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# Strategy & Planning Committee – August 2025

## Escalation Update



This paper provides the Strategy and Planning Committee with a comprehensive assessment of progress against five key de-escalation criteria that fall within the committee's remit. These criteria form part of Welsh Government's framework for evaluating whether the Health Board has developed the strategic planning capability necessary to move from Targeted Intervention status towards greater organisational autonomy.

The assessment comes at a pivotal moment in the Health Board's journey. The 2025/26 Annual Plan, submitted in March 2025, initially met Welsh Government's Target Control Total with a planned deficit of £31.5m and received positive audit assurance for both process and governance. However, Welsh Government's subsequent feedback in July 2025 revealed evolved expectations, requiring a more ambitious financial recovery trajectory than originally indicated. This shift in requirements during the planning cycle exemplifies the challenging environment within which the Health Board must demonstrate its planning maturity.

Since the June 2025 update to this committee, significant developments have occurred across all criteria. The Clinical Services Plan consultation launched successfully in May, the 2026/27 Annual Planning Process has been formally adopted with broad organisational engagement, and regional governance structures have been established through the Regional Joint Committee. These developments occur against a backdrop of continued financial challenge and the need to balance immediate operational pressures with longer-term strategic transformation.

Each criterion has been evaluated using the Alert, Advise, Assure framework, providing clear visibility of where the Health Board demonstrates strength and where continued development is required. The assessments draw on extensive evidence including independent audit validation, Welsh Government feedback, and measurable progress against specific milestones. This transparent approach enables the committee to understand not just current performance but also the trajectory of improvement and the specific actions being taken to address gaps.

# Assessment of Criterion 4: Submission of Balanced and Credible Annual Plan



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## Current Position Summary (as at 30th July 2025)

The Health Board remains at ALERT status for this criterion, though the position has evolved significantly since June with important developments in both planning capability and financial expectations.

## Key Developments Since June 2025

The Health Board successfully submitted its 2025/26 Annual Plan, which met the Target Control Total initially set by Welsh Government with a planned deficit of £31.5m. This represented significant planning maturity, with NHS Wales Audit providing reasonable assurance for the planning process and substantial assurance for governance arrangements, demonstrating that the Health Board's planning capabilities are robust and effective.

However, Welsh Government's correspondence of 28 July 2025 indicated that whilst the plan met the original Target Control Total, the expectations have evolved. The Director General's letter deemed the plan "unsupportable and unacceptable" due to the requirement for a more ambitious financial improvement trajectory towards breakeven within three years. Importantly, Welsh Government acknowledged that the planning processes themselves provide assurance, indicating that the concern relates to financial recovery expectations rather than planning capability or quality.

In response to this evolving position, the Health Board has been working intensively to improve its financial forecast. At the quarterly escalation meeting on 30 July, the Health Board proposed a revised deficit forecast of £30.0m, representing a £1.5m improvement on the original plan. This revision incorporates additional savings opportunities whilst acknowledging an unavoidable £2.0m National Insurance contributions funding shortfall that emerged after the initial planning cycle. The aspiration remains to achieve the 2024/25 outturn of £24.1m, though this is recognised as significantly challenging without impacting service delivery.

# Assessment of Criterion 4: Submission of Balanced and Credible Annual Plan



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## Current Actions and Evidence Base

The Health Board has undertaken comprehensive work to identify £22.5m of potential cost reduction options to bridge the gap between the current forecast and the evolved Welsh Government expectations. These options have been systematically documented with clear executive ownership assigned to each initiative, ranging from efficiency measures with minimal service impact through to more significant operational changes.

A robust Quality Impact Assessment framework has been established to ensure patient safety and service quality are protected. Every proposed cost reduction measure requires completion of a QIA by 15 August 2025, with assessments being undertaken at appropriate organisational levels - Clinical Care Group level for operational changes and directorate or corporate level for support function changes. This demonstrates the Health Board's commitment to maintaining quality whilst addressing financial challenges.

The Health Board has also demonstrated strong progress in de-risking the financial plan during Quarter 1. The gross forecast deficit has improved from £65.8m in Month 1 to £48.7m in Month 3, representing a £17.1m improvement. Savings identification has increased from £10.1m to £22.1m over the same period, with all identified schemes on track to deliver. This provides evidence of the Health Board's ability to execute financial recovery whilst maintaining operational delivery.

## Progress Against De-escalation Requirements

The de-escalation criteria within the revised escalation framework (April 2025) require the Health Board to demonstrate robust financial governance, substantial progress in delivering the targeted intervention action plan, and development of an annual plan with board approval showing a substantial financial improvement trajectory. It's important to note that these criteria have evolved during the planning cycle, representing what could be described as "shifting sands" in expectations.

# Assessment of Criterion 4: Submission of Balanced and Credible Annual Plan



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The Health Board has made demonstrable progress against these criteria. Financial governance has been independently validated as robust, with the planning process receiving positive audit assurance. The targeted intervention action plan is being delivered with clear evidence of improved understanding of deficit drivers and opportunity development. The annual plan, whilst not yet at the level Welsh Government now requires, does demonstrate a substantial improvement trajectory from the underlying deficit position and met the original Target Control Total set.

## **Assessment Against the Alert/Advise/Assure Framework**

The criterion remains appropriately classified as ALERT because whilst significant progress has been made, full satisfaction of the criterion requires Welsh Government approval of the plan, which has not yet been achieved due to the evolving financial expectations. The assessment recognises that the Health Board has demonstrated planning capability and met the original Target Control Total, but the changed expectations mean further work is required.

The evidence shows partial delivery with active mitigation underway. The planning process itself is validated as robust, the original Target Control Total was achieved, and comprehensive actions are being taken to address the additional financial challenge. However, the scale of further savings required carries operational and quality risks that must be carefully assessed through the QIA process.

## **Forward Trajectory and Assurance**

The Health Board faces a critical period as it navigates between the original Target Control Total achievement and the new expectations for accelerated financial recovery. The development of a three-year financial roadmap provides a structured approach to achieving sustainability, with clear milestones including a £14m deficit in 2026/27 progressing to breakeven, followed by sustained breakeven to secure conditional funding.

# Assessment of Criterion 4: Submission of Balanced and Credible Annual Plan



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The Health Board's ability to identify additional savings opportunities whilst maintaining robust quality assessment processes demonstrates mature financial and operational management. The quarterly escalation meetings and enhanced monitoring arrangements provide appropriate oversight mechanisms to track progress and ensure accountability.

## **Conclusion for Committee Assurance**

The Strategy and Planning Committee should take assurance that the Health Board has demonstrated mature planning capability, with robust processes independently validated and the original Target Control Total achieved in the initial plan submission. The Health Board has responded proactively to evolving Welsh Government expectations, identifying additional savings opportunities whilst maintaining appropriate safeguards through comprehensive QIA processes.

However, the criterion appropriately remains at ALERT status as Welsh Government approval has not been secured due to the requirement for a more ambitious financial trajectory than originally indicated. The Committee should note that this reflects changing expectations rather than any deficiency in planning capability or process. Continued executive focus and committee oversight will be essential to balance the competing demands of accelerated financial recovery whilst maintaining safe, quality services for the population we serve.

The Health Board continues to engage constructively with Welsh Government to agree a realistic and achievable path to financial sustainability that protects service quality and patient safety whilst demonstrating the required financial improvement.

# Criterion 5 - Evidence of Integrated Planning



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## Assessment – ADVISE

### Progress Since June 2025

The Health Board has made meaningful steps forward in developing its integrated planning capability through the formal adoption of the 2026/27 Annual Planning Process. The organisation has moved from conceptual frameworks to practical implementation, though the journey towards fully mature integrated planning continues.

### Positive Developments

**Establishing the Framework** The 2026/27 planning process provides a structured approach to integration, requiring all clinical care groups, operational teams and enabling functions to complete comprehensive assessments by the end of July 2025 aligned to the risk register. Importantly, these assessments must explicitly identify dependencies between workforce, finance, infrastructure and service delivery. This represents tangible progress from the theoretical integration noted in June towards practical application.

**Clinical Engagement and Ownership** Clinical Care Groups have embraced their enhanced role in the planning process, moving from participants to active leaders in shaping integrated plans. There is also a requirement for all support services to sign off implementation plans creates accountability across the organisation. This vertical and horizontal integration is beginning to break down traditional silos, though embedding this consistently across all areas remains work in progress. However, there is on-going work within this area, but, early signs are positive.

**Executive Commitment** The planning process has secured executive acceptance and is being actively socialised across the organisation. The inaugural workshop held in the week commencing 21 July successfully launched the process with broad engagement across the senior leadership within the Health Board. Looking ahead, the critical September workshop will bring together Board members, executives and independent members to work through prioritisation decisions collectively. This collaborative approach to understanding "the art of the possible" demonstrates commitment to genuine integration rather than parallel planning streams.

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**Strategy and Planning Working in Tandem** The Executive Improving Together sessions provide concrete evidence of integration between the "A Healthier Mid and West Wales" strategic refresh and operational planning. Through these sessions, Clinical Care Groups and corporate functions collectively assess which strategic areas remain relevant, which require refreshing, and which need entirely new development. This isn't simply a review exercise but a practical demonstration of how the strategic refresh and planning processes are being developed as one integrated piece of work.

The Health Board has explicitly committed that the findings from these strategic refresh sessions will directly shape operational priorities, with "early emerging priorities, alongside the feedback from the Executive Improving Together sessions, informing next year's priorities within the 3-year planning cycle/context." This evidences a fundamental shift from the traditional approach where strategies are developed first and then translated into plans. Instead, the strategic refresh is being informed by operational realities whilst simultaneously shaping future planning priorities. The August 2025 Board Seminar will formalise the scope of the refresh required to deliver the strategic vision to 2040, ensuring the planning process remains aligned with the evolving strategic direction. This iterative approach, where strategy and planning continuously inform each other, addresses the risk of strategies being developed in isolation from operational realities or plans being created without clear strategic direction.

## Integration Mechanisms Taking Shape

The planning principles require concurrent assessment across multiple dimensions, financial sustainability, workforce capacity, infrastructure constraints and strategic alignment. This multi-dimensional evaluation is creating visibility of interdependencies that previously remained hidden until implementation. The early identification of risks that cannot be mitigated within current resources provides transparency that supports integrated decision-making.

The process acknowledges the dynamic relationship between the developing strategic refresh, emerging Primary and Community Services Strategy, and operational planning. Rather than waiting for strategies to be finalised, the planning process creates opportunities for these workstreams to inform and be informed by operational realities.

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## **Moving Towards IMTP Capability**

A significant development is the commitment to frame the planning process within a three-year context, marking important progress towards Integrated Medium Term Plan capability. This shift from annual cycles to multi-year horizons represents organisational maturity and creates the conditions for more strategic, integrated thinking. The September 2025 workshop will be pivotal in establishing how this longer-term perspective shapes immediate prioritisation decisions.

## **External Recognition with Caveats**

Welsh Government's acknowledgement that the Health Board's "processes provide assurance" validates the progress made in developing integrated planning mechanisms. However, the distinction between having robust processes and achieving fully integrated outcomes remains. The organisation demonstrates it can plan in an integrated manner, but translating this into sustained delivery across all domains requires continued development.

## **Areas Requiring Continued Focus**

The September 2025 prioritisation workshop represents a critical test of integrated planning in practice. The outcome of the workshop should support the Board, executives and independent members to navigate trade-offs and dependencies that demonstrate whether integration has moved from process to culture. The challenge remains to ensure integration consistency across all service areas, with some domains showing stronger integration than others.

The transition from annual planning exercises to genuine IMTP capability requires sustained focus over multiple cycles. Whilst the framework is strengthening, embedding this as business-as-usual practice across the entire organisation remains an ongoing journey.

# Criterion 5 - Evidence of Integrated Planning



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## Recommendation

The Health Board has made some progress in developing integrated planning capability, with clear mechanisms, governance and engagement now in place. The September 2025 workshop and commitment to three-year planning horizons signal continued advancement. However, the Committee should note this remains a developing capability requiring sustained focus to achieve full maturity. The evidence supports an improving trajectory with key milestones ahead that will further test and strengthen integrated planning across the organisation.

# Criterion 6 - Evidence of Clear Roadmap and Implementation

## Clinical Services Plan



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### Assessment – ASSURE

#### Current Position and Progress

The Clinical Services Plan represents a structured approach to addressing service fragility across nine key service areas in Mid and West Wales. The programme has successfully progressed through Phase 1 (clinical case for change) and Phase 2 (options development) to reach Phase 3, with public consultation launching on 29 May 2025. This three-phase roadmap provides the clear structure that Welsh Government requires, moving systematically from problem definition through solution development to public engagement and decision-making.

The Mid-Point Review being conducted will provide crucial validation of both the approach and the principles underpinning the CSP. Both the Health Board and Welsh Government recognise that while progress has been encouraging, the ultimate test remains successful delivery of sustainable service changes that improve patient care whilst maintaining accessibility.

#### Implementation Through Active Consultation

The CSP demonstrates active implementation through the management of public consultation across all nine service areas simultaneously. This complex undertaking is supported by External Quality Assurance from Hugh Irwin & Company under the Enhanced Consultation Framework, providing independent oversight that the process meets required standards. The consultation represents more than a statutory requirement; it tests the organisation's capability to engage with public concern whilst maintaining clinical services and preparing for significant change.

# Criterion 6 - Evidence of Clear Roadmap and Implementation

## Clinical Services Plan



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Supporting this consultation, the Health Board has developed detailed workforce modelling for each service configuration, including specific calculations of establishments required, recruitment timelines, and rota sustainability assessments. The systematic hurdle criteria testing evaluates all options against clinical sustainability, deliverability, accessibility, strategic alignment, and financial sustainability. These elements transform the CSP from strategic concept to implementable programme, though the Health Board acknowledges that consultation may surface challenges requiring adaptive management. The potential timeline slippage from November 2025 to January 2026 reflects a realistic approach to managing this complexity, prioritising thorough consultation and proper consideration of feedback over rigid adherence to initial timescales.

### Critical Integration with Annual Planning

The relationship between the CSP and the 2026/27 Annual Planning Process represents both sophisticated integration and significant risk. The planning process has been deliberately sequenced to ensure that CSP decisions inform operational plans, workforce strategies, and financial frameworks, demonstrating that the CSP is genuinely shaping organisational direction rather than existing in isolation. However, this interdependency creates vulnerability that requires careful management.

Delays in CSP decision-making could have material consequences for the annual planning process, potentially affecting the deliverability and coherence of the 2026/27 plan. While the Health Board works to mitigate these risks through scenario planning and parallel workstreams, the reality is that until consultation concludes and final decisions are made, significant uncertainties remain within the planning framework. Crucially, with all options still under genuine assessment and no predetermined outcomes, the final CSP decisions could require substantial recalibration of operational, workforce, and financial planning assumptions. This represents mature programme management, acknowledging that maintaining genuine consultation means accepting planning uncertainty, but it requires sophisticated coordination between the CSP programme and annual planning teams to manage these moving parts effectively.

# Criterion 6 - Evidence of Clear Roadmap and Implementation

## Clinical Services Plan



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### Governance and Forward Path

Regular Board engagement with formal approvals at key milestones ensures appropriate oversight continues throughout the programme. The Board's upcoming role in making difficult decisions that balance clinical sustainability requirements with public accessibility preferences will be crucial in moving from consultation to implementation. These decisions will test the Board's collective ability to maintain strategic direction whilst responding meaningfully to consultation feedback.

The combination of Welsh Government support to date, detailed planning work completed, and robust governance arrangements provides confidence in the programme's trajectory. However, the Health Board remains clear-eyed that the most challenging phases lie ahead. Moving from consultation through decision-making to actual service change implementation will require sustained focus, political courage, and adaptive management as implementation realities emerge.

### Recommendation

The Clinical Services Plan demonstrates a clear roadmap with implementation actively progressing through public consultation. Welsh Government's positive engagement, the Mid-Point Review and support for progression to consultation provides important external validation, though both parties understand that successful delivery (implementation) remains to be proven. The detailed planning, systematic options appraisal, and robust governance provide the foundations for successful implementation, while the honest acknowledgement of timeline pressures and planning interdependencies demonstrates mature programme management.

The committee can take assurance that this criterion is being met, with clear evidence of both roadmap and implementation. However, the committee should particularly note the critical interdependency between CSP timelines and the annual planning process, where delays or unexpected consultation outcomes could require significant replanning. Successfully navigating the path from consultation through decision-making to implementation, whilst managing these planning uncertainties and maintaining Welsh Government confidence, will require continued careful coordination and potentially difficult trade-offs in the months ahead.

# Criterion 7 - Planning Maturity Matrix Assessment



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## Assessment – ADVISE (Assure pending Welsh Government ratification)

### Building Welsh Government Confidence

The criterion specifically requires Welsh Government's confidence in delivery based on the Planning Maturity Matrix assessment. The Health Board has taken significant steps to build this confidence through a fundamentally reformed approach to the assessment process, though formal Welsh Government endorsement following the Board's approval on 31 July 2025 remains pending.

### Strengthened Credibility Through Reformed Approach

The Health Board's approach to the maturity matrix has evolved markedly from previous cycles, with Welsh Government likely to recognise several confidence-building developments. The shift from optimistic self-assessment to rigorous, evidence-based evaluation demonstrates the organisational maturity Welsh Government seeks. By requiring tangible, verifiable evidence for all scoring rather than relying on assertions, the Health Board shows it understands the difference between having processes and proving they work.

The deliberately cautious approach, prioritising honest self-appraisal over optimism, paradoxically builds greater confidence than inflated scores might. Welsh Government has consistently valued organisations that demonstrate genuine insight into their capabilities and gaps, as this self-awareness is fundamental to sustainable improvement. The Board's willingness to acknowledge areas requiring development whilst evidencing progress made suggests an organisation that Welsh Government can work with constructively.

### Evidence of Improving Capability

The two-year follow-up review provides Welsh Government with evidence of progression, particularly in operational and performance domains. The improved maturity in cross-functional planning, triangulation of finance and workforce, and operational delivery demonstrates that the fundamental building blocks of effective planning are strengthening. This trajectory of improvement, rather than claimed arrival, is what builds Welsh Government confidence in the organisation's development pathway.

# Criterion 7 - Planning Maturity Matrix Assessment



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The inclusive engagement across clinical, operational, planning, workforce and finance teams in the assessment process shows Welsh Government that the maturity matrix is not a planning team exercise but reflects genuine organisational capability. The strengthened Board scrutiny and validation arrangements, with formal approval scheduled for 31 July 2025, ensures appropriate governance that Welsh Government expects for such assessments.

## **Managing Expectations Whilst Building Confidence**

The Health Board's acknowledgment that work remains to fully embed best practice, strategic alignment and multi-year financial planning demonstrates the realistic self-assessment Welsh Government values. By recognising that robust processes don't automatically guarantee delivery outcomes, the organisation shows understanding of what true planning maturity means. This sophistication in itself builds confidence that improvement efforts will focus on the right areas.

The timing alignment with the strategic refresh process shows Welsh Government that the organisation understands the interdependencies between strategy development and planning maturity. Rather than treating the matrix as a standalone exercise, its integration with broader organisational development demonstrates systematic thinking that Welsh Government seeks in organisations ready for greater autonomy.

## **The Path to Welsh Government Endorsement**

Following Board approval on 31 July 2025, the maturity matrix assessment will be submitted to Welsh Government for review and validation. Based on previous feedback and the strengthened approach adopted, the Health Board remains optimistic that Welsh Government will recognise the progress made and the credibility of the assessment process. The combination of honest self-appraisal, evidence-based scoring, and clear governance should provide Welsh Government with confidence that the organisation understands its current capability and has realistic plans for improvement.

# Criterion 7 - Planning Maturity Matrix Assessment



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The commitment to support all judgements with clear evidence or transparent narrative where evidence is lacking provides Welsh Government with the clarity needed to validate the assessment. This transparency enables constructive dialogue about development needs rather than defensive discussions about inflated scores.

## Recommendation

The Health Board has developed a credible and robust approach to the Planning Maturity Matrix assessment that should build Welsh Government confidence in both the organisation's current capability and its trajectory of improvement. The evidence-based methodology, honest self-appraisal and strong governance arrangements position the organisation well for Welsh Government endorsement.

The Committee should note that whilst the assessment demonstrates significant progress in building the credibility Welsh Government seeks, formal confirmation of their confidence awaits their review following Board submission. Based on the strengthened approach and previous feedback, there is reasonable optimism that this criterion will move to "Assure" once Welsh Government ratification is received. The key achievement is that the Health Board now has an assessment process that Welsh Government can trust, even if the maturity scores themselves reflect an ongoing journey rather than completed transformation.

# Criterion 8 - Regional Planning Progress



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## Assessment – ADVISE

### Current Position

Regional planning has evolved from concept to structured governance with the establishment of the Regional Joint Committee in May 2025 and the Clinical Services Planning Sub-Group formalised shortly after. This governance architecture provides the framework for regional collaboration, though individual workstreams demonstrate varying levels of maturity and progress. The development of a South West Wales Regional Clinical Services Plan alongside individual Health Board strategies represents important progress in defining where regional approaches add value versus local delivery.

### Variable Progress Across Services

The regional planning landscape presents a mixed picture of achievement and challenge across the five specified service areas. Each programme sits at different points on the implementation journey, reflecting both the complexity of regional working and the differing starting positions of each service.

**Orthopaedics** demonstrates a level of progress with both Health Boards achieving the 104-week Ministerial target by March 2025. Regional Standard Operating Procedures for arthroplasty have been developed and implemented, with 50 Swansea Bay patients already treated at Prince Philip Hospital. The planned commencement of arthroplasty services at Neath Port Talbot Hospital during Q3 2025/26 shows continued momentum. However, the development of a shared Patient Treatment List remains ongoing rather than operational, highlighting that even in areas of good progress, full integration takes time to achieve.

**Ophthalmology.** The approval of four subspecialty charters (Glaucoma, Cataract, Medical Retina, Paediatrics) and establishment of the Open Eyes Electronic Patient Record Project Board demonstrate some progress. Both Health Boards remain on track for implementation, though challenges persist in achieving the 65% R1 Ophthalmology target, suggesting that whilst structures are developing, performance improvements remain work in progress.

# Criterion 8 - Regional Planning Progress



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**Stroke services** show encouraging clinical developments with Phase 1 of Prehospital Video Triage now embedded as business as usual and Phase 2 launching in autumn 2025. The re-establishment of the Regional Programme Board with quarterly meetings scheduled through June 2026 provides governance continuity. However, the business case for the hyperacute hub remains amber/red rated with significant workforce requirements (70 WTE) presenting a substantial delivery challenge. The absence of dedicated programme resource beyond March 2026 creates uncertainty about sustained progress.

## Emerging and Underdeveloped Areas

**Vascular services** are progressing through formal structures with the Memorandum of Understanding for Swansea Bay leadership approaching ratification and the Hybrid Theatre business case revenue now agreed. However, progress on a single regional waiting list depends on Long Term Agreement updates, demonstrating the interdependencies that can slow regional integration. The Vascular Interventional Radiology service developments proceeding through assurance processes show methodical but necessarily measured progress.

**Urology and Upper GI services** remain the least developed from a regional perspective, being incorporated within the Clinical Services Plan consultation but lacking dedicated regional workstreams. The acknowledgement that tangible regional benefits are unlikely before 2026/27 represents realistic expectation management rather than failure, recognising that not all services can progress simultaneously.

**The Urgent and Emergency Care** programme represents ambitious new thinking following the June 2025 workshop to develop a shared vision for remote assessment, triage and signposting. The planned 90-day sprint from August to October 2025 focusing on a single point of access demonstrates commitment to rapid progress, though delivery against ambitious targets for March 2026 (15-20% reduction in ED attendances, 75% scheduled care at front door) will require sustained focus and resource.

# Criterion 8 - Regional Planning Progress



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## Resource Constraints and Sustainability

A critical thread throughout the regional programmes is resource vulnerability. The Pathology Programme Director's secondment ending in September 2025 without identified replacement threatens programme continuity and loss of subject matter expertise. Similarly, Stroke services face resource uncertainty beyond March 2026. The South West Wales Cancer Centre Programme's dependence on project support from both Health Boards' planning teams highlights the fragility of arrangements that rely on goodwill rather than dedicated resource. These constraints don't represent failure of intent but rather the reality of attempting regional transformation within existing resources.

The Clinical Services Planning Sub-Group's acknowledgement that redeploying programme resources between workstreams affects deliverability elsewhere demonstrates mature understanding of trade-offs. This transparency about resource limitations helps set realistic expectations whilst maintaining momentum where possible.

## Governance and Integration

The positive development of formal governance structures through the Regional Joint Committee and Clinical Services Planning Sub-Group provides the architecture for decision-making and accountability. The quarterly reporting cycles and structured work programme development show systematic approach to regional planning. The Clinical Reference Group's establishment with planned workshops indicates clinical engagement in shaping regional approaches.

However, the variable presence of specific milestones across workstreams, absence of a comprehensive regional risk register, and need for quantitative analysis to demonstrate activity benefits indicate that whilst governance structures exist, the supporting management infrastructure requires further development. The commitment to develop an integrated dashboard for quarterly monitoring shows recognition of these gaps and intent to address them.

# Criterion 8 - Regional Planning Progress



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## Recommendation

Regional planning demonstrates clear progress in establishing governance frameworks and achieving tangible improvements in some service areas, particularly where clinical need has driven collaboration. The mixed picture across the five services reflects the reality of regional working - some areas naturally lend themselves to collaboration whilst others require more time to develop shared approaches. The transparency about resource constraints and realistic timescales for benefit realisation shows mature programme management rather than failure to progress.

The Committee should take partial assurance that regional planning is developing, whilst recognising that sustainable progress requires addressing the resource vulnerabilities that threaten programme continuity. The commitment to establish explicit milestones, develop comprehensive benefits tracking, and create integrated monitoring systems provides a pathway to stronger assurance in future reporting cycles. Success will require balancing ambition with realism, maintaining momentum in areas showing progress whilst accepting that not all services will advance at the same pace. The key is ensuring that resource constraints and varying maturity levels are actively managed rather than becoming barriers to achieving the regional benefits that collaborative working can deliver.



The assessment reveals that the Health Board has made a level of progress in developing its strategic planning capabilities, though the journey towards full maturity continues. Across the five criteria, we see evidence of strengthening foundations, including; robust planning processes validated by audit, active implementation of major transformation programmes, evolving integrated planning mechanisms, and emerging regional collaboration structures. These represent genuine organisational development rather than superficial compliance.

The mixed assessment ratings reflect both achievement and ongoing challenge. The Clinical Services Plan stands as an example of what the Health Board can achieve when clinical need drives systematic programme management, thus reflecting an Assure rating despite implementation challenges ahead. Conversely, the Annual Plan remains at Alert status, not due to any deficiency in planning capability which has been validated as robust; but because Welsh Government's financial expectations evolved after submission, creating a gap between what was originally required and what is now expected.

Three criteria sit at Advise status, indicating capabilities that are developing but not yet fully mature. Integrated planning shows promising evolution from concept to practice with the 2026/27 planning process now underway; the maturity matrix assessment has been fundamentally reformed to build Welsh Government confidence pending their formal review and ratification, and regional planning demonstrates progress where clinical imperatives create natural collaboration whilst acknowledging that not all services will advance at the same pace. These ratings represent honest appraisal of a health board continuing to evolve, building the capabilities required for sustainable transformation whilst managing immediate operational pressures.

Looking forward, the critical test will be whether the Health Board can maintain momentum across all five criteria simultaneously. The interdependencies are clear; the Clinical Services Plan decisions will shape the annual plan, integrated planning must accommodate strategic uncertainty, and regional collaboration requires resource commitment that competes with internal priorities. Success will require the committee's continued oversight to ensure that progress in one area does not come at the expense of another, and that the organisation maintains focus on the ultimate goal of demonstrating the planning maturity that Welsh Government expects from health boards ready for de-escalation from enhanced monitoring arrangements.



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