse and extent of modifications required for upgrade. Modifications require the installation of new carriers onto the busbars to accept new breakers.
- Monies have been made available by WG to undertake a scheme to free up spares in less critical boards to be used in more critical boards however this does not remove other, potential, single points of failure in the electrical infrastructure.

NWSSP-SES Authorising Engineers for High Voltage (HV) and Low Voltage (LV) have identified issues with existing incoming High Voltage (HV) supplies and front-end LV panel board in Engineering Block namely:

I. Single point of failure on incoming HV supplies – loss of which would cut all mains power to the site.
II. Poorly designed transformer change over panel board introduces further single points of failure to the system, leading to concerns with resilience.
III. Single point of failure exists for the sole permanent generator on site.
IV. Existing generator connected via single bus coupler, if this was to fail under generator conditions, then all essential services would be without power.
V. Resilience concerns in existing site Isolated Power Supply (IPS) / Uninterruptible Power Supply (UPS) systems not maintaining power for their design period, so undertaking statutory maintenance to LV breakers is troublesome and routinely not being undertaken.
VI. Obsolete parts making it difficult to fix in an event of a failure – some spare parts available but extremely limited stock.
VII. Limited spare capacity available in existing front-end LV-Board, so limited future expansion.
VIII. Main LV panel board in fair condition for its age (circa 20years old).
IX. No isolation between temporary generator connection point and connection to generator panel.

Existing Mitigation

- Provision of additional secondary standby generator to connect to the “essential side” supply has been submitted as part of the TEF bids.

Specific Risk to Patient / Site Activities

- Potential for significant disruption to clinical services.
- Potential for serious harm to patient – especially if essential supplies are lost.

Recommendations from Site Visits

The following are recommendations that were summarised as part of the site survey and shall be developed by the appointed MEP consultants into a firm scope of works. It is proposed that the recommendations are delivered via 3off. Phases of works:

Phase 1

- o It is recommended to undertake works to existing LV sub-mains boards via the Backlog Maintenance funded monies to free up spares for use in an event of failure within panels within the main hospital.

Phase 2

- o It is recommended that the incoming HV is upgraded along with the transformers to provide full A&B supplies to the site.
- o Undertake load and capacity assessment to ensure proposed solution is the correct size whilst also accounting for potential future expansion / refurbishments* capacity via contact with the local District Network Operator (DNO).

**Refurbishments to wards in line with potential services changes to current HBNs / HTMs / CIBSE and Building Regulations standards would likely require wards to be mechanically ventilated to ensure sufficient fresh air is available and to prevent overheating during summer months. Thus greater electrical capacity would be required to facilitate any future service changes*

- o It is recommended that spare ACBs are purchased to facilitate maintenance on existing breakers and to swap out in the event of a failure.

Phase 3

- o It is recommended that in 5-years' time the main LV panel board is upgraded to remove risks with obsolescence.

NOTE - Due to costs associated with the recommendation for Phase 2 above, the NWSSP-SES Authorising Engineers (AEs) suggested that the above works are undertaken via the Major Infrastructure / Business Continuity Scheme and that project scopes are correctly identified jointly with NWSSP-SES to ensure accurate costings can be obtained at Business Case stage ahead of submittal to WG.

4.3.2 Roofing, Building Envelope & Guttering (Project 2)

HB Risk Register Entry No. 1154 / 212 / 1139 / 1140 / 1147
HB Risk Rating 16 (**Extreme** – 4x4 (likelihood x impact))

Observations of Existing Installation

- Guttering systems around main ward block roofs in very poor condition. Falls within guttering system are insufficient resulting in stagnation of water, vegetation & algae growth leading to corrosion.
- Failing guttering resulting in water tracking into plant areas below.
- Roofing sheets showing signs of degradation and pin-holing.
- Flat roofs over OPD are in poor condition and leaks entering patient treatment and consultation rooms below.
- Failing internal guttering systems and poor roof falls are exacerbating the issues.
- Some monies have been made available to remediate worst areas – Blocks 2, 5 & 6 however other key core ward blocks 2, 4 & 8 will remain in existing guise.
- Original curtain walling within concave façade of Blocks 5 & 6 is aged and showing signs of water ingress into core service areas. Existing curtain wall system is single glazed with poor U-values. Some departments have installed secondary glazing to remove draughts and increase thermal performance of the glazing.

Existing Mitigation

- Some monies have been made available to remediate worst areas – Blocks 2, 5 & 6.
  Note - A separate TEF bid has been submitted to continue works to Blocks 5 & 6 and the external envelope however exact scopes are not fully detailed. Lastly this is subject to funding approval.

- Should a leak be reported following inclement weather, site operations will inspect and repair where possible. If leak cannot be stemmed, specialist roofing contractors will be engaged to ascertain extent of repair. Depending on cost this may be followed by a capital bid to remediate.
- Monies have been spent via hospital operational estates department to touch up areas of paint and flooring following reactive works.

Specific Risk to Patient / Site Activities

- Water ingress into areas a potential IPC risk and potential for mould growth and slips trips and falls.
- Impact on daily services and potential to reduce appointment lists if leaks cannot be stemmed, thus impacts felt by patients and could lead to harm if critical appointments are missed.
- Lower thermal performance of building fabric resulting in higher revenue costs.

Recommendations from Site Visits

It is recommended that further surveys are undertaken to the gutters and valleys, and further surveys are undertaken to the existing roof to understand current condition and areas of most deterioration, and initial investment is made to target the areas of highest deterioration.

Due to changes in the AHMWW programme, additional benefit would be realised from undertaking works to the curtain walling system to increase its thermal performance and weather proofness. This would assist the HB reduce revenue costs through better thermal performance and utilise fabric first principles to assist with decarbonisation of the estate. This work would also provide an upgrade to the aesthetic appearance of the building and provide betterment to the patient, staff and visitors perception of the hospital.

4.4 Prince Philip Hospital

Project Hierarchy

1. Water Infrastructure – Water Storage Tanks
2. Electrical HV & LV Infrastructure
3. Ventilation Plant – *Theatres 1 & 2*

4.4.1 Water Infrastructure - Water Storage Tanks (Project 1)

HB Risk Register Entry No. 1331
HB Risk Rating 16 (**Extreme** – 4x4 (likelihood x impact))

Observations of Existing Installation

- Bitumen coatings were removed to comply with Water Regulations Approval Scheme (WRAS) standards and regulations.
- Water tanks recoated with epoxy coating however this needs annual inspection and regular repair. Recent inspections show evidence of rust forming between steel tank and epoxy coating creating discolouration of epoxy coating, and potential for contamination to water.
- Tanks in very poor condition and if they were to fail then potential for serious site wide impact if failure occurred.
- Mains bypass fitted but supplies site via the tanks therefore cannot be used in event of emergency.
- Risk to personnel due to confined space working.
- Working at height risks due to tanks being located on elevated gantry.
- Tank volumes to be rationalised to reduce stored water capacity and risks associated with large volumes of stored water.

Existing Mitigation

- Periodic inspections and tank cleaning undertaken along with associated water sampling and microbiology testing.

Specific Risk to Patient / Site Activities

- If major failure were to occur, then no water to site, resulting in significant disruption such as no domestic hot or cold water to the site.
- Serious impact on patients. Patient transfers would be required.

Recommendations from Site Visit

The following are recommendations that were summarised as part of the site survey and shall be developed by the appointed MEP consultants into a firm scope of works. To remove tanks from high level gantry system, replace with ground mounted tanks and supply site via run and standby booster pump sets and convert existing system to a pressurised system.

4.4.2 Electrical Switch Gear – High Voltage (HV) (Project 2a)

HB Risk Register Entry No. 1099
HB Risk Rating 16 (**Extreme** – 4x4 (likelihood x impact))

Observations of Existing Installation

- Existing HV incoming supplies on same side of HV board, single point of failure to site transformers. If bus-coupler fuse was to fail, there would be no power to hospital resulting in a blackout to most lighting and power and heating systems. Site generator would provide power to essential circuits only.
- HV breakers are aged and far beyond life expectancy. HV breakers are oil filled – H&S risk.

- Only 1off. generator installed on site. Single point of failure exists for the sole permanent generator on site.

Existing Mitigation
- None
- System configuration does not facilitate maintenance to be done without prolonged shutdowns to relevant areas.
- No spare breakers available on site to facilitate changeovers for servicing or in an event of a failure.
- Provision of additional secondary standby generator to connect to the "essential side" supply has been submitted as part of the TEF bids.

Specific Risk to Patient / Site Activities
- Potential for significant disruption to clinical services.
- Potential for serious harm to patient – especially if essential supplies are lost.

Recommendations from Site Visits
The following are recommendations that were summarised as part of the site survey and shall be developed by the appointed MEP consultants into a firm scope of works. It is anticipated that the works would be delivered via 2off. phases:

Phase 1
Short term recommendations are to:
- Install a second set of batteries to the existing generator to provide N+1 resilience to starting sequence of the generator.

Phase 2
It is recommended that the following is works are undertaken to address existing resilience issues:
- New HV/LV panel is installed and reconfigured as A&B circuits.
- Load assessment undertaken to ascertain if new transformers are required and to understand capacities required for future expansion capacity / and or Ward refurbishments*.

**Refurbishments to wards in line with potential services changes to current HBNs / HTMs / CIBSE and Building Regulations standards would likely require wards to be mechanically ventilated to ensure sufficient fresh air is available and to prevent overheating during summer months. Thus greater electrical capacity would be required to facilitate any future service changes*

NOTE – It has been recommended by the NWSSP-SES Authorising Engineers (AEs) that monies for Phase 1 recommendations are sought from the EFAB 3 / TEF funding streams.

Due to costs associated with the recommendation for Phase 2 above, the NWSSP-SES suggested that the above works are undertaken via the Major Infrastructure / Business Continuity Scheme and that project scopes are correctly identified jointly with NWSSP-SES to ensure accurate costings can be obtained at Business Case stage ahead of submittal to WG.

4.4.3 Low Voltage (LV) Mains Distribution Boards (Project 2b)

Observations of Existing Installation
- LV board has no spare capacity for additional circuits within the building. Breakers are no longer available and can only be replaced with refurbished units however this requires whole board to be turned off (loss of power to site).

- No IPS/UPS systems installed to existing theatres so undertaking statutory maintenance to LV breakers is troublesome and routinely not being undertaken as results in loss of theatre lists.
- Single point of failure at incoming point of board. Single bus-coupler between incoming supply and busbars in panel board, a failure would result in power to the essential side only via the generator. All non-essential circuits would be lost.
- Aged breakers that are no longer manufactured.
- Potential high risk to personnel whilst undertaking maintenance tasks as boards feature live terminals behind covers.

Existing Mitigation

- ACBs are serviced by third party however spares are extremely limited / obsolete. Spares can be sought however lead in times are 10+ weeks.

Specific Risk to Patient / Site Activities

- Potential for significant disruption to clinical services.
- Potential for serious harm to patient – especially if essential supplies are lost.

Recommendations from Site Visit

Phase 1

- Procure spare ACBs to facilitate maintenance of existing, and aging ACBs.

Phase 2

It is recommended that the following is works are undertaken to address existing resilience issues:

- New panel boards shall be installed and reconfigured as A&B circuits.
- Undertake load and capacity assessment to ensure proposed solution is the correct size whilst also accounting for potential future expansion capacity / and or Ward refurbishments*.

**Refurbishments to wards in line with potential services changes to current HBNs / HTMs / CIBSE and Building Regulations standards would likely require wards to be mechanically ventilated to ensure sufficient fresh air is available and to prevent overheating during summer months. Thus greater electrical capacity would be required to facilitate any future service changes*

4.4.5 Ventilation Plant – Air Handling Units (AHUs) serving Theatres 1 & 2 (Project 3)

AHU Serving Theatres 1 & 2 shall remain within the guise of the MIIP portfolio of projects due to the complexity of the works.

HB Risk Register Entry No. 369.
HB Risk Rating 12 (**High** – 4x3 (likelihood x impact))

Observations of Existing Installation

- Shared plant between 2off. theatres. Theatres 1 & 2 are the main cancer pathway theatres for the HB.
- Ventilation plant in fair condition for its age due to being installed internally.
- Plant is aged and beyond its design life. Units installed late 1980's, so approaching twice the industry design guides.
- Existing units suffering with ingress of water into intake sections causing premature collapse and failure due to corrosion. Works to replace intake sections via capital bids have been undertaken however these are now failing.
- Water ingress causing accelerated deterioration of frost coils requiring additional maintenance.

- Fire dampers are actuated by pneumatics however are aged and in poor operational capacity.
- Fire damper surveys have identified dampers have failed in many locations. If dampers fail closed this would result in no ventilation to the associated spaces.
- If operation of dampers is poor, cannot guarantee that the fire compartmentation will be maintained resulting in fire risks throughout the building.

Specific Risk to Patient / Site Activities

- Potential for significant disruption to clinical services.
- Loss of plant will result in 50% of theatre lists being lost.
- Potential for serious harm to patient – especially if essential supplies are lost.
- Failure of some Fire Dampers would result in loss of critical plant thus result in loss of theatre lists and significant service disruption, additional pressures on remainder of the service across Health Board.
- Serious fire management risks by association.

Existing Mitigation

- Additional PPMs are undertaken to reduce speed of deterioration however inspections and works becoming more frequent.
- Existing DCP scheme is targeting works associated with replacement of the Fire Dampers (FDs) on the site. A further TEF bid has been submitted for funding to address remaining FDs on site.

Recommendations from Site Visit

- Given the changes to the AHMWW programme replacement of the plant should be explored including Fire Dampers to plant where not undertaken by the DCP / TEF bids, and costs ascertained to determine final scope of the project.

- Refurbishment* of the units may be possible via:
  - Upgrade to intake sections including flooring sections,
  - Installation of new atmospheric damper systems and associated actuators,
  - Replace old, obsolete fans for new, energy efficient EC fans,
  - Installation of new components and ancillaries.

**Exact scopes to be ascertained to determine cost benefit analysis of refurb verses replacement.*

Subject to further analysis, temporary theatre capacity may be required to be supplied as enabling works ahead of the delivery of the AHUs to existing theatres.

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CAPTIAL SUB-COMMITTEE

ANNUAL REVIEW REPORT

2024/2025

1. Introduction and Chair's summary

In line with Standing Orders the Capital Sub-Committee must submit an Annual Report to the Committee through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any Groups it has established, setting out how the Sub-Committee has met its Terms of Reference during the financial year.

The Board uses this annual report to inform:

- The ongoing development of its governance arrangements, including its structures and processes:
- Its Board Development Programme, as part of an overall Organisation Development framework:

2. Terms of Reference and Workplan

The TOR for the Capital Sub-Committee is reviewed on an annual basis or following any significant changes. The TORs were last reviewed on 19 November 2024.

The Capital Sub-Committee has a work plan to enable forward planning for the forthcoming year. The workplan is produced to incorporate the duties outlined in the Committee's Terms of Reference and any suggested areas of focus identified during the self-assessment process.

The Capital Sub-Committee workplan covers a range of activities including statutory reporting duties, regular items of business and priority planned pieces of work which support Board and Committee's objectives.

The work plan is regularly updated throughout the year to ensure it remains responsive to emerging issues and risks.

3. Groups

The Capital Planning Group reports into the Capital Sub-Committee with its own terms of reference and workplan for the year.

The Capital Monitoring Forum reports into the Capital Sub-Committee with its own terms of reference and workplan for the year

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

4. Table of attendance

5. **Key:**

Present	Delegated Member Present	Apologies	Absence

6.

7. **Attendance Table:**

Member/In Attendance	21/05/24	19/07/24	16/09/24	19/11/24	16/01/25	21/03/25
Executive Director of Strategy and Planning (Chair)	Present	Apologies	Present	Present	Present	Present
Assistant Director of Strategic Planning & Development (Vice Chair)	Apologies	Present	Apologies	Apologies	Present	Present
Independent Member	Apologies	Present	Present	Present	Present	Apologies
Director of Estates, Capital Management & Facilities	Apologies	Delegated Member Present	Apologies	Present	Present	Present
Assistant Director of Nursing, IP&C	Present	Delegated Member Present	Delegated Member Present	Apologies	Delegated Member Present	Apologies
Senior Finance Business Partner	Present	Present	Present	Present	Present	Present
Head of Facilities Information & Capital Management	Apologies	Present	Present	Present	Present	Present
Deputy Director of Operations	Apologies	Present	Apologies	Present	Present	Apologies
Assistant Director, Medical Directorate	Apologies	Absence	Absence	Apologies	Apologies	Apologies
Digital Director	Apologies	Absence	Absence	Present	Present	Absence
Assistant Director of Primary Care	Apologies	Absence	Absence	Apologies	Apologies	Absence
Head of Assurance & Risk	Delegated Member Present	Present	Present	Delegated Member Present	Present	Delegated Member Present
Head of Procurement	Present	Present	Present	Present	Present	Absence
Head of Capital Planning	Present	Present	Present	Present	Present	Present
Chair of the Medical Devices Group	Absence	Absence	Absence	Apologies	Present	Present
In Attendance:						
Committee Support/Secretary	Present	Present	Present	Present	Present	Present
Director of Mental Health and Learning Disabilities	Apologies	Absence	Apologies	Present	Delegated Member Present	Delegated Member Present
County Director – Carmarthen	Apologies	Absence	Absence	Absence	Absence	Absence
County Director - Ceredigion	Apologies	Absence	Absence	Absence	Apologies	Absence
County Director - Pembrokeshire	Apologies	Absence	Absence	Absence	Absence	Absence
Head of Radiology	Apologies	Absence	Delegated Member Present	Absence	Present	Absence

General Manager, Women & Children's Directorate						
Head of Pathology						
Head of Capital Audit (Quarterly attendance only)						
Head of Property Performance						
Capital Programme Manager, Capital Planning						
Project Manager, Capital Planning						
Capital Programme Manager, Regional Partnership Board						
Clinical Director of Pharmacy and Medicines Management						
Meeting quorate?	Yes	Yes	Yes	Yes	Yes	Yes

8. Committee Activities – alert, advise and assure.

The Committee is required to report to the Board after each Committee meeting by presenting a report highlighting the key discussion items at the Committee.

(Include highlights of work undertaken as headings. Include any decisions made by the Committee. Any feedback from patients or staff)

Alert – *The following matters were areas where the Committee was unable to take an assurance or had a lack of confidence that the action in place was sufficient to address the issue satisfactorily and/or it was within the scope of the operational team to resolve, and were alerting the Board as engagement action or intervention was required.*

19 July 2024

- There is ongoing discussion around the **Strategic Outline Case (SOC)** and the additional scenarios Welsh Government (WG) are expecting the Health Board to explore. The key point to note from a capital perspective is that it is becoming clearer if the Health Board are expected to widen the scope of the SOC, there will be significant cost and timeline consequences.
- Formal advice has been received from external advisors in relation to the changes WG are asking Hywel Dda University Health Board (HDdUHB) to consider in relation to exploring new scenarios. The Health Board is now seeking legal opinion on the potential implications.
- Several of the **community schemes** have capital and revenue affordability challenges. It is key going forward to agree how the Health Board sees the strategy of developing community hubs going over the next couple of years.

- The **Annual Strategic Medical Device Replacement Report** highlighted the challenge of how the Health Board manages the risk without the significant levels of investment required. Also, how the Health Board needs to look at the strategic decisions it is making in relation to equipment.

16 September 2024

- The **A Healthier Mid and West Wales update report** noted that several of the community schemes have capital and revenue affordability challenges. Strategic Outline Case (SOC)/ Programme Business Case (PBC) update:
  - The programme timelines have already seen significant delay from the plans set out in the PBC. These are likely to be delayed further if, as seems likely, the Health Board is required to explore additional scenarios in the SOC.
  - There was a meeting arranged for 12 September 2024 with the Deputy Chief Executive – NHS Wales. Next steps are that the work from the past months will be taken for Executive Team discussion and Board Seminar discussion prior to deciding on a course of action with Welsh Government (WG) over the next few months.
- **The annual update on the Estate's backlog** noted there was not sufficient funding to cover the high-risk backlog. The increase in backlog is significant.
- The **Capital Governance Update** noted that there was a delay to the completion of the Business Justification Case (BJC) for the Aseptic Project due to no tenders being submitted for the demountable building element of the scheme. A revised approach to the delivery of this work has been introduced so it is managed by the lead contractor and a revised tender has been issued.

19 November 2024

- **The CSC Terms of Reference (ToR) have been reviewed** with updates to membership made and are attached in Annex 1A for approval by SDODC.
- The **A Healthier Mid and West Wales update** paper to Board in November 2024 explicitly outlined the current situation with the development of Health Board infrastructure plans to support the strategy and the expectation the New Hospital is a minimum of 10 years away, and the significant implications of this. This will require a refresh of the Strategic Plan and there will be a requirement for this CSC to consider the capital components of this.

16 January 2025

- **A Healthier Mid & West Wales Programme Business Case Update** Agreement has been sought with Welsh Government (WG) on the way forward and an Infrastructure Investment Board (IIB) session agreed for 23 January 2025. Key points to note:
  - It was hoped that IIB would be the start of a discussion leading to formal agreement of the scope. There were three queries it would be important to be aligned on.

- It is assumed the Health Board will need to develop a refreshed Programme Business Case (PBC). WG have indicated that a wider set of options should be considered.
- WG indicated that Hywel Dda University Health Board (HDdUHB) would need to consider the needs of Glangwili (GGH) and Withybush (WGH) Hospitals over the interim period and the interface with primary and community care. WG added a further point on the linkages with Swansea Bay University Health Board (SBUHB) and the approaches to internal and external communications around this.
- This would be a very substantial piece of work with associated costs. The investment needed for this is not currently in the Health Board's financial plans and would influence the 3-year financial roadmap.

- **The feedback received from WG Prioritisation Process**
  The Presentation given by WG colleagues to the Chief Executives of NHS Wales in early December 2024 noted that there is currently no funding available to support a hospital building programme across Wales.

21 March 2025

- **The Major Infrastructure Business Continuity - Risks & Patient Impact Report** and the key risks around business continuity of critical services. This report is attached as Annex 3. Extensive risk assessment has been undertaken and a report included that has been co-developed between the Health Board and NHS Wales Shared Services Partnership (NWSSP) outlining the top priority current risks. The next steps are to conclude the future scoping works and engage with Welsh Government (WG) to progress development to Business Case stage and further consider the longer-term needs of the estate and how this is incorporated into wider clinical service redesigns and development control planning.

Advise – *The following matters were areas of concern where assurance had been taken on actions in place but required close monitoring.*

21 May 2024

Capital Resource Limit 2024/25:

- Unaudited 2023/24 position
    - Underspend of £0.32m.
    - Health Board managed end of year 2023/24 with minimal impact on 2024/25 Programme.
- WG have now confirmed Glangwili Hospital (GGH) Phase 1 Fire Works.

Capital Programme 2024/25

- Board approved 2024/25 Programme at the 28 March 2024 meeting.
- £1.5m put aside to deal with emergency issues of which £60k has been used to date.

- In the last 10 days Welsh Government (WG) have asked the Estates Team to submit bids against £30m in the All-Wales allocation for maintenance type issues of which bids for £7m have already been sent to WG which include Bronglais Hospital (BGH) improvements and are now awaiting their response.

19 July 2024

- There are no concerns regarding being able to meet the **Capital Resource Limit 2024/25,** both in terms of underspend and overspend. It is currently forecast that all schemes are to progress as expected.

Capital Programme 2024/25

- HDdUHB have been awarded two amounts of additional WG funding. This includes £4m to address backlog maintenance issues and £3.2m to replace the Magnetic Resonance Imaging (MRI) in Prince Phillip Hospital (PPH); and Fluoroscopy room and Radiology room in Withybush Hospital (WGH)
- Whilst the Health Board has committed just under £0.500m out of the contingency pot, there are still a significant number of bids that have yet to be reviewed. These will be further discussed at the Capital Planning Group meeting being held on Friday 26 of July 2024, and a verbal update will be provided.
- It was noted that there are several items that had not been anticipated such as the potential additional costs associated with the handing back of the General Medical Services (GMS) contract in St Davids, depending on a decision at Board on 25 July 2024. Also, fees that may need to be spent before receiving WG approval on the next phase of the Fire Schemes.

16 September 2024

Capital Resource Limit 2024/25:

- There are no risks currently being highlighted regarding ability to deliver against the Capital Resource Limit (CRL) for this financial year, with all schemes expected to finish before the end of March 2025.
- Welsh Government will expect the Health Board to fix the CRL for the All Wales Capital Funded schemes at the end of October 2024, and this will be the last opportunity the Health Board will have to return any slippage or underspend.

Capital Programme 2024/25

- Recovery monies have been identified which are available to be used this year.
- A review has been completed on the identified pre-commitments for this year, and the need to use these allocations in the year 2024-25. Just over £1m of allocation has been identified that could be redistributed.

- The Health Board was advised towards the end of the week ending 13 September 2024 that WG potentially had some slippage and the Health Board have been asked to schedule end of year bids, to be prioritised against backlog maintenance, infrastructure risks, and backlog equipment.
- Given some of the slippage on pre-commitments, there would be a range of pre-commitments potentially going into 2025-26; currently this range was between £800k - £900k.
- EFAB is not currently included in the pre-commitments. It was likely EFAB would need to be included in the pre-commitments, and this could potentially be a substantial amount of money.

  The Welsh Government Building, Picton Terrace Development report.

- The Health Board has been working with WG towards a solution that allows it to occupy the building in Picton Terrace. A report will be submitted to Public Board in September 2024 to seek approval to proceed the scheme subject to all approvals being in place. If approved the scheme will be delivered over the next financial year and be ready to occupy in January 2026.
- The key focus for the Sub-Committee was regarding the agreement on the Discretionary Capital Programme (DCP) of the provision on £110k annually to pay this investment back.

19 November 2024

- **Capital Resource Limit (CRL) 2024/25:**
  - The CRL needed to be fixed with Welsh Government (WG) by end of October 2024. The amounts returned / to note are:
    - £500k forecast underspend on Reinforced Autoclaved Aerated Concrete (RAAC) works at Withybush Hospital (WGH).
    - £660k slippage associated with backlog maintenance schemes.
  - There are no risks to be highlighted to achieve the forecasted spend by end of March 2025.
  - A forecast overspend against the WGH Imaging Scheme was highlighted. The current indicative position is an overspend of £1.9m against the budget received from WG.
  - The risk to the Discretionary Capital Programme (DCP) was discussed. In the meeting on 18 November 2024 WG advised there is an imaging allocation in the next financial year. It was indicated although not confirmed this scheme would be the priority against this funding.

- **Capital Programme 2024/25**
  - Since the last update there has been approval for the Sexual Assault Referral Centre (SARC) in Aberystwyth at £3.354m over two years and works costs for Picton Terrace at £3.835m over two years. There has been capital approval for Pentre Awel equipment and digital items and equipment in WGH.

- A bid was submitted to WG of £2.5m for items which could be delivered before 31 March 2025 that would assist with the reduction of waiting times. Response anticipated from WG by week ending 22 November 2024.
- The preparatory work for developing the capital plan for next year for the Capital Planning Group has begun.
- There is £800k pre-commitment against next year for the work resulting from the Paediatric Consultation.
- Whether there needed to be an allocation from DCP for any work resulting from the Clinical Services Plan was raised. It was noted that due to the timing, there may be no requirement next financial year, and that a substantial contingency was held as standard. A discussion with Executives was suggested.

- **Audit Wales will be undertaking a Review of Capital Investment Priortisation -** this is expected to be within the next few months.
- **The Infrastructure Investment Enabling Plan 2024-2027 schemes** have been reviewed for progress and work on the Infrastructure Investment Enabling Plan for 2025 - 2028 has commenced. A draft plan will be presented to the Capital Sub-Committee in January 2025

16 January 2025

Capital Resource Limit 2024/25:

- At the end of December 2024 - 50% of the total allocation had been spent.
- There are around 170 significant individual schemes which need to be completed; therefore, it has been assessed there is a risk to underspending against the Capital Resource Limit (CRL) and a corporate risk scored at 12 was agreed at January 2025 Executive Team (ET) meeting. To mitigate against this risk the Health Board has over-committed against the programme.

Capital Programme 2024/25 and 2025/26

- A bid of £2.9m was submitted to WG for end of year monies on 6 January 2025. Confirmation has been received that £1.3m of this has been approved.
- The discretionary allocation has increased from £7.4m to £10m for next year. A report has been prepared for consideration by the Executive Team on 15 January 2025 on how the discretionary allocation for 2025/26 is split
- WG have made available a Targeted Estates Fund (TEF) for next year of £40m across Wales; this has a requirement for the Health Board to contribute 30% with WG contributing 70%. These bids were submitted to WG by end of January 2025.
- The ET approved Option 1 with TEF allocation capped at £1.7m. This option would allow flexibility for the Capital Group. The ET were satisfied to be guided on allocation, and a view on how this could be taken through the CSC.
- CSC were advised that the Paediatrics work was not progressing with the anticipated pace, and that there was a risk that the whole amount (£800k)

may not be used next year. Action agreed to meet with the service on the planning of the Paediatrics work.

21 March 2025

- The Capital Sub Committee Annual Report is presented in Annex A which was approved by CSC for onwards submission to the Strategy and Planning Committee at their meeting on 24 April 2025.
- **Capital Resource Limit (CRL) 2024/25**

- As of morning of 21/03/25 £6.4m spend remaining.
- Slippages have been identified and mitigations put in place.
- Although the above would need to be receipted over the next week, some assurance could be provided that the CRL should be met.

Capital Programme 25/26

- The Capital Programme for 2025/26 was presented to the Executive Team in January and allocations were agreed.
- The programme was due to be submitted to Board in March 2025 for approval, however since this programme was compiled there have been changes which need to be considered.
- There is the opportunity to increase contribution to the Targeted Estate Fund (TEF) allocation from £1.7m to £1.9m.
- The proposal is to manage the slippage and increase in TEF bid through the pre-commitment allocation, and to manage the additional £460k for the CHPs through the spend-to-save allocation and contingency reserve.

Assure – *The following matters were areas where there was confidence that robust actions are in place and are sufficient to address the issues to operate effectively.*

21 May 2024

- The Capital Sub-Committee endorsed the Capital Sub-Committee Work Plan for 2024/25.
- Capital Governance Highlight Reports have been reviewed by CSC for all projects with Red and Amber Schemes.
- The EFAB Update Report.
- Capital Audit Tracker Report - and the progress of the implementation of outstanding capital themed audit recommendations. Also noted information provided in respect of lapsed timescales which will be reported to the Audit and Risk Assurance Committee (ARAC).
- WG Dashboard Reports - and the ongoing positive responses from WG.
- Regional Capital Programme - verbal update and progress made in respect of the Regional Capital Programme.
- The A Healthier Mid and West Wales (AHMWW) update report and progress made in respect of the AHMWW Programme Business Case.

- Cross Hands Health and Wellbeing Centre Project - and challenges facing the Cross Hands Project.
- The Sexual Assault Referral Centre (SARC) Business Justification Case (BJC) – Progress Update Report and that the Executive Team have approved the Business Case to go to Board for approval on 30 May 2024.
- WG funding for radiology schemes - The Capital Sub-Committee were advised that the Health Board has received notification from WG of potential three radiology schemes they may support in year. We have been asked to review costs and delivery by 31 March 2025.

Papers for information were noted by the CSC as follows:

- Capital Monitoring Forum – Minutes of meeting held on 12 March.

19 July 2024

- **Capital Governance Highlight Reports** have been reviewed by CSC for all projects with Red and Amber Schemes
- The Sub-Committee endorsed the **Environmental Management Review** for the period 2023/24 and Objectives and Targets for 2024/25 with a query to check if alternative governance routes for the reports approval was more appropriate for the future.

The Capital Sub Committee noted the following:

- **The EFAB Update Report** and that all projects are currently Red, Amber, Green (RAG) rated Green (Low Risk) and are currently on programme.
- The **A Healthier Mid and West Wales (AHMWW) update report** and progress made in respect of the AHMWW Programme Business Case.
- The progress made in respect to the **Community Schemes**.
- The report and actions taken to implement the **Advisory Report, Management Action Plan** prepared as a consequence of the A Healthier Mid and West Wales Programme: Forward Look Governance Review.
- **The Annual Strategic Medical Device Replacement report**.
- **The Regional Capital Prioritisations Approach (Integrated Regional Capital Fund (IRCF).**
- The Business Justification Case (BJC) for **Carmarthen Hwb** and funding approval received from WG.
- The submission of the **Pentre Awel** Full Business case (FBC) to WG and that the Council and Health Board are awaiting feedback through the WG scrutiny process and a date when this will be considered by the IRCF Panel.

Papers for information were noted by the CSC as follows:

- Capital Review Meeting – 24 March and 24 May 2024.
- Capital Monitoring Forum – Minutes of meetings held on 13 May, 11 June and 9 July 2024.
- Capital Planning Group – 31 May 2024.

16 September 2024

1. **Capital Governance Highlight Reports** have been reviewed by CSC for all projects with Red and Amber Schemes and a revised reporting process has been approved which aligns with the Health Board's 3 A's approach (Alert, Advise, Assure).

The Capital Sub Committee noted the following:

2. The contents of the **Dashboard Reports** returned to WG on the schemes being funded through a range of sources, including Primary Care, IRCF, and All Wales Capital Programme AWCP.
3. **The Estates Funding Advisory Board (EFAB) Update Report** and that all projects are currently RAG rated Green.
4. **The Capital Project Audit Tracker** report and the process followed.
5. **The Annual Diagnostic Imaging Update** and the remaining corporate risk 684 – the risk to timely investment and replacement of radiology equipment. This is because there is no secured funding each year to be able to sufficiently plan ahead.
6. **The Land adjacent to Glangwili General Hospital (GGH) report**. The report recommended the Sub-Committee approve proceeding with next steps and the funding to support due diligence costs circa. £3k.

Papers for information were noted by the CSC as follows:

1. Pentre Awel SBAR to Sustainable Resources Committee (SRC) was included for information.
2. Capital Review Meeting – 31 May and 1 July 2024.
3. Capital Monitoring Forum – Minutes not yet available.
4. Capital Planning Group – 26 July 2024

19 November 2024

- **Capital Governance Highlight Reports** have been reviewed by CSC for all projects with Red and Amber. Other key points highlighted:
  - Workshops would be needed with the Community teams and Primary Care to work through a priority list for community infrastructure priorities and how this supported the strategic plans, linking to the work being done to refresh the regional capital prioritisation through the Regional Partnership Board (RPB) and the Regional Capital Group.
  - The delay in the regional pathology scheme may cause the Health Board to incur capital spending to provide an interim solution. Work is ongoing to evaluate this. It was noted that progress on the capital prioritisation process and how this affected the regional pathology scheme would be raised in the next Capital Review Meeting with WG.
  - Radiology schemes were not currently included on the Highlight Report (HLR) for capital governance updates, and these would be added to this bi-monthly reporting.
- **The Arts and Health Annual Update Report** outlining the range of projects and growing evidence base shows that the Arts have a role to play in creating

therapeutic and healing environments. The Bronglais Cancer Treatment Unit was identified as a flagship project for the incorporation of the arts into this capital project.

16 January 2025

1. The contents of the **Committee Key Actions report.**
2. **The Capital Governance Highlight Reports** and the projects with Red and Amber status.
3. **The Audit Recommendation Update Report** which noted five open reports, which generated 50 recommendations. 28 of these had been completed with 22 recommendations outstanding and 11 recommendations behind schedule.
4. The contents of the **Dashboard Reports** returned to WG in December 2024 on the schemes being funded through a range of sources, including Primary Care, Integrated Regional Capital Fund (IRCF), and All Wales Capital Programme.
5. **The Estates Funding Advisory Board (EFAB) Update Report** and that the two projects were proceeding satisfactorily.
6. **The feedback from WG Prioritisation** and the Presentation given by WG colleagues to the Chief Executives of NHS Wales in early December 2024.
   - 182 prioritisation forms across Wales were submitted.
   - There was a budget gap of £1.25b over three years with a gap of £3.8b shown in future years.
   - The All Wales budget would need to be doubled to afford the priorities received from organisations.
   - There is currently no funding available to support a hospital building programme across Wales.
   - The letter received from WG and that the Health Board will be formally responding. CSC noted there were some clear points to be drawn.
   - It was not thought WG had intention of a prioritisation refresh, therefore the Health Board would need to consider how changing prioritisation was updated or dealt with.
   - That the Bronglais Hospital (BGH) Fire Works were not included on the list in the letter from WG was discussed. The implications for this work were unknown. A clear steer on this would be sought in the next Capital Review Meeting (CRM) meeting with WG on 21 January 2025.

7. **The BGH Fire Precaution Scheme Programme Business Case (PBC)** and approval to progress to Formal Executive Team on 19 February 2025 and then SDODC on 27 February 2025.
8. **The draft Infrastructure Investment Enabling Plan** and the work undertaken to update it.
9. **The Aseptics BJC** which was submitted to Public Board on 30 January 2025 and following Board approval, would be submitted to WG.

Papers for information were noted by the CSC as follows:

1. Capital Review Meeting – Minutes of meeting 21November 2024

2. Capital Monitoring Forum – Minutes of meeting 10 December 2024
3. Capital Planning Group – Minutes of meeting 29 November 2024 and 20 December 2024.

21 March 2025

- The contents of the **Committee Key Actions report**
- **The Capital Governance Highlight Reports** and the projects with Red and Amber status. The CSC endorsed the timeline changes of the Sexual Assault Referral Centre (SARC) and Clinical Decision Unit (CDU) schemes and were assured on the actions taken on Cross Hands and the pathology development.
- The contents of the **Dashboard Reports** returned to WG in February 2025 on the schemes being funded through a range of sources, including Primary Care, Integration and Rebalancing Capital Fund/ Integrated Regional Capital Fund (IRCF), and All Wales Capital Programme.
- **The Estates Funding Advisory Board (EFAB) Update Report** and the following projects on site and complete.
- **The Fire Safety Management Update Report and update on the fire programme**.
    - Phase 1 - Successfully completed for Withybush Hospital (WGH) and Glangwili Hospital (GGH) with enforcement notices lifted for this phase, significant investments ~£40m-£45m between both schemes.
    - Phase 2 – Completion dates: WGH current completion date August 2027. GGH current completion date December 2027.
    - CSC received assurance that both schemes are on the WG prioritisation list for Hywel Dda University Health Board (HDdUHB).
    - CSC were advised that the Bronglais Hospital (BGH) project is not yet on the approved list for the Health Board, however there is a high degree of assurance this will go through on the same basis. The Programme Business Case (PBC) was submitted to Board in March 2025 and WG are conducting advance scrutiny on this. Until the detailed scrutiny and endorsement of PBC there is no certainty on this scheme.
    - **The update on the 'A healthier Mid and West Wales' (AHMWW) Programme on 23 January 2025** and the follow-up meeting to the Infrastructure and Investment Board (IIB) on 21 March 2025indicated that the HDdUHB was committed to working through potential options and to presenting these at the WG meeting in June 2025.
- **The West Wales Regional Capital Programme Update Report** on the key activities currently being worked through in support of the West Wales Strategic Capital Plan indicated that the Regional Partneship Board (RPB) was required to submit the next tranche of priority capital schemes, endorsed by all partners and RPB Strategic Capital Board, by 31 March 2025. . It was noted the Health Board ambition in developing community facilities would likely exceed available capital funding and HDdUHB and WG would need to consider their response.

- **The Infrastructure Investment Plan (IIP)** - with minor amendments the final version would be available as an annex to the Annual Plan and sent to WG for information.
- **The Energy & Carbon Programmes of Work update** - the three programmes of work that will target reductions in the energy use and carbon impact on the estate:
  - A new Energy Performance Contract (EPC).
  - Heat Network Efficiency Scheme (HNES) optimisation and funding.
  - Private wire solar farm project near Prince Philip Hospital (PPH).
- **The EPC End of year contract arrangements**

Reports for information were noted by the CSC as follows:

- Capital Monitoring Forum – Minutes of meetings on 14 January 2025 and 11 February 2025.
- Capital Planning Group – Minutes of meetings on 31 January 2025 and 28 February 2025.

Items approved by the Committee during the year.

- **Capital Sub Committee Terms of Reference**
- **Capital Sub Committee Annual Report**
- **The Land adjacent to Glangwili General Hospital (GGH) report**.

9. Conclusion

The Sub-Committee is satisfied that it continues to operate effectively and in line with the Terms of Reference. Issues have been escalated to the Committee as appropriate, and the Sub-Committee uses feedback from the self-assessment process to evolve and continually improve.

5.2

12:10, 10 min

5.2 - Withybush Hospital Fluoroscopy Project

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Julian Wheeler Jones (Hywel Dda UHB - Discretionary Capital Projects Manager)

For approval

Attachments

5.2 WGH Fluoro Project Board SBAR 01 04 2025.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR STRATEGAETH A CHYNLLUNIO
STRATEGY & PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 April 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Proposed Fluoroscopy Replacement & Associated Infrastructure/Enablement Work at Withybush General Hospital (WGH)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Executive Director of Operations Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Lee Davies, Executive Director of Strategy and Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report set out the position with regards to the proposed Fluoroscopy replacement and associated infrastructure/enablement work at the Withybush General Hospital (WGH) site.

Funded by Welsh Government support, approval is sought to award the contract to deliver the main contract work, in line with Welsh Government guidance.

Cefndir / Background

Hywel Dda University Health Board (HDdUHB) has received funding from the Welsh Government to support a vital programme aimed at replacing outdated imaging and diagnostic equipment. Approved by the Cabinet Secretary for Health & Social Services, this initiative focuses on modernising our diagnostic tools to reduce waiting times and ensure the long-term sustainability of our healthcare services.

A key project within this programme is the replacement of imaging equipment, scheduled for completion in 2025-26. Planning and design work for new fluoroscopy imaging equipment is already underway, with funding allocated for 2025-26 seamlessly integrated into this timeline. This will enhance the hospital's ability to provide up-to-date diagnostic services.

The Welsh Government (WG has committed £3.037m to HDdUHB, with funds confirmed on 13 June 2024 and 30 January 2025 respectively. This investment will support the purchase of new diagnostic equipment and necessary infrastructure upgrades, demonstrating our dedication to improving healthcare for our communities. By working closely with the NHS Wales Shared Services Partnership (NWSSP) and the Welsh Government, we are ensuring these improvements align with wider efforts to strengthen imaging services across NHS Wales while maintaining our current capacity.

This funding and the planned upgrades reflect our commitment to meeting essential service needs and delivering better care for all.

Asesiad / Assessment

This Contract Award is in line with Section 10 of the NHS Wales Infrastructure Investment Guidance. Paragraph 13 (3) of Schedule 2 to the National Health Service (Wales) Act 2006 requires Local Health Boards to obtain Welsh Ministers' consent to acquire and dispose of property and enter into contracts. Contract approvals over £1m for individual schemes will be sought as part of the normal business case submission process where funding from the NHS Capital Programme is required.

The Contract will be funded via the £3.037m WG funding and is in line NWSSP's Construction Framework West: HDdUHB - £200k to £2m, which is compliant with UK/EU procurement legislation. This framework included several potential providers who had achieved inclusion on the framework following a qualification process.

The HDdUHB Estates, Facilities and Capital Management directorate seeks to establish a single Call-off Contract for the provision of enablement and infrastructure work at Withybush Hospital (WGH). Call-off Contracts will be actioned by HDdUHB, utilising standard Joint Contracts Tribunal (JCT) contract templates (Intermediate Form of Contract and Agreements in place by Legal Team - Bevan Brittan). The framework is structured by awarding contracts on a rotational basis. The Call-off option of direct award is available subject to supplier being next on rotation.

This multi-supplier framework agreement covers the provision of qualified construction contractors to undertake various packages of minor/intermediate and major works which meets HDdUHB's requirements. All suppliers have been added to the framework following a robust and compliant tendering process, enabling the inclusion of suppliers both willing and able to provide customers with the construction related works required to meet the Health Board's strategic objective.

The tender was assessed in detail against subcontractor pricing, the framework agreed uplift percentages and the works requirements using industry data to benchmark the submitted rates and rates from previous phases of works to confirm acceptance and value for money. The tender was in line with the NWSSP construction framework – award and call off procedures:

- NWSSP Procurement Services Tender Reference CAP-OJEU-91888
- Region B: Lot 4 Projects from £200k to £2m - HDdUHB
- Rotational – Direct Award with T. Richard Jones (Betws) Ltd

For the 2024/25 Discretionary Capital Projects, the Capital Systems Final Audit Report has achieved a **substantial audit rating** for both the selection and appointment processes and the value for money and award considerations. This outcome reflects the robust stewardship and financial control exercised by the Discretionary Capital Design Team at HDdUHB, in line with NHS Wales standards. By leveraging the direct award mechanism within an approved framework, we have streamlined procurement, reduced costs, and maintained transparency, ensuring the selection of suitable suppliers based on objective criteria. This approach not only prioritises the Health Board's service needs but also frees up valuable clinical and estates resources, delivering measurable efficiency gains. The substantial rating affirms our commitment to achieving economy, efficiency, and effectiveness, reinforcing public trust in our management of taxpayer funds. This success positions us well to advance our 'spend to save' objectives, delivering long-term value for the organisation

HDdUHB and the external cost adviser Atkins Realis, undertook the cost plan process and evaluation in accordance with the framework evaluation criteria, specification, schedules and assessment of the sustainability and overall value for money:

1. Framework Requirements – Award and Call-off Procedure
2. Quoted Price / Commercial Arrangements - 100%
3. Social Value in Construction in-line with Framework Lot 4
4. The Framework Supplier will be required to assist the Authority in delivering its obligations under the Wellbeing of Future Generations (Wales) Act 2015, with respect to improving the social, economic, and environmental wellbeing (Social Value) of the local area through its activities.

The budget for the contract works is £1,846,777.51 (excluding VAT):

Element	Cost
TRJ Contract Sum (excl. VAT)	£1,846,777.51
Fees and Survey Costs as DAF (excl. VAT)	142,263.33
Non-Works Costs as DAF (excl. VAT)	£26,842.50
Equipment Costs as DAF (excl. VAT)	£390,566.08
Total Project Costs excluding Contingency and VAT	**£2,406,449.42**
Contingency as DAF	£147,742.20
Total Project Costs including Contingency (excl. VAT	**£2,554,191.62**
VAT (20%)	£510,838.32
Sub Total	**£3,065,029.94**
Less Recoverable VAT	-£28,452.67
Forecast Project Out-Turn Cost	**£3,036,577.28**

The outcome of the suppliers' bid based on their written responses resulted in a recommendation to award the contract to T Richard Jones (Betws) Ltd for the works in the sum of £1,846,777.51 (excluding VAT), as their bid offered the best fit with the key criteria, could meet the required timescales and offered the best overall value for money.

Argymhelliad / Recommendation

The Board is requested to:

- **APPROVE,** for onward ratification by Board on 29 May 2025, award of the contract at £1,846,777.51 (excluding VAT) to T. Richard Jones (Betws) Ltd, with call-off agreement to be prepared and executed by the Health Board.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.18. Recommend to the Board, following consideration of proposals from the Capital Sub Committee, the use of the Health Board's Capital Resource Limit (CRL), which includes the Discretionary Capital Programme (DCP), in line with the HB's financial scheme of delegation.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	684
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Healthier communities
Amcanion Cynllunio Planning Objectives	8 Estates plans
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Within report
Rhestr Termau: Glossary of Terms:	Within report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to Strategy and Planning Committee:	Health and Safety Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)

Ariannol / Gwerth am Arian: **Financial / Service:**	Capital Funding in place to deliver the enablement and infrastructure works.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Direct impact on patient environment.
Gweithlu: **Workforce:**	Not applicable
Risg: **Risk:**	The risk is identified on the corporate risk register. Targeted meetings being arranged to manage the programme, to include development of project specific risk register.
Cyfreithiol: **Legal:**	Not applicable
Enw Da: **Reputational:**	High potential for media and political interest. Communication team supporting the programme.
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Not applicable

5.3

12:20, 5 min

5.3 - Energy Performance Contract

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Paul Williams (Hywel Dda UHB - Head of Property Performance)

For approval

Attachments

5.3 Strategy PLanning SBAR Energy Carbon Programmes of Work update Apri~.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board — GIG Cymru NHS Wales

PWYLLGOR STRATEGAETH A CHYNLLUNIO
STRATEGY & PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 April 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Energy & Carbon programmes of work – New Energy Performance Contract update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer Lee Davies, Executive Director of Strategy & Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Paul Williams, Head of Property Performance

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper will update the Strategy and Planning Committee (SPC) on the planned new Energy Performance Contract and the work being progressed to develop a business case to Welsh Government to secure authority and funding via their established Re:Fit 4 Wales framework (Re:Fit 4) programme, facilitated by Salix Finance.

A report was presented to Strategic Development and Operational Delivery Committee (SDODC)on the 19 December 2024 to provide awareness of the work ongoing on the following programme of works, namely:

- The new Energy Performance Contract (EPC)
- Heat Network Efficiency Scheme (HNES) optimisation and funding.
- Private wire solar farm project near Prince Philip Hospital (PPH).

These developments will ensure that Hywel Dda University Health Board (HDdUHB) continues to work towards its obligations to meet Welsh Government (WG) decarbonisation net zero public sector targets by 2030 and beyond.

The aim of the paper is to provide assurance to the Committee on the EPC project delivery plans and to support a report to be presented at the Board meeting on 29 May 2025, to seek Welsh Government approval of the business case to secure capital funding via the All-Wales Funding Programme. The report will update on the status, set out the scheme outputs, financial and governance arrangements, risk implications and next steps.

The Committee will receive future updates on the Private Wire Solar Farm project near the Prince Philip Hospital (PPH) site and future developments with the Heat Network Efficiency Schemes (HNES), as these schemes are progressed.

Cefndir / Background

An EPC project supports Health Boards to target carbon reductions and achieve substantial guaranteed performance improvements including financial benefits through energy efficiency and/or renewable energy generation to support the organisation to deliver on the Welsh Government NHS Decarbonisation Strategic Plan.

The existing EPC 10-year contract, the first in Wales, with Centrica ended on 31 March 2025, and preparations have been established to manage the transfer of operational and financial responsibility from Centrica to HDdUHB. A report was presented to the Executive Team on 19March 2025 to update on these arrangements.

In terms of the new EPC approach, the concept remains similar with a selection of a partner to deliver turnkey energy and carbon reduction projects with guaranteed financial savings outputs. The key difference with the new EPC model is that it is procured via an established framework, namely Refit 4 and is funded via the Wales funding programme, for the NHS the WG Invest to Save (I2S). This differs from the previous EPC which benefited from circa £10m WG capital funding because I2S funding is the form of an interest-free WG loan which the Health Board would repay from the revenue savings gained from reduced energy consumption and therefore lower costs. The payback term is typically 10 years. The I2S funding approach is consistent across Wales and is seen by WG to be the preferred route to manage limited resources, as demand for services continues to rise.

The EPC programme is supported by the Refit 4 framework provider Local Partnerships (LP), NHS Wales Shared Services Partnership (NWSSP) Procurement and Legal and WG Energy Services (WGES). HDdUHB has signed an Access Agreement and Client Support Agreement and through a procurement process selected a partner Vital Energi to develop the new EPC, including the scope of energy conservation measures (ECMs) to be implemented, this with no contract or financial commitment at this stage.

In addition to the Re:Fit 4 programme funding request the Health Board has also submitted a capital grant bid to seek further funding via the HNES. As previous reported to SDODC, this is a UK Government funding scheme targeted at public, private and third sector applicants, to support improvements to existing district heating or communal heating projects in England and Wales that are operating sub-optimally and resulting in poor outcomes. HNES is a route to provide grant support to help address the increasing costs for heat networks and enables better operational efficiencies in the medium to long term. This route has been used to secure significant capital funding for NHS Trusts in England so has proven to be applicable in hospital settings.

HDdUHB appears to be the only Welsh Health Board currently pursuing this source of funding and to date has secured and delivered 3 x £24k grants at Prince Philip (PPH), Bronglais (BGH) and Withybush (WGH) hospitals respectively to develop digital twins of the heating systems and feasibility studies for optimisation of the system. Following the feasibility study for PPH, this HNES approach has supported a capital grant application to UK Government for the PPH site, which was intended to supplement the financial position for the EPC bid.

Asesiad / Assessment

HDdUHB appointed Vital Energi as a partner to deliver a new EPC via a procurement exercise in line with the established Re:Fit 4 framework. This approach is well established, and a route being taken by all the Health Boards in Wales. A subgroup has been established to oversee reporting and to provide contract management oversight, this group is attended by

representatives from across the Health Board, Vital Energi, Local Partnerships and WG Energy Service. In terms of the project status the updated work programme is outlined below:

MILESTONE	TARGET DATE
Soft-market test with framework providers	Complete
Submission of Invitation to Tender (ITT)	Complete
Tender Return	Complete
Selection of Service Provider (evaluation period – bidders day / presentation / site visits)	Complete
Commencement date (date of entering into the Contract)	Complete
Submission of High Level Appraisals (HLA) by the appointed Service Provider	Complete
Submission of Draft Investment Grade Proposal by the appointed Service Provider	Complete
UHB Investment Grade proposal (IGP) review	Ongoing
Strategy and Planning Committee paper	24 April 2025
Local Partnerships and WG Energy Service IGP review	2 May 2025
IGP Sign Off	13 May 2025
Procurement of HDdUHB client side appointments	14 May – August 2025
Public Board paper	29 May 2025
Salix Finance technical review	14 May – 3 June 2025
Welsh Government funding application submission, review and decision	4 June – 6 August 2025
Date of drafting and entering into Works/Optimisation Services (WOS) Agreement	14 May – 8 August 2025
On-site installation works commence	September / October 2025
Works/Optimisation Services completed including all ECMs, agreement of monitoring and verification to verify savings, and Maintenance responsibilities	Targeted completion November 2027

The above programme is being developed by HDdUHB's selected partner Vital Energi but may be subject to change as the project progresses. Note the High-Level Assessment (HLA) has been agreed through review and the current phase includes the development and agreement of the Investment Grade Proposal. The scope of the works was agreed at HLA stage and is targeted at the following estate namely, PPH, BGH, Glangwili General Hospital (GGH), WGH, Hafan Derwen, and Elizabeth Williams Clinic. The works to include Light Emitting Diodes (LED) lighting replacement, heating system upgrades, energy centre and Combined Heat and Power optimisation, air handling unit and chiller fan motor replacements, building management system controls, and insulation, with most works and value focused on PPH and BGH sites.

The current stage is the development and agreement of the Investment Grade Proposal that will inform the business case, and the Welsh Government funding application facilitated by the Salix Finance funding team, established to undertake technical reviews prior to WG review and approval.

IGP overview

The attached IGP report at this stage of reporting is in draft subject to ongoing scrutiny by HDdUHB, LP and WGES representatives prior to the final sign off and submission of the report by Vital Energi by 13t May 2025. **Of note the information presented to this Committee is current but may be subject to variation prior to the Board report submission in May 2025, this following the conclusion of the ongoing scrutiny and agreement of the IGP.**

Vital Energi through the EPC will be committed to deliver on the guaranteed saving of £789k per year generated by each ECM efficiencies, as outlined below. This will be calculated in line with the Measurement and Verification (M&V) plan which is based on agreed unit rates and performance criteria, as agreed in the IGP.

Energy Conservation Measures (ECMs) overview:

- Light fitting replacements. Replacements of old, inefficient light fittings, most of which are no longer manufactured including T5 and T8 models, to more efficient LED light fittings. Fittings with lighting controls will be replaced with controls and fittings with integral emergency light fittings will be replaced with integral emergency fittings.

- Heat distribution system improvements. Pump and valve upgrades are to be undertaken to reduce the electricity and gas consumption of heating and cooling circulation pumps. This will be done by replacing the existing less efficient pump motors with high efficiency, variable speed units, and replacing 3-port valves with 2-port pressure-independent valve configurations.

- Pipework insulation installation. Low temperature hot water distribution pipework, valves and flanges are to be insulated with insulation covers to reduce heat loss.

- Air handling unit fan motor replacements. Replacements of old, inefficient motor models, many of which are belt-driven, to more efficient direct-drive, variable-speed electrocommutative (EC) motors. Connection of these new motors to the building management system to moderate speeds.

- Chiller unit fan motor replacements. Replacements of old, inefficient motor models, many of which are belt-driven, to more efficient direct-drive, variable-speed EC motors. Installation of new fan speed controllers to moderate speeds. This work will have the added benefit of increasing available chiller cooling capacity through improved heat rejection and will increase compressor working life through reduced operation.

- Building management system (BMS) control upgrades and optimisation. The BMS control logic managing the heating and ventilation systems' operation is to be improved to reduce unnecessary heating and cooling. Obsolete BMS controllers will be replaced with the latest models with optimised control logic and will be integrated into the existing head end, and a new central weather station will give accurate temperature measurements.

- Roof insulation installation. Installation of mineral wool roof insulation to reduce heat loss and improve comfort for building occupants.

- Window replacements. Replacements of old, single-glazed windows with unplasticised polyvinyl chloride (uPVC) double-glazed windows with laminated glass.

Summary of ECMs at each site:

- PPH – LED lighting (3,715 new light fittings), heat distribution system improvements (pump upgrades in three plantrooms, valve upgrades in eight plantrooms), pipework insulation (in 15 plant rooms), Electrically Commutated (EC) air handling unit fan motors (56 fans), EC chiller unit fan motors (50 fans), BMS control upgrades and optimisation (in 16 locations), roof insulation (442m^2).
- BGH – LED lighting (3,874 new light fittings).
- Hafan Derwen – LED lighting (1,487 new light fittings).
- WGH – EC air handling unit fan motors (40 fans), EC chiller unit fan motors (six fans).
- Elizabeth Williams Clinic – LED lighting (150 new light fittings), pipework insulation (in the plant room), BMS control optimisation (in the plantroom), roof insulation (96m^2), double glazing (31 windows).
- GGH – EC chiller unit fan motors (14 fans).

The project performance will be reported and reconciled at each quarter, and agreed at financial
year end, this based on performance review of each ECM, reflecting the agreed baseline utility rates, weather adjustments, and downtime responsibilities. Where HDdUHB has caused equipment downtime, this will not form part of the guaranteed payment and a potential risk to the financial position and repayment plans. Of note with the type of ECMs this risk is relatively low, when compared to the previous EPC ECMs.

The advantages to delivering energy and carbon schemes via the EPC model is that there is a transfer of operation risk and financial security afforded by the contract to deliver guaranteed annual financial savings and carbon reductions. In addition, under the current EPC model there
is a contractual responsibility for the provider to maintain the operation of the ECMs and cover any costs of any repairs during the contract term.

Furthermore, this funding will also deliver targeted investment in estate infrastructure, reduce backlog, reduce maintenance demand and following the loan repayment term HDdUHB will retain all savings benefits. As an example, the majority of light fittings across the estate are T5 fittings, and the manufacture of these has recently ceased, so replacement with LED efficient lighting is priority for the Health Board and through this funding is a route to address the risk on this project and future phases of Re:fit delivery plans.

Financial, energy and carbon savings overview

The Wales Funding Programme is the title scheme and application approach which is managed as a single WG budget. For Health Boards the WG Invest to Save funding allocation within the Wales Funding Programme is applicable and will be sought. This award and finance administered by WG with 0% interest on the 10-year loan repayable.

In summary, the project has provided HDdUHB with an established circa £789k saving financial baseline position, this potentially supplemented by underperformance payments from Vital Energi within the contract term. The financial and energy consumption outputs of the IGP are outlined below:

Energy Savings	
Anticipated MWh saving per year	3,342
Anticipated MWh saving over 10-year I2S loan period	33,424
Anticipated MWh saving for the 6 sites in scope	**4.00%**

Greenhouse Gas Emission Savings	
Anticipated tonnes of CO_2e saving per year	729
Anticipated tonnes of CO_2e saving over 10-year I2S loan period	7,293
Anticipated £/tonne of CO_2e saving	**388**
Anticipated tonnes of CO_2e saving for the 6 sites in scope's energy	**4.66%**

It is anticipated that HDdUHB will be bidding for £7,732,757 and target delivery of works over the financial years 2025-26 and 2026-27. As noted above these figures may be subject to small variations following a period of further scrutiny of the business case. The source of funding will be this WG I2S repayable loan funding.

Capital Funding summary:

The Capital funding requirements is summarised in the table below:

Capital Value (£)	
Labour	*589,539*
Materials	*2,058,672*
Vital Energi Subcontractors	*2,516,154*
Design	*63,749*
Monitoring & Verification	*106,249*
Vital Energi Re:fit overheads & profit	*640,124*
Vital Energi Re:fit framework discount	*-119,490*
Vital Energi Contingency	*420,746*
Vital Energi costs, ex. VAT	6,275,743
Vital Energi costs, inc. VAT	7,530,891
Recoverable VAT on lighting replacement deducted from above	*-708,086*
Vital Energi costs, inc. irrecoverable VAT	**6,822,805**
In-House Design	*50,000*
Cost Advisor	*131,937*
Local Partnerships	*45,000*
Project Management	*175,618*
Building Services Engineer/Clerk of Works	*70,000*
CDM/Principal Designer	*82,434*
Site Operational Team Supervisor Roles	*20,000*
Fee Schedule Risk Contingency	*20,000*
Legal	*10,000*
Internal fees, ex. VAT as recoverable	604,989
Asbestos Surveys & Sampling	*20,000*
Informatics & Telecommunications	*40,000*
Other Non-cost Items	*20,000*
Cleaning	*20,000*
In-House Direct Labour Assistance	*40,000*
Other Non-works	*20,000*
Internal Contingency	*94,136*
Internal non-works & contingency, ex. VAT	254,136
Internal non-works & contingency, inc. VAT	304,963
Internal costs total, inc. irrecoverable VAT	**909,952**
Welsh Government I2S loan funding bid value	**7,732,757**

The above figures include 0% VAT reclaim on the LED lighting replacement, as the current fittings are not being manufactured so classed as replacement not an upgrade. This is a position secured by other Health Boards, but of note remains subject to the Health Boards external VAT Advisor review and confirmation prior to Board. If not secured the IGP will be revised to reflect the changed position.

The projected spend profile is summarised below but may be subject to variation if timescales move but will be agreed prior to the agreement of the works contract:

Projected Spend Profile (£)	
Aug-25	59,107
Sep-25	519,504
Oct-25	799,929
Nov-25	66,759
Dec-25	539,702
Jan-26	533,997
Feb-26	526,883
Mar-26	856,660
Apr-26	1,364,904
May-26	510,171
Jun-26	1,031,229
Jul-26	355,190
Aug-26	224,507
Sep-26	133,623
Oct-26	40,703
Nov-26	169,888
Total	7,732,757

HNES funding overview:

A capital grant bid application has been submitted to the HNES scheme to secure 50% funding on a total scheme value of £1,357,939.35, which equated to £678,833.88. HDdUHB match funding was intended to form part of the I2S funding application, but HDdUHB received notification on the 14 April 2025 from UK Government that the grant bid was unsuccessful, on the grounds that the I2S funding had not yet been secured to provide match funding. Whilst disappointing with the VAT reclaim on the LED lighting, the financial model continues to meet payback criteria.

HDdUHB will explore the option of resubmitting the HNES bid again at next funding round if this WG I2S funding is secured. This to be undertaken in consultation with WG and Salix Funding teams and could improve the loan payback commitments.

Energy and Carbon saving position:

The scheme outputs will need to meet the Wales Programme funding criteria, which requires a maximum 10-year payback on the investment. The repayments generated from the contracted guaranteed utility revenue savings, at £789k per annum forms the basis of the payback period at circa 10 years. The WG-commissioned Salix team will undertake a technical review to confirm approval and finalise the annual repayment plan across the payback period at 10 years. Also, the scheme will need to achieve or be within an acceptable range of the WG cost per tonne of carbon dioxide equivalent (CO_2e) abated at £350 per tonne, for the scheme to be approved. Whilst the scheme is planned to deliver £388 per tonne this is due to the financial

payback constraints and the focus of electrical biased schemes to achieve financial paybacks. HDdUHB and Vital Energi consider this to be within an acceptable range but this is subject to WG agreement.

Under this EPC model any underperformance against the guaranteed position would be covered by the contract, unless it is agreed that the issue was caused by HDdUHB, so this will need to be carefully managed and controlled. This compares to current EPC arrangements, although the financial arrangements differ in that the new EPC is a repayment loan not a capital funded model.

The following levels of savings are being targeted:

Project Financials	
Anticipated £ saving per year	789,219
Anticipated £ saving over 10-year I2S loan period	**7,892,190**
Anticipated £ saving for the 6 sites in scope's energy	**9.01%**
Welsh Government I2S loan	7,732,757
Loan repayments per year	773,276
Loan left to repay after 10 years	-159,433
Anticipated loan repayment timescale, years	9.80

There were no upfront fees to arrange the HLA and IGP development costs to date, but all these fees and future Vital Energi fees to deliver the project across the contract term are captured via the funding envelop alongside the LP, legal and HDdUHB professional fees. The intention is to manage the project via the Discretionary Design Team and appoint and fund the client-side support and in-house team via the capital envelope to support with the delivery of the scheme i.e., Project Manager, Engineering design and supervisor role, Cost Advisor etc. The selection of HDdUHB external teams will be managed via local Procurement via a mini competition, the appointments subject to Board approval.

Of note the capital funding includes a contingency to reflect potential issues of estate infrastructure, examples such as electrical infrastructure affecting lighting replacements, out of hours working, and any issues identified during the works specific to the ECM. As a focused energy project with the constraints on costs, paybacks and carbon criteria, this contingency will not address wider estate infrastructure backlog. Any additional funding requirements would need to be funded from other sources if to be addressed during these works.

Subject to the necessary HDdUHB and WG approvals the Health Board will enter into the framework works contract (WOS) and standard NEC contract with the service provider to deliver the schemes, this as a typical capital delivery project delivery plan.

Governance Arrangements

The sub-group established to develop the work packages and oversee contract delivery has been formally incepted under the Strategic Property and Environment Taskforce Group (TFG) governance structure. It has an approved Terms of Reference and appropriate representation. The work of this group is then formally reported as part of the Strategic Property and Environment TFG reporting to the AHMWW Infrastructure Plan Group and the Strategy and Planning Committee. However, direction will be sought on decision making to appoint a Senior Responsible Officer (SRO) and a Programme Director for the project.

Organisation Risks and next steps

- As highlighted above the IGP submission and information summarised within this paper will be subject to ongoing scrutiny by HDdUHB, LP and WGES representatives prior to the final sign off and submission of the report by Vital Energi by 13 May 2025. Any variations will be reflected in the Board report.
- The 0% VAT reclaim of the LED lighting is subject to the Health Board's external VAT advisor's confirmation prior to Board reporting.
- Confirmation of the award of the grant funding bid from HNES is still awaited. If not approved a significant delay in the business case submission and approval process will result.
- The scheme remains subject to the IGP sign off, Board approval, Salix technical review, works contract approval and WG business case approval. WG have been informed of progress and outline funding requirements.
- Utility rates are based on baseline established at tender stage. Energy prices will inevitably change over the 10-year loan repayment term, so there will be some difference between the actual saving and our 'guaranteed' saving as part of our contract with Vital. However over 10 years energy prices are expected to rise so in this scenario savings would be higher. Conversely if energy prices decrease we will be paying more on our loan repayments on 9% of our energy but ultimately paying less on the other 81% of our energy consumption.
- Potential financial risk of HDdUHB causing downtime on the repayment plan. With the type of ECMs the overall risk for failures is much reduced, when compared against the previous EPC project i.e. in most cases the saving will be fixed with low risk of ECM failures during the term e.g. lighting, insulation etc. A robust monitoring and verification process will be established to confirm performance, and any deviation will be closely monitored and reported.
- As noted above the scheme has not met the tonnes of carbon target so WG may ask HDdUHB to review the IGP, although a case will be tabled on the reasons for this deviation.
- A review of resource requirements to manage the contract internally will be undertaken, within Maintenance (during works) and Environment (monitoring and verification for 10-year loan repayment period) teams to ensure that the project delivery is suitably supported.

Welsh Government's Wales Funding Programme invest-to-save funding route for this EPC and the Re:fit framework allow for multiple phases of work over multiple funding rounds. The EPC work discussed in this paper is expected to form a Phase 1, with the potential for a Phase 2 commencing 2027/28. This could include measures such as lighting upgrades at Glangwili and Withybush hospitals and heating system upgrades at Bronglais Hospital.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** from the current project development including the financial and risk status.
- **NOTE** the ongoing scrutiny to finalise the Investment Grade Proposal to support sign off to inform the Board paper for May 2025, and WG business case approval process.
- **NOTE** the further procurement work and approval requirements to appoint the HDdUHB client side support team.
- **RECOMMEND**, for onward ratification by Board on 29 May 2025 the Energy & Carbon programmes of work – New Energy Performance Contract outline.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Strategic Property & Environmental Task Force Group 9reports to AHMWW Infrastructure & Estate Plan Group)
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1544
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)	3. Data to knowledge
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	8 Estates plans
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	1. Plan and deliver services to increase our contribution to low carbon

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	REFIT Framework and IGP
Rhestr Termau: Glossary of Terms:	Contained in the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategy and Planning Committee:	SDODC / Executive Team / Capital Sub Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Linked to capital and revenue delivery plans

Ansawdd / Gofal Claf: **Quality / Patient Care:**	Improved quality of service and access.
Gweithlu: **Workforce:**	Improved quality of workforce environments
Risg: **Risk:**	Carbon impact, infrastructure and financial.
Cyfreithiol: **Legal:**	Subject to legal review of contracts.
Enw Da: **Reputational:**	Links to organisational responsibilities for decarbonisation and the estate performance.
Gyfrinachedd: **Privacy:**	Works being arranged in patient environments.
Cydraddoldeb: **Equality:**	Subject to future review but may not be required.

5.4 12:25, 5 min

5.4 - 5th LINAC

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Anne Simpson (Hywel Dda UHB - Head of Strategic Commissioning)

For approval

Attachments

5.4.1 SPC 5th LINAC WG v0.2.pdf

5.4.2 Appendix 1 RT 5th Linac options appraisal.pdf

5.4.3 Appendix 2 RT performance report March 2025.pdf

5.4.4 Appendix 3 2020 Mortality due to cancer treatment delay.pdf

PWYLLGOR STRATEGAETH A CHYNLLUNIO
STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 April 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Approval to progress with 5th Linac (Radiotherapy Treatment machine) Business Case
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies – Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Lisa Humphrey, General Manager Anne Simpson, Head of Strategic Commissioning Eldeg Rosser, Head of Capital Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The South West Wales Cancer Centre (SWWCC) Strategic Programme Case (SPC) was developed to support regional non-surgical oncology services in South West Wales. The SPC specifically refers to radiotherapy and oncology outpatients that will require the development of regional service models and joint business cases. The SPC was signed off by both Swansea Bay University Health Board (SBUHB) and Hywel Dda University Health Board (HDdUHB) in 2023.

Two groups were established in 2024/25 under the SWWCC Regional Strategic Programme (which is covered under A Regional Collaboration for Health (ARCH) governance) to take forward the key pieces of work:

- Oncology Outpatients Modernisation Group
- Radiotherapy Modernisation Group

Membership includes key members of the SBUHB Oncology Team who provide the clinical advice to the group, i.e. Clinical Lead for Oncology, Clinical Lead for Radiotherapy, and Head of Radiotherapy Physics.

The Radiotherapy Modernisation Group priorities are:

i. 2nd Computerised Tomography (Simulator) (CT SIM) at Singleton Hospital – Health Board joint revenue and Welsh Government (WG) Capital Case approved January 2025, to be operational from September 2025.
ii. 5th Linear Accelerator (Linac) utilising the current empty bunker in Singleton Hospital.
iii. Options to site 6th/7th bunker (including a CT SIM if outside of current SWWCC footprint) to house up to two (maximum) Linacs, linked to the existing Linac Replacement Programme.
iv. Satellite Centre (expansion beyond five Linac model) - longer term aspiration, however this is referenced in the paper as an option which needs to be considered in line with the above priorities, given the interdependencies.

There is an urgent need to progress with implementation of the 5th Linac which is required to be operational by 2026/2027, as demonstrated by recent demand and capacity modelling. However, given the complexity of the steps involved (i.e. the development requires a formally approved Joint Health Board revenue and WG major capital business case, and then capital build/ clinical commissioning), there is a significant risk that this timeline may not be met. As a consequence, backlogs in the Radiotherapy treatment pathway will occur and would impact on delivery of the WG reported quality measure, Time to Radiotherapy. This would adversely affect patient safety and quality. Furthermore, the 5th Linac machine carries substantial revenue costs. At this point, the indicative revenue costs have been supported in principle by both SBUHB and HDdUHB, however this is subject to full business case scrutiny by Health Boards through respective governance processes.

Key Issues

- Radiotherapy treatment is becoming more suitable for increased numbers of patients with cancer. This supports improved patient outcomes; however, together with increased complexity of treatments, this is generating increased demand for radiotherapy which current capacity in South West Wales is struggling to keep up with.
- An additional (5th) Radiotherapy treatment machine, known as a Linac, for the South West Wales region should be operational by 2026/2027, as shown by demand and capacity modelling.
- An options appraisal undertaken in 2024 demonstrated the preferred site for the 5th Linac is in the South West Wales Cancer Centre, Singleton Hospital.
- Progressing implementation of the 5th Linac requires development of a joint Health Board (SBUHB and HDdUHB) revenue and WG major capital business case.
- Regional work has taken place in 2024/25 to commence the 5th Linac Business Case prior to approaching WG for scoping and formal initiation of the major capital project. This includes production of estimated revenue costs which have been supported in principle by both Health Boards and provisionally taken into account for future financial planning purposes.
- There are key interdependent capital radiotherapy developments which need to be considered and included as subsequent phases to the 5th Linac business case, these being the construction of an additional bunker in the South West Wales and the existing Linac replacement programme in SWWCC.

Given the significant revenue implications and the complexities, it is necessary that both Boards are fully appraised and have provided formal approval to progress to the next phase, i.e. to approach Welsh Government to commence the major capital project.

This report sets out the brief for the 5th Linac Business Case, which the Health Board is required to approve prior to approaching WG for a capital scoping meeting, in order to formally initiate this major capital project. In addition, this report highlights the proposed phased approach to progressing the linked capital developments, such as construction of spare bunkers and the ongoing Replacement Linac programme. Please note the report is not seeking approval for the revenue costs, which will be subject to a further business case (capital and revenue) and will be considered through the respective governance routes.

Cefndir / Background

The South-West Wales Cancer Centre at Singleton Hospital in Swansea is a vital healthcare facility serving almost a third of Wales' population. It is one of three specialist cancer centres in the country, providing non-surgical oncology services to the region. In 2023, both SBUHB and HDdUHB approved a 10-year strategic plan (SPC) to improve these services. An essential element of the SPC is the delivery of radiotherapy (RT).

RT is a key treatment for cancer, to achieve cure while maintaining good quality of life. Radiotherapy uses radiation to kill cancer cells and may be used in the early stages of cancer or after it has started to spread. Approximately 50% of all patients require radiotherapy as part of their cancer treatment and this is projected to increase to 60% over the next year. The SWWCC provides radiotherapy treatment using Linacs. The SWWCC currently operates with four Linacs and one decant bunker, which is essential for replacing equipment without loss of treatment capacity, as replacement can take up to a year. Radiotherapy is delivered in small portions known as 'fractions' and advancements in RT techniques now enable more precise treatment over fewer attendances. However, more complex approaches, such as Stereotactic Body RT (SBRT) and hypo fractionated RT require more time, typically two to three 30-minute slots per attendance. As a result, 'slots' have become the new more accurate metric for measuring activity. On average 1 fraction = 1 attendance = 1.4 slots, 12.8 slots per patient RT course.

Demand is outstripping capacity, necessitating the addition of a new (5th) Linac by 2026/27. Two key factors are driving this increased demand: growth and adaptive radiotherapy.

- **Demand & Capacity** - The current capacity of the four Linacs is 32,525 slots which equates to an average of 8,131 slots per Linac per annum.

  Pre-COVID, there was an urgent need to move to a 5th Linac model due to demand exceeding capacity. In 2018 and 2019, two cohorts of prostate patients were outsourced to Rutherford Cancer Centre to mitigate this issue. Based on 2019 data, this cost circa £188k to outsource one cohort of 40 urology patients. Fortunately, it was the new developments in (primarily breast) hypofractionation which became mainstream during COVID that was able to release Linac capacity to maintain the four Linac model. This resulted in the single CTSIM becoming the rate limiting step in machine infrastructure capacity and Time to RT workflow, which necessitated the priority capital development of the second CTSIM development.

  Based on the updated modelled demand and using 8,131 slots per Linac the table below shows the 5th Linac will need to be in place for 2026/27 and an additional Linac will be needed in South West Wales almost every two years up to 2030/31; seven Linacs in total required by 2030/31.

Future Linacs Timeline	Activity	Year 0 24/25	Year 1 25/26	Year 2 26/27	Year 3 27/28	Year 4 28/29	Year 5 29/30	Year 6 30/31
Total Demand	Slots	32,141	34,067	41,495	47,235	52,934	56,615	58,487
Current SWWCC Activity (4 Linacs)								
Current Average Activity per Linac (32,525/4)	Slots	8,131	8,131	8,131	8,131	8,131	8,131	8,131
Number of Linacs Required	**Slots**	**4.0**	**4.2**	**5.1**	**5.8**	**6.5**	**7.0**	**7.2**
Number of Linacs Timeline		**4 Linacs**		**5 Linacs**		**6 Linacs**		**7th**

Based on the national recommendation of 7,500 slots per Linac the number of Linac and timeframe increases (per the table below):

National Recommendation	Activity	24/25	25/26	26/27	27/28	28/29	29/30	30/31
Total Demand	Slots	32,141	34,067	41,495	47,235	52,934	56,615	58,487
Recommended 7,500 slots per Linac	Slots	7,500	7,500	7,500	7,500	7,500	7,500	7,500
Number of Linacs Required	**Slots**	**4.3**	**4.5**	**5.5**	**6.3**	**7.1**	**7.5**	**7.8**

NB: For context Velindre NHS Trust serve a population of c1.5m and currently have 10 Linacs (including two new satellite Linacs based in Nevill Hall which will be fully operational by June 2025). SWWCC serving a population of c0.9million currently has four Linacs and North Wales serving a population of c0.6million has four Linacs

- **Adaptive Radiotherapy** is an advanced approach to radiation treatment that adjusts the therapy plan in response to changes in a patient's anatomy or tumour characteristics over time. Unlike conventional radiotherapy, which relies on a static treatment plan, adaptive radiotherapy continuously monitors and modifies the dose and targeting to improve precision and effectiveness. Consequently, the most complex treatment, requires daily adaptation of the RT which in turn increases Linac demand – this is driving the need to expand the Linac model to seven total required by 2030/31.

Asesiad / Assessment

Regional Radiotherapy Requirements

5th Linac, Progress to date:
In Summer 2024, a high-level strategic options appraisal for the siting of 5th Linac was completed with stakeholders in SBUHB/HDdUHB. This demonstrated that the SBUHB site (specifically, using the space in place of existing, currently empty 5th bunker on SWWCC site) is the preferred option for the 5th Linac development, due to feasibility within the 2026/2027 timeline. Appendix 1 provides the Options Appraisal document. Summary papers were shared with SWWCC Regional Strategic Group, ARCH Regional Strategic Group, SBUHB Cancer Programme & Information Group and HDdUHB Sustainable Resources Committee (SRC) and Strategic Development and Operational Delivery Committee (SDODC). On this basis, estimated revenue costs have been prepared, circa total £2m spilt equally between Health Boards – see finance implications section for details. In terms of the programme timelines, SBUHB Capital have indicated the capital timeline for programme of works is around 19-month end to end – see **Governance and Risks section** for detail on implications of this.

6th Bunker to be in place by 2027/28
As the preferred option is for the 5th Linac to go into the existing spare (5th) bunker on SWWCC site, this will leave no spare bunker, until a 6th (void space) bunker is constructed. There are risks to not having a spare bunker, including service interruptions, limited flexibility, delayed treatments and impact on patient outcomes. However, the risk of not progressing with the 5th Linac outweighs the risk of not having a spare bunker in the short term.

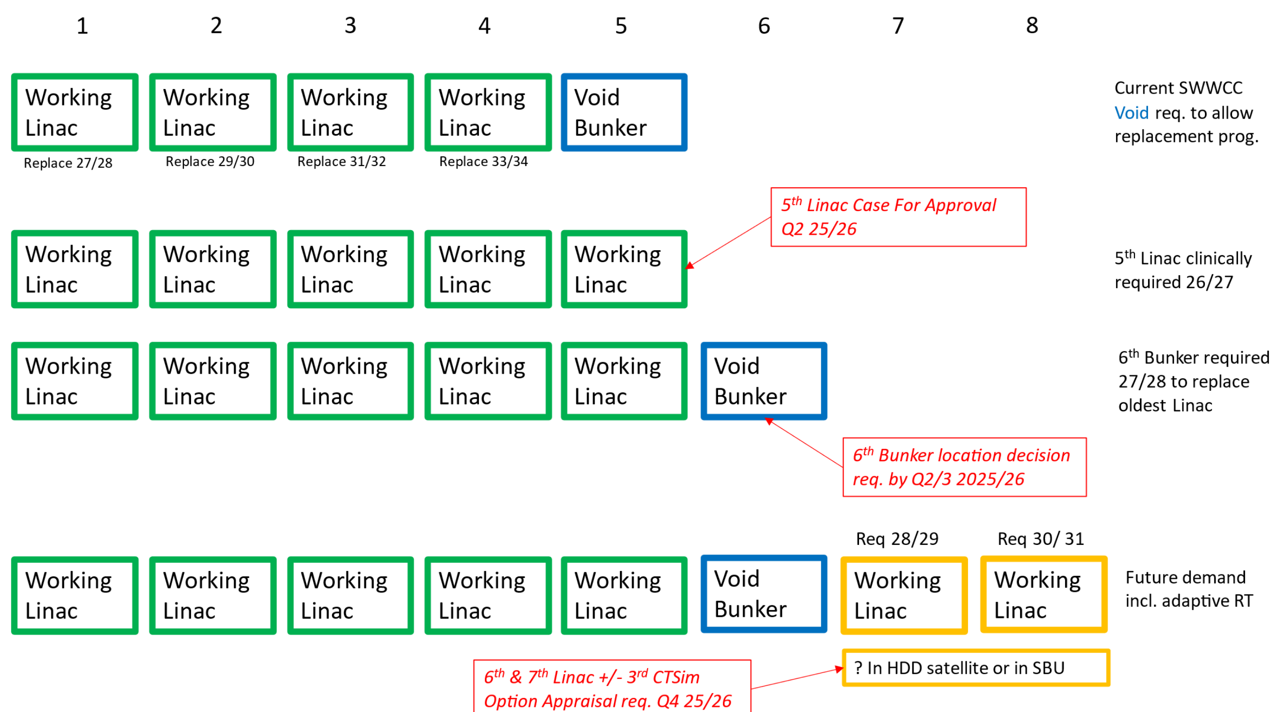
The 6th (void space) bunker must be in place by 2027/28, as this is when one of the existing Linacs is due for replacement. The replacement schedule is a national requirement as set out by the Service Specification for External Beam Radiotherapy Services in Wales approved by all Health Boards and NHS Trusts in Wales, as Linacs have a lifespan of approximately 10 years. The replacement of the next 'oldest' machines in Singleton Hospital will take place every two years from 2027/28. There are options to site the new (6th) bunker in the SWWCC, Singleton Hospital, or within HDdUHB which will need to be progressed at pace in parallel to the development of the 5th Linac Business Case.

Expansion to Seven Linac Model across South West Wales

There needs to be consideration of an option for expanding to a seven Linac model on a phased basis to enable six Linacs to be operational from 2028/29. This would meet the demand and capacity projections for the region, as outlined above. It would ensure the South West Wales region has equitable provision of radiotherapy in line with the South East (i.e Velindre and Neville Hall Satellite Centre opening May/June 2025 will have a total of 10 Linacs; seven Linacs is a proportionate equivalent for the South West population). The development of this option will be progressed at pace, in parallel to the development of the 5th Linac Business Case.

Summary

The following schematic sets out the proposed phases, timelines and key decision points for the developments outlined above:



Governance And Risk Issues

Risks and Mitigations

Risks: As per the Deamnd and Capacity (D&C) modelling the 5th Linac should be in situ by 2026/27, however due to the timescales involved with capital planning, internal governance routes, onward submission to WG, capital build and clinical commissioning lead-in time, there is a risk that this timeline will not be met. The indicative programme is approximately 19 months end to end. Consequently, patients will be waiting longer for access to radiotherapy, impacting on Time to RT performance.

Mitigation: There are a number of options to be considered, however financials and feasibility assessments will need to be identified and worked through jointly. At this point, these could include:-

- Outsourcing (Private and NHS) – Costs likely to exceed that of the 5th Linac development revenue costs (early calculations suggest outsourcing equivalent activity would equate to £2.3m per annum, while also being poorer for patients in terms of experience and outcomes. Currently the Rutherford Cancer Centre is not operational.

- Mobile LINAC machine (to be confirmed if feasible).
- Increased hourrs/weekend working (extended working) of existing Linac machines – would need to fit in with maintenance.

All of the above are short term solutions only and at this point are felt to be unfeasible to deliver. However, a thorough appraisal of these options will be included in the full business case. Given the likely limited deliverability of mitigation, the Board must consider the seriousness of adverse patient safety and outcomes including the mortality risk, if the 5th Linac does not proceed at pace. Time to Radiotherapy is currently on the SBUHB Risk Register with a score of 20; this is likely to increase to 25 should the 5th Linac not be in place by 2026/27.

Quality and Patient Outcomes

The latest performance for Time to RT (reporting March 2025 period) is demonstrated in the table below. This shows the Time to Radiotherapy Quality Performance Indicator (QPI) (scheduled priority – the vast majority of patients) is not achievable with the existing Linac capacity. Inevitable increasing demand will lead to delayed Time to Radiotherapy and increase the risk of harm to patients.

See Appendix 2 for the full report including reasons for breach, which was presented to the SBUHB Cancer Programme & Information Group in April 2025.

RT Time to Tx - % pts within target												
Pathway	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Urgent SC Pathway Target – 7 Days 100%	64%	49%	58%	75%	70%	67%	74%	88%	88%	67%	68%	90%
Urgent SC Pathway Target – 2 Days 80%	15%	20%	3%	28%	30%	37%	26%	28%	47%	17%	35%	41%
Emergency Pathway Target - 2 days 100%	100%	100%	100%	100%	92%	100%	100%	96%	90%	100%	100%	91%
Emergency Pathway Target – 1 day 80%	88%	75%	80%	100%	67%	100%	100%	96%	90%	100%	80%	82%

It is critical to consider the real life consequences of increasing time to RT. There is evidence to show this may increase the chance of recurrence, decrease chance of survival and decrease quality of life[1]. As referenced in the British Medical Journal (BMJ) article (Appendix 3), the below shows the hazard ratios for death with an additional four weeks delay to radiotherapy. This is equivalent to starting at six weeks after decision to treat as opposed to two weeks (the Wales Key Performance Indicator (KPI) target for time to RT). If these delays were incurred, it would trigger an institutional duty of candour with individual patients as there would be an increased risk of significant harm having occurred if this was the reason for delay for at least some tumour sites (radical Head and Neck (H&N) for example) where this would equate to a 9% or greater increased risk of death.

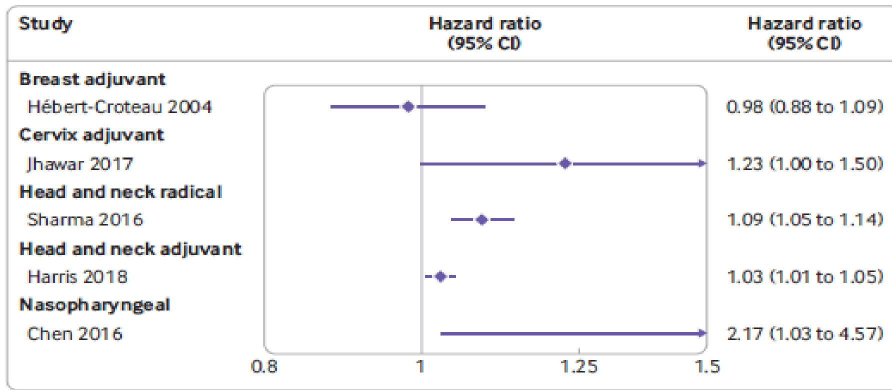


Fig 4 | Forest plot of hazard ratios for association of each four week delay in radical and adjuvant radiotherapy and overall survival by cancer site. Purple diamonds represent the hazard ratio for each study and whiskers represent 95% confidence interval

Additionally, it is felt that any deterioration on time to RT delivery would damage staff morale and lower our attractiveness as a high-quality radiotherapy centre for recruitment and retention, of which Oncology is known as a national shortage profession, and this is a particular issue in South West Wales given the proximity to the Velindre Cancer Centre.

FINANCIAL IMPLICATIONS

5th LINAC – revenue costs (indicative)

The table below provides an initial estimated revenue cost of £2m for the 5th Linac. A more detailed breakdown of the costs is available, however in summary the 5th LINAC requires an additional 21.30 whole time equivalents (WTEs) which costs c£1.44m per annum and non-pay totals £0.53m (of which £0.3m relates to new adaptive RT non pay costs).

Indicative Costings *(NB. pay based on top of scale 2024/25 pay scales)*	**Current Baseline 4 Linacs**		**Additional 5th Linac**	
	WTE	**£000s**	**WTE**	**£000s**
Pay Costs - Medical Physics	19.70	1,516	6.80	466
Pay Costs - Radiotherapy*	43.75	2,440	13.50	829
Pay Costs - Oncology Consultants	4.00	579	1.00	145
Total Indicative Pay Costs	**67.45**	**4,535**	**21.30**	**1,440**
Non Pay - Medical Physics & Radiotherapy		697		213
Non Pay - New Adaptive RT		0		314
Total Indicative Non Pay Costs		**697**		**527**
Facilities Management Costs		**159**		**40**
Total Indicative Cost	**67.45**	**5,391**	**21.30**	**2,007**

* Radiotherapy Pay costs above include 2.5wte advance practitioner posts (£194k) that is not specific to 5th Linac

A version of this paper was peresented to the Executive Team in March 2025, they noted the cost implications and confirmed support in principle for the development of a 5th LINAC at Singleton Hospital, enabling further planning (including robust revenue and capital costs).

Finalised costings will be subject to the development of the full business case, when this has been agreed to proceed by WG. Scrutiny on the detail of costings will be undertaken through the respective governance organisations as required for formal approval of the revenue costs, which would be spilt (50/50) jointly between SBUHB and HDdUHB in line with agreed commissioning principles set out in the SPC.

Please note – the contractual mechanism between the organisations for radiotherapy treatment is based on staffing model as opposed to a cost and volume. The current cost sharing mechanism will continue to exist, albeit recognising the increased costs which would be borne between the two Health Boards. Costs will only start to be incurred when staffing posts have been recruited.

Workforce – SBUHB are currently working on the workforce strategy and will share once completed. However, they do not envisage any issues with the staffing of the 5th LINAC. SBUHB are already working on strategies for alternative routes to registration (to ensure the workforce) and training for advanced and Consultant Radiographers. They are working with Health Education and Improvement Wales (HEIW) on funded training at all levels.

Argymhelliad / Recommendation

Members are asked to:

- **RECOMMEND,** for onward ratification by Board on 29 May 2025 the 5th Linac brief in order to approach WG for a scoping meeting, in view of formally initiating the capital project.
- **NOTE** the risk that the 5th Linac may not be fully operational by 2026/27, and that limited interim solutions (e.g. outsourcing) will need to be explored, and these have significant revenue consequences.
- **NOTE** the seriousness of adverse patient safety and outcomes including the mortality risk if the 5th Linac development does not proceed at pace.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.17.Review revenue expenditure implications relating to capital and provide assurance to the Board that arrangements for capital expenditure and management are robust.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	5. Whole systems persepctive

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply 10 Population health 6 Clinical services plan 4 Planned care, diagnostics and cancer Recovery
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 in the body of the report
Rhestr Termau: Glossary of Terms:	Contained in 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:	Version of paper discussed at the Executive Team meeting on 19 March 2025. • Noted the indicative cost implications and confirmed support in principle for the development of a 5th LINAC at Singleton Hospital, enabling further planning (including robust revenue and capital costs) to progress.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	As set out in the paper. Full business case (revenue and capital) to follow, which will be subject to QIA and EQIA
Ansawdd / Gofal Claf: Quality / Patient Care:	Improving Radiotherapy is linked to improved patient quality, safety and experience
Gweithlu: Workforce:	As set out in the paper
Risg: Risk:	As set out in the paper
Cyfreithiol: Legal:	Full business case will be subject to QIA and EQIA
Enw Da: Reputational:	There would be a reputational risk if HDdUHB did not jointly approve to progress with 5th LINAC case
Gyfrinachedd: Privacy:	Not Applicble
Cydraddoldeb: Equality:	Full business case will be subject to QIA and EQIA

Detail the specifications/ requirements for the Radio

Capa
Suggested headings
Anticipated number of Linear Accelerators (Linaccs)
Number of fractions per hour
Number of operating hours per day
Number of operating days per week
Number of operating weeks per year
Anticipated total number of fractions available per year
Maximum capacity utilisation
Service p
All Palliative Radiotherapy, Radical Radiotherapy (including H (WHSSC Commissioned), Adaptive RT
Workforce Assumptions (1 Linac, 50
Staff Group
Medical
Locum junior medical cover
Nursing (Registered and HCAs) ?Local Cover
Advanced Radiographer
Band 7 Radiographer
Band 6 Radiographer
Band 5 Radiographer
Radiotherapy HCSW
Radiotherapy HCSW
Radiotherapy Physics (MPE)
Radiotherapy Physics Technologist
Radiotherapy Physics Advanced Practice Technologist
Radiotherpay Physics Clinical Scientist
Radiotherapy Physics Engineers
Radiotherapy Physics IT
Admin and Clerical
Est Pay costs
Other considerations:
Non Pay Revenue - AI software (reduces Medical staff ask), IT additional licenses, increased Service contacts (Mosaiq), Staff travel from SBU, single use immobilisation equipment, Mould Room per patient use equipment, possibly Elekta parts contract

non-pay capital costs - Laptops, immobilsation equipment, IT Hardware
Capital cost est
Technical and equipment assumptions
Elekta Linacs, able to house MR Linac, other spe(
Physical / Estates assumptions
MR-Linac ready Bunkers, clinic accomodation(Rad Review, patient transport, in-patient bed accessible, equipment bays, oxygen/su rooms, training hubs, access to Oncolgy IT syster
Quality/ Safety/ Regulatory assumptions
IRR and IRMER compliance, BSI Certification, Training certification

South West Wales Radiotherapy 5th Linac Options

therapy 5th Linac

city Assumptions	
Response	**Additional information**
1	Using existing 5th/ spare bunker space in SWWCC
4	<4 due to average treatment time ~18mins
8.75	Current model treat 8.30 to 17.45
5	sun, also weekend working from >5 years,
52	Some PPM and QA needed
7,500	Matched Linac
9,000	
rovision assumptions	
lypofractionated treatments),Specialsied Steroetactic Radiotherapy	

0 patients, spec'd on full use/ 7,500 attendances)	
Est. WTE	**Band**
3	Consultant
tbc	
1	6
1	8A
2	7
3	6
3	5
1	4
1	3
1	8A
1.2	5
1.2	7
1.8	7
1.2	7
0.8	6
0.4	3
£ to be provided for a high level estimate	

£5m est capital as per recent Linac replacement work. Expected that a new site would cost multiple times more, .e.g £50m capital cost for Satelite Centre build in Nevill Hall (2 x linac + 1 CT sim).	

cialist equipment. CT-Sim/MR-Sim, SGRT, Electrons, Kilovoltage

assessment, Clinics, nursing, Privacy rooms), Rest facilities, access for ambulance
ction, Engineers facility, IT hub, recepiton and waiting room, parking, breakout
ns. Accessible to hospital crash team, cardiac monitoring team,

; Appraisal - SERVICE SPECIFICATION

Assessment Criteria		Assessment Questions	Information for consideration when testing options	OPTION 1: SITE 5TH LINAC IN SBUHB		OPTION 2: SITE 5TH LINAC IN HDdUHB	
				Yes/No	Rationale / Comments	Yes/No	Rationale / Comments
Desirability	Strategic fit	Does the option align with the Health Boards' strategic objectives/ Clinical Services Plan/ IMTPs/ Annual Plan?	Regional Clinical Services Plan principles - SBU and HDd (agreed in 2019) • Ensure that there is a focus on equitable care and excellent experience, no matter where in the region a patient lives • Provide a clear focus on improving population health at a regional level • Enable integration of a range of health services to support the needs of smaller and more rural communities in a sustainable way • Deliver joined up decisions about what services can be provided where within the region; taking in to account population needs, workforce availability, changing clinical practice and technology • Confirm which specialist/tertiary services can be sustained and how they about how should be organised – Take in to account deliverables within national programmes to ensure best access for the regional population • Provide an opportunity to explore whether value based healthcare can be realised on a regional basis Interdependencies with other key HB programmes of work	**Yes**	Aligns with HB Strategic ambitions. Singleton Hospital is considered the Centre of Excellence for Cancer Services/ Oncology, as set out in the HB Changing for the Future public consultation (2022). There are no issues foreseen in terms of dependency on other strategic or operational programmes of work in the HB.	**Yes**	This remains a strategic ambition for HDdUHB. Siting in HDd would improve equity of access to treatment for HDd population.
		Does option improve the current and future capacity for radiotherapy in the South West Wales region?	•Impact on service provision including that of current cancer centre •Potential for further expansion for additional linacs as required •Wider associated benefits, e.g. e local hospital development and clinical expertise, educational and teaching developments and ability to support service development & research	**Yes**	Option improves the capacity to deliver radiotherapy treatment in line with demand expected. The service would be able to provide complex treatments/ technologies. However there are limited options in the SWWCC footprint to extend the provision beyond a 5 Linac model due to space constraints.	**Yes**	Siting in HDd offers greater overall benefit for patients in terms of access. It was highlighted the ability to deliver the higher level of specialised services in HDd site may be reduced as complex work would not be possible in single bunker site.
	Patient benefit	Does the option demonstrate patient benefit/ improvements in patient experience, for example in terms of accessibility to the radiotherapy facility/ site?	•Assessment of average car travel times to the facility; •Availability of car parking facilities; •Alternative public transport availability e.g. bus and rail; •Access to Patient accomodation for overnight / long stays (not inpatient facility)	**No**	Yes for SBUHB population, however siting in SBUHB would provide limited improvement to HDd patients as this remains the status quo.	**Yes**	This would significantly improve access for HDd patients for radiotherpay treatment. There is anecdotal evidence of unmet demand in HDd, e.g. patients who choose to not take up recommended RT treatment due to travel time barriers. Following repatration of SABR lung to Swansea from Cardiff (WHSSC business case 2022), there has been an uptake in patients undergoing the treatment.
Feasibility	Site logistics/ Ability to fit within the available footprint	Has a potential site been identified that provides the space, facilities and equipment requirements (as per service spec)?	•Space •Facilitites/ Estates •Technical capacity/ Equipment/ Digital infrastructure •Access to the full range of acute services required to support patients attending a radiotherapy facility/ site	**Yes**	Clear idenitfied site using the the existing 5th bunker space in SWWCC site. However this will constrain opportunity to replace the next oldest linacs as per the All Wales replacement programme, as there will be no spare bunker to decant the facilities.	**No**	Nothing identified to date due to timeline of 26/27. The new urgent and planned care hospital if approved (currently at SOC stage) would be site for the facility, however this is not within the 26/27 timeline. There are space constraints in existing sites on HDd footprint, there may be some opportunities to expand site, but this would require permission to proceed/ scope from WG.
	Time taken to complete/ deliver	Can the development be considered deliverable end to end by 26/27?	•Considerations of the facility/ site in terms of ability for 5th Linac to be In situ in FY 26/27 •Buildability •Planning risks/ restrictions	**Yes**	Option is considered deliverable within the timelines.	**No**	Not within timelines required for service to expand to 5th linac model, as per above.
Viability	Cost to deliver	Estimated costs for capital, equipment and technical facilities are in line with financial planning parameters and have the potential to demonstrate value for money (to be tested at business case stage) Acknowledged as not a Yes/ No question, however this domain is considered an essential one to provide comment particularly given the All Wales finanical constraints, especially concerning capital funding.	**Estimates in terms of capital and revenue costs** The capital costs should include refurbishment as well as any new build costs and ordinarily we would also include opportunity costs for all assets employed The revenue implications should include potential benefits, cost savings and efficiencies as well as costs, (including any knock-on costs/benefits to other parts of SBU/HD). If there are savings or efficiencies it should be clear whether this relates to cash-releasing or redeployment of resources. We would want to understand revenue consequences by year with clarity around inflation assumptions.		Capital cost to deliver est £5m (based on last 4 linac replacements).		Economies of scale would expect to see signficantly increased costs for new build plus running costs, Recent Satellite in Neville Hall approx. £50M capital costs.
	Workforce implications	Does the option enable the workforce required to deliver the service highly likely to be available at time of completion?	•Ability to staff and bring into operation •Reliance on recruitment of multiple additional roles and/or skills where there are known shortfalls. •Accessibility (eg. transport, parking) and amenities for staff •Ability to encourage recruitment & retention •Education facilities - alignment with Universities/ teaching provision	**Yes**	Highly likelyhood of the workforce being available. Good past history of recruiting into such posts, e.g recent CTSIM cases.	**Yes**	Considered likely to acquire staff as a number of exisiting staff who work in SWWCC live in the area. A number of existing staff have expressed interest in travelling. Supports HDd in becoming an Anchor Institute for the area. Highlighted some potenital technicalities and legal requirements for employment. Legally under Irmer Regulations, staff would need to be aligned to SBUHB. However noted that legal structure to employ being tested out with Regional Path work,eg ODN which is creating regional posts, and lessons learnt could be shared. Rotational opportunities would be needed from training perspective to avoid staff being deskilled if working in satelite centre that does not offer the more complex treatments,

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

South West Wal
Radiotherapy

General Information

	Oct-24	Nov-24
Attendances	2438	2160
Exposures	4721	4192

Time to Radiotherpay

		Oct-24		Nov-24	
Scheduled	Number of treatments	116		80	
	Average Wait				
	% within 14 days (target 80%)	29	25%	25	31%
	% within 21 days (target 100%)	87	75%	69	86%
	% Out of Target	29	25%	11	14%
Urgent SC	Number of treatments	39		32	
	Average Wait				
	% within 2 days (target 80%)	10	26%	9	28%
	% within 7 days (target 100%)	29	74%	28	88%
	% Out of Target	10	26%	4	12%
Emergency	Number of treatments	17		27	
	Average Wait				
	% within 1 day (target 80%)	17	100%	26	96%
	% within 2 days (target 100%)	17	100%	26	96%
	% Out of Target	0	0%	1	4%
Elective Delay	Number of treatments	64		44	
	Average Wait				
	% within 7 days (target 80%)	57	89%	42	95%
	% within 14 days (target 100%)	63	98%	44	100%
	% Out of Target	1	2%	0	0%

	Oct-24	Nov-24
Total number of new courses	**236**	**183**

	Oct-24	Nov-24
Total treated in 21 days	207	172
% treated in 21 days	88%	94%

Most significant reason for breach

		Oct-24	Nov-24
Scheduled	Admin	2	
	CT - Breakdown		
	CT - Capacity	1	
	CT - Plan not localised		
	CT - rescan required	5	

	CT - Tattoo error		
	CDU - Capacity	5	3
	Delayed - external procedures	1	1
	Delay in planning	4	1
	Delay in Mouldroom		
	DR - Late Ebooking		
	DR - Late Peer Review		
	DR - Plan not approved		
	DR - Plan not localised	5	4
	DR - Plan Query		
	DR - Request		
	E-booking error		
	Further investigations needed		
	Replan required	2	1
	Pathway Design	4	1
	Scheduling error		
	Transport		
	TRT - Staff Shortage		
	TRT - Machine Breakdown		
	TRT - Machine Capacity		
Urgent SC	Admin error	1	1
	Changed to planned pathway		
	CT - Breakdown		
	CT - Capacity		
	CT - Delay in writing up plan	1	1
	CT - Import to Prosoma delay		
	CT - rescan required		
	Delay in booking		
	DR - Plan not localised	7	2
	DR - Plan Query		
	DR - Late Ebooking		
	E-booking error		
	Replan required		
	Pathway Design		
	Scheduling error		
	Transport		
	TRT - Machine Breakdown		
	TRT - Machine Capacity	1	
Emergency	Staff shortage - booking		
	Awaiting Histology		1
	Planning required		
	Plan not approved		
	Plan not localised		
	Prosoma Error		
	Plan Query		
	Patient refused		
	Transport failure		
Elective	Admin error		
	CT - Breakdown		
	CT - Capacity		

CT - Plan not localised		
CT - Delay in plan checking		
CT - rescan required		
CT - Tattoo error		
Delayed - external procedures		
Delay in CTX/W12 BED		
Delay in planning		
Delay in Mouldroom		
DR - Late Ebooking		
DR - Plan not approved		
DR - Plan not localised		
DR - Plan Query		
E-booking error		
ECAD date not supplied/known		
Further investigations needed		
Replan required	1	
Trial Patient		
TRT - RCC Delay		
TRT - Machine Breakdown		
TRT - Machine Capacity		

Total number of breaches	40	16

Consultant breach

		Oct-24	Nov-24
RB	E-booking Delay		
	Plan Query		
	Plan not approved		
	Plan not localised		
CB	E-booking Delay		
	Plan Query		
	Plan not approved		
	Plan not localised		
PB	E-booking Delay		
	Peer Review		
	Plan Query		
	Plan not approved		
	Plan not localised		
DB	E-booking Delay		
	Plan Query		
	Plan not approved		
	Plan not localised	1	
AB	E-booking Delay		
	Plan Query		
	Plan not approved		
	Plan not localised	1	
STC	E-booking Delay		
	Plan Query		
	Plan not approved		

	Plan not localised		
ECC	E-booking Delay		
	Plan Query		
	Plan not approved		
	Plan not localised		
RD	E-booking Delay		
	Plan Query		
	Plan not approved		
	Plan not localised		
S Gwynne	E-booking Delay		
	Plan Query		
	Plan not approved		
	Plan not localised		1
S Gupta	E-booking Delay		
	Plan Query		
	Plan not approved		
	Plan not localised		
AK	E-booking Delay		
	Plan Query		
	Plan not approved		
	Plan not localised		
JK	E-booking Delay		
	Plan Query		
	Plan not approved		
	Plan not localised		
JFL	E-booking Delay		
	Plan Query		
	Plan not approved		
	Plan not localised	1	1
ON	E-booking Delay		
	Plan Query		
	Plan not approved		
	Plan not localised		
MDP	E-booking Delay		
	Plan Query		
	Plan not approved		
	Plan not localised	3	2
DP	E-booking Delay		
	Plan Query		
	Plan not approved		
	Plan not localised		
MR	E-booking Delay		
	Plan Query		
	Plan not approved		
	Plan not localised	3	
RET	E-booking Delay		
	Plan Query		
	Plan not approved		
	Plan not localised		

MAT	E-booking Delay		
	Plan Query		
	Plan not approved		
	Plan not localised	2	
VV	E-booking Delay		
	Plan Query		
	Plan not approved		
	Plan not localised	1	2

Capacity and Demand

	Oct-24	Nov-24
Future Demand (Booking office)	3359	2577
Lin 1 Usage	90%	85%
Lin 2 Usage	90%	85%
Lin 3 Usage	88%	82%
Lin 5 Usage	83%	87%

Total Linac Capacity	3320		3019	
Capacity used for treatment	2730	82.2%	2394	79.3%
Capacity used for staff training	63	1.9%	40	1.3%
Capacity used for servicing	32	1.0%	16	0.5%
Capcaity used for cleaning	11	0.3%	10	0.3%
Capacity lost to staff shortages	21	0.6%	41	1.4%
Capacity lost to breakdowns	44	1.3%	50	1.7%
Capacity lost -DNA/TITA	10	0.3%	4	0.1%
Capacity lost to machine upgrade	0	0.0%	0	0.0%
Total	87.7%		84.6%	

Total CT Capacity (Slots)	322		294	
Average Slot Lenth	43 mins		41mins	
Slots used for scanning	233	72.4%	205	69.7%
Slots lost to breakdown	3	0.9%	0	0.0%
Slots lost to service	5	1.6%	0	0.0%
Slots lost to staff shortages	0	0.0%	0	0.0%
Slots used for staff training	5	1.6%	0	0.0%
Slots used for upgrade	0	0.0%	0	0.0%
Slots lost to patients not receiving appt	0	0.0%	0	0.0%
Unsuitable Machine (CT1)	0	0.0%	0	0.0%
DNA/TITA	12	3.7%	6	2.0%
Total	80.1%		71.8%	

Average CT slot (mins)

Oct-24	Nov-24

General Comments	Additional CT slot times reviewed and reduced	
Breakdowns		

es Cancer Centre

' Performance

Dec-24	Jan-25	Feb-25	Mar-25
1940	2395	2044	1837
3854	4545	4092	3551

Dec-24		Jan-25		Feb-25		Mar-25	
83		103		90		77	
17 Days		20 Days		18 Days		18 Days	
29	35%	22	21%	24	27%	28	36%
67	81%	74	72%	73	81%	64	83%
16	19%	29	28%	17	19%	13	17%
32		36		31		39	
4 Days		6 Days		6 Days		4 Days	
15	47%	6	17%	11	35%	16	41%
28	88%	24	67%	21	68%	35	90%
4	12%	12	33%	10	32%	4	10%
10		6		5		11	
1 Day		1 Day		1 Day		1 Day	
9	90%	6	100%	4	80%	9	82%
9	90%	6	100%	5	100%	10	91%
1	10%	0	0%	0	0%	1	9%
35		72		56		51	
1 Day		1 Day		1 Day		0 Days	
35	100%	70	97%	54	96%	49	96%
35	100%	72	100%	56	100%	51	100%
0	0%	0	0%	0	0%	0	0%

160	**217**	**182**	**178**

144	188	165	164
90%	87%	91%	92%

Dec-24	Jan-25	Feb-25	Mar-25
	6		
	3		2

5	3	8	2
		1	
3	5	1	1
5	2	3	3
	1		1
2	2	1	2
	1	1	1
1			1
		1	
	6	1	
1	1		
2	3	1	2
		2	1
	7	4	1
	1		
1		2	
1			
			1

21	41	26	18

Dec-24	Jan-25	Feb-25	Mar-25
		1	
			1
1	3	1	
	1		

		2	
			1
	2	1	
1			
		1	
	2		
			1
1		1	
	1		
			2
1	1		
1	1		

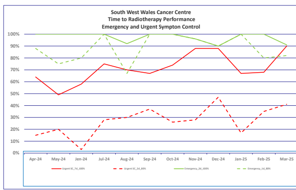
Dec-24	Jan-25	Feb-25	Mar-25
2486	2998	2689	2367
78%	90%	83%	72%
82%	91%	98%	84%
79%	96%	96%	81%
76%	85%	96%	73%

2911		3228		2917		2996	
2164	74.3%	2799	86.7%	2475	84.8%	2225	74.3%
4	0.1%	4	0.1%	0	0.0%	3	0.1%
32	1.1%	32	1.0%	96	3.3%	32	1.1%
36	1.2%	6	0.2%	15	0.5%	10	0.3%
23	0.8%	3	0.1%	21	0.7%	25	0.8%
9	0.3%	35	1.1%	86	2.9%	29	1.0%
33	1.1%	27	0.8%	29	1.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%
79.0%		90.0%		93.3%		77.6%	

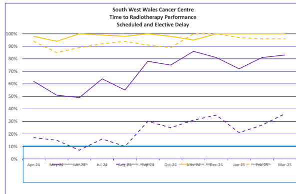
280		308		280		294	
43 mins		43 mins		40 mins		42 mins	
200	71.4%	233	75.6%	166	59.3%	183	62.2%
0	0.0%	0	0.0%	23	8.2%	0	0.0%
14	5.0%	0	0.0%	0	0.0%	14	4.8%
0	0.0%	0	0.0%	1	0.4%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%	1	0.3%
0	0.0%	0	0.0%	0	0.0%	0	0.0%
21	7.5%	12	3.9%	7	2.5%	5	1.7%
83.9%		79.5%		70.4%		69.0%	

Dec-24	Jan-25	Feb-25	Mar-25

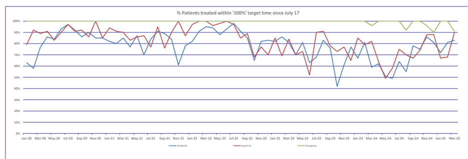
	CT1 decomissioned	Lin 5 annual service - 5 days	Treatment slots altered to 20mins
		CT2 - 2 partial days	



% pts within target												
Month	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Urgent SC_7d_100%	64%	49%	58%	75%	70%	67%	74%	88%	88%	67%	68%	90%
Urgent SC_14d_80%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Emergency_2d_100%	100%	100%	100%	100%	92%	100%	100%	96%	90%	100%	100%	91%
Emergency_1d_80%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]



% pts within target												
Month	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Scheduled_21d_100%	62%	51%	49%	64%	55%	78%	75%	86%	81%	72%	81%	83%
Scheduled_14d_80%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Elective_1m_100%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Elective_1d_80%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]



% pts within target

Month	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Scheduled	63%	58%	77%	86%	84%	93%	97%	92%	86%	90%	85%	85%	82%	80%	85%	77%
Urgent SC	79%	92%	89%	91%	83%	90%	97%	91%	92%	86%	100%	85%	94%	91%	90%	83%
Emergency	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

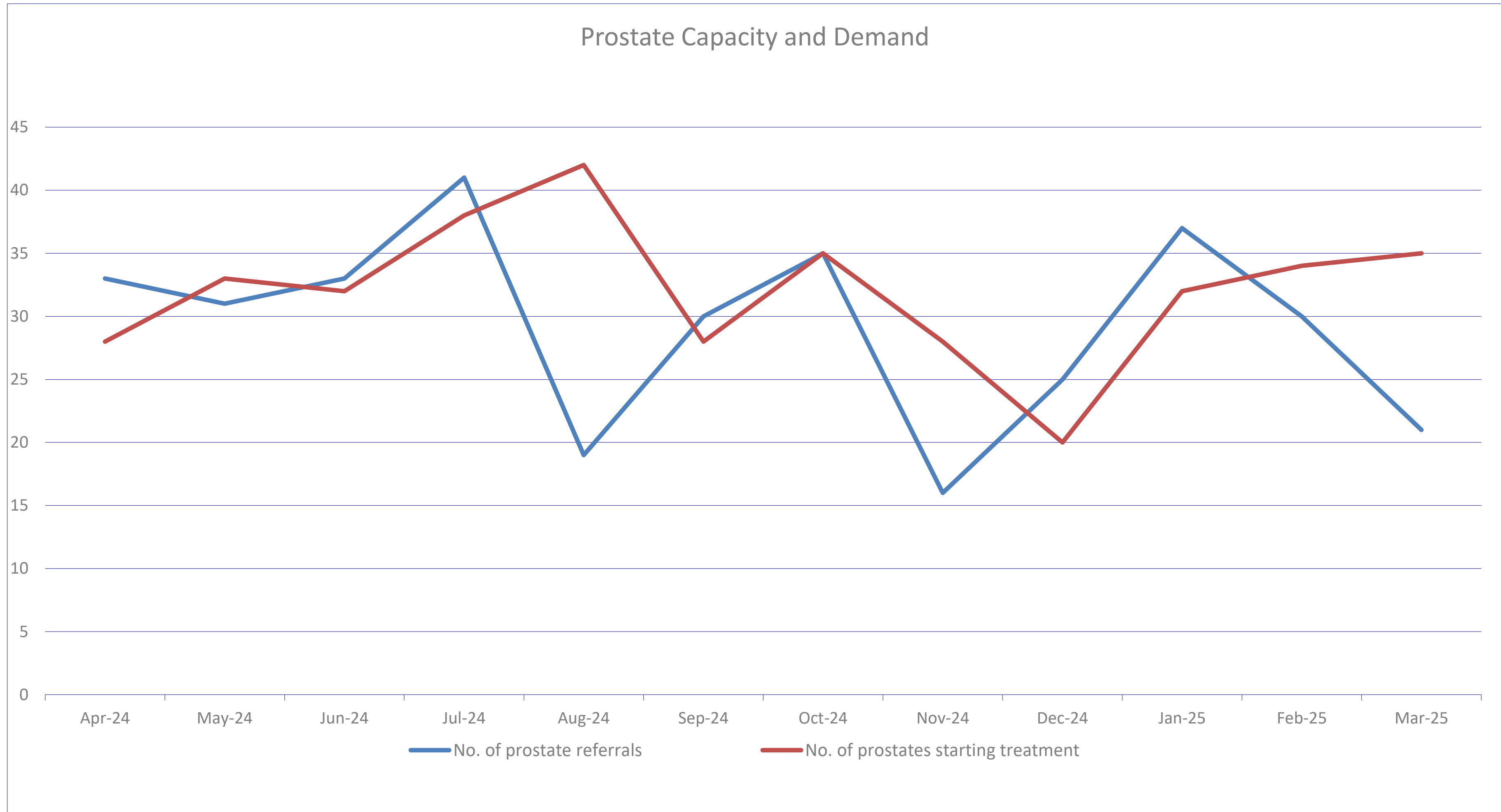
Month	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Scheduled	87%	70%	84%	91%	89%	84%	61%	78%	82%	91%	95%	94%	88%	93%	98%	91%
Urgent SC	86%	87%	77%	95%	76%	90%	100%	87%	97%	100%	100%	96%	98%	100%	97%	85%
Emergency	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Month	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Scheduled	85%	65%	82%	83%	82%	86%	81%	70%	81%	63%	68%	83%	76%	42%	61%	77%
Urgent SC	89%	68%	77%	70%	85%	69%	84%	70%	73%	52%	90%	91%	78%	73%	77%	65%
Emergency	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Month	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Scheduled	67%	81%	59%	62%	51%	49%	64%	55%	78%	75%	86%	81%	72%	81%	83%
Urgent SC	85%	79%	82%	64%	49%	58%	75%	70%	67%	74%	88%	88%	67%	68%	90%
Emergency	100%	100%	96%	100%	100%	100%	100%	92%	100%	100%	96%	90%	100%	100%	91%

Prostates

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
No. of prostate referrals	33	31	33	41	19	30	35	16	25	37	30	21
Ultra Hypofractionated	2	6	3	4	5	1	1	6	4	2	5	6
No. of prostates starting treatment	28	33	32	38	42	28	35	28	20	32	34	35
Ave wait beyond ECAD (Target = 14 days)	3	5	5	1	7	8	2	1	1	1	3	4

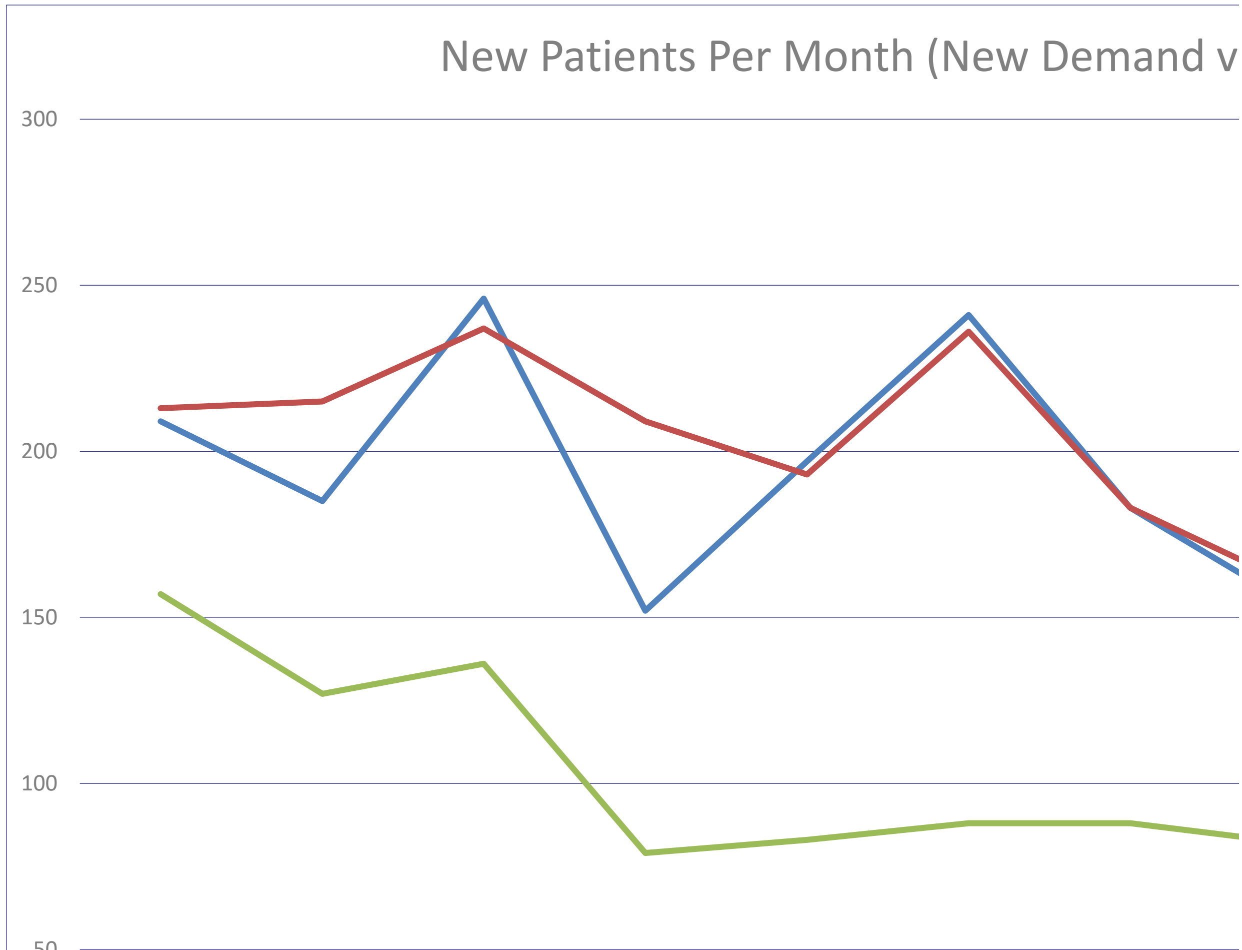


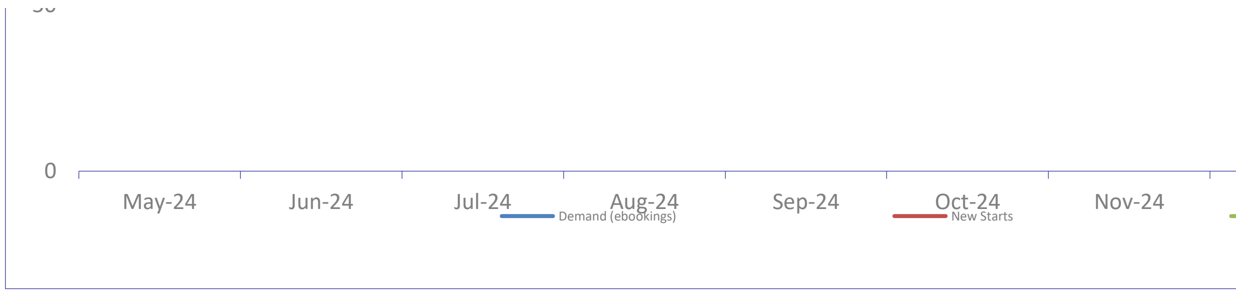
New Patients Per Month (New Demand vs New Starts)

Month	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Demand (ebookings)	209	185	246	152	197	241
New Starts	213	215	237	209	193	236
Difference (Demand - Starts)	-4	-30	9	-57	4	5
Wait List (Work in progress)	157	127	136	79	83	88

Demand By Site

Site	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Brain	0	0	6	1	4	0
Breast	42	32	56	28	50	53
Gynae	7	5	5	4	10	11
H&N	23	24	25	9	14	31
Lower GI	16	15	12	12	16	15
Lung	11	6	11	10	11	10
Lymph	3	3	11	3	3	7
Urgent/Emergency	50	44	56	43	44	52
SABR Lung	5	0	3	6	6	2
SABR Other	1	0	1	2	3	5
Sarcoma	0	3	0	0	0	3
Skin	13	5	12	10	2	2
Upper GI	5	6	7	3	4	8
Urology	33	42	41	21	30	42
Total	209	185	246	152	197	241





Month	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jun-23
New Starts	172	213	165	191	161	161

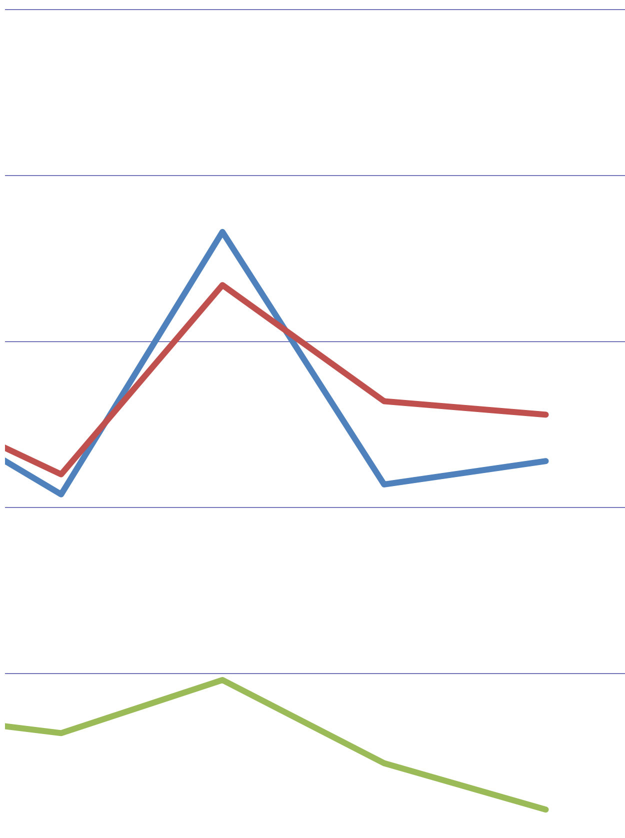
New Patients Per M

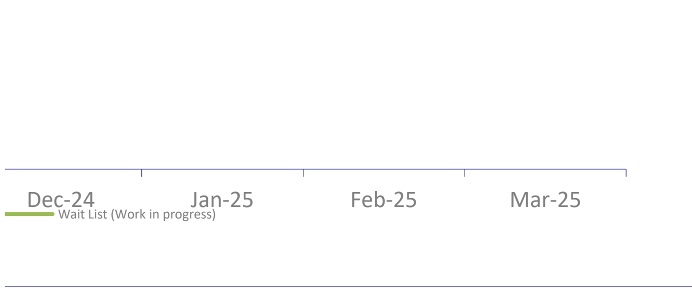
250
200
150
100
50
0

Feb-23 Mar-23 Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Ma

Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
183	154	233	157	164
183	160	217	182	178
0	-6	16	-25	-14
88	82	98	73	59

Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
3	3	1	1	4
38	34	52	39	38
7	9	8	9	9
22	13	28	11	9
4	10	16	9	7
10	4	13	3	8
3	4	3	3	1
66	41	50	38	53
4	3	4	1	3
2	1	6	2	4
0	4	0	2	0
1	4	8	5	5
2	5	5	3	2
21	19	39	31	21
183	154	233	157	164





Jul-23	Aug-23	Aug-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
207	183	183	183	172	215	224	141	202

Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
214	195	216	213	215	237	209	193	236

Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
183	160	217	157	164

Cancer Centre	Measure	May-24	Jun-24	Jul-24
SWWCC	Total number of curative patients who died within 90 days of RT	2	0	1
SWWCC	Total number of patients receiving RT who have curative treatment intent	132	147	148
SWWCC	%	2%	0%	1%
SWWCC	Total number of palliative patients who died within 30 days of RT	6	5	5
SWWCC	Total number of patients receiving RT who have palliative treatment intent	82	57	88
SWWCC	%	7%	9%	6%

Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
2	0	1	0	0	2	1	0
135	119	155	107	92	143	119	110
1%	0%	1%	0%	0%	1%	1%	0%
1	3	7	6	4	5	6	2
75	74	81	76	68	74	63	68
1%	4%	9%	8%	6%	7%	10%	3%

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FAST TRACK

Mortality due to cancer treatment delay: systematic review and meta-analysis

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ABSTRACT

OBJECTIVE
To quantify the association of cancer treatment delay and mortality for each four week increase in delay to inform cancer treatment pathways.

DESIGN
Systematic review and meta-analysis.

DATA SOURCES
Published studies in Medline from 1 January 2000 to 10 April 2020.

ELIGIBILITY CRITERIA FOR SELECTING STUDIES
Curative, neoadjuvant, and adjuvant indications for surgery, systemic treatment, or radiotherapy for cancers of the bladder, breast, colon, rectum, lung, cervix, and head and neck were included. The main outcome measure was the hazard ratio for overall survival for each four week delay for each indication. Delay was measured from diagnosis to first treatment, or from the completion of one treatment to the start of the next. The primary analysis only included high validity studies controlling for major prognostic factors. Hazard ratios were assumed to be log linear in relation to overall survival and were converted to an effect for each four week delay. Pooled effects were estimated using DerSimonian and Laird random effect models.

RESULTS
The review included 34 studies for 17 indications (n=1 272 681 patients). No high validity data were found for five of the radiotherapy indications or for cervical cancer surgery. The association between delay and increased mortality was significant ($P<0.05$) for 13 of 17 indications. Surgery findings were consistent, with a mortality risk for each four week delay of 1.06-1.08 (eg, colectomy 1.06, 95% confidence interval 1.01 to 1.12; breast surgery 1.08, 1.03 to 1.13). Estimates for systemic treatment varied (hazard ratio range 1.01-1.28). Radiotherapy estimates were for radical radiotherapy for head and neck cancer (hazard ratio 1.09, 95% confidence interval 1.05 to 1.14), adjuvant radiotherapy after breast conserving surgery (0.98, 0.88 to 1.09), and cervix cancer adjuvant radiotherapy (1.23, 1.00 to 1.50). A sensitivity analysis of studies that had been excluded because of lack of information on comorbidities or functional status did not change the findings.

CONCLUSIONS
Cancer treatment delay is a problem in health systems worldwide. The impact of delay on mortality can now be quantified for prioritisation and modelling. Even a four week delay of cancer treatment is associated with increased mortality across surgical, systemic treatment, and radiotherapy indications for seven cancers. Policies focused on minimising system level delays to cancer treatment initiation could improve population level survival outcomes.

WHAT IS ALREADY KNOWN ON THIS TOPIC
Delay in the treatment of cancer can have adverse consequences on outcome

Previous meta-analyses of high validity studies have found evidence supporting a continuous relation between delay and mortality or local control

Despite its foundational importance, we lack standardised estimates of the effect of treatment delay for most treatment indications

WHAT THIS STUDY ADDS
This systematic review considered seven major cancer types (bladder, breast, colon, rectum, lung, cervix, and head and neck) and three treatment modalities (surgery, systemic treatment, and radiotherapy)

The data consistently show that a four week treatment delay is associated with increased mortality; further mortality was reported with longer delays

Policies focused on minimising system level delays in cancer treatment initiation could improve population level survival outcomes

Introduction
Delay in the treatment of cancer can have adverse consequences on outcome. However, despite its foundational importance, we lack standardised estimates of the effect of treatment delay on survival for most treatment indications. Previous meta-analyses have found evidence supporting a continuous association between delay and mortality[1 2] or local control.[3] A wide variation in reporting of delay estimates has limited meta-analysis.[4] Understanding the impact of delay on mortality and other outcomes such as recurrence or financial impact on patients is essential to designing cancer care systems, pathways, and models of care that deliver affordable and equitable outcomes.[5]

The need for an in-depth understanding of the impact of treatment delay on outcomes has come sharply into focus during the coronavirus 2019 (covid-19) pandemic. Many countries have experienced deferral of elective cancer surgery and radiotherapy, and reductions in the use of systemic treatments[6 7] because systems have reassigned healthcare resources to pandemic preparedness.[8] The lack of high quality data on the impact of deferred and delayed cancer treatment has meant that the impact of covid-19 lockdown measures on patterns of care and subsequent outcomes has not been robustly quantified. More broadly, in non-pandemic times, health systems have developed pathways and targets for intervals from

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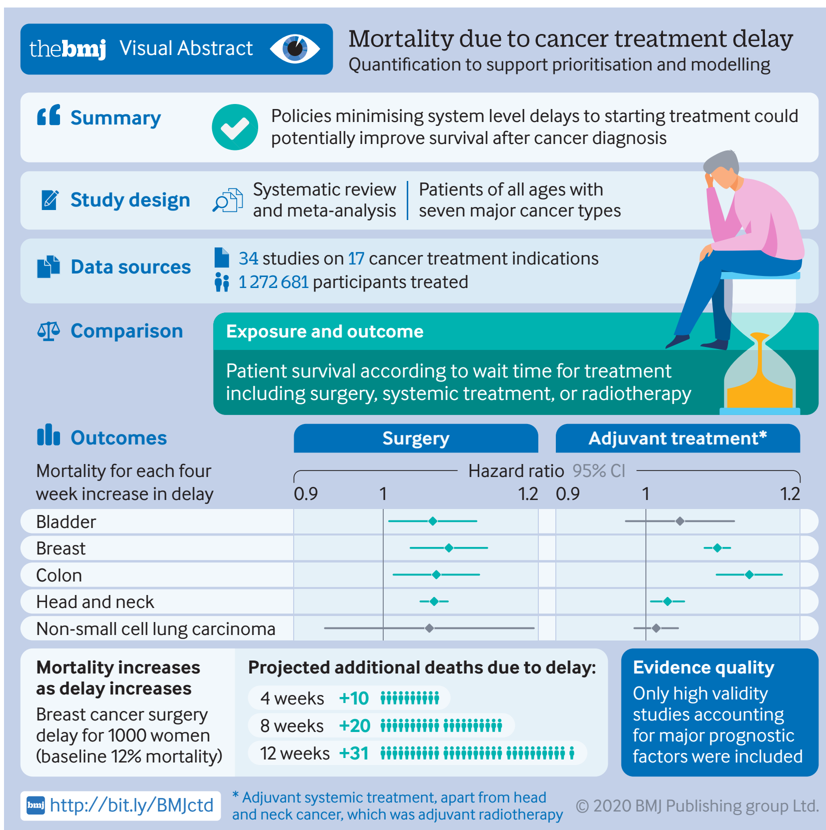
the time of diagnosis to receipt of treatment within National Cancer Control Plan frameworks that do not have a strong empirical basis.[9]

Our analysis aims to provide robust evidence to guide national policy making, specifically the prioritisation and organisation of cancer services, by investigating the association between delays in receipt of cancer treatment and mortality. We considered seven common cancers and provide estimates on the impact of delay across all three curative modalities: surgery, systemic treatment, and radiotherapy delivered in the radical, neoadjuvant, and adjuvant setting.

Methods

Population

We investigated seven cancers that together represent 44% of all incident cancers globally[10]: five common cancers (bladder, breast, colon, rectum, lung); cervical cancer, given its global importance as the fourth most common cancer diagnosis among women; and head and neck cancer (a major burden in middle income settings), for which there is an established association between delay and mortality.[10] We selected these cancers by balancing representativeness with comprehensiveness. We also considered rectal and colon cancer separately given that radiotherapy is an integral part of treatment for rectal cancer but not colon cancer. Because of the generally indolent nature of prostate cancer (particularly for low and intermediate risk disease) compared with other cancers, and a preliminary review of the delay literature, this cancer was excluded because delays of the magnitude considered in our analysis were probably not associated with increased mortality.



Exposure

Treatment delay was defined as time from diagnosis to treatment for the first treatment (definitive surgery or radiation), and from time of surgery to treatment for adjuvant indications (chemotherapy or radiation after surgery). For neoadjuvant treatments (those delivered before primary curative therapy, eg, surgery), delay was defined as the time from diagnosis to the start of neoadjuvant treatment, or from the end of neoadjuvant treatment to time of surgery. Delay of curative treatments was investigated (surgery, systemic treatment, and radiotherapy).

Outcome

A hazard ratio for overall survival was estimated for each four week increase in delay. The hazard ratio represents the risk of death from any cause for patients experiencing the observed treatment delay compared with those treated without the delay.

Systematic review

We undertook a systematic review to identify high validity studies quantifying the impact of treatment delay on mortality. The PRISMA (preferred reporting items for systematic reviews and meta-analyses) guidelines were followed.[11] We used Ovid Medline to carry out the search (appendix 1). To fully assess the validity of included studies, we did not search the literature for studies in abstract form only. Studies were limited to English language publications, from 2000 to present, and those reporting specifically on treatment delay and survival for the seven cancers being analysed. The year 2000 was selected to be comprehensive, while limiting reports to those reflective of contemporary practice as much as possible. We included studies if they specifically reported on the impact of delay for a well defined cancer indication. Studies that reported predominantly on patients receiving neoadjuvant treatments were excluded when evaluating the impact of treatment delay from diagnosis to definitive surgery. Studies that investigated the therapeutic benefit of intentional moderate delay between completion of neoadjuvant therapy for rectal cancer and surgery were excluded given potential confounding by indication. We did not exclude any studies based on design, except that the study needed to quantify the hazard ratio for overall survival because of treatment delay. The search was run on 10 April 2020, except for the bladder cancer search which was performed on 22 April 2020. Two reviewers screened abstracts by using Covidence systematic review software (Veritas Health Innovation, Melbourne, Australia). Searches of reference lists and Google were also performed.

We reviewed studies for evidence of control for major prognostic factors to assess risk of bias. The criteria used were consistent with those used by our group in other systematic reviews of delay and outcomes.[1-3]

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Firstly we asked "was the distribution of the relevant prognostic factors adequately described in the groups of patients which were compared?" Relevant prognostic factors for all studies were considered to be age, stage, treatment description, and comorbidity or functional status. If no, the study was classified as not of high validity. If yes, we proceeded to the next question "Were the comparison groups balanced with respect to the relevant prognostic factors?" If yes, the study was classified as high validity. We qualitatively assessed the magnitude of observed differences, and the P value was considered when interpreting these differences. If no, we asked "Were the reported results appropriately adjusted for any differences in the relevant prognostic factors?" If yes, the study was classified as high validity; if no, the study was classified as not high validity. Only studies meeting these criteria were included for subsequent meta-analysis.

For some definitive indications (colon cancer, lung cancer, cervical cancer), it was possible that observed associations between treatment delay and risk of death were attenuated because patients with poorer outcomes might present more quickly with symptomatic disease through emergency or urgent referral pathways (often referred to as the waiting time paradox).[12] To qualify as high validity, such studies were required to have also performed an analysis or subanalysis to investigate the impact of this factor in the observed associations. Similar to Neal and colleagues, this was defined as an analysis or subanalysis of patients clearly including or excluding patients with short diagnosis to treatment interval (eg, less than four weeks) or poor outcomes (eg, death within four to eight weeks of diagnosis).[12]

Converting hazard ratios to four week delay estimates

There was heterogeneous reporting of results, with time intervals reported as dichotomous, ordinal categories or as continuous variables. Results were converted to a common unit—hazard ratio for each four week delay with the assumption of a log linear relation across waiting times based on the findings of other meta-analyses.[1-3] A log linear relation predicts, for example, that patients waiting eight weeks rather than four weeks have a doubling in their risk of death. A unit of four weeks was chosen based on the magnitude of waiting times reported in the literature. We emphasise that the hazard ratio calculated in this study might be converted to shorter (eg, each week or each day) or longer units. Appendix 2 provides further information on the conversion of hazard ratios to each four week delay estimates or other units, and compares the log linear model to the linear model.

Meta-analysis

We obtained the summary hazard ratio estimate by pooling hazard ratios for each four week delay with inverse variance weighting in DerSimonian and Laird random effect models. Heterogeneity between studies was evaluated using the I^2 test. We performed the statistical analysis using the R package metafor (R Foundation for Statistical Computing, Vienna, Austria). We considered a two tailed P value less than 0.05 to be statistically significant. Publication bias was not tested given the small number of studies identified for each indication.

Sensitivity analysis

We undertook a post hoc sensitivity analysis to evaluate the impact of the stringent validity criteria on findings. Studies that had been excluded in the main analysis because of a lack of information on comorbidities or functional status were included in this analysis because other factors such as increasing age could be proxies for these.

Patient and public involvement

The research was informed by patient groups and cancer charities that were concerned about the impact of cancer treatment deferral and delays during the covid-19 pandemic.

Results

Our search identified 2543 articles for review (fig 1).[11] After we added records identified through additional sources, and removed duplicates, 2843 records were screened. The primary reason for exclusion at the screening stage was lack of relevance to the study question. We obtained 275 articles to assess for eligibility. Of these, 241 were excluded, most commonly because they were not high validity studies (n=100), they included the wrong patient population (n=36), or the wrong study design (n=26). This left 34 studies with unique populations for inclusion (fig 1, table 1, table 2).[13-46] These studies included 1 272 681 patients, with a sample size ranging from 174 to 420 792 (appendix 3). Twenty eight studies were population or registry based, and six were institutional reports. All studies were retrospective observational comparisons. Abstracted data on delay were dichotomous in eight, continuous in nine, and categorical in 17 studies. Waiting time data generally covered from three to four weeks, to 16 weeks (appendix 3). Appendix 3 presents the association between treatment delay and survival for individual studies. In addition to adjustments for age, stage, and comorbidity or functional status, 91% of studies accounted for one or more socioeconomic variables in their analysis, 82% accounted for insurance status, 65% for year of treatment or year of diagnosis, and 88% for institutional or geographical factors (appendix 4). We did not find any high validity data for five radiotherapy indications or cervical cancer surgery (table 1, table 2).

Figure 2, figure 3, figure 4 show summary results for all indications, with pooled estimates displayed for treatment site combinations where more than one high validity study exists. The random effects models showed a consistent association of surgical delay with increased mortality, with all indications showing a hazard ratio for each four week delay of between 1.06 and 1.08 (6-8% increased chance of death for each four week delay in treatment). For example,

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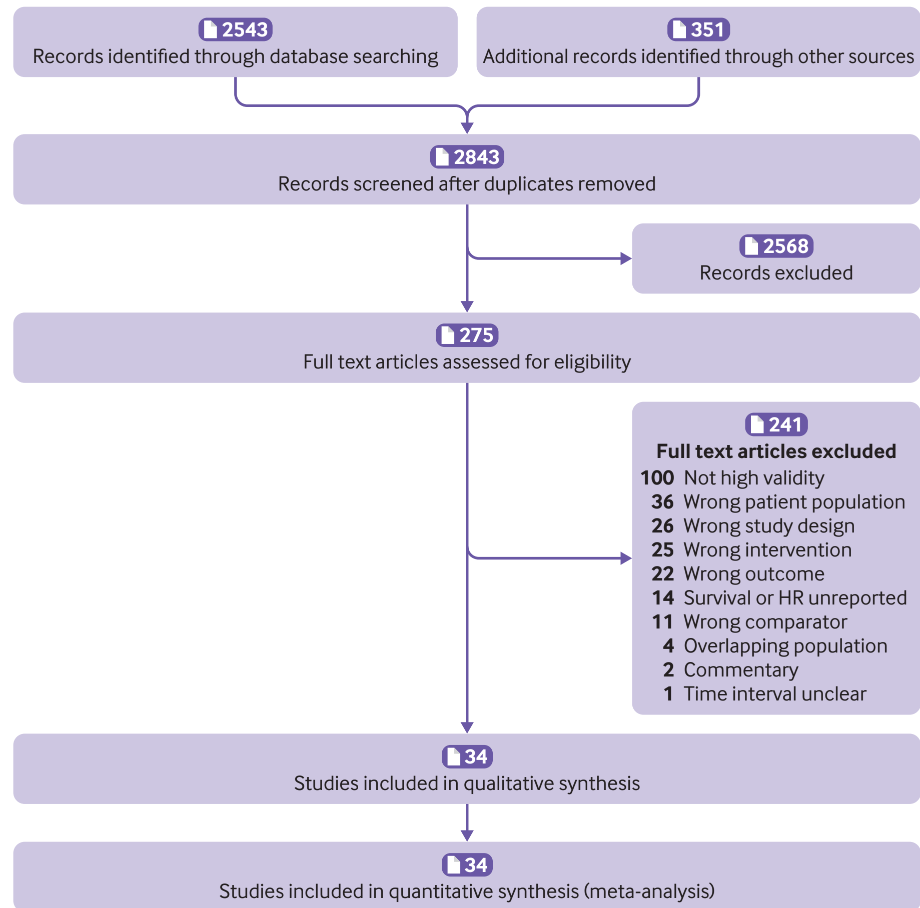

Fig 1 | PRISMA (preferred reporting items for systematic reviews and meta-analyses) 2009 flow diagram for systematic review of treatment delay and survival for curative surgery, systemic treatment, and radiotherapy for bladder, breast, colon, rectum, lung, cervix, and head and neck cancer. HR=hazard ratio

for head and neck surgery the hazard ratio was 1.06 (95% confidence interval 1.04 to 1.08) and for breast partial or complete mastectomy the hazard ratio was 1.08 (1.03 to 1.13). The results for lung surgery were consistent with other sites, though not statistically significant (1.06, 0.93 to 1.19).

Adjuvant and neoadjuvant systemic treatment indications varied more widely in effect (hazard ratio range 1.01-1.28). We observed significant associations for bladder neoadjuvant systemic treatment (hazard ratio 1.24, 95% confidence interval 1.03 to 1.50), breast adjuvant (1.09, 1.07 to 1.11) and neoadjuvant systemic treatment (1.28, 1.05 to 1.56), and colon and rectal adjuvant chemotherapy (1.13, 1.09 to 1.17). Associations were non-significant for non-small cell lung cancer adjuvant chemotherapy (1.01, 0.99 to 1.04) and bladder adjuvant chemotherapy (1.04, 0.98 to 1.11).

High validity data on curative radiotherapy were limited, but supported a mortality impact of delay for head and neck cancer (eg, radical radiotherapy: 1.09, 1.05 to 1.14) and for cervical cancer adjuvant radiotherapy (1.23, 1.00 to 1.50; P=0.045). We found no significant effect for the single high validity study of adjuvant radiotherapy after breast conserving surgery (0.98, 0.88 to 1.09). No high validity studies were found for delay between diagnosis and start of neoadjuvant therapy for rectal cancer or for four other curative radiotherapy indications (table 2).

Sensitivity analysis

To evaluate the impact of our validity criteria on study findings, we undertook a sensitivity analysis and included studies that could be considered of borderline validity. For this analysis, we included 12 studies that were excluded in the primary analysis solely because of the lack of reporting or adjustment for comorbidity or functional status. We found little change in our estimates, except for breast cancer neoadjuvant systemic treatment (appendix 5).

Discussion

Principal findings

This analysis reports the impact of delay in curative treatment on the risk of death across the seven major tumour types: bladder, breast, colon, rectum, lung, cervix, and head and neck, and across all three major treatment modalities (surgery, systemic treatment, and radiotherapy). Across all three modalities, we found that a treatment delay of four weeks is associated

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Table 1 | Summary of characteristics for studies investigating surgical treatment

Indication: surgery	Source	Study design	Dataset (dates)	Median age (years)	Stage	Other study details
Bladder	Chu 2019[13]	Retrospective observational comparison	SEER Medicare database (2004-2012)	75.2 (mean)	II	—
	Gore 2009[14]	Retrospective observational comparison	SEER Medicare database (1992-2001)	≤12 weeks=73.8, >12 weeks=73.6 (mean)	II	—
	Kulkarni 2009[15]	Retrospective observational comparison	Ontario Cancer Registry (1992-2004)	≤90 days 67.4, >90 days 69.2 (mean)	Tx, T0, Ta, Tis, T1-T4	—
Breast	Bleicher 2016[16]	Retrospective observational comparison	SEER Medicare database (1992-2009), NCDB (2003-2005) databases	75.2 (mean), 60.3 (mean)	I-III, I-III	Both cohorts were included in meta-analysis as overlap was limited owing to years considered in two cohorts, wider geographical population coverage of NCDB with ≥18 years represented (SEER was ≥66 years)
	Eaglehouse 2019[17]	Retrospective observational comparison	CCR, MDR databases (1998-2010)	54.5 (mean)	I-III	—
	Polverini 2016[18]	Retrospective observational comparison	NCDB (2004-2012)	59.4 (mean)	I-III	—
	Shin 2013[19]	Retrospective observational comparison	KCCR database (2006)	49.3 (mean)	Local and regional (SEER)	—
	Mateo 2020[20]	Retrospective observational comparison	NCDB (2010-2014)	NR	I-III	—
Colon	Bagaria 2019[21]	Retrospective observational comparison	Multicentre, US (1990-2012)	71 (range 18-99)	I-IV (pathological)	—
	Flemming 2017[22]	Retrospective observational comparison	OCR, CIHI DAD, OHIP databases (2002-2008)	71 (IQR 62-78)	I-IV (pathological)	—
NSCLC	Kanarek 2014[23]	Retrospective observational comparison	Institutional US (2003-2009)	61% ≥65	1A, 1B/2A, 2B	—
	Samson 2015[24]	Retrospective observational comparison	NCDB (1998-2010)	<8 weeks: 67.63 (±10.1), ≥8 weeks: 68.73 (±9.8) (mean (±SD))	I (clinical)	—
Cervix	No high validity data found					
Head and neck	Murphy 2016[25]	Retrospective observational comparison	NCDB (2003-2005)	NR	I-IVB	Oral tongue, oropharynx, larynx, hypopharynx
	Liao 2017[26]	Retrospective observational comparison	Taiwanese Cancer Registry database (2004-2010)	52.8 (mean)	I-IVB (clinical)	Oral cavity

CCR=Department of Defence Central Cancer Registry; CIHI DAD=Canadian Institute for Health Information Discharge Abstract Database; IQR=interquartile range; KCCR=Korean Central Cancer Registry; MDR=Military Health System Data Repository; NCDB=National Cancer Database (US); NR=not reported; NSCLC=non-small cell lung cancer; OCR=Ontario Cancer Registry; OHIP=Ontario Health Insurance Plan; SEER=Surveillance, Epidemiology, and End Results.

with an increase in the risk of death. For surgery, this is a 6-8% increase in the risk of death for every four week delay. This impact is even more marked for some radiotherapy and systemic indications, with a 9% and 13% increased risk of death for definitive head and neck radiotherapy and adjuvant systemic treatment for colorectal cancer, respectively. The one high validity study for breast cancer adjuvant radiotherapy did not show an effect, although a clear effect of delay on local control has been described (hazard ratio for each month of delay 1.08, 95% confidence interval 1.02 to 1.14); longer delays (eg, >20 weeks) have been associated with worse breast cancer specific survival.[47 48]

Policy implications and comparison to other studies

Our analysis builds on the foundations of Mackillop and colleagues, who investigated the mortality impact per one month delay for radiotherapy indications (eg, head and neck, breast) and similarly for systemic treatment (adjuvant colon, breast).[1-3 47] Our study provides a strong empirical basis for estimating the mortality impact of system level delays for different treatment modalities and cancers.

Delays of up to eight weeks and 12 weeks further increase the risk of death. For example, an eight week delay in breast cancer surgery would increase the risk of death by 17% ($=1.08^{8weeks/4weeks}$) and a 12 week delay would increase the risk by 26% ($=1.08^{12weeks/4weeks}$). Such figures translate into significant population level excess mortality. A surgical delay of 12 weeks for all patients with breast cancer for a year (eg, during covid-19 lockdown and recovery) would lead to 1400 excess deaths in the United Kingdom, 6100 in the United States, 700 in Canada, and 500 in Australia, assuming surgery is the first treatment in 83%, and mortality without delay is 12%.[10 16 49] These results are sobering and suggest that the survival gained by minimising the time to initiation of treatment is of similar (and perhaps greater) magnitude of benefit as that seen with some novel therapeutic agents.[50] Furthermore, our results do not consider the impact of treatment delay on local control rates, functional outcomes (eg, continence, swallowing), complications from more extensive treatments because of progression during delays, quality of life,[51] or the greater economic burden because of higher direct care costs and productivity losses because of premature mortality and morbidity.[52] Therefore, the impact of treatment delay is probably far greater for patients and society than that reflected in our results.

Table 2 | Summary of characteristics for studies investigating systemic treatment and radiotherapy

Indication	Source	Study design	Dataset (dates)	Median age (years)	Stage	Other study details
Systemic treatment						
Neoadjuvant chemotherapy, bladder	Chu 2019[13]	Retrospective observational comparison	SEER Medicare database (2004-2012)	72.9 (mean)	II	Same study as Chu 2019[13] bladder surgery
Adjuvant chemotherapy, bladder	Corbett 2019[27]	Retrospective observational comparison	NCDB (2006-2013)	NR	pT3-T4 or pN+	—
	Booth 2014[28]	Retrospective observational comparison	OCR	38% were ≥70	18% <T3, 82% T3-T4, 68% node positive	—
Neoadjuvant chemotherapy, breast	Sanford 2016[29]	Retrospective observational comparison	Research database at University of Texas (1995-2007)	50 (range 24-83)	I-III (clinical)	Time from end of neoadjuvant chemotherapy to surgery
Adjuvant chemotherapy, breast	Gagliato 2014[30]	Retrospective observational comparison	MD Anderson Cancer Center institutional database. (1997-2011)	50 (range 19-85)	I-III	—
	Mateo 2020[20]	Retrospective observational comparison	NCDB (2010-2014)	NR	I-III	—
	Hershman 2006[31]	Retrospective observational comparison	SEER Medicare database (1992-1999)	NR	I-II	—
Adjuvant chemotherapy, colon, rectum	Hershman 2006[32]	Retrospective observational comparison	SEER Medicare database (1992-1999)	NR	III Colon	—
	Cheung 2009[33]	Retrospective observational comparison	SEER Medicare database (1991-2002)	73.3 (IQR 69.8-77.4)	II- III Rectal	—
	Bayraktar 2011[34]	Retrospective observational comparison	Jackson Memorial Hospital and University of Miami Sylvester Comprehensive Cancer Center (2000-2008)	55.7±1.1 for ≤60 days and 56.9±1.8 for >60 days (mean±SE)	II-III Colon	—
	Lima 2011[35]	Retrospective observational comparison	Alberta Cancer Registry, ambulatory care classification system, discharge abstract database (2000-2005)	NR	III Colon	—
	Becerra 2017[36]	Retrospective observational comparison	New York State Registry, SPARCS (2004-2009)	NR	III Colon	—
	Turner 2018[37]	Retrospective observational comparison	NCDB (2006-2014)	NR	III Colon	—
	Xu 2014[38]	Retrospective observational comparison	SEER Medicare database (1992-2005)	73.6 (IQR 69.8-77.6)	II Colon	—
	Massarweh 2015[39]	Retrospective observational comparison	NCDB (2003-2010)	60.8 (±11.6) (mean (±SD))	III Colon	—
Adjuvant chemotherapy, NSCLC	Booth 2013[40]	Retrospective observational comparison	OCR (2004-2006)	62 (28-85) (mean (range))	I-IV (pathological)	—
	Salazar 2017[41]	Retrospective observational comparison	NCDB (2004-2012)	64 (IQR 57-70)	I-III (pathological)	—
Radiotherapy						
Definitive radiotherapy/ neoadjuvant, bladder	No high validity data found					
Adjuvant radiotherapy, post breast conserving surgery	Hébert-Croteau 2004[42]	Retrospective observational comparison	Random population based sample of five regions of Quebec, Canada for periods covering 1988-1994	NR	I-II	—
Neoadjuvant (chemo)radiation, rectum*	No high validity data found					
NSCLC, stage III chemoradiation	No high validity data found					
SCLC, limited stage chemoradiation	No high validity data found					
Adjuvant chemoradiation, cervix	Jhawar 2017[43]	Retrospective observational comparison	NCDB (2004-2013)	46 (IQR 38-56)	IB1-IIIB	No stratified wait group table but adjusted analysis
Definitive chemoradiation, cervix	No high validity data found					
Radical chemoradiation, head and neck	Sharma 2016[44]	Retrospective observational comparison	NCDB (2003-2006)	57.6 (9.9) (mean (SD))	III-IV (clinical, non-metastatic)	Oropharynx chemoradiation
Adjuvant (chemo)radiation, head and neck	Harris 2018[45]	Retrospective observational comparison	NCDB (2004-2013)	59 (10.9) (mean (SD))	III-IV (non-metastatic)	Interaction between subsite and outcome observed
Radical (chemo)radiation, nasopharyngeal carcinoma	Chen 2016[46]	Retrospective observational comparison	Sun Yat-Sen University Cancer Center, institutional series (2009-2012)	NR, 45% ≤45 (primary cohort)	I-IV (non-metastatic)	99.6% World Health Organization histology type II/III, treated with IMRT

IMRT=intensity modulated radiation therapy; IQR=interquartile range; NCDB=National Cancer Database (US); NR=not reported; NSCLC=non-small cell lung cancer; OCR=Ontario Cancer Registry; SCLC=small cell lung cancer; SD=standard deviation; SE=standard error; SEER=Surveillance, Epidemiology, and End Results; SPARCS=Statewide Planning and Research Cooperative System.
*Delay studies primarily investigating therapeutic benefit of usually short delay between completion of neoadjuvant treatment and surgery for rectal cancer are excepted. No high validity studies investigating time from diagnosis to start of neoadjuvant therapy were found for rectal cancer.

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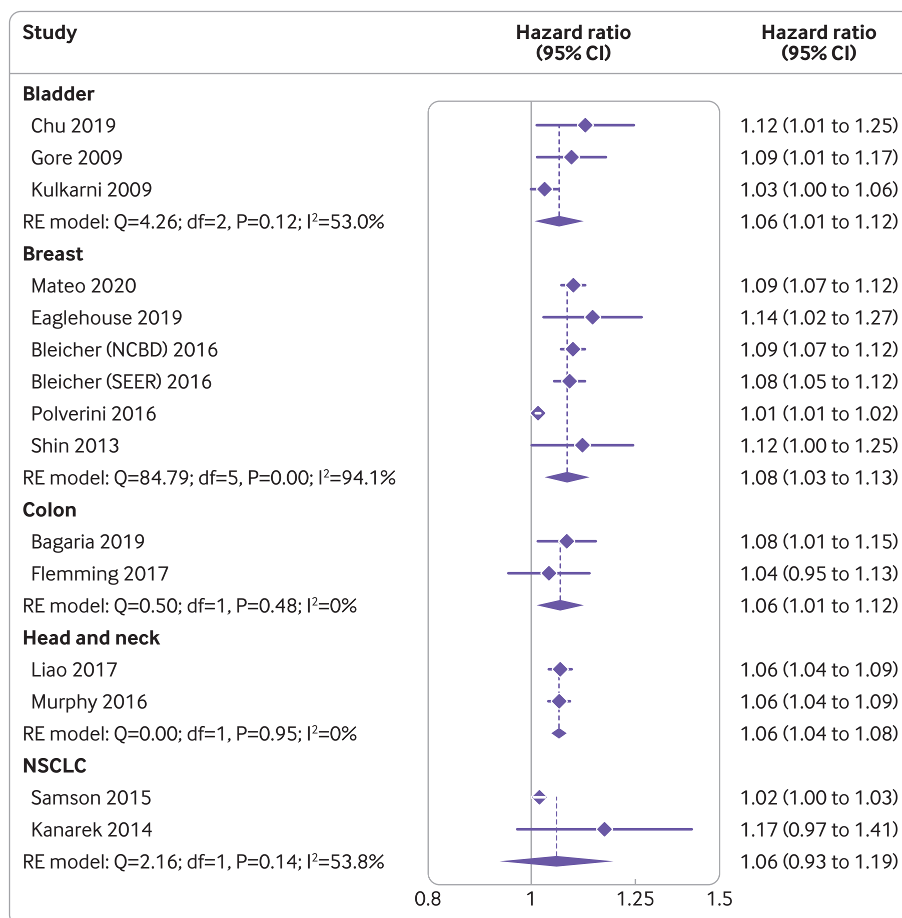

Fig 2 | Forest plot and pooled hazard ratios for association of each four week delay in surgery and overall survival by cancer site. Small purple diamonds represent the hazard ratio for each study and whiskers represent 95% confidence interval. Large purple diamonds represent summary effect estimates with the centre being the estimate and the ends representing 95% confidence intervals. NSCLC=non-small cell lung cancer

Treatment delays could be due to patient factors (eg, need for cardiac workup, postoperative wound infection), disease factors (eg, need for additional imaging investigations), or system factors (eg, waiting for an operating room date, a central line insertion, or a specialist consultation). The main purpose of this discussion is to highlight the need to minimise system level delays. We strongly emphasise that patients should not start surgery, systemic treatment, or radiotherapy until they are medically fit to do so, and have completed appropriate investigations. We also acknowledge that for rectal cancer, for instance, an increasing body of evidence shows that deferral of surgery after radiotherapy might not confer a survival disadvantage for those having a complete response.[53]

A major finding from our study is the paucity of high quality data for several tumour specific indications for radiotherapy, including chemoradiation for non-small cell lung cancer and definitive cervical cancer treatment. Two high validity studies providing delay estimates across multiple treatment modalities for these tumour types suggest an impact of delay in treatment initiation in these settings (cervical cancer mortality for each four week delay: hazard ratio 1.04, 95% confidence interval 1.02 to 1.07[54]; stage III non-small cell cancer: 1.03, 1.01 to 1.06).[55] While the negative impact of treatment interruptions on survival outcomes is well documented for these tumours,[56-58] evidence is insufficient about the exact impact of a delay in starting treatment, which given its importance, should be an urgent research priority.

The study results are timely in light of the current covid-19 pandemic. Internationally, some countries have released national guidance on prioritisation of surgical treatments for cancer, which do not appear to be supported by the results of this study. For example, at the beginning of the pandemic the UK NHS[59] created a short term surgical prioritisation algorithm. Several indications were considered safe to be delayed by 10-12 weeks with no predicted impact on outcome, including all colorectal surgery. Therefore, our results can help to directly inform policy—we found that increasing the wait to surgery from six weeks to 12 weeks would increase the risk of death in this setting by 9%.

We note that a delay of less than four weeks should not be justified as safe based on our findings. For example, our results suggest a 4% increased risk of death for a two week delay for breast cancer surgery ($1.08^{2weeks/4weeks}$;

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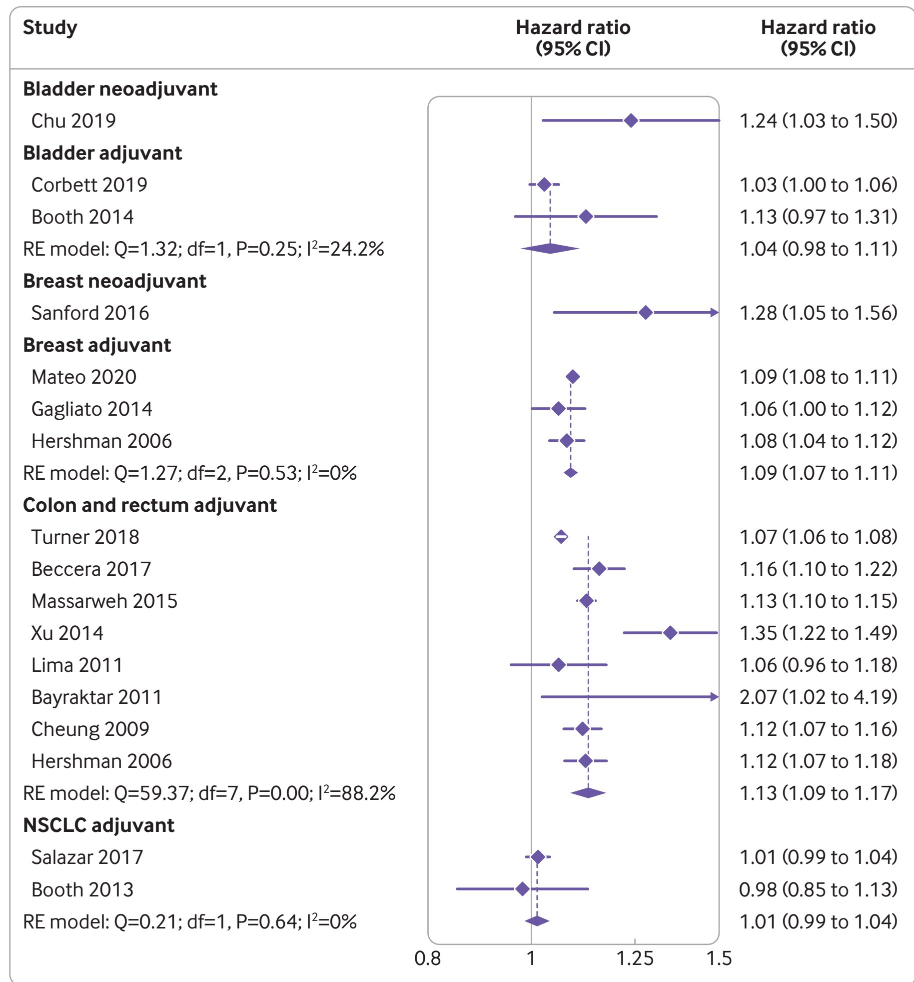

Fig 3 | Forest plot and pooled hazard ratios for association of each four week delay in adjuvant and neoadjuvant systemic treatment and overall survival by cancer site. Small purple diamonds represent the hazard ratio for each study and whiskers represent 95% confidence interval. Large purple diamonds represent summary effect estimate with the centre being the estimate and the ends representing 95% confidence intervals. NSCLC=non-small cell lung cancer

appendix 2). Taken as a whole, these results suggest there is an urgent need to reconsider how we organise our cancer services. The prevailing paradigm has been around access to new treatments to improve outcomes, but from a system level, gains in survival might be achieved by prioritising efforts to minimise the time from cancer diagnosis to initiation of treatment from weeks to days. We acknowledge that treatment delays are multifactorial in cause and that patients should not start treatment before they are medically fit to do so, and have had completed all appropriate evaluations, however these data strongly support efforts to minimise system level delays. For example, national quality indicators around cancer waiting times from diagnosis to treatment are widely used across different health systems. In the UK NHS, current targets for the initiation of primary definitive treatment have been set at 31 days from the decision to treat date; this does not include the lag between receiving a diagnosis and having a surgical or radiation oncology consultation for treatment.[9 60] At a population level, differences in lead times to treatment of even two or three weeks could be a factor in why survival outcomes differ across health systems and needs further investigation. However, these delays need to be balanced with the necessity to be medically fit for treatment. Additionally, potential opportunities for second opinions could result in more effective or appropriate care, especially where variation in practice or outcomes exist across providers.

Options for decreasing delay after diagnosis include increasing specialist workforce capacity through training initiatives or overcoming these challenges through technological developments. For example, automated treatment contouring and planning is increasingly standardised and reduces the radiotherapy preparation time to hours rather than days.[61] Satellite centres might improve capacity for treating patients, as can reconfiguration of existing infrastructure to high volume super specialised services, or single entry models and team based care.[62] Innovations in surgical technique could also minimise morbidity and reduce time to adjuvant therapy.[63 64]

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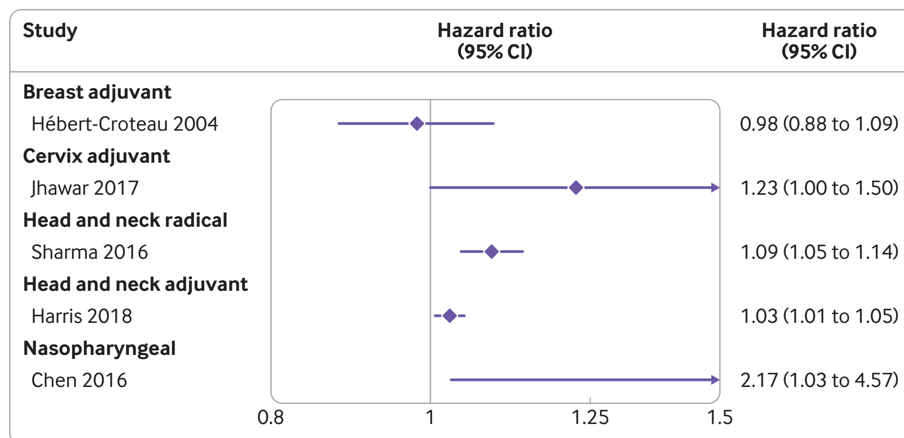

Fig 4 | Forest plot of hazard ratios for association of each four week delay in radical and adjuvant radiotherapy and overall survival by cancer site. Purple diamonds represent the hazard ratio for each study and whiskers represent 95% confidence interval

Strengths and limitations of this study

Our study provides evidence on the association of treatment delay and mortality, covering seven cancer types and three treatment modalities. Our study was based on observational data, and we therefore restricted our sample to high validity studies given the biases inherent to this study design. Our approach provides high level evidence on system delay because randomised trials in this context are not appropriate or feasible.

The most fundamental limitation of our study is the risk of residual confounding. Patients with longer treatment delays could be destined to have inferior outcomes for reasons of comorbidity, treatment morbidity, or performance status. In evaluating the validity of our findings, we note the coherence of overall mortality and cancer specific endpoints (local control, cancer specific survival, disease-free survival) for all past meta-analyses of high validity studies.[1-3 47] We also note major detrimental effects of prolonged waiting times on cancer specific survival outcomes in 13 of 15 studies included in our meta-analysis that reported cancer survival outcomes alongside overall survival.[14 16 22 28 29-36 38 39 46] These studies span seven treatment indications. Factors associated with medical status such as elements of socioeconomic status or insurance status might also be confounding factors; we found that 91% and 82% of identified studies accounted for these, respectively, though this does not completely rule out the possibility of residual confounding. Twenty five of 34 identified studies were from the USA, though no significant heterogeneity was detected compared with other countries.

Our findings cannot be directly applied to other cancer specific treatment indications, or to subgroups or single patients with treatment indications considered here. For example, limited evidence suggests that the impact of delay can vary according to stage, often with consistently greater mortality impact with earlier stage disease.[16-18 25 55] Additionally, our results can only be applied to the range of delay considered in the studies we evaluated. Given evidence derived from cancers representing almost half of all patients, the precautionary principle (acting to avoid or diminish harm in the face of scientific uncertainty) should be used when determining acceptable waiting times for treatment where data are limited.[8] Too few studies were found for most indications to perform a risk of publication bias assessment with funnel plots. For previous meta-analyses where enough studies existed to do so, findings were not explained by publication bias.[1 2]

We acknowledge that the assumption of a log linear relation between waiting time and mortality could be an oversimplification. This assumption was required to estimate per unit time mortality impact of delay from studies that use a variety of wait time representations. However, there is support for this assumption in the primary studies we used. A continuous exposure from nine primary studies assumed (log) linearity. Six studies undertook cubic spline analysis and the results are compatible with log linear effects with the range of wait times considered here (four weeks to 16 weeks).[15 19 21 26 41 45] Moreover, the previous meta-analyses by Biagi and colleagues and Raphael and colleagues suggest a reasonable fit of a log linear relation to delay.[1 2] If a linear relation with delay exists (rather than log linear), the degree of difference in the two models is expected to be sufficiently small to allow use of a log linear model for the specific purposes of modelling the impact of delay on mortality between four and 16 weeks (appendix 2). We emphasise that assuming log linearity outside of the range of wait times used in this analysis is inappropriate. Our findings should also not be used to evaluate whether there is a minimal safe delay, or to estimate the impact of delay beyond 16 weeks.

Our results reflect the impact of delay on large and expectedly heterogeneous populations with varying risks of recurrence. Therefore, these estimates are best used at a policy and planning level for modelling, rather than for individual risk prediction. We also

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emphasise that few studies considered the impact of immortal time bias on delay; this could be done through a landmark analysis for survival. Patients that survived a longer wait might have less aggressive tumours, biasing the delay effect towards the null. Our findings could therefore underestimate the impact of delay on mortality.

Conclusions

A four week delay in treatment is associated with an increase in mortality across all common forms of cancer treatment, with longer delays being increasingly detrimental. In light of these results, policies focused on minimising system level delays in cancer treatment initiation could improve population level survival outcomes.

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Ethical approval: No ethical approval was required as this was a systematic review and meta-analysis of previously conducted studies.

Data sharing: No additional data available.

The lead author affirms that the manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as originally planned (and, if relevant, registered) have been explained.

Dissemination to participants and related patient and public communities: We plan to disseminate the results to patient organisations. Dissemination to study participants is not applicable.

Provenance and peer review: Not commissioned; externally peer reviewed.

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Web appendix: Appendices

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6

12:30, 0 min

6 - For Information

6.1

12:30, 0 min

6.1 - JCC Planning, Performance and Finance Sub-Committee Reports

Winston Weir (Hywel Dda UHB - Independent Board Member)

For information

Attachments

5.2.3 PPF Highlight Report.pdf

GIG CYMRU NHS WALES | Cyd-bwyllgor Comisiynu Joint Commissioning Committee

Agenda Item
5.2.3

Joint Commissioning Committee

Planning, Performance & Finance Sub-Committee Highlight Report

Dyddiad y Cyfarfod / Date of Meeting	18/03/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Helen Tyler, Head of Corporate Governance
Cyflwynydd yr Adroddiad / Report Presenter	Paul Worthington, Lay Member
Noddwr yr Adroddiad / Report Sponsor	Jacqui Maunder-Evans, Committee Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting Choose an item.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
	Click or tap to enter a date.	Choose an item.

1. SITUATION/BACKGROUND

This report had been prepared to provide Members of the Joint Commissioning Committee (JCC) with a summary of the key issues considered by the Planning, Performance and Finance sub-committee at its meeting on 11 February 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the JCC and the sub-committees are set out in Paragraphs 2.18 and 2.20 of the JCC Standing Orders.

3. HIGHLIGHT REPORT

(Links to reports highlighted February 2025 – NHS Wales JCC PPF)

RAG Rating	Highlights
Alert / Escalate	• The Chair and Members discussed the Terms of Reference and the adequacy of requiring only two lay members for quorum. Members agreed to review after six months to assess the effectiveness of the sub-committee.
Advise	• The Chair welcomed members and attendees to the first JCC Planning, Performance and Finance (PPF) sub-committee meeting. The Terms of Reference and Forward Work Plan were presented. Members noted the inclusion of a HB CEO as a member rather than an attendee. Concerns were highlighted in relation to the quoracy arrangements as highlighted above. Further work on the forward work plan will be undertaken to ensure alignment with the JCC meetings and the annual plan of business and useful suggestions and feedback was provided.

Assure	• Members were informed about the approach to risk and noted that by April 2025, risks related to planning, performance and finance would be reported to this sub-committee for review and assurance.
	• A presentation was shared which provided members with an update on developing the Integrated Medium-Term Plan (IMTP). Members received an overview of the financial modelling scenarios as requested by the JCC at its January 2025 meeting. An assessment against the three scenarios was provided. While the JCC was in transition, an annual plan was being considered in place of a three-year rolling IMTP. The interim Chief Commissioner also provided members with an update on the submission of an Accountable Officer letter.
	• The Month 9 Financial Performance Report and Financial Plan Update was received noting:
	  ○ £4.8 million overspend against the Integrated Commissioning Plan (ICP) financial plan to date with a forecast year-end overspend of £5.7 million;
	  ○ The risk of not receiving anticipated income for activity in NHS England was highlighted but Welsh Government (WG) had confirmed funding of £8.8 million to offset the costs related to this,

	alleviating this financial risk for the current year. This funding does not alter the forecast year-end overspend position of £5.7 million. • The JCC Performance Report for Month 8 was received. The combined legacy approach to performance reporting (WHSSC/EASC formats) remains transitional and a new JCC Performance Management Framework and performance report is under development for 2025/2026.
Inform	• Members noted updates on Implementation of Legacy Plans for Quarter 3. It was noted that this report would also be shared with WG for assurance on delivery. • Members noted the WG Strategic Development and Planning Guidance for 2025/2028. The national requirements and areas of JCC responsibility were highlighted as well as the importance of aligning with the planning framework.
Appendices	None

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC **Link to JCC Strategic Objectives(s)**	Maximise Value
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals** *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Leadership
	If more than one applies please list below:

Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Effective If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Refine If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐ Outcome:	No: ☒ If no, please include rationale below: N/A
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☒ Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	No: ☒ If no, please include rationale below: N/A
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	

Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.
	Choose an item.

5. RECOMMENDATIONS

The Joint Committee is asked to:

- **Note** the highlights outlined in Section 3 of this report.

6.2

12:30, 0 min

6.2 - Strategy & Planning Committee Workplan 2025-26

For information

Attachments

6.2 SPC Work Programme 2025-26 FINAL v0.1.doc.pdf

STRATEGY AND PLANNING COMMITTEE WORK PLAN APRIL 2025 – MARCH 2026

Currently, Strategy and Planning Committee (SPC) meets bi-monthly. Based on this, the following table represents a proposal to incorporate the duties as outlined in the Committee's Terms of Reference into a basic work plan April 2025 – March 2026, including standing agenda items (denoted by *).

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	24 Apr 2025	1 Jul 2025	28 Aug 2025	30 Oct 2025	18 Dec 2025	26 Feb 2026	Apr 2026
Governance and Risk									
Welcome and Apologies*	Chair	All	✓	✓	✓	✓	✓	✓	✓
Declarations of Interests*	Chair	CSO	✓	✓	✓	✓	✓	✓	✓
Minutes from previous meeting*	Chair	CSO	✓	✓	✓	✓	✓	✓	✓
Matters Arising (not on agenda) *	Chair	All	✓	✓	✓	✓	✓	✓	✓
Table of Actions (ToAs) *	Chair	CSO	✓	✓	✓	✓	✓	✓	✓
SPC Terms of Reference (TORs) Review (12.1)	Chair	JW	✓						✓
SDODC Annual Report 2024/25 (10.4)	Chair	LD	✓						
SPC Annual Report 2025/26 (10.4)	Chair	LD							✓
Self-Assessment of Committee Effectiveness: Outcome Report (10.5)	Chair	JW						✓	
Corporate Risks Assigned to SPC (3.1.23)	LD	RW		✓	✓		✓		✓
Operational Risks Assigned to SPC (3.1.23)	LD	RW		✓		✓		✓	
Monitoring Welsh Health Circulars (under the remit of SPC)	Relevant EDs	RW	✓		✓		✓		
Ministerial Directions (MDs) (as and when required)	Relevant EDs	RW	✓		✓		✓		
Targeted Intervention Update (3.1.20) *	LD	SA	✓	✓	✓	✓	✓	✓	
Strategy, Planning and Partnerships									

Annual Plan Progress (3.1.1,2&4) • Planning Objectives (PO) Update (3.1.21) • Maturity Matrix Timeline • Maturity Matrix	LD	SA	✓ ✓	✓ ✓ ✓	✓	✓ ✓	✓	✓ ✓	
Strategy Refresh (A Healthier Mid and West Wales (refresh and updates) (2.1.1.1 & 2)	LD	PW	✓		✓		✓		
PO6 - Clinical Services Plan • Verbal Detailed Update	LD	HMH	✓	✓		✓		✓	
PO8 - Estates Plan (Estates Strategy Development of (3.1.11) (to include the development of the Estates Strategy and Infrastructure Investment Enabling Plan), for scrutiny ahead of Board approval) & (Implementation of Estates Strategy (3.1.12))	LD	PW/CE		✓		✓		✓	
Pharmaceutical Needs Assessment • Annual Review 6 Month Review of Services	JP	RB/TH	✓			✓			
Mid Wales Joint Committee Report	LD	KJ			✓			✓	
Regional Joint Committee Update Report & A Regional Collaboration for Health (ARCH)	LD LD	 SC		✓			✓		
Strategic Commissioning Report (3.1.5) (bi-annual update)	LD	SA			✓			✓	
Partnership Governance Assurance Report (3.1.6&7)	AG	BB		✓		✓		✓	
Value Based Healthcare Update (3.1.9)	MH	LP	✓		✓		✓		✓
Climate Migration and Adaption (3.1.10)	AG			✓			✓		
Population Health, Primary and Community									

PSBs Well-being of Future Generations (Wales) Act 2015 (WBFGA) (3.1.6 & 3.1.7)	AG	BB	✓					✓	
PO7 – Primary Care and Community Strategic Plan Update *To include:* *National CHC Framework 2021* *RPB Population Needs Assessment* *Social Services and Well-being (Wales) Act 2014 (SSWBA)* *(Covered in Cluster and Pan-Cluster work)* (Completed on 5 year cycle; last approved by RPB July 2022; Draft to SPC prior to publication – January 2027)	JP	RB/JC		✓		✓		✓	
PO 10: Population Health (incl. social model for health and wellbeing) PSBs Well-being Assessments Population Health Needs Assessment (3.1.13) Health Inequalities (3.1.14)	AG	BB	✓		✓		✓		
Review of Clinical Pharmacy Services at NHS Hospitals in Wales	JP	OW		✓					
Vaccination Programme for Prevention and Response Plan - Progress Update, Key Priorities and Delivery Plan					✓				
Capital and Estates									
Capital Programme for 2025/26 and Capital Governance (including the CSC 3A's update (3.1.24) & Discretionary Capital Programme (DCP) and Capital Resource Limit & other CSC items below) (3.1.18&19) * Also Capital Planning Equipment Replacement Programme.	LD	PW/ER/RE	✓	✓	✓	✓	✓	✓	✓
CSC Workplan 2025/26 (3.1.26)	LD	ER	✓						

CSC Annual Report 2024/25 (10.4)	LD	ER	✓						
CSC Annual Report 2025/26 (10.4)	LD	ER							✓
Annual Review CSC TORs (10.3)	LD	ER					✓		
Planning in Partnership: Regional Integration Fund Update	JP	LJ					✓		
Capital Business Cases (as and when required for scrutiny before onward ratification at Board) (3.1.16) *	LD		✓	✓	✓	✓	✓	✓	✓
One-off Items									
Early Years Report	AG	JoMC/ BR		✓					
For Approval									
Policies (as required) (3.1.25) *	All	All	✓	✓	✓	✓	✓	✓	
For Information									
JCC Planning, Performance and Finance Sub-Committee Reports*	JM	N/A	✓	✓	✓	✓	✓	✓	✓
SPC Workplan 2025/26*	LD	CSO	✓	✓	✓	✓	✓	✓	✓
Administration									
Agenda setting meeting with Chair & Exec Lead (at least 6 weeks before the meeting)	CSO	N/A	✓	✓	✓	✓	✓	✓	✓
Draft agenda to go to Executive Team	CSO	N/A	✓	✓	✓	✓	✓	✓	✓
Call for papers (at least 6 weeks before the meeting to receive papers at least 14 days before the meeting	CSO	N/A	✓	✓	✓	✓	✓	✓	✓
Disseminate agenda/papers 7 days prior to meeting	CSO	N/A	✓	✓	✓	✓	✓	✓	✓
Type up minutes/TOA within 7 days of meeting	CSO	N/A	✓	✓	✓	✓	✓	✓	✓
Circulate minutes and TOA to the Lead Director within 7 days of meeting	CSO	N/A	✓	✓	✓	✓	✓	✓	✓
Issue minutes and TOA to Members (including the Committee Chair) following Lead Director review	CSO	N/A	✓	✓	✓	✓	✓	✓	✓

GIG CYMRU NHS WALES | Bwrdd Iechyd Hywel Dda Health Board

Chair: Winston Weir **Vice Chair:** Maynard Davies **Lead Executive:** Lee Davies

LD	Lee Davies	**MH**	Mark Henwood	**JP**	Jill Paterson	**JW**	Joanne Wilson
AG	Ardiana Gjini	**AC**	Andrew Carruthers	**SA**	Shaun Ayres	**PW**	Paul Williams
DW	Daniel Warm	**RW**	Rachel Williams	**ER**	Eldeg Rosser	**LP**	Leighton Phillips
RB	Rhian Bond	**JC**	Julia Chambers	**BB**	Bruce Bolam	**SC**	Sion Charles
LJ	Linda Jones	**JM**	Jacqueline Maunder	**OW**	Owain Williams	**JoMC**	Jo McCarthy
BR	Ben Rogers						

CSO Committee Services Officer

D Deferred

NB: See POs below:

Quality and performance			
Planning objective 3	Transforming urgent and emergency care	Ministerial priority	FPC
Planning objective 4	Planned care, diagnostics and cancer	Ministerial priority	FPC
Planning objective 5	Mental health and CAHMS	Ministerial priority	FPC
A Healthier Mid and West Wales			
Planning objective 6	Clinical services plan	Service fragilities	SPC
Planning objective 7	Primary and community strategic plan	Ministerial priority Service fragilities	SPC
Planning objective 8	Estates plans	Estate fragilities	SPC

Planning objective 10	Population health	Long-term sustainability	SPC

7

12:30, 0 min

7 - Any Other Business

Winston Weir (Hywel Dda UHB - Independent Board Member)

8

12:30, 0 min

8 - Date and Time of Next Meeting

8.1

12:30, 0 min

8.1 - 1 July 2025, 09:30 - 12:30, Ystwyth Boardroom & MS Teams

28 August 2025
30 October 2025
18 December 2025
26 February 2026