



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date **2025-08-28**

Time **09:30 - 12:30**

Location **Microsoft Teams To allow the Chair to join virtually, this meeting w**

Strategy and Planning Committee

Strategy and Planning Committee

NHS Wales

Agenda - 28 August 2025

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 Strategy and Planning Committee meeting on 1 July 2025

09:30, 0 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

1.4 Table of Actions the Strategy and Planning Committee meeting on 1 July 2025

09:30, 5 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

1.5 Matters Arising

09:35, 10 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

1.6 Committee Self-Assessment 6 Month Update

09:45, 10 min

Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)

1.7 Assurance and Risk Report

09:55, 15 min

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health)

1.8 Targeted Intervention Update

10:10, 10 min

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

2 Strategy, Planning and Partnerships

10:20, 0 min

2.1 Strategic Refresh

10:20, 25 min

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Paul Williams (Hywel Dda UHB - Assistant Director Of Strategic Planning)

2.2 Annual Plan Progress: Including Planning Objectives Update & Forward Planning Process

10:45, 15 min

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

2.3 Planning Objective 6: Clinical Services Plan

11:00, 15 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 Value Based Healthcare Update

11:15, 10 min

Mark Henwood (Hywel Dda UHB - Executive Medical Director), Leighton Phillips (Hywel Dda UHB - Director Research, Innovation and Value)

2.5 Strategic Commissioning Report

11:25, 15 min

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

2.6 Mid Wales Joint Committee Report

11:40, 10 min

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Keith Jones (Hywel Dda UHB - Director of Operational Planning & Performance), Nia Williams (Hywel Dda Health Board - Programme Manager)

3 BREAK

11:50, 5 min

4 Population Health, Primary and Community

11:55, 0 min

4.1 Planning Objective 10: Population Health

11:55, 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)

4.2 Winter Vaccination Programme

12:05, 10 min

Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health), Bethan Lewis (Hywel Dda UHB - Assistant Director of Public Health Strategic Business and Operations)

5 Capital and Estates

12:15, 0 min

5.1 Capital Programme for 2025-26 and Capital Governance

12:15, 10 min

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Eldeg Rosser (Head of Capital Planning)

6 For Information

12:25, 0 min

6.1 Joint Commissioning Committee Planning, Performance and Finance Sub-Committee Reports

12:25, 0 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

6.2 Strategy & Planning Committee Workplan 2025-26

12:25, 0 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

7 Issues for Board/Committees

12:25, 5 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

8 Any Other Business

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

9 **Date and Time of Next Meeting**

12:30, 0 min

9.1 **30 October 2025, 09:30 - 12:30, Ystwyth Boardroom & MS Teams**

12:30, 0 min

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1 - Governance and Risk

1.1

09:30, 0 Mins

1.1 - Welcome and Apologies

*Winston Weir (Hywel
Dda UHB -
Independent Board
Member)*

1.2

09:30, 0 Mins

1.2 - Declarations of Interests

All

1.3

09:30, 0 Mins

1.3 - Minutes from the Strategy and Planning
Committee meeting on 1 July 2025

*Winston Weir (Hywel
Dda UHB -
Independent Board
Member)*

| For approval

Attachments

[1.3 2025-07-01 - Strategy and Planning Committee - Minutes\(1\) v0.2.pdf](#)

MINUTES OF THE HDD_Strategy and Planning Committee MEETING

Date of Meeting: 09:30, Tuesday 01 July 2025
Venue: Microsoft Teams Meeting/ Ystwyth Boardroom

Present: Mr Winston Weir, Independent Board Member, Chair
 Mr Maynard Davies, Independent Member, Vice Chair
 Mr Michael Imperato, Independent Member
 Ms Chantal Patel, Independent Member

In Attendance: Mr Lee Davies, Executive Director of Strategy and Planning
 Mr Keith Jones, Director of Operational Planning & Performance, Deputising for
 Mr Andrew Carruthers, Chief Operating Officer
 Dr Ardiana Gjini, Executive Director of Public Health
 Mr Huw Thomas, Executive Director of Finance
 Ms Joanne Wilson, Director of Corporate Governance/Board Secretary
 Ms Jill Paterson, Director of Primary Care, Community and Long Term Care
 Ms Nichola Couceiro, Head of Engagement, deputising for Ms Alwena Hughes
 Moakes, Communications and Engagement Director
 Ms Donna Coleman, Llais West Wales
 Ms Urvisha Perez, Audit Wales (Observing)
 Mrs Helen Mitchell, Secretariat

Minutes Ref.	Items SPC(25) 30, SPC(25) 31 and SPC(25) 32	Action
	Mr Shaun Ayres, Director of Delivery	
	SPC(25) 34 Mr Sion Charles, ARCH	
	SPC(25) 35 Ms Trina Nealon, Principal Public Health Officer	
	SPC(25) 36 Ms Linda Jones, Regional Partnership Programme Manager	
	SPC(25) 37 Ms Jo McCarthy, Consultant in Public Health Mr Ben Williams, Principal Public Health Practitioner Ms Liz Western, Senior Public Health Officer Mr Kevin Phelps, Head Teacher, Tavernspite CP School Louis, Chairperson, Templeton School Council Lowri, Templeton School Ambassador Bella, Chairperson, Tavernspite School Council Darcy, Tavernspite School Advisor	

SPC(25) 38 and SPC(25) 39

Ms Rhian Bond, Assistant Director of Primary Care

SPC(25) 39

Ms Laura Lloyd Davies, Cluster Development Manager

SPC(25) 40

Mr Owain Williams, Clinical Director of Pharmacy and Medicines Management

Ms Elizabeth Williams, Lead Pharmacist Clinical Services

Items SPC (25) 41

Ms Eldeg Rosser, Head of Capital Planning

Items SPC (25) 42

Mr Rob Elliott, Director of Estates, Facilities and Capital Management

Ms Christine Thomas, Assistant Major Capital Development Manager

SPC(25) 24 Welcome and Apologies

Mr Winston Weir welcomed members to the second Strategy and Planning Committee (SPC) meeting.

The following apologies for absence were noted:

- Mr Andrew Carruthers, Chief Operating Officer
- Ms Alwena Hughes Moakes, Communications and Engagement Director

SPC(25) 25 Declarations of Interests

Ms Chantal Patel declared an interest in agenda item SPC (25) 40: Capital Programme for 2025-26 and Capital Governance;

SPC(25) 26 Minutes from the Strategy and Planning Committee meeting on 24 April 2025

RESOLVED - the minutes of the Strategy and Planning Committee (SPC) meeting held on 24 April 2025 were APPROVED as an accurate record of proceedings.

Mr Weir sought clarification on whether the 5th Linac/ 6th Bunker Business Case previously endorsed at the SPC meeting on 24 April 2025 and subsequently via Chair's Action on 28 May 2025 had received approval from Swansea Bay University Health Board (SBUHB). Mr Lee Davies indicated that he anticipated the Business Case would be approved by the next SPC meeting on 28 August 2025.

SPC(25) 27 Table of Actions the Strategy and Planning Committee meeting on 24 April 2025

Whilst all actions were listed as complete Mr Maynard Davies indicated that he had not received the Value Based Health Care (VBHC) Strategic Plan.

HM

SPC(25) 28

Corporate Risks Assigned to SPC

Although no reportable corporate risks were assigned to the Strategy and Planning Committee, concerns were raised regarding capital funding and strategic planning within Hywel Dda University Health Board (HDdUHB). Feedback from Welsh Government (WG) indicates a potential withholding of capital funds and consideration was given as to whether this should be escalated as a significant risk, given its implications for the Health Board's ability to maintain facilities and equipment. The primary concern, as viewed by the Board, pertains to the capital implications, the Estates plan, and the current status of that system. The principal risk will be addressed at the July 2025 Board meeting. Risk 1196 (referenced in the Capital Programme for 2025/26 and Capital Governance Update Report): *(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 (i.e., fire, health and safety) and delivery of day-to-day patient care)* is intrinsically linked to the provision of safe, sustainable, and accessible services. There is an acknowledged need for a clear and updated organisational strategy, including an Integrated Medium Term Plan (IMTP).

The absence of such a strategy is identified as a risk, as it impacts the Board's capacity to manage deficits and achieve strategic objectives over a three-year period. Work is underway to develop a three-year financial plan and to assess the strategic alignment of various elements. The Strategy Refresh aims to establish a medium-term equilibrium between financial management and service delivery. It is intended that these risks will be discussed in forthcoming meetings to ensure comprehensive coverage and to identify any gaps. It was agreed that the risk regarding the potential withholding of capital funding would be presented to the next Strategy and Planning Committee (SPC) meeting for consideration.

JW/LD

SPC(25) 29

Operational Risks Assigned to SPC

Risk 1855: *Risk of no non-drug adult allergy service due to the end of commissioning arrangements with Cardiff and Vale University Health Board (CVUHB):* Although working on an All-Wales basis, alignment of multiple Health Boards is expected to take several months. Professor Chris Fagan from Cardiff & Vale University Health Board (CVUHB) is involved. In the interim, HDdUHB has invited expressions of interest for innovative solutions to support patients over the next year. To date five responses have been received, with a further two expected.

When all responses are received, the position will be reviewed, and an update will be provided at the next meeting.

Risk 1695: Risk to sustainability of Care Home Sector due to financial, operational and service level issues: The Local Authority relationship is a significant factor in the location decision, supported by strong collaboration between stakeholders. However, legal work is ongoing, and the complexity of the situation was acknowledged.

Risk 1773: Risk of Covid 19 vaccine waste due to ordering schedule and vaccine hesitancy: Concerns were raised regarding the financial implications vaccine wastage, with assurance provided that the associated costs are borne by WG and are being minimised wherever possible. The greater risk was to vaccine hesitancy and the protection of the population, which is in the process of being addressed by HDdUHB through targeted engagement with the Community Development and Outreach team.

Risk 1844: Risk of not being able to provide a timely and effective Public Health service due to limited public health Consultant capacity: Interviews are scheduled for 8 July 2025 for the substantive vacant post. However, long-term sickness challenges remain. The current consultant structure, comprising of five consultants presents a significant risk; however, control measures are in place to maintain oversight across all priority areas.

Decision:

The Committee:

- **RECEIVED ASSURANCE** that all identified controls are in place and working effectively.
- **RECEIVED ASSURANCE** that all planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact if the risk materialises.

SPC(25) 30

Targeted Intervention Update

Mr Shaun Ayres joined the meeting.

Mr Shaun Ayres presented the SPC – June 2025 De-escalation Criteria Assessment highlighting the interconnected nature of the De-escalation Criteria Assessment, the Annual Plan and the Maturity Matrix which all contain elements of Targeted Intervention planning maturity across the organisation. Mr Ayres emphasised the paradoxical nature of balancing finance, quality, and performance, and noted that each report builds upon the previous one, providing further clarity.

Regarding the Targeted Intervention, Mr Ayres drew the Committee's attention to the submission of the Annual Plan which, despite being considered a balanced approach to quality, finance, performance, and access in the current challenging situation, was deemed unsupportable when it was submitted to WG. WG later

indicated that the organisation's position had deteriorated significantly compared to 2024-2025, which was unacceptable.

Mr Ayres indicated that HDdUHB must now look at ways to further develop the Annual Plan, acknowledging that choices and decisions will need to be made, with trade-offs impacting the system. Transparency about the consequences of these decisions will be maintained.

Mr Ayres also referenced the importance of the Clinical Services Plan (CSP) process, which is underway. Stressing the need to ensure alignment with the Annual Plan and other considerations such as the Strategic Refresh and Financial Roadmap, he highlighted the early stages of the organisation's relationship as part of a Regional Joint Committee, noting that appropriate resourcing is crucial for driving programmes forward and achieving regional working expectations.

Decision:

The Committee:

- **NOTED** the June 2025 De-escalation Criteria Assessment for Targeted Intervention.

SPC(25) 31

Annual Plan Progress: Including Planning Objectives Update

Mr Lee Davies presented the Update on 2025/26 Annual Plan Report, highlighting ongoing discussions with WG regarding the Plan, with efforts to enhance its scope through greater integration and triangulation. He indicated that the Finance and Planning Committee (FPC) will oversee the financial aspects of the Plan; and advised the context and key areas within the Plan that require improvement. The need to identify and deliver an additional £7.5m in savings was emphasised.

Mr Ayres reported that cancer treatment has been a significant challenge over the past 24 months, with current performance levels meeting the escalation criteria for Targeted Intervention. He noted that performance has consistently remained above 60%, with recent improvements approaching the mid-60% range. There are concerns and challenges, including an increase in 104-week waits, which have risen from zero in March 2025. Significant concerns were raised regarding planned care, with performance falling short of the Annual Plan and Targeted Intervention criteria. Challenges with ambulance handovers and delayed packages of care (DPoC) were also noted. Mr Ayres highlighted ophthalmology R1 performance, which is deteriorating, with current performance at 34-35% against a target of 65% and a national expectation of over 90%. Non-obstetric ultrasound and MRI performance is also concerning at 51% against an 85% target.

The need for better coordination with health prevention, population health, and estate planning was considered following challenges from WG in these areas. The discussion concluded with a focus on the challenges associated with coordination and the necessity

for strategic planning to effectively address the issues identified. The Committee was encouraged to concentrate on the primary areas of concern and strive to meet the established targets.

Mr Ayres explained that future planning would take into account not only the health needs of the population but also the inherent risks carried by the Health Board within its strategic plans. These plans specifically aim to address the risks and incorporate wider strategies, such as the Primary Care Strategic Refresh. This approach would be central to next year's planning round.

Mr Michael Imperato emphasised the importance of viewing the Committee's work through a planning lens rather than a performance lens, acknowledging the challenge of separating these elements.

Mr Huw Thomas stressed the need for clear delineation of responsibilities between Committees, with FPC addressing the delivery challenge for the organisation. Agreeing with Mr Imperato's point about the well-constructed and engaged plan, which addressed tensions during the planning cycle, he emphasised that the current focus should be on the delivery challenge rather than planning tensions.

Dr Ardiana Gjini, referencing the three-year planning for population health outcomes, highlighted Public Health plans, including the Health Improvement Plan and the Health Protection Plan for Vaccination Equity. She confirmed that the Health Board is operating within a three-year plan in this area.

Mr Maynard Davies, agreed with the separation of duties between Committees, however raised concerns regarding the request from WG to reassess the financial position. Highlighting the uncertainty regarding the approval of £11.7m capital investment which presents a challenge for planning, Mr Maynard Davies referenced Prof Phil Kloer's recent response to WG.

Mrs Joanne Wilson confirmed that the response was sent to all Independent Members and Mr Weir shared the key points from the response letter, noting the efforts to de-risk the Plan for the year and the indication that the Board could achieve £28m in savings.

Mr Thomas reiterating that the response remained subject to Board agreement on 31 July 2025 and the monthly position, emphasised that the forecast would not be revised until the Board had scrutinised the details.

Acknowledging the ongoing focus on a one-year perspective and the need to develop a financial plan that addresses service quality and performance challenges, Mr Weir proposed the consideration of a three-year framework for future meetings and emphasised the importance of developing long-term strategies to demonstrate

progress in population health, preventative initiatives, and digital transformation.

Mr Thomas agreed with the need for longer-term financial planning, noting that the Public Sector had been operating on an annual cycle due to the lack of a comprehensive spending review. With the recent comprehensive spending review, his team would provide the first indication of a three-year framework, forming the basis for discussions on a medium-term planning outlook, which would be presented to the Executive Team in the week commencing 7 July 2025.

Ms Chantal Patel raised the consideration of the potential political landscape in strategic planning, emphasising the need to account for political changes in the three-year planning cycle. Mr Lee Davies, highlighting the importance of providing assurance on the delivery of the current year's Annual Plan while considering the challenges and political volatility, noted the significant financial gap and the need to consider various scenarios and responses over the coming months.

Mr Weir appreciated the discussion and emphasised the need to address both financial and service challenges. He suggested moving towards a three-year planning approach and prioritising key areas. Emphasising the importance of developing long-term strategies to demonstrate progress in population health, preventative initiatives, and the digital transformation, Mr Weir expressed the hope for more dynamic engagement with WG and the development of an Integrated Medium-Term Plan (IMTP) process for the next meeting, which Mr Ayres acknowledged.

SA

Decision:

The Committee:

- **DISCUSSED** the update on the 2025/26 Annual Plan.

SPC(25) 32

Maturity Matrix

In presenting the Planning Maturity Matrix Update (two-year follow-up) Report, Mr Lee Davies commended the team for their progress and emphasised the importance of the discipline the framework instils. He also highlighted the inherently subjective nature of the Maturity Matrix and the collective recognition of progress achieved.

Mr Ayres, outlining the scoring by both the Executive Team and senior leadership, noted the subjective process and the importance of recognising progress in the Annual Plan. Mr Weir expressed the need for a more rigorous assessment of strategic alignment and operational planning and highlighted the importance of developing an IMTP which aligns finance, performance, quality, clinical services, estate strategy, primary care and community services. Mr Thomas underscored the need to distinguish between process delivery and measurable outcomes and highlighted the ongoing challenge of achieving a financially balanced IMTP. Ms Patel expressed concern regarding

systemic challenges and the need for significant investment, whilst emphasising the importance of stable leadership, clear accountability frameworks and functional digital infrastructure.

Mr Weir highlighted the need for improved operational planning and the establishment of Clinical Commissioning Groups (CCGs), while Mr Keith Jones noted early progress in some areas and acknowledged the need for consistency across the organisation.

Mr Lee Davies, highlighting the need for a Strategic Refresh and the importance of recognising the outdated nature of the current strategy, emphasised the need for a multi-year financial sustainability plan.

Mr Weir noted the importance of the Maturity Matrix robust discussion and the need for further review from an Independent Member's perspective.

Mr Ayres left the meeting.

Decision:

The Committee:

- **REVIEWED** and **ENDORSED** the scoring of the Planning Maturity Matrix for the two-year review prior to its submission to Board on 31 July 2025, and subject to Board approval onward submission to Welsh Government.

SPC(25) 33

Estates Plan

Mr Lee Davies, presenting the Planning Objective (PO) 8: Estates Plan Report, indicated that progress continues, with ongoing coordination with WG aimed at developing a long-term strategic solution for healthcare infrastructure in West Wales. The implementation of PO 8: Estates Plan is currently subject to delays pending agreement with WG, with key issues including programme timescale, sequence, location, and capital costs requiring review. A shared strategy is being developed to address clinical service and estate fragility.

HDdUHB presented to the WG Infrastructure Investment Board (IIB) in January 2025, resulting in an agreement to develop a joint strategy document incorporating regional opportunities, particularly in collaboration with SBUHB. Follow-up workshops were held in March 2025, with further sessions scheduled for July 2025.

The upcoming WG meetings aim to clarify the status of the Programme Business Case (originally approved in January 2022 and now outdated) and identify interim priorities, focusing on key hospital sites and funding frameworks for strategic infrastructure modernisation; and necessitating a revised programme business case.

There was a discussion on the direction of travel and expectations from WG, the importance of alignment at every step, and the

challenges in obtaining agreements around equity due to the upcoming Senedd election. The condition of Withybush Hospital (WGH) and other key sites was also discussed, with emphasis placed on the significant investment required and the ongoing discussions regarding funding.

Mr Maynard Davies, raising concerns regarding the disparity between strategic plans and available funding, emphasised the need to shift greater focus towards Public Health and community services. He highlighted the constraints imposed by current funding levels, noting that WGH is the oldest hospital building in Wales; and the significant backlog of maintenance, whilst stressing the need for significant change to enable the delivery of 21st-century healthcare.

Mr Weir, while emphasising the need for assurance regarding progress and delivery, commended the Property Asset Strategy Plan outlined in Appendix 1. He acknowledged the progress made in community schemes and property delivery and highlighted the importance of setting out cost implications across different sites.

Decision:

The Committee **RECEIVED ASSURANCE** from the:

- Progress of discussions with WG in relation to advancing the 'A Healthier Mid and West Wales' (AHMWW) Programme.
- Progress of Community Schemes
- Progress against the delivery of the Property Asset Strategic Plan (2023 – 2026) (Appendix 1).

SPC(25) 34

Regional Joint Committee Update Report and A Regional Collaboration for Health

Mr Sion Charles joined the meeting.

The Committee received and noted the Regional Joint Committee Update Report and A Regional Collaboration for Health.

Mr Charles left the meeting.

Decision:

The Committee **NOTED** the:

- Report of the RJC meeting held on 7 May 2025 and Regional Clinical Services Group on 20 May 2025;
- Progress made in establishing the new governance arrangements; and
- Progress and plans for developing the 2025/26 regional work programme.

SPC(25) 35

Partnership Governance Assurance Report

Ms Trina Nealon joined the meeting.

Dr Gjini presented the Partnership Governance Assurance Report highlighting statutory partnerships required by WG legislation, such as Public Service Boards (PSBs) and the legislation on

Health and Social Care in Wales, specifically the Regional Partnership Board (RPB). The recently published Future Generations Report 2025, challenges decision-makers across Wales to think differently on how they will deliver on the Well-being of Future Generations Act to protect the next generation and includes recommendations for strengthening partnerships. Public Health colleagues are considering these recommendations with partners with a view to refreshing the Boards.

Ms Trina Nealon, indicating that HDdUHB is a statutory member of three PSBs in Carmarthenshire, Ceredigion, and Pembrokeshire, as well as the West Wales (WW) RPB, noted that the establishment of the RPB and PSBs is rooted in the Well-being of Future Generations Act 2015. This information is detailed in the Statutory Partnership paper, which is presented to Board to provide an assurance on governance processes.

The meeting noted that effective functioning of PSBs is subject to oversight and scrutiny by the Well-being and Future Generations Commissioner and Audit Wales, alongside the Local Authority and various scrutiny Committees. Ms Nealon highlighted that the Well-being of Future Generations Act imposes a collective duty on each PSB to enhance the economic, social, environmental, and cultural well-being of their respective areas by contributing to seven national WG well-being goals, which are reflected in the well-being objectives and plans that are jointly agreed.

The RPB promotes the transformation and integration of Health and Social Care within its areas of responsibility, with the focus primarily on the RPB Prevention Board and the Children and Young People's Board (CYPB), which are key delivery groups within this structure. The RPB Prevention Board directs the development and delivery of an agreed regional framework and provides assurance to the Integrated Executive Group and the RPB delivery programme. Current priorities for the RPB include community-based care prevention, emotional health and well-being, and regional action to support continuous engagement.

Ms Nealon, advising that the CYB sets out the strategic direction to improve, integrate, and transform Health and Social Care services for CYP in West Wales, noted that the group has recently agreed on five priorities:

- Ensuring the best start for children in West Wales through integrated regional delivery
- Developing and implementing a clear, consistent regional approach to support and funding for children with complex health and care needs
- Establishing a regional person-centred transition model; identifying, evaluating, and scaling innovative preventative approaches to emotional mental health and well-being of CYP

- Delivering integrated child and family-centred neurodevelopmental support through coordinated partnerships.

Dr Gjini indicated that the aim is to collaborate with all organisations and communities to address and overcome existing barriers. While the focus is often on achievements, there is a need for a more critical approach that goes beyond outcomes-based assessments. It is essential to recognise that the delivery of these initiatives is primarily the responsibility of the Health Board, although it involves collaboration with other organisations, including Local Authorities.

Dr Gjini advised that during a recent meeting, the discussion centred on developing an action plan for the RPB Prevention Board. The objective is to demonstrate achievements and ensure coordination across organisations. Each organisation must therefore understand its role and responsibilities, even though the delivery plan, such as urgent and emergency care (UEC), is specific to the HDdUHB and not the Local Authorities. Integration and engagement from various organisations are crucial for successful delivery.

The meeting acknowledged that the RBB does not deliver a single project and oversees multiple initiatives, including those funded by the Regional Infrastructure Fund (RIF). While these projects are relatively small, the focus should be on the broader system across public services to facilitate delivery.

The role of the RPB as an accessory body is to bring together statutory organisations and well-being partners to deliver an integrated approach. This joint mechanism facilitates integrated planning. Over the past year, WG has indicated additional guidance, highlighting the evolving role of the RPB operationally. There is an increasing desire for funding to be used across organisations, with the Health Board often serving as the mechanism through which funding flows from WG.

Mr Imperato expressed appreciation for the initiative relating to the CYPB, noting its significance. He enquired about the composition of the CYPB, specifically the inclusion of educational representatives, emphasising that education, alongside social services and health, is one of the three fundamental pillars in a child's life. While acknowledging the Board's co-ordinator role, he stressed the importance of fully empowering the initiative to maximise its potential.

Mr Imperato, expressed concern that the strategic programme for digital transformation, had not met its targets; and emphasised the potential of digital transformation in improving services and the importance of collaboration with Local Authorities.

In response, Ms Nealon, explaining that while Directors of Education were not listed members of the Board, they report to

Corporate Directors who are part of the Board, indicated that education representatives would be involved in subgroups and task-specific Boards. Ms Nealon also highlighted that the Board focuses on priorities that require input from multiple organisations.

Regarding the digital transformation query, Ms Nealon acknowledged that the digital group had not met as a structured entity under the RPB for two years although emphasised that significant work was underway in terms of data sharing and collaboration. She assured the Committee that the progress in digital transformation was recognised, even if the group itself had not convened.

Ms Jill Paterson indicated that, as a Co-Chair of the Prevention Board and Co-Chair of the CYPB, she and her Co-chairs had considered the inclusion of Directors of Education. Instead, the Corporate Directors, to whom the Directors of Education report, are listed as members.

The priorities and subgroups under the overall Board will involve task-specific Sub-boards where Directors of Education will participate. Ms Paterson emphasised that the Board prioritises projects that can be delivered and adopted with input from multiple organisations. While education can support many initiatives, it is primarily the responsibility of Local Authorities.

In response to Ms Patel's enquiry regarding accountability, Ms Paterson indicated that accountability is addressed in several recommendations from the Future Generations Commissioners 10-year report and the Audit Wales report. Each public organisation is responsible for delivering their respective functions. However, the PSBs, as statutory partners under the Well-being of Future Generations Act, are monitored by the Commissioner's office to ensure the delivery of agreed priorities. Each lead Senior Responsible Officer (SRO) is held accountable for their respective areas.

The RPB, while not a statutory partnership under the Well-being of Future Generations Act, is required by the Social Services and Well-being Act (SSWBA) 2014 to be established by Health Boards to integrate Health and Social Care.

Ms Nealon left the meeting.

Decision:

The Committee is asked to:

- **NOTED** the West Wales Regional Partnership Board Update Report
- **CONSIDERED** the implications of the report.

SPC(25) 36

Regional Partnership Board Update

Ms Linda Jones joined the meeting.

Ms Linda Jones presented the West Wales Regional Partnership Board (WWRPB) Update Report, highlighting the recent review and changes to the SSWBA Section 9 regulations, which aim to strengthen and clarify the roles of the RPB, the Health Board, and Local Authorities. The RPB is described as a forum for integration and innovation, focusing on identifying strategic priorities rather than being a delivery mechanism. The Integrated Executive Group (IEG) ensures that the RPB delivers on its identified programmes, with the Regional Partnership team acting as the resource for these programmes.

Ms Jones also referenced the statutory responsibilities of the RPB, including the Population Needs Assessment (PNA) and the Market Stability report, which drive the identification of priorities and challenges for the coming years. The RPB links closely with the strategic priorities and policies of its partners, including primary care and various work streams. Ms Jones highlighted the role of the RPB in digital transformation, emphasising the need to avoid duplicating existing work.

The meeting noted the increasing involvement of WG in the delivery aspects of the RPB's work, including the administration and reporting of the RIF; and that the RPB aims to support and facilitate partners rather than scrutinise their work. Ms Jones acknowledged that the role and function of the RPB have sometimes been unclear, and progress has been made to clarify this over the past year. The plan going forward includes identifying clear priorities based on the PNA and Market Stability report. The IEG, consisting of senior directors and executive members from health, social care, and the third sector, will direct the RPB and hold it accountable. The importance of demonstrating achievements, lessons learned, and addressing gaps and barriers was emphasised.

In response to Mr Weir's request to provide the top three achievements from each Local Authority area, Ms Jones responded by noting that the WWRPB is regional and highlighted significant work in regional integration, UEC, intermediate and integrated care, and the Home First programme. West Wales has been identified as exemplary in terms of good practice in these areas.

Ms Jones agreed to present a further report at the next SPC on 28 August outlining the RPBs achievements during the last 12 months; and in the meantime, to provide details for inclusion in the SPC 3A's Report for the Board meeting on 31 July 2025.

LJ

Mr Lee Davies indicated that initiatives such as community hubs and similar projects will be channelled through this route. These initiatives are included in the 10-year capital plan referenced in the report, and there is a separate funding allocation from WG for these developments. It is important to understand that this operates as a parallel process to the general Capital Fund.

It is often challenging to describe the regional approach and the effectiveness of the forum's mechanisms in delivering these initiatives. The RPB must ensure that there is a strategic approach to spending, assuming other funding is also scrutinised. HDdUHB is currently reviewing the changes needed for the next year, based on the PNA and the Market Stability Report. These reports help to identify the top priorities that need to be reflected in each partnership approach. For instance, mental health was a key priority last year, and it will continue this year. Gaps in service provision have been identified through the Market Stability Report, and these issues must be addressed in statutory plans.

Mr Lee Davies also indicated that HDdUHB has been working to refine and define the key purpose of the RPB. Meetings have been held between Ms Jones, the Chair of the RPB, Ms Hazel Lloyd Lubran, and the Chief Executives of Local Authorities and the Health Board to strengthen the role of the RPB in coordinating delivery. This work needs to progress, and it is important to highlight the PSB activities and the RPB in the Board Report, which will reflect the Committee's priorities and achievements.

Ms Jones advised that the intention is for Ms Lloyd Lubran and Mr Andrew Carruthers to meet ahead of winter to address challenge. This discussion will focus on UEC and how HDdUHB can work with partners to implement the necessary mechanisms. The RPB and the IEG are expected to support HDdUHB in achieving these common objectives.

Mr Imperato, as Chair of FPC raised a query regarding the financial contributions of the Health Board to the RPB. It was clarified that the Partnership team is funded through the RIF, to which the Health Board does not contribute. Instead, the Health Board's contributions are directed towards regional integration funds, which are distinct from the infrastructure fund. Local Authorities do contribute to the Infrastructure Fund; a practice rooted in historical grants provided to them.

The discussion also focused upon the accountability of the RPB, with an emphasis on its role as a tool and resource rather than an operational entity. The RPB focuses on long-term strategic groundwork, avoiding day-to-day operational pressures. SSWBA Section 9 review has clarified the RPB's role, reinforcing its function as a support mechanism for partners rather than an operational body.

The importance of refocusing the partnership and ensuring the RPB delivers for its partners was highlighted.

The Chair of Finance requested confirmation of the funding details, which Mr Thomas agreed to provide in a subsequent communication.

HT

Ms Jones left the meeting.

Decision:

The Committee:

- **NOTED** the West Wales Regional Partnership Board Update Report
- **CONSIDERED** the implications of the report.

SPC(25) 37

Starting and Developing Well Team (Public Health) Impact & Learning Report 2024-25

Ms Jo McCarthy, Mr Ben Williams, Ms Liz Western, Mr Kevin Phelps, Louis, Lowrie, Bella and Darcy joined the meeting.

Dr Gjini introduced the Starting and Developing Well Team (Public Health) Impact & Learning Report 2024-25, highlighting that, as part of the three-year Health Improvement Plan approved by the Committee and Board last year, the team is reporting on the progress of one of the six strategic objectives, which focuses on CYP starting well and developing well.

Mr Ben Williams advised that Ms Jo McCarthy leads the agenda for Children and Families and oversees the Team's work on three key ambitions: healthier schools, the whole school approach to emotional and mental well-being, and the emotional approach.

Referencing recent visits to various schools, including Templeton School, Mr Williams highlighted the impressive work being done by teachers and staff, noting that such visits emphasise the importance of fundamental prevention work in starting well and developing well.

The Starting and Developing Well team aims to reduce inequalities and provide the best outcomes for CYP through partnership working. Key elements of the report include early years (0-7 years), where capacity was increased in 2023, with positive impacts from the Early Years HNA completed in 2020. Initiatives include an infant feeding service pilot, arts and health therapies for perinatal mental health, and a first thousand days food and nutrition programme.

In preschool health, 51 health aspects were completed by preschool settings, exceeding the target by 121% and well-being training events engaged in over 150 settings. In school health promotion, 88% of schools in Pembrokeshire engaged with the programme, including one-to-one support and data utilisation for mental well-being. Achievements include 100% of secondary schools and 71% of primary schools implementing action plans for emotional health and well-being.

Indicating that trauma-informed training had been rolled out, Mr Williams advised that HDdUHB was the first Health Board linking with a professional sports team and community rugby team. He also referenced a case study of the Federated Schools, showcasing their commitment to health-promoting schools and the impact on students' well-being.

Mr Kevin Phelps introduced four pupils from the Tavernspite and Templeton School Federation, inviting them to describe their schools to the Committee. Outlining how the Federation of Tavernspite and Templeton Schools is committed to supporting the physical and mental health and well-being of their school communities, the pupils indicated that Tavernspite CP School has 225 pupils, seven classes and boasts impressive grounds, including woodlands, outdoor pizza ovens, adventure playgrounds, trim trail areas, and a discovery area. The school fosters a positive ethos where health and well-being are prioritised, and everyone feels valued and part of the community. The school motto "Be all you can be," encourages reaching one's potential.

Templeton School has 138 pupils, five classes and is set in a beautiful rural area with large fields, pirate ship play areas, and trim trail equipment. The school values inclusivity, respect, and ensuring that everyone feels they belong and can achieve their best. The school motto, "Live Well, Laugh Together, Learn Forever," emphasises lifelong learning and well-being.

The Federation of Tavernspite and Templeton Schools was established in 2014, making it the first School Federation in Pembrokeshire. The schools share a Headteacher, Deputy Headteacher, and a governing body. Both schools recently received outstanding inspection reports, reflecting their close collaboration. The schools often engage in joint activities, such as trips and sports matches.

The pupils indicated that both schools are located in small villages in rural Pembrokeshire, near the Carmarthenshire border. They enjoy beautiful grounds with school fields, ponds, woodlands, wildlife areas, and ample outdoor space and play equipment. The schools have a strong reputation throughout Pembrokeshire and beyond, with about 70% of pupils coming from outside the catchment area.

The schools are recognised as examples of best practice, with teachers from other schools visiting to observe their work. Health and well-being are central to the schools' ethos, with a strong emphasis on developing pupils' physical and emotional well-being. Pupils' behaviour is consistently excellent, and they feel safe, valued, and supported in their learning and well-being.

The schools have a Pupil Action Group created after completing the whole school approach to emotional and mental health and well-being. The Group promotes emotional and mental well-being through various initiatives, including mindfulness books, feeling jars, and trackers. The Group has also produced documents with tips for improving well-being and recognises pupils who support others.

The schools pride themselves on inclusivity, with staff trained to support pupils who have experienced trauma. The use of sign

language is an example of their inclusive culture. The pupil voice is highly valued, with pupils actively contributing to decision-making processes through various groups, including the Teaching and Learning Committee.

The schools promote physical activity and healthy eating, with initiatives such as the daily mile and healthy snacks. The schools have also become official Park Run schools, with pupils, staff, and parents participating in weekly events. The Eco Committee works to protect the environment, with recycling programmes and lessons on climate change.

Safety is a priority, with secure school sites, regular safety workshops, and lessons on topics such as road safety and online safety. The schools also educate pupils on the dangers of drugs, alcohol, and smoking, and the importance of hygiene. Both schools have joined the Smartphone-Free Childhood Programme, encouraging parents and children to delay smartphone use until the end of Year 9. This initiative aims to reduce the negative impacts of smartphone use on children.

The pupils were extremely proud of their achievements and grateful for the support they received.

Mr Weir, commending the pupils for their presentation, thanked them for attending the Committee. Mr Phelps, in response to Mr Lee Davies' offer of further support, indicated that continued funding to allow Ms Liz Western to work with the school was fundamental. Dr Gjini, highlighting the extensive impact of Mr Phelps' and Ms Western's collaborative working in health and well-being within the community, families, and beyond, indicated that the strategies implemented are not limited to the two schools in the Federation but extend across the broader health landscape. Initiatives like the daily mile and park runs integrate health and well-being into the wider community, not just within the school environment.

Dr Gjini also believed that the schools were exceptional, and it was important to note that not all schools placed the same emphasis on health and well-being. Dr Gjini would like to explore how, as an anchor institution in this area, the Federation could advocate for and promote health within education, working with educational partners to deliver the messages and benefits of integrating health and education. This collaboration would significantly enhance the overall impact.

Ms Patel, congratulating the pupils on their presentation, enquired how families were involved in the design stage of the initiatives described in the presentation. Advising that family involvement was a crucial aspect of the approach, Mr Phelps indicated that the schools run numerous workshops and maintain close communication with school families. The park run initiative is a prime example of promoting health and well-being, not just for children but for families as well. To ensure healthy children, fit and

healthy parents are crucial. The schools have organised a park run takeover on Saturday 5 July 2025, inviting all parents to participate.

Indicating that parents were integral to the Federation's vision of health and well-being, Dr Gjini noted that their involvement is essential; and that parent and family involvement is one of the most challenging elements of a whole school approach to health and well-being. Public Health colleagues support schools in integrating health and well-being into the curriculum, providing leadership, communication, and fostering a positive ethos, culture, and environment within the school.

Ms McCarthy, Mr Williams, Ms Western, Mr Phelps, Louis, Lowrie, Bella and Darcy left the meeting.

Decision:

The Committee:

- **RECEIVED ASSURANCE** from the Starting and Developing Well Team (Public Health) Impact & Learning Report 2024-25 and the work of the S&DW Team relating to Children and Young People (CYP).
- **NOTED** the report and the voices of the headteacher and children who have kindly joined us and continue to support our work with CYP across HDdUHB into 2025/26.

SPC(25) 38

Deep Dive PO7: Primary Care and Community Strategic Plan Update

Ms Rhian Bond joined the meeting.

Ms Rhian Bond presented the Primary Care and Community Services Strategic Plan, highlighting issues related to both the national and local context in particular the Kings Fund in 2024 recognising that 90% of daily NHS activity happens either in General Practice or in the community. In June 2024, across Wales, GP Practices handled 2.4m telephone calls, issued 5.9m prescriptions, and conducted 41k consultations. Community Pharmacies undertook 40k Common Ailment consultations, while District Nurses completed 202k visits. During the same period, there were 143k referrals to secondary care, 14.5k hospital admissions, 95k accident and emergency attendances, and 35k calls made to the Welsh Ambulance Service NHS Trust (WAST).

HDdUHB has now entered a phase where timescales for the Strategic and Community Plan have been realigned creating an opportunity to consult or engage with the public later in the autumn, with the outcome presented to future Committee meetings. This is linked with the refresh of the AHMWW strategy. Currently, the Health Board is conducting a series of engagement events with the clinical workforce and participants to design the options that will be discussed further in the autumn. There is a significant amount of work being undertaken nationally and globally to ensure the necessary updates are provided. Workshops with local leads have been conducted to help focus on

some of these objectives, aiming to complete this work by the autumn.

Indicating that the Primary Care components of the Strategic Plan present a challenge due to national contracts, Ms Bond noted that HDdUHB did not expect its Primary Care Community Strategic Plan to be primarily about contractual elements, but that there are different phases of development. Local progress is influenced by national developments; and there has been a national consultation on the Dental Framework, which received a strong response, primarily from clinicians rather than the public. Dental contract reform has been ongoing, moving towards a more targeted approach. However, challenges remain, particularly regarding specific targets and the balance of seeing new and historical patients.

Highlighting the significant challenge of managing accessibility and continuity of care, Ms Bond indicated that WG's perspective is that timely access and continuity cannot necessarily be achieved simultaneously. The old six-monthly recall system is being replaced with a system where patients are affiliated with a practice and recalled every four years, which some find difficult. If a patient is not registered with a practice, they will join the Dental Access Portal. For urgent needs, they will be assigned to a practice temporarily and then return to the General Access Portal. Future care may involve being assigned to different practices, highlighting the challenge of balancing accessibility and continuity of care.

In response to a query regarding previously established timescales for developing primary and community services, Ms Paterson indicated that HDdUHB's timescales have been realigned, although there is a concern about maintaining a clear direction. The Health Board is awaiting national developments in terms of significant changes to the Primary Care Model for Wales. Discussions with WG indicate that the primary care infrastructure in Wales is unlikely to change, and therefore will continue to be balanced between Health Board managed services and the independent contractor model.

The meeting noted that HDdUHB is on track with the revised time scales and will have a set of options for wider engagement in the autumn. These plans will be presented to the Committee for further discussion and updates.

Regarding workforce, Ms Paterson highlighted challenges, particularly in dentistry and general practice recruitment. She indicated that community pharmacy and optometry are not experiencing the same degree of difficulty, although there are challenges around recruitment for delivering a more health service-oriented approach. The sustainability of services is affected by these recruitment challenges and concerns about contract reform.

Benchmarking against other Health Boards, particularly rural ones such as HDdUHB and Betsi Cadwaladr University Health Board (BCUHB), evidences that HDdUHB experiences higher challenges in staffing its services. WG is currently assessing the level of investment in primary care and will set targets to ensure adequate investment. This includes considering the allocation of planned care resources to deliver services within primary care rather than focusing solely on secondary care.

Highlighting the need to evaluate whether HDdUHB has sufficient facilities and whether they are fit for purpose, Ms Paterson indicated that an estate review across Wales stressed the need for integrated delivery services. Some general practices have outdated facilities, and there are challenges in aligning community needs with development plans. Discussions should focus on the model and services to be delivered, the level of integration between existing facilities and services, and how to incorporate these into HDdUHB's Estates Plan. This process must be responsive to evolving information and needs.

In response to Ms Patel's enquiries regarding the increasing number of practices becoming managed by HDdUHB, and whether any surveys had been conducted to understand why GPs may be less inclined to run their own practices, Ms Paterson explained that sustainability reviews have been conducted. She added that a dashboard is in place to monitor the sustainability of individual practices, supporting a more informed and strategic approach. Factors that may result in instability are identified and HDdUHB often engages in discussions with practices up to two years before they terminate their contracts, working to mitigate recruitment and sickness challenges. The last two practices that terminated were small, single-handed practices experiencing challenges with providing a wider range of services and achieving sustainability. Other terminations have resulted from partnership breakups, which are sometimes unforeseen.

Regarding the model of delivery, Ms Paterson indicated that HDdUHB has discussed making it more attractive and sustainable. One consideration is whether to remove urgent access on the day and deliver it on a cluster basis, allowing practices to focus on services requiring complex continuity of care. These discussions are ongoing and have been documented, aligning with the integrated approach and principles of the Primary Care Model for Wales.

In terms of cost modelling, HDdUHB has recruited internationally to fill vacancies and assessed the financial implications of managing practices compared to supporting individuals to run them independently. While managed practices may appear expensive due to reliance on locum staff, HDdUHB has implemented efficiencies, including an agreed locum rate card, resulting in significant savings. This strategy also supports the development of a multi-professional team and enhances the

practice environment to attract independent contractors to take over in the longer term.

Ms Bond left the meeting.

Decision:

The Committee:

- **RECEIVED ASSURANCE** from the work undertaken to date in developing a Primary Care and Community Services Strategic Plan.

SPC(25) 39

Cluster Update

Ms Laura Lloyd Davies joined the meeting.

Ms Laura Lloyd Davies presented the Cluster Integrated Medium Term Plan (IMTP) Monitoring Report, highlighting that HDdUHB comprises of seven primary care clusters across Carmarthenshire, Ceredigion, and Pembrokeshire, developing place-based care through Professional Collaboratives and multi-disciplinary teams to assess health needs and implement service transformation. Each cluster includes professional collaboratives, such as general medical services, community pharmacy, optometry, nursing and allied health professionals (AHPs).

Ms Lloyd Davies indicated that all clusters contribute to the Cluster Planning Groups, which align strategically with county colleagues, the HDdUHB, and the RPB. In the last financial year, the clusters implemented 54 projects, continuously monitored by primary care service managers and reported quarterly to locality leads. This monitoring identified 30 projects meeting objectives, 14 with some concerns, and 10 with significant concerns. Significant concerns include the optometry equipment project, where data is missing from some clusters, and the Papyrus project, a mental health and suicide prevention training initiative which discontinued due to structural challenges. The Physicians Associate project in North Ceredigion, which has received two years of funding, has not achieved the anticipated outcomes and will be subject to a comprehensive report by the end of the year.

Highlighting three projects identified for further mainstreaming discussions: CYPs mental health services, first contact practitioner physiotherapy, and the persistent pain service, Ms Lloyd Davies indicated that each cluster is allocated a budget based on population size, with a total of just over £3m allocated and spent successfully last year.

More recently on 27 June 2025, the team attended an award ceremony for their respiratory schools project. This initiative involved a pharmacist visiting schools to identify children who were not managing their asthma effectively. The pharmacist worked with these children, the schools, and their families to educate them on correct asthma pump usage and ensure their prescriptions were correct. The project has yielded remarkable results, significantly improving children's health. For instance, a

nine-year-old was able to play football for the first time in two years.

In response to Mr Weir's query regarding how projects were selected, Ms Lloyd Davies indicated that there are multiple reasons for selecting specific projects. The mental health project for CYP was identified due to the significant investment by clusters in mental health services. This project is designed to support the Health Board's mental health services by exploring alternative approaches, particularly for tiers one and two mental health support, which is critically needed across HDdUHB communities.

The first contact practitioner physiotherapy project has been active in some clusters for up to six years. The innovative nature of clusters allows for small-scale projects to test new ideas. Having proven its effectiveness, the next step is to mainstream this project. Similarly, the persistent pain service in the Amman Gwendraeth cluster has shown very positive results, demonstrating a significant impact on service delivery. The goal is to expand this service to the wider population.

In response to Ms Patel's question regarding evaluation of outputs, outcomes and impact, Ms Lloyd Davies indicated that each project undergoes a thorough evaluation, and monitoring processes which have significantly developed over the past few years. This year, substantial progress has been made in linking project objectives with financial input, measuring both financial savings and societal value. All projects receive a full evaluation to assess their impact on a wider scale.

At the start of each project, an evaluation is conducted to determine its feasibility and sustainability. If a project does not achieve its objectives, the reasons are assessed, including whether risk was a factor. Projects are identified based on population health needs or service gaps, and initial evaluations aim to identify these needs. Clusters are designed to be bold and innovative, and occasional failures are expected as part of the learning process. Sharing both successful and unsuccessful projects is essential for learning and improvement. This approach is also applied on an All-Wales footprint, with Health Boards sharing projects and learning from each other.

In response to Mr Imperato's query regarding overarching principles, direction of travel and frameworks, Mr Thomas indicated that commencement of any project must be supported by a comprehensive business case. This includes key components such as clear financial outcomes, alignment with the PNA, adherence to the principles of AHMWW, and conformity with WG's strategic priorities. Consequently, all these aspects undergo a rigorous evaluation process.

Ms Paterson indicated that the initial approval occurs at the Panel Cluster Planning Group, with final approval ensuring the project

aligns with the cluster budget and strategic footprint before commencement. Scaling up successful projects remains a significant challenge and efforts to address this are being refreshed in collaboration with Mr Andrew Carruthers, Mr Thomas, and Mr Lee Davies, and the Executive Team.

Several years ago, Mr Steve Moore established the Transformation Group, which successfully scaled up three projects. However, the Health Board now faces the challenge of securing alternative funding to replace the cluster funding that currently supports these projects. This remains a critical issue to address.

Ms Lloyd Davies left the meeting.

Decision:

The Committee:

- **NOTED** the process being taken to ensure progress of Cluster projects through the monitoring and evaluation process
- **NOTED** the new process of reporting finance data
- **NOTED** the final cluster project and financial position as at Month 12.

SPC(25) 40

Review of Clinical Pharmacy Services at NHS Hospitals in Wales

DEFERRED

SPC(25) 41

Capital Programme for 2025-26 and Capital Governance

Ms Eldeg Rosser joined the meeting.

Ms Eldeg Rosser presented the Capital Programme for 2025/26 and Capital Governance Update Report, highlighting that bids for additional radiology equipment and ultrasound scanners outside of radiology have been submitted to WG, with feedback awaited. Additionally, a list of opportunities to fast-track test schemes has been submitted, and feedback from WG is pending.

From a governance perspective, further work is being progressed to refine the feasibility costs for a reduced footprint scheme in Cross Hands Health and Wellbeing Centre, with WG meetings planned in July 2025 to confirm the way forward. Collaboration with SBUHB is ongoing to progress the solution for cellular pathology accommodation across Singleton and Glangwili Hospital sites, with a report expected to be presented to Board in September 2025.

Notably, the business case for the Aseptic Project has received WG approval, with funding allocated for this year and the next. It may become increasingly challenging to secure WG funding due to ongoing discussions with them.

Mr Lee Davies, referencing electrical capacity on several acute sites, indicated that these concerns could become barriers to new equipment replacements becoming operational. Addressing this will be crucial for improving the situation.

The solution for updating the nuclear medicine equipment at WGH will provide an update to the existing equipment for the next four to five years, along with some redecorating and refreshing of the department. As part of the longer-term plan, HDdUHB needs to consider the location of this service in the medium term, ensuring alignment with the major infrastructure business case. It is imperative that clinical services are aligned with the infrastructure to prevent the deployment of equipment at sites that lack the technical capacity to support it.

Ms Rosser indicated that there were no tender returns for the Cylch Caron process. Discussions with WG have resulted in a request to revisit the Cylch Caron model to explore potential delivery without a housing partner. The Health Board is currently working with Ceredigion County Council and intends to submit a viable proposal to WG by the end of July 2025.

Ms Rosser left the meeting.

Decision:

The Committee:

- **RECEIVED ASSURANCE** from the update on the Capital Programme and CRL for 2025/26
- **NOTED** the allocation of the DCP for 2025/26 and the potential changes since Board ratification
- **RECEIVED ASSURANCE** and **COULD UPDATE THE BOARD**, that the seal can be applied for all schemes listed in Annex 2
- **NOTED** the capital schemes governance update
- **RECEIVED ASSURANCE** from the Capital Sub Committee update in Annex 3

SPC(25) 42

**Withybush Hospital Fire Prevention Scheme Phase 2
Business Justification Case**

Mr Rob Elliott and Ms Christine Thomas joined the meeting.

Mr Rob Elliott presented the Business Justification Case (BJC) for Withybush Hospital (WGH) to support Phase 2 of Fire Enforcement Notices, indicating that this phase of the Withybush Hospital Fire Prevention Scheme is part of a broader programme of investments within the Health Board, focusing on Fire Enforcement and fire safety letters. SPC and Strategic Development and Operational Delivery Committee (SDODC) have been regularly updated on these matters over recent years. This is the final phase, referred to as Phase Two, and upon completion, the Fire Service will lift the final enforcement notice on WGH.

Mr Elliott highlighted extensive collaboration with NHS Wales Shared Services Partnership (NWSSP) advisors on fire compliance, and detailed engagement with the Mid and West Wales Fire and Rescue Service (MWWFRS). This negotiation has resulted in a substantial reduction in the scope of this phase, thereby lowering the capital expectation to the figure presented in the report.

The current business case is undergoing advanced scrutiny by WG, with whom the team maintains a good relationship. They are reviewing the documents, including the Estates Annex, which provides detailed information about the scheme. If supported, the business case will be presented to Board on 31st July 2025, followed by formal scrutiny by NWSSP. Subject to all proceeding as planned, HDdUHB anticipates WG's approval for mobilisation and commencement on site in October 2025, with completion expected by October-November 2027.

Mr Elliot and Ms Thomas left the meeting.

Decision:

The Committee:

- **SUPPORTED** the submission of the Business Justification Case to Board on 31 July 2025
- **SUPPORTED** the submission of the Business Justification Case to Welsh Government seeking approval to progress with the Withybush General Hospital Phase 2.

SPC(25) 43

Sustainability Report

The Committee **NOTED** the Sustainability Report.

SPC(25) 44

Joint Commissioning Committee Planning, Performance and Finance Sub-Committee Reports

The Committee **NOTED** the JCC Planning, Performance and Finance Sub-Committee Reports.

SPC(25) 45

Strategy & Planning Committee Workplan 2025-26

The Committee **NOTED** the SPC Workplan 2025-26.

SPC(25) 46

Date and Time of Next Meeting

30 October 2025, 09:30 - 12:30, Ystwyth Boardroom & MS Teams

18 December 2025

26 February 2026

1.4

09:30, 5 Mins

1.4 - Table of Actions the Strategy and
Planning Committee meeting on 1 July 2025

*Winston Weir (Hywel
Dda UHB -
Independent Board
Member)*

| For discussion

Attachments

[1.4 SPC Table of Actions - 1 July 2025.pdf](#)



PWYLLGOR STRATEGAETH A CHYNLLUNIO / STRATEGY AND PLANNING COMMITTEE

TABL GWEITHREDOEDD / TABLE OF ACTIONS

DYDDIAD / DATE: 1 JULY 2025

MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
SPC(25) 27	<p>Table of Actions: Value Based Healthcare Update</p> <p>To reshare the Value Based Health Care (VBHC) Strategic Plan.</p>	HM	28 August 2025	<p>Complete</p> <p>Value Based Health Care Strategic Plan reshared on 5 August 2025.</p>
SPC(25) 28	<p>Corporate Risks Assigned to Strategy and Planning Committee (SPC)</p> <p>To consider Risk 1196: <i>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 (i.e., fire, health and safety) and delivery of day-to-day patient care at the next meeting.</i></p>	JW/LD	28 August 2025	<p>Complete</p> <p>Included in Assurance on Governance Arrangements agenda item.</p>
SPC(25) 31	<p>Annual Plan Progress: Including Planning Objectives Update</p> <p>To develop of an Integrated Medium-Term Plan (IMTP) process for presentation at the next meeting.</p>	SA	28 August 2025	<p>Complete</p> <p>Forward planned for 28 August 2025</p>

SPC(25) 36	Regional Partnership Board (RPB) Update To present a further report a the next Strategy and Planning Committee (SPC) on 28 August outlining the RPBs achievements during the last 12 months.	LJ	28 August 2025	Complete Forward planned for 28 August 2025
SPC(25) 36	Regional Partnership Board Update To provide details for inclusion in the SPC 3A's Report for the Board meeting on 31 July 2025.	LJ	28 August 2025	Complete Report presented to Board meeting on 31 July 2025.
SPC(25) 36	Regional Partnership Board Update To provide clarity regarding funding arrangements between the Regional Partnership Board and Hywel Dda University Health Board.	HT	28 August 2025	Complete The funding implications of the RPB will be transparently set out as part of our annual planning cycle for the 2026/27 financial year. This will enable an understanding of the risks arising from staffing being employed on temporary funding streams. Forward planned for Financial and Planning Committee (FPC) to share with SPC members when available.

HM: Helen Mitchell	JW: Joanne Wilson	LD: Lee Davies	SA: Shaun Ayres	LJ: Linda Jones
HT: Huw Thomas				

1.5

09:35, 10 Mins

1.5 - Matters Arising

**Winston Weir (Hywel
Dda UHB -
Independent Board
Member)**

Including:
Benefits from RPBs: Linda Jones

| For information

Attachments

[1.5 SPC RPB Update - august2025 \(002\).pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 August 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	West Wales Regional Partnership Board (WWRPB) Achievements Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Linda Jones, Regional Partnership Board Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report has been requested as a further update on Regional Partnership Board (RPB) achievements following the previous paper presented on 1 July 2025.

Cefndir / Background

RPBs were established by the Social Services and Well-being Act (SSWBA) 2014, specifically Part 9.

The main objective of the regional partnership arrangements is to help to improve the provision and integration of community-based services ensuring service users experience a seamless health and social care offer that delivers better outcomes and system efficiency.

The main responsibilities and work priorities for the RPB include

1. Integrated Strategic Planning and Commissioning
2. Completion, on behalf of the Partnership Bodies of key strategic documents including the Population Needs Assessment, the Market Stability Report, 10-year Capital Strategy, the 5-year Joint Area Plan and an Annual Report.
3. Financial and Performance Management of programmes and innovations from Welsh Government (WG) Funding Streams.
4. Acting as an effective vehicle for collaboration through which the Partnership Bodies exercise their duties, share information and resources to develop an integrated approach for care and well-being resources, including embedding and facilitating Citizen engagement and co-production.

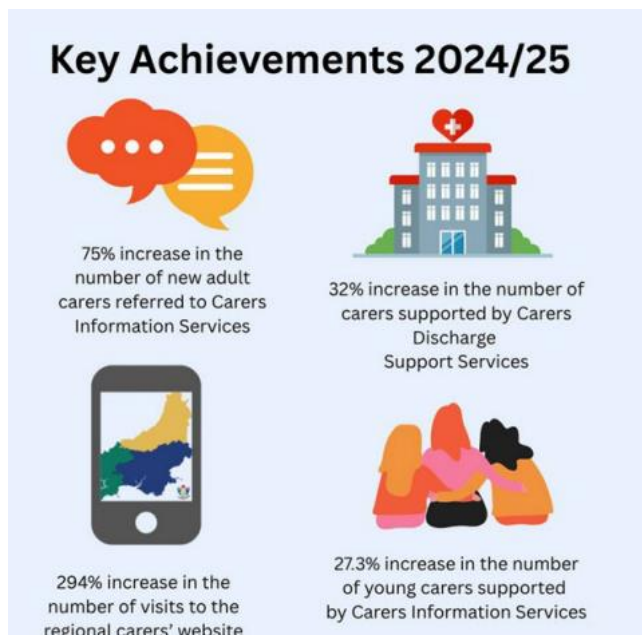
This report outlines some (but not all) of the key achievements over the last two years. This period has been a time where both the responsibilities and the size and capacity of the team have increased.

Asesiad / Assessment

1& 3 - Regional Commissioning and Strategic Planning

1. **Development and Delivery of Key Strategies** (NB All our Strategies can be accessed at the WWRPB website. Following feedback from our partners, and through consultation with citizens, WWRPB will be changing the way it publishes our documents on the website. While still complying with WG digital standards, strategic plans will be published in a 'plan on the page' format which also serves as an easy read version. Full documents will be available as a QR code and technical documents on request. Exceptions to this will be agreed by the Board. This is designed to improve accessibility and efficiency. Following feedback to RPB documents will be named Strategic Plans rather than Strategies)
2. **The Annual Plan** has been updated for 2025, building on the positive response from WG for the 2024 Plan.
3. Both **the Market Stability Report** and the Population Needs Assessment are being refreshed and updated. These are key documents that inform strategic and commissioning priorities. It has increasingly been identified the sharing and analysis of data is a key development need for integrated planning and commissioning. The 50-day challenge evidenced that there is a plethora of data available, but access is limited, and it is not routinely shared across partners. As part of the MSR work the RPB Team is developing a data dashboard- the aim being that this can be a regional resource that the RPB and partners can utilise for integrated strategic planning and commissioning as part of developing the West Wales Integrated Community Care System.
4. **The Capital Strategic Plan** has been developed and refreshed. This plan, and the governance structure and process around it has been instrumental in developing the RPB Capital Programme Management Office, providing specialist resource, knowledge and skills to support Partnership Bodies, acting as a critical friend and business partner to develop capital funding applications and business case development across specialist accommodation and integrated health and social care hubs. Over the last two years some of the achievements include;
 - A 30% increase (86%) on funding claim from approximately 56% from previous financial year 2023/24
 - A drawdown of circa £6.5m from Integrated Regional Capital Fund (IRCF) during 2024/25 – mainly against two approved schemes Carmarthen Hwb and South Quay (both on site)
 - A new prioritisation process designed to develop stronger business cases and provide the region with a more systematic way of determining investment priorities at the request of WG – this process has supported new Hywel Dda University Health Board (HDdUHB) led schemes such as Bandi to progress to IRCF application
 - Creation of a regional Integrated Health and Social Care Hub blueprint at the request of WG
 - Four completed childrens' homes (11 units)
 - 11 supported living schemes (36 units)
 - Development of a Regional Blueprint Scheme for New Build Children's Accommodation that can be utilised by any partner to save both time and money. The Blueprint has attracted widespread interest and was showcased by request to a recent forum attended by a range of parties, including Welsh and UK Government and is identified as a significant piece of work.

5. **Carers Strategy**- This has been refreshed, including widespread consultation and co-production with informal carers. The Strategy was agreed at the RPB Board meeting in July 2025 and acknowledged for the quality of both content and format. The Carers Strategy and the work implementing it results in strong partnerships, strategic alignment and more efficient use of resources. The services that are developed and funded through the RPB have resulted in:



The Market Stability Report informs the work programme for the RPB Commissioning Board. Priorities are identified, agreed at Board and Integrated Executive Group, and appropriate workstreams, facilitated by the Regional Partnership (RP) Team are established. In the last two years there have been a number of achievements delivered by the Commissioning Board of the RPB:

- Regional Pre-Placement Agreement agreed and being implemented
- Regional Quality Assurance Framework agreed and being implemented
- Improved arrangements for joint funding between Carmarthen County Council and HDdHUB (interest in Ceredigion and Pembrokeshire)
- Regional dispute resolution procedure agreed
- Regional alignment of community equipment services established – a single position on provision to care homes
- Regional Advocacy Strategy and Service Commissioned (This is a Statutory Duty delivered through the RPB)
- Development of Public Body owned Nursing/residential care home

5. Oversight/ Responsibility for Funding and Performance

The RPB (with HDdUHB acting as 'banker') is responsible for the distribution and appropriate use of a variety of funding streams. The duties and responsibilities involved range from regular reporting to WG (on a quarterly, monthly, and for the 50-day weekly basis), programme management, evaluation, scrutiny and governance:

- Over £3m for ringfenced programmes and infrastructure (e.g carers, memory assessment, Integrated Autism Service (NB: WWRPB secured 101k from a national 'pot' of 500k in 2025 due to its work around Autism/Neuro-Diversity)

- Other funding supported by RPB in 2024-25 includes Further Faster (£1.528k), 50-Day (£2.549,459k), Neurodiverse Improvement (£980k)
- Regional Integration Fund of £15.773,040k - spread over 17 Programmes (23 projects)- this includes wide-scale programmes such as Home First. The RP Team support each of these programmes to align, spread and scale good practice, and twice-yearly reporting to WG. As part of this role, the RP Team has worked with programme leads to improve both the quality and consistency of the reporting. This has resulted in improved reputational perception from WG, which in turn resulted in less onerous reporting, utilising a format the team had co-produced with programme leads.
- In addition to the statutory reporting, the RPB has been introducing robust methodology to measure efficiency and effectiveness that, along with the analysis of data and research, will enable stronger integrated strategic planning and commissioning. One of these is Benefits Realisation, which is a model that focuses on measuring outcomes. Initially this approach was trialled with the joint equipment store, which was identified as a project with defined outcomes that directly avoid cost in other parts of the Health and Social Care System, particularly residential, delayed transfers, and admission avoidance (both acute and residential). From six months of analysis the benefit in terms of savings was calculated as £2.1m in this area alone - this obviously does not include the qualitative savings in terms of choice, control and independence for individuals. The next steps are to extend the model to other key equipment across the region, and the methodology has also been rolled out to Edge of Care and Home First Projects.
- **Evaluation of the Regional Integration Fund (RIF) Projects.** As stated, the RPB is responsible for the ongoing evaluation and reporting of projects. RIF is a huge programme, with over £18m (including ring fenced) funding, and employing approximately 350 staff, and the planned end date is 2027. The RPB is involved in ongoing discussion and strategic planning with WG about the 'post-RIF' landscape that will focus on Integrated Community Care Systems but has not been finalised. At this point, the understanding is that at the end of RIF there will be a 'pot' of funding available that will contribute 50% to programmes within the RIF portfolio in 2027 as long as they are eligible. Partnership Bodies will have to fund the remaining 50% and any funding left in the 'pot' will be available for new projects. The Board, and Integrated Executive Group (IEG) have agreed an evaluation methodology, devised by the RP Team that will work with partnership bodies and programme leads to ensure that as a region we have the evidence required to make what will be difficult decisions to ensure we have an affordable, sustainable, and strategically aligned portfolio, including identifying timely exit strategies for projects that do not meet criteria or where the evidence does not support the Return on Investment (ROI).

6. Collaboration, Citizen Voice and Integrated use of Resources

In addition to the achievements outlined under Commissioning, the WWRPB has been the forum for partners to share information and resources, resulting in less duplication, more efficient use of resources, spread and scale of innovation and good practice. This has a positive impact on several levels - organisational, staff, and most importantly on the service delivery and citizen experience. Examples of this include:

- Regional Coaching Network-(RCN) established through the WWRPB Workforce Board in 2024. Prior to this each partner had its own coaching resource, but often purchased senior/executive level coaching externally. The RCN has developed a regional process, that enables this sharing of resources and provides continued professional development for the coaching pool. They have held an extremely successful Coaching Festival (which will be an annual event) and are pooling resources to commission regional supervision training. There are now 75 regional coaches within the network, negating the need for

external commissioning (at a cost of £900 per coachee at senior management level), providing training and peer support, and reducing the cost of ongoing training through pooling of resources and regional commissioning. The Workforce Board Leadership workstream is considering establishment of an integrated regional leadership pathway, which again will not only lead to efficient use of resources, but will also support culture change; and increase cross-boundary and integrated working.

The West Wales Communication and Engagement Network, was established in 2024 with the aim of strengthening communication, engagement and partnership working and reducing duplication and information gaps. It is an informal monthly meeting that has quickly grown in scope and importance. It is open to public sector, private organisations, third sector and support groups. It has over 120 members from over 70 different organisations. Members share any ongoing engagement work, its purpose and intended outcomes, events and planned research. It provides a platform to raise awareness, work together and engage with more organisations and population groups whilst not duplicating or risking 'survey fatigue'. A recent example of the group's effectiveness; a partner organisation was developing a project that required information and consultation in a specific area. They attended the network and connected with two other organisations, one of which had recently undertaken a similar survey (thus negating the need to target the same population group in a short timescale). The other organisation was able to signpost them to recent research pertinent to their area of interest. The next step for the RP Team is working with our web developer to upgrade the website for members to upload and access information online.

West Wales Citizen and Third Sector Engagement Board: RPB's have a duty to ensure that co-production and citizen engagement is embedded in all their own work and that of the wider Partnership Bodies. The Engagement Board extends beyond the RPB representation, aligning with and enhancing the principles and processes set out by WG for citizen engagement and provides a resource that Partnership Bodies and other organisations can utilise, reducing duplication and the reliance on a small number of individuals. The purpose of the group is for individuals and third sector organisations to share their experiences of the health and social care sector and suggest ideas/ co-produce different projects and services. Partnership Bodies have made use of this resource by presenting strategies/ policies (e.g. Dementia and Social Model of Health and Wellbeing) and receiving the feedback and gaining future involvement from members of the group. One recent example includes a Partnership Body that experienced challenges in securing appropriate participation in a single organisation strategy. The Board successfully facilitated engagement in this case, and also played a central role to the co-production of the Carers Strategy. The Board currently includes 75 members, with over 35 third sector organisations represented. The next step involves establishing local sub-groups, as requested by members.

- Childhood Obesity e-learning:
The Integrated Early-Years Team is part-funded through RIF, and there was specific funding that contributed to the childhood obesity e-learning module. This is mandatory regional training and may become National. This is the first in a series of training that will be developed.

Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** the West Wales Regional Partnership Board Update Report

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Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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). 3.1.6. 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.
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)	Not Applicable
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	Not Applicable
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 Termiau: Glossary of Terms:	Not Applicable

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Not Applicable
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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

1.6

09:45, 10 Mins

1.6 - Committee Self-Assessment 6 Month Update

*Joanne Wilson
(Hywel Dda UHB -
Director of Corporate
Governance/Board
Secretary)*

| For assurance

Attachments

[1.6 SPC SA 6 Month SA update.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 August 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Committee Self-Assessment Outcome Report 2024/25 – Progress Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Director of Corporate Governance/Board Secretary Charlotte Wilmshurst, Assistant Director 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 an update to the Strategy and Planning Committee (SPC) on the actions agreed by the Strategic Development and Operational Delivery Committee (SDODC) in response to the outcomes from the SDODC Self-Assessment 2024/25 process.

Cefndir / Background

In February 2025 SDODC received a [report](#) which presented the outcomes of the SDODC Self-Assessment 2024/25 process. For SDODC, this involved:

- 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 feedback from this form was considered alongside other information, such as:

- Matters alerted to the Board
- Independent Member (IM) Reflective sessions
- Auditor/Regulator feedback

Feedback from the 2023/24 Committee Effectiveness assessments highlighted the need for clearer Committee purposes, ensuring they are well understood across the organisation. In response, the Health Board undertook a review of its governance arrangements to better align

Committees with the six domains of targeted intervention and strengthen focus on digital, finance, performance, and strategic planning.

Following this, the Board agreed on 30 January 2025 to dis-establish SDODC and establish a new SPC from 1 April 2025, to reinforce strategic and planning priorities.

Asesiad / Assessment

The following actions were agreed in response to the outcomes of the SDODC Self-Assessment 2024/25, which are now being taken forward by SPC:

Action	By whom	By when	Progress
To provide report writing and presenting guidance to corporate teams and operational teams as part of the implementation of the Operational Governance Structure (This will include reducing the level of operational detail in reports, the importance of including outcome data in reports and how to present papers to Committees)	Director of Corporate Governance	Complete	Corporate Governance training, which includes report writing, with Clinical Care Groups (CCGs) is currently underway. Three out of the five CCGs (Mental Health and Learning Disabilities (MHLD), Estates and Facilities, Community and Integrated Medicine) have already received training. This will also form part of the new managers training (Bands 3 - 7) which is scheduled to start in early 2026.
Strengthening links with other Committees through clear actions from meeting to capture in Table of Actions and reinforced through Committee Chair meetings	Director of Corporate Governance	Complete	The new Committee structure has strengthened inter Committee links. This approach will be continuously monitored to ensure its effectiveness in improving governance.
Refer areas of concern in relation to performance to Finance and Planning Committee (FPC) to seek assurance on the impacts to the patient (Performance will be part of the remit of the new Finance and Performance Committee) *	Chair, Finance and Performance Committee	Complete	Where appropriate, items are agreed for referral during SPC meetings.
Consider including suggested areas of focus for 2025/26 on Committee Workplan	Director of Corporate Governance /Committee Services Officer	Complete	Discussed at agenda setting meetings

*This action has been reviewed and realigned in light of the changes to the Committee structure as performance is now under the remit of FPC.

Argymhelliad / Recommendation

The Committee is asked to:

- RECEIVE ASSURANCE from the progress made against the actions being undertaken to improve its effectiveness.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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
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)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
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:	SPC Terms of Reference SPC Self-Assessment digital form results Auditor and Regulator feedback through Structured Assessment and Internal Audit reports
Rhestr Termau: Glossary of Terms:	Included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Director of Corporate Governance/Board Secretary

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts
Gweithlu: Workforce:	No direct impacts
Risg: Risk:	No direct impacts
Cyfreithiol: Legal:	No direct impacts
Enw Da: Reputational:	No direct impacts
Gyfrinachedd: Privacy:	No direct impacts
Cydraddoldeb: Equality:	No direct impacts

1.7

09:55, 15 Mins

1.7 - Assurance and Risk Report

**Andrew Carruthers
(Hywel Dda UHB -
Chief Operating
Officer), Lee Davies
(Hywel Dda UHB -
Executive Director of
Strategy and
Planning), Ardiana
Gjini (Hywel Dda
UHB - Executive
Director of Public
Health)**

| For assurance

Attachments

[1.7.1 SPC Committee Governance Arrangements August 2025 FINALv2.pdf](#)

[1.7.2 Appendix 1 - Principle Risk Register August 2025.pdf](#)

[1.7.3 Appendix 2 - SPC Operational Risk Register August 2025.pdf](#)

[1.7.4 Appendix 3 - SPC Audit Inspections August 2025.pdf](#)



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Hywel Dda
University Health Board



Assurance and Risk Report

Situation



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Hywel Dda
University Health Board

This report provides the Strategy and Planning Committee (SPC) with the current status of the risks, audits and inspections recommendations, Welsh Health Circulars (WHCs) and Ministerial Directions (MDs) within its remit. The Committee is asked to seek assurance from the Lead Executive Directors that risks are being managed effectively, and that recommendations from audit and inspections, WHCs and MDs are being implemented by the Health Board.



Risk Management - Overview



Effective risk management requires a ‘monitoring and review’ structure to be in place to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.

The Health Board’s risk management process is recorded via the Datix Risk Register module, and enables risks to be recorded at either Principal, Corporate or Operational level. An escalation process is in place to ensure that risks which require escalation or de-escalation are done via appropriate approval processes and governance arrangements.

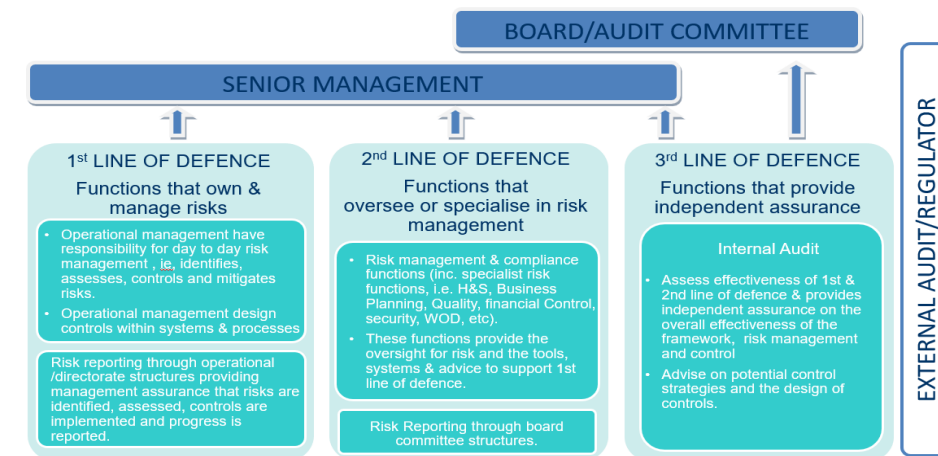
The Health Board operates within the widely accepted “Three Lines of Defence” model to ensure the appropriate responsibility is allocated for the management, reporting and escalation of risk.

Risks are aligned to an appropriate Clinical Care Group (CCG) or Executive Function (hereto referred to as “Functions”), and each has a designated risk lead responsible for reviewing in a timely and comprehensive manner.

The Board’s Committees are responsible for the monitoring and scrutiny of corporate and operational risks within their remit and providing assurance to the Board that risks are being managed effectively; and report areas of significant concern (eg where the risk appetite is exceeded, or there is a lack of action).

Committees are also responsible for reviewing risks over tolerance and where appropriate, recommending the ‘acceptance’ of risks that cannot be brought within risk appetite.

A revised approach to risk tolerance was agreed by the Board at its meeting in March 2025 to reflect the organisation’s readiness to bear the risk after risk treatment, in order to achieve its objectives. Risk leads are required to provide a rationale for the target risk score (TRS), and an expected date when the TRS will be achieved. These are mandatory fields on Datix as of 1 July 2025, and therefore where risks do not currently have this detail, risk leads will be asked to provide by the next report to SPC.



Principal Risks Assigned to SPC



Each risk on the Principal Risk Register (PRR) has been mapped to a Board level Committee to ensure that risks on the PRR are being managed appropriately, taking into account gaps in controls, planned actions and agreed tolerances, and to provide assurance to the Board through their update report on the management of these risks.

Following the implementation of the new Board Committee structure on 1 April 2025, principal risks have been re-aligned to the most appropriate Board level Committee.

These risks have been identified by the Executive Team via a top down and bottom-up approach and are associated with the delivery of the Health Board's strategic (long-term) objectives.

There are nine principal risks currently aligned to SPC (out of the 15 that are currently on the PRR).

The following slides provide a summary of the reportable principal risk aligned to SPC .

The risk register attached at Appendix 1, provides full detail of the risk, including control measures in place, a risk action plan to further manage and mitigate the risk, and sources of assurance.

Hywel Dda Risk Heat Map					
	LIKELIHOOD →				
Impact ↓	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Catastrophic 5				1196	
Major 4			1194	1197, 1198, 1185	
Moderate 3			1193, 1188	1192	
Minor 2			1200		
Negligible 1					

Principal Risks assigned to SPC

(1 of 9)



GIG
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NHS
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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve TRS
1196 - Insufficient investment in facilities/equipment/digital infrastructure	Executive Director of Strategy and Planning	20 → (Reviewed 16/06/25)	6	TBC

Rationale for Current Risk Score

Whilst a programme has been established to manage the production of business cases to secure long term investment in support of the Hywel Dda University Health Board (HDdUHB) Health and Care Strategy, until the PBC is endorsed by Welsh Government (WG), the Health Board cannot assume investment is likely to be forthcoming at the scale or in the timelines required. Significant risks exist with the existing estate across business continuity issues, fire and Reinforced Autoclaved Aerated Concrete (RAAC) which risk the viability of parts of the HDdUHB estate.

Rationale for TRS

The TRS is predicated on the production and endorsement by WG of a Programme Business Case (PBC) and subsequent outline and full business cases for the infrastructure required to support the HDdUHB Health and Care Strategy.

Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve TRS
1198 - Ability to shift care in the community	Chief Operating Officer	16 → (Reviewed 19/06/25)	8	TBC

Rationale for Current Risk Score

There is a recognition that this is complex and there are a number of historical process and system issues to be addressed, and there continue to be traditional patient behaviours and expectations within the population on how services are accessed and provided. My Health, My Choice videos are available but are underused. Current internal processes do not facilitate and support the transition to new ways of working and shifting of services and their resources.

Rationale for TRS

The TRS will be reached through working with business partners and through the work of the Operational Delivery Group, as well as wide engagement across the organisation to establish understanding and support for new approaches to delivering care.

Principal Risks assigned to SPC

(3 of 9)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve TRS
1185 - Consistent and meaningful engagement through our workforce	Executive Director of Strategy and Planning	16 → (Reviewed 25/02/25)	6	TBC
Rationale for Current Risk Score				
Resources from the Engagement Team are focussed on supporting the Clinical Services Plan (CSP) and other service changes. To support the savings targets, vacant posts have been held. However, a lack of resource will have an impact on the capacity of the team to deliver continuous engagement expertise at a senior level and the operational capacity to deliver the full spectrum of engagement activities during this period, ensuring our communities have a real influence on strategic direction. With increased service changes proposed and underway as of October 2024, this has resulted in increased need of the support of the Engagement Team a cross the HDdUHB..				
Rationale for Target Risk Score (TRS)				
The current Annual Plan is ambitious in delivering change. There is going to be a major requirement for continuous engagement around this work at the very least. Engagement always requires input from different departments and directorates, so the phasing of work is going to be important. The team continues to respond to demand for engagement and consultation around service changes as well as planned engagement work.				

Principal Risks assigned to SPC

(4 of 9)



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Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve TRS
1197 - Implementing models of care that do not deliver our strategy	Executive Director of Strategy and Planning	16 → (Reviewed 19/06/25)	8	TBC

Rationale for Current Risk Score

The current risk score reflects where the Health Board is in terms of its implementation of A Healthier Mid & West Wales (AHM WW) strategy with plans in development. The likelihood score reflects the expectation that, through the successful Strategic Refresh and the delivery of the existing and refreshed Planning Objectives, the HDdUHB will be successful in reaching the clear ambitions set out within AHMWW. The impact of failure to do so remains the same. The current risk score reflects the delays to the programme relating to the WG requirement for a clinical review (now complete) and the work with WG to understand the affordability framework and to scope a strategic and interim delivery programme.

Rationale for TRS

The likelihood score reflects the expectation that, through the successful delivery of existing Planning Objectives and new ones developed the Health Board will be successful in reaching the clear ambitions set out within its AHMWW strategy. The Impact of failure to do so remains the same.

Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve TRS
1194 - Increasing uptake and access to public health interventions	Executive Director of Public Health	12 → (Reviewed 23/06/25)	4	TBC

Rationale for Current Risk Score

Possible x moderate risk. Some interventions will fair better than others such as universal services (such as the COVID vaccination programme and social prescribing) than targeted services, however equity of uptake and access needs constant analysis to determine appropriate improvement measures. Accuracy of risk scoring will improve over time as the new scoring impact domain of Health Inequalities becomes more sensitive. The current risk score has increased from 9 to 12 to reflect that current immunisation rates are low and there is an immediate risk of increase of disease, e.g. measles, in the local community; and there is a heightened focus on this area from WG.

Rationale for TRS

Unlikely x minimal/no adverse impact. Ambitious target risk score for this long-term objective. We should be attempting to ensure that adverse impact on our attempts to reduce health inequalities or improve health equity is an unlikely or even rare event.

Principal Risks assigned to SPC

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Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve TRS
1192 - Wrong value set for best health and well-being	Executive Director of Public Health	12 → (Reviewed 23/06/25)	8	TBC

Rationale for Current Risk Score

Whilst the Board does undertake engagement with its population, it is still defining its approach to continuous engagement, its approach to tackling inequality / inequity, and its understanding of the Social Model for Health and Wellbeing and what this means to its local population and communities. Well-being assessments have been updated by the Public Services Board (PSBs), however the Board does not currently have an effective method of measuring the well-being of individuals, communities and the population. A number of plans and actions are currently in place to support mitigation of this risk, although not at population scale.

Rationale for TRS

Actions include developing an implementable plan for continuous engagement, and the Board defining its approach to tackling health inequality, and also what the Social Model for Health and Wellbeing means to the Board and its population; and further actions that are required. The comprehensive needs assessment, the actions on early years and food and wellbeing, and the implementation of locality based resourcing will all support mitigation of the risk to target score. There is however a residual risk, given measurement of population well-being is a challenge for all populations internationally.

Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve TRS
1193 - Broadening or failure to address health inequalities	Executive Director of Public Health	9 → (Reviewed 19/06/25)	2	TBC

Rationale for Current Risk Score

Possible x moderate impact. Indications emerging that we are having little or no impact on health equity and certainly nothing of significance that would demonstrate that we are addressing the widening the gap.

Rationale for TRS

Unlikely x minimal/no adverse impact. Ambitious target risk score for this long-term objective. We should be attempting to ensure that adverse impact on our attempts to reduce health inequalities or improve health equity is an unlikely or even rare event.

Principal Risks assigned to SPC

(8 of 9)



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Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve TRS
1188 - Effective leveraging within partnerships	Executive Director of Public Health	9 → (Reviewed 23/06/25)	3	TBC

Rationale for Current Risk Score

The Health Board is an active partner in a number of strategic and statutory partnerships. These include the following: Public Services Boards; Regional Partnership Board; A Regional Collaboration for Health (ARCH) partnership; Emergency Ambulance Services Committee; Mid Wales Joint Committee; Community Safety Partnerships; Mid and West Wales Regional Safeguarding Children Board; Mid and West Wales Regional Safeguarding Adults Board; Area Planning Board for Substance Misuse. Partnership arrangements are well established and have been in place for many years. This provides a reasonable degree of confidence that partnership actions are being leveraged effectively with minimal duplication of effort.

Rationale for TRS

The Health Board approved a Partnership Governance Framework and Toolkit in September 2017. This has not been reviewed or actively utilised for a number of years but in itself, is not sufficient to mitigate against this risk. All departments and directorates have a role to play in leveraging the benefits of partnership working as well as ensuring synergy between partnership and Health Board priorities.

Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve TRS
1200 - Maximising social value	Executive Director of Finance	6 → (Reviewed 30/05/25)	6	TBC

Rationale for Current Risk Score

The Wellbeing of Future Generations Act requires the Health Board to consider the impact of value across a range of activities for the Health Board. The Health Board has particularly identified the procurement of goods and services and 'Grow your own' as opportunities to maximise the impact we have on our local communities. These are now programmes which are embedded within decision-making processes and consequently, the risk of delivery has been reduced from previous levels.

Rationale for TRS

The risk will not be realised as an event, but the long term impact will be felt by our communities.

Operational Risks assigned to SPC



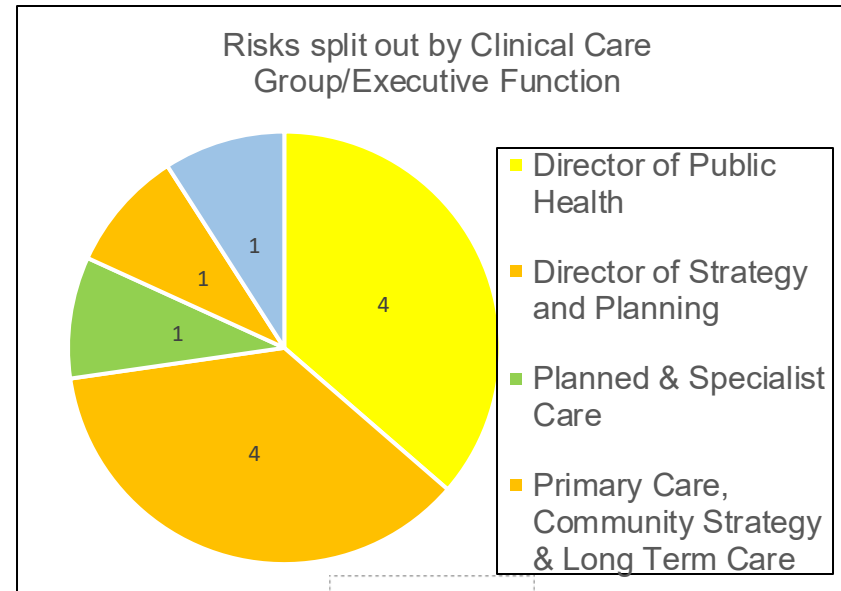
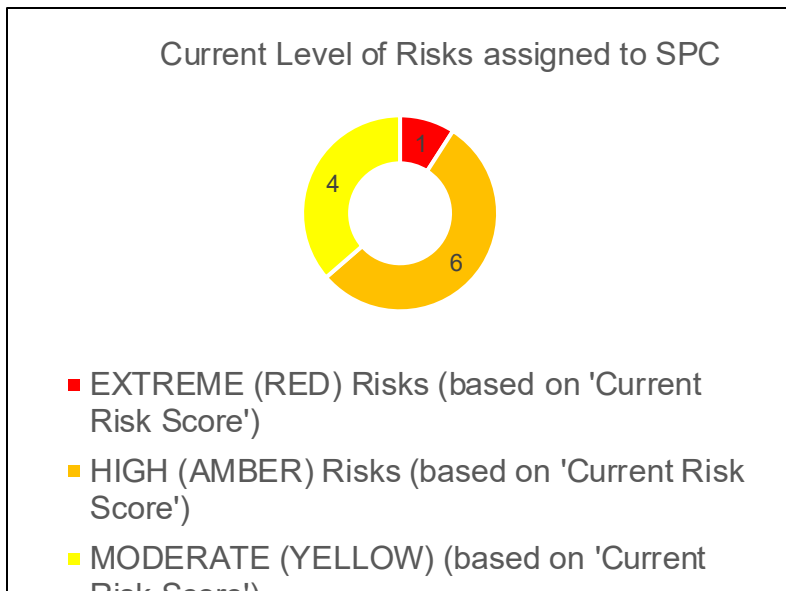
11 operational risks on Datix are aligned to SPC which are all within review date.

Of these, seven have been identified as reportable to based on the following criteria:

- SPC has been selected by the risk lead as the 'Assuring Committee' on Datix;
- Risks have been identified at operational level (previously Service and Directorate level) on Datix risk module;
- The current risk score is 'extreme' or 'high'; and
- The current risk score is either equal to or exceeds the target risk score.

Detail in relation to target risk scores became mandatory fields on Datix as of 1 July 2025, and therefore where risks do not currently have this detail, risk leads will be asked to provide by the next report to SPC.

The following slide summarises the operational risks aligned to SPC. The Risk Register attached at Appendix 2, provides full detail of each risk, including control measures in place and the risk action plan to further manage and mitigate the risk.



Operational Risks Reportable to SPC



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score*	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
1844 - Risk of not being able to provide a timely and effective Public Health service due to limited public health Consultant capacity.	Executive Director of Public Health	Executive Director of Public Health	12 →	3	31/01/2026	16/07/2025
1931 - Risk that funding allocated for public health services will not be available when required due to financial improvement measures.	Executive Director of Public Health	Executive Director of Public Health	8 ↓	4	31/03/2026	17/06/2025
1882 - Risk that the 'Starting and Developing Well' team will be unable to deliver objectives due to cessation of Public Health Wales (PHW) funding.	Executive Director of Public Health	Executive Director of Public Health	8 →	4	31/03/2026	17/06/2025
1773 - Risk of Covid-19 vaccine waste due to ordering schedule and vaccine hesitancy.	Executive Director of Public Health	Executive Director of Public Health	9 →	6	31/03/2026	23/06/2025
1301 - Risk to delivery of HDdUHB objectives due to insufficient capacity and capability within the Planning Team.	Executive Director of Strategy and Planning	Executive Director of Strategy and Planning	9 →	6	TBC	30/06/2025
695 - Risk to sustainability of Care Home Sector due to financial, operational and service-level issues.	Primary Care, Community Strategy & Long Term Care	Chief Operating Officer	8 ↓	8	31/12/2026	09/07/2025
1855 - Risk of no non-drug adult allergy service due to the end of commissioning arrangements with Cardiff and Vale University health Board (CVUHB).	Executive Director of Strategy and Planning	Executive Director of Strategy and Planning	12 →	3	31/01/2026	16/07/2025

*any movement in the current risk score since the risk was previously reported to Comm Page 66 by the arrow under the risk score as at July 2025.

Audits and Inspections - Overview



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HDdUHB remains in Targeted Intervention (TI) (Level 4) status with WG as a result of challenges relating to financial sustainability, strategy and planning, service delivery and organisational performance. Whilst the Health Board has been de-escalated for ‘Governance’ from TI (Level 4) to Enhanced Monitoring (Level 3), the Health Board has to meet the revised set criteria:

- Evidence that all recommendations from the Royal Colleges / Health Inspectorate Wales (HIW) and other reviews specific to HDdUHB are discharged and either verified or delivered or scheduled for delivery within the Health Board’s longer-term improvement plan;
- Demonstrate a prompt response to any HIW inspections, concerns, incidents, never-events, coroners requests and Regulation 28s; and
- The Board acts on, and addresses appropriately, concerns raised through NHS regulators such as HIW.

All reports from audits, inspections and reviews undertaken across HDdUHB are logged and tracked on AMaT (Audit Management and Tracking), with progress updated by relevant service leads against each recommendation, with evidence required to be uploaded to demonstrate progress and implementation.

AMaT enables services to directly update progress against all recommendations via one central system, promoting a consistent approach with regards to processes and reporting, improvement in transparency and accountability, supporting services with their governance arrangements, and improvement in information flow.

Progress is monitored via the utilisation of a traffic light system based on performance against original completion dates.

Recommendations that have exceeded original timescales, along with the management responses m as provided by the lead officer on AMaT are included in Appendix 3.

Status	Explanation
Green	Recommendation has been confirmed as completed by the service / directorate lead (<i>AMAT Status: Complete and awaiting approval / Fully Complete</i>)
Amber	Recommendation is currently in progress, and within the agreed original timeframe for implementation (<i>AMAT Status: Partially Complete / In Progress</i>)
Red	Recommendation is in progress, but has exceeded its agreed original timeframe for implementation (i.e. overdue) (<i>AMAT Status: Overdue / Partially Complete (Overdue)</i>)
External	Recommendations considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation. Due to current system limitations, the action title has been amended to include the phrase “external” to denote this status.

Audits and Inspection Reports assigned to SPC



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The following reports have been assigned to SPC to enable them to undertake the following responsibility set out in their Terms of Reference (ToR):

3.1.19 Seek assurances on the requirements arising from the Health Board's regulators, Welsh Government and professional bodies

Appendix 3 details the

Date of report	Report issued by	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendations in original report	Red (behind schedule)	Amber (on schedule)	Green (complete)	External Recs	Any Barriers to Completion Noted?
Sep-23	Welsh Government	Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	Primary Care, Community Strategy & Long Term Care	Chief Operating Officer	Apr-31	N/A	16	3	2	1	10	Financial constraints, WG guidance and lack of clinical space within the Health Board



Welsh Health Circulars (WHCs) provide a streamlined, transparent and traceable method of communication between NHS Wales and NHS organisations relating to different areas such as estates, finance, governance, health professional letters, information governance, quality and safety, legislation, planning, performance and delivery, policy, public health, research, science, and workforce. WHCs are published on the [Welsh Government \(WG\) website](#).

Committees have responsibility to seek assurance that HDdUHB is compliant with WHCs and that these are implemented in line with stated/agreed timescales, and where this has not been possible, to receive assurance the impacts resulting from late/non-delivery are understood and managed appropriately.

Where WHCs are not clear in terms of implementation timescales, leads are requested to provide the planned date for implementation by the Health Board. The following RAG status is applied to WHCs:

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

WHCs included within this report are based on the following criteria:

3.1.19 Seek assurances on the requirements arising from the Health Board's regulators, Welsh Government and professional bodies

Progress updates relating to the implementation of WHCs are extracted from the AMaT system.

Welsh Health Circulars assigned to SPC

(Amber 1 of 2)



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The following WHCs have been received and confirmed as having a plan in place and being on schedule to be completed by the timescale provided (**Amber**):

WHC Ref	Name of WHC	Date Issued	Lead Director	Update
005-25	Climate Emergency Spread & Scale Leadership Day & Adaptation	07/03/2025	Executive Director of Public Health	The Health Board is on target with the wider planning and embedding of climate mitigation (Decarbonisation/Net Zero) activity across the HDdUHB; mitigation activity has formally been underway since 2021/22 and recently made business as usual by embedding in local/departmental plans. This work sits within the Strategic Property and Environment Governance Structure and the Taskforce Group is chaired by the Executive Director of Strategy and Planning who has also agreed for the HDdUHB Strategic Refresh to include Climate Change (adaptation and mitigation) as a common theme. The Health Board's Climate Adaptation Plan is due to be approved at the November 2025 Board meeting and will be compliant with the WHC. A governance structure under the Health Protection Group is in place for this work with a ToR and Project Plan in situ – the Deputy Director of Public Health is chairing this group. Lastly, the Health Board is awaiting WG to conduct a refresh of the NHS Wales Decarbonisation Plan and then action will be undertaken within the Strategic Property and Environment Group to embed any new areas of focus and/or initiatives.
020-25	The National Influenza Immunisation Programme 2025-26	05/06/2025	Executive Director of Public Health	Head of Nursing will be taking the lead on this WHC.

Welsh Health Circulars assigned to SPC

(Amber 2 of 2)



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WHC Ref	Name of WHC	Date Issued	Lead Director	Update
023-25	PPE stockpile volumes in Wales	13/06/2025	Executive Director of Nursing, Quality and Patient Experience	Awaiting confirmation of ownership as WHC transferred from Public Health to Nursing, Quality and Patient Experience on 25/07/2025.
008-25	Part 4 of the Public Health (Wales) Act 2017: Introduction of a National Mandatory Licensing Scheme for Special Procedures in Wales	25/06/2025	Executive Director of Public Health	In progress due for completion on 31/08/2025.
022-25	The National COVID-19 Vaccination Programme Autumn 2025	26/06/2025	Executive Director of Public Health	In progress due for completion on 01/10/2025.
028-25	Expansion of the shingles immunisation programme for severely immunosuppressed individuals aged 18-49	09/07/2025	Executive Director of Public Health	The changes are planned to commence from the beginning of August 2025. Health Boards should establish the expanded programme to begin vaccinating when the Green Book chapter has been published and the programme resources and materials are ready. Vaccination Programme Wales will advise Health Boards nearer to the time when the expansion can commence. Implementation date 31/10/2025.
029-25	Introduction of Nirsevimab passive immunisation against Respiratory Syncytial Virus (RSV) in at risk infants for upcoming 2025/26 RSV Season	14/07/2025	Executive Director of Public Health	Awaiting confirmation of ownership as WHC transferred from Public Health to Children, Women and Family Health on 04/08/2025.

Welsh Health Circulars assigned to SPC



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Since the previous report to SPC, the following WHCs have been confirmed as implemented (**Green**):

WHC Ref	Name of WHC	Date Issued	Lead Director	Implementation Date	Update
028-24	The National Influenza Immunisation Programme 2024-25	12/06/2024	Executive Director of Public Health	01/10/2025	The WHC has been confirmed as implemented by the Director of Public Health and shared appropriately across the Health Board.
043-24	Pertussis Vaccine Offer for Healthcare Workers	14/11/2024	Executive Director of Public Health	31/03/2025	The WHC has been confirmed as implemented by the Director of Public Health as Pertussis vaccine has been offered to all new Health Care Workers and/or upon a change in role.
046-24	Influenza (flu) Vaccination Programme deployment 'mop up' 2024- 2025	04/12/2024	Executive Director of Public Health	31/03/2025	The WHC has been confirmed as implemented by the Director of Public Health as Influenza (flu) vaccination mop ups have been facilitated with Primary Care services. The programme ended on 31/03/2025.
047-24	COVID-19 spring vaccination programme 2025	18/12/2024	Executive Director of Public Health	30/06/2026	The WHC has been confirmed as implemented as the COVID-19 Spring Vaccination programme was delivered as per plan and all offers for vaccination were completed by 30/06/2025.
010-25	Arrangements for the prescribing of antiviral and neutralising monoclonal antibody treatments for COVID-19	11/04/2025	Chief Operating Officer	23/07/2025	The WHC has been confirmed as implemented. Assistant Director of Primary Care has received evidence from Clinical Director Pharmacy and Medicines Management and confirmation of compliance.
016-25	Update on NHS Wales vaccination programme against respiratory syncytial virus (RSV)	06/05/2025	Executive Director of Public Health	01/07/2025	The WHC has been confirmed as implemented as a vaccination plan was approved by Formal Executive Team in May 2025. Vaccination clinics commenced on 01/07/25 and will continue for two months.
019-25	Changes to the routine childhood vaccination schedule and to the selective hepatitis B vaccination programme from 01 July 2025	13/05/2025	Executive Director of Public Health	21/05/2025	WHC shared with relevant stakeholders. Working group established to co-ordinate streamlined roll out of education, training and data collection and reporting workstreams
021-25	Introduction of routine vaccination programmes for the prevention of mpox and gonorrhoea	02/06/2025	Executive Director of Public Health	01/07/2025	The WHC has been confirmed as implemented as a new 'soft' roll out of this programme commenced on 01/07/25.



The Committee is requested, in relation to the areas presented in this paper, to:

Risk Management

- **RECEIVE ASSURANCE** that identified controls are in place and working effectively;
- **RECEIVE ASSURANCE** that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise; and
- **CHALLENGE** where assurances are inadequate. 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).

Audits, Inspections and Regulatory Reports

- **RECEIVE ASSURANCE** from the lead Executive Director or Supporting Officer on the management of recommendations raised in audit, inspection and regulatory reports within their area of responsibility, particularly in respect of confirming the full implementation of recommendations with any barriers to delivery noted.

Welsh Health Circulars

- **RECEIVE ASSURANCE**, or otherwise, 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.



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SAFE | SUSTAINABLE | ACCESSIBLE | KIND






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Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Jun-25	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score	Risk on page no...
1196	Insufficient investment in facilities/equipment/digital infrastructure	Davies, Lee	Business objectives/projects	5×4=20	5×4=20	→	2×3=6		3
1197	Implementing models of care that do not deliver our strategy	Davies, Lee	Business objectives/projects	4×4=16	4×4=16	→	1×4=4		7
1185	Consistent and meaningful engagement through our workforce	Davies, Lee	Business objectives/projects	4×4=16	4×4=16	→	2×3=6		10
1198	Ability to shift care in the community	Carruthers, Andrew	Business objectives/projects	4×4=16	4×4=16	→	2×4=8		14
1194	Increasing uptake and access to public health interventions	Gjini, Ardiana	Health Equity	4×3=12	4×3=12	→	2×2=4		17
1192	Wrong value set for best health and well-being	Gjini, Ardiana	Health Equity	4×4=16	3×4=12	↓	2×4=8		20
1193	Broadening or failure to address health inequalities	Gjini, Ardiana	Health Equity	3×3=9	3×3=9	→	2×1=2		24
1188	Effective leveraging within partnerships	Gjini, Ardiana	Business objectives/projects	3×3=9	3×3=9	→	1×3=3		28
1200	Maximising social value	Thomas, Huw -	Health Equity	2×3=6	2×3=6	→	2×3=6		32

Assurance Key:

3 Lines of Defence (Assurance)		
1st Line	Business Management	Tends to be detailed assurance but lack independence
2nd Line	Corporate Oversight	Less detailed but slightly more independent
3rd Line	Independent Assurance	Often less detail but truly independent

Key - Assurance Required		<i>NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you</i>
	Detailed review of relevant information	
	Medium level review	
	Cursory or narrow scope of review	

Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective and in proportion to the risk
INSUFFICIENT	Insufficient information at present to judge the adequacy/effectiveness of the controls

Date Risk Identified:	May-21
Strategic Objective:	5. Safe and sustainable and accessible and kind care

Executive Director Owner:	Davies, Lee	Date of Review:	Jun-25
Lead Committee:	Strategy and Planning Committee	Date of Next Review:	Sep-25

Risk ID:	1196	Principal Risk Description:	There is a risk the Health Board is 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. This could lead to an impact/affect on our ability to deliver our strategic objectives, service improvement/development, statutory compliance (ie fire, health and safety) and delivery of day to day patient care.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Business objectives/projects
Inherent Risk Score (L x I):	4x5=20
Current Risk Score (L x I):	5x4=20
Target Risk Score (L x I):	2x3=6
Expected Date To Achieve TRS:	
Trend:	↔

Date	Current Risk Score	Target Risk Score	Tolerance Level
Aug-21	15	6	5
Dec-21	15	6	5
Jun-22	15	6	5
Feb-23	15	6	5
Oct-23	15	6	5
Jun-24	15	6	5
Oct-24	15	6	5
Feb-25	20	6	5
Jun-25	20	6	5




Rationale for CURRENT Risk Score:
 Whilst a programme has been established to manage the production of business cases to secure long term investment in support of the Hywel Dda University Health Board (HDdUHBH health and Care Strategy, until the Programme Business case (PBC) is endorsed by Welsh Government (WG), the UHB cannot assume investment is likely to be forthcoming at the scale or in the timelines required. Significant risks exist with the existing estate across business continuity issues, fire and Reinforced Autoclaved Eerated Concrete (RAAC) which risk the viability of parts of the Health Board estate.

Rationale for TARGET Risk Score:
 The target risk score is predicated on the production and endorsement by WG of a PBC and subsequent outline and full business cases for the infrastructure required to support the HDdUHB Health and Care Strategy.

<p>Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)</p>
<p>Annual programme of replacement in place for equipment, IT and Estates which follows a prioritisation process.</p> <p>When possible, aligning replacement equipment to large All Wales Capital schemes to minimise the impact on discretionary capital within HDdUHB.</p> <p>Completion of the medical devices inventory by the operational management team which helps in the prioritisation of available funds.</p> <p>Communication with WG via Planning Framework and Integrated Medium Term Plan (IMTP) (Infrastructure & Investment Enabling Plans) including the prioritised 10 year capital plan and regular dialogue through Capital Review meetings.</p> <p>Preparation of priority lists for equipment, Estates and IM&T in the event of notification of additional capital funds from WG i.e. in year slippage and to enable where possible, the preparation of forward plans. This is also addressed through the identification of high priority issues through the annual planning cycle.</p> <p>Implementation of the Digital Strategy which is also funding dependant.</p> <p>A governance structure has been established with the Director of Strategy and Planning as Senior Responsible Officer (SRO) to develop the business cases required in support of the Health and Care Strategy, A Healthier Mid and West Wales. It is likely that all the capital mitigations for the over arching risk will be interim solutions only pending the major infrastructure investment plans to ensure the sustainability of the Health and Care Strategy.</p> <p>Programme Business Case (PBC) for Business Continuity supported in principle by WG and funding for first phase Business Justification Case (BJC) developments.</p> <p>Funding for Community Schemes are being progressed via the Integration and Rebalancing Fund (IRCF).</p> <p>Co-production of 10 Year Capital Investment Plan with the Regional Partnership Board (RPB).</p>

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
<p>Reliance on WG capital to fund Business Cases and therefore HDdUHB may be unable to secure the capital investment to provide the services that we need.</p> <p>Capital funding is significantly short of the level required to deal with backlog maintenance programme for estates, digital and equipment.</p>	<p>Further action necessary to address the controls gaps</p> <p>Development of Business Continuity Outline Business Cases to address major infrastructure backlog on hospital sites and respond to Fire Enforcement Notices.</p>	<p>Carruthers, Andrew</p>	<p>31/03/2024 31/03/2025 31/03/2026</p>	<p>Major Infrastructure - Phase 1 We have now received the WG prioritisation advice letter which supports this project within their forward look capital programme. It asks HDdUHB to engage further with NHS Wales Shared Services Partnership (NWSSP) in developing plans. This engagement is progressing well and we have now refreshed the major infrastructure plan to reflect both the impact of the Targeted Estate Funding (TEF) and the greater analysis of wider risks within HDdUHB including the need to consider future capacity in critical services such as electrical supply. This work is continuing with WG and we have been asked to scope out more detail on the recommended priority actions together with greater clarity of likely outturn costs. We are looking to complete this work by the end of June 2025. This only covers the initial priorities and given the impact of the changing programme for AHMWW and the need to retain existing estate for much longer there is further work to do to cover off estates risk for this extended period.</p> <p>Fire Enforcement Investment Programme is reported on Corporate Risk 813.</p>
	<p>Develop a Primary Care and Community Strategy which is inclusive of:</p> <ul style="list-style-type: none"> - Enhancement of Primary Care Services - Integration of Technological Solutions - Workforce Development - Infrastructure and Estate Development - Alignment with Community Services (Planning Objective (PO) 7) 	<p>Paterson, Jill</p>	<p>31/03/2025</p>	<p>On track as per highlight report presented to Strategy and Planning Committee (SPC) in June 2025.</p>

		Progress against Business Case process for Implementation of A Healthier Mid and West Wales Strategy and Estates Rationalisation - Modernisation and rationalisation scheme year 1-4 implementation (PO 8)	Davies, Lee	31/03/2025	Behind schedule as per highlight report presented to SPC in June 2025.
		Implement the Digital Strategic Plan A. To appoint a Commercial Transformation Partner arrangement to support with the implementation of large-scale digital transformation projects across the Health Board and the region B. To work with WG to secure funding for the roll-out of Electronic Prescribing and Medicines Administration (ePMA), and a patient flow and e-observation system. C. To implement the following key system developments: 1. Welsh Intensive Care Information System, 2. Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measured (PREMs) system and 3. Hybrid print and post. D. To ensure that future planning is progressed for the following key system developments: 1. Re-procurement of the Laboratory Information Management System, 2. The Integrated Eye Care Electronic Health Record, 3. Development of a Community Information System and 4. Development of Maternity and Paediatric record	Thomas, Huw -	31/03/2025	Complete as per highlight report presented to Digital, Data and Innovation Committee (DDIC) in April 2025.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section on the Dashboard	Development of Integrated Assurance and Approval Plan in support of PBC and Strategic Outline Case (SOC)	1st			PBC - Implementing the Healthier Mid and West Wales Strategy - Board (Jan23, Mar23, May23, Jul23 and Sen23) and	Assurance on land selection process				

Governance structure to oversee delivery of the Business Cases	1st			Strategic Development and Operational Delivery Committee (SDCOD) (Apr23, Jun23, Aug23 and Jan24)				
Oversight by A Healthier Mid and West Wales Group which reports into Executive Team with Assurance sought by Strategy and Planning Committee	2nd			AHMWW PBC Programme Group Update - Board Seminar (Apr22)				
Internal Audit Programme aligned to Business Case Development	3rd			TMH Update - Board Seminar (Jun22)				
Internal Audit AHMWW Programme Forward Look Governance Review	3rd			Executive Team Apr22 Planning Objectives Update (Planning) - SDODC (Jun22, Oct22, Feb23,				

Gateway review of PBC and Strategic Outline Case (SOC) by WG Assurance Hub	3rd			Jun23, Oct23, Feb24 and Jun24) Pentre Awel Update - SDODC (Dec23) Discretionary Capital Programme (DCP) Update - SDODC (every meeting) Forward Look Governance Review - Audit, Risk and Assurance Committee (ARAC) (Feb23)					
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Date Risk Identified:	May-21
Strategic Objective:	5. Safe and sustainable and accessible and kind care

Executive Director Owner:	Davies, Lee	Date of Review:	Jun-25
Lead Committee:	Strategy and Planning Committee	Date of Next Review:	Sep-25

Risk ID:	1197	Principal Risk Description:	There is a risk that the Health Board will not deliver its strategic vision as set out in A Healthier Mid and West Wales of delivering safe, sustainable, accessible and kind services. This is caused by the models of care that do not deliver the aspirations of the Health Board’s strategy. This could lead to an impact/affect on our ability to move care from secondary care settings to the community, to move resources into preventative pathways, and to develop an innovative and responsive social model of health and wellbeing.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Business objectives/projects
Inherent Risk Score (L x I):	3x4=12
Current Risk Score (L x I):	4x4=16
Target Risk Score (L x I):	1x4=4
Expected Date To Achieve TRS:	
Trend:	↔

Date	Current Risk Score	Target Risk Score	Tolerance Level
Aug-21	12	4	5
Jan-22	12	4	5
Jun-22	12	4	5
Feb-23	16	4	5
Oct-23	16	4	5
Mar-24	16	4	5
Sep-24	16	4	5
Jan-25	20	4	5
Apr-25	16	4	5

Rationale for CURRENT Risk Score:
 The current risk score reflects where the Health Board is in terms of its implementation of A Healthier Mid & West Wales with plans in development. The likelihood score reflects the expectation that, through the successful Strategy refresh and the delivery of the existing and refreshed Planning Objectives, the Health Board will be successful in reaching the clear ambitions set out within A Healthier Mid & West Wales. The impact of failure to do so remains the same. The current risk score reflects the delays to the programme relating to the WG requirement for a clinical review (now complete) and the work with WG to understand the affordability framework and to scope a strategic and interim delivery programme.

Rationale for TARGET Risk Score:
 The likelihood score reflects the expectation that, through the successful delivery of existing Planning Objectives and new ones developed the Health Board will be successful in reaching the clear ambitions set out within its strategy A Healthier Mid & West Wales. The Impact of failure to do so remains the same.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
Healthier Mid and West Wales Strategy approved by Board Nov18. Delivery Groups and processes: 1. Programme Business Cases (PBC) steering groups 2. Cluster groups & locality plans 3. Regional Partnership Board, ARCH and other regional/national collaboratives 4. AHMWW Group, reporting to Executive Team, with underpinning governance structure overseeing alignment and delivery of the strategy working through a sub group structure of 6 Sub Groups including a Strategic Refresh Group.

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Successful realisation of the Healthier Mid and West Wales Strategy	Further action necessary to address the controls gaps			
Ability to shift investment into primary and community settings and realise the social model for health ambitions	Strengthen regional planning through the Mid Wales Joint Committee and the development of Joint Committee with Swansea Bay UHB	Davies, Lee	Completed	First HDUHB and SBUHB Board to Board workshop held on 17 October 2024. TORs agreed Regional Joint Committee and approved by Board and now established.
Ability to maximise the potential of our local and regional partnerships	To provide a set of plans for key clinical services to address critical sustainability risks up to the future hospital network. (PO 6)	Davies, Lee	31/03/2025 30/11/2025	On track as per highlight report presented to SPC in June 2025. CSP consultation launch at Board in May 2025.
Sufficient community infrastructure to support moving services in to the				

Assurance provided to Board via scrutiny of delivery of the above by relevant assurance committees.

<p>support moving services in to the community from acute settings</p> <p>Fragile services and unsustainable configuration of services</p> <p>Digital infrastructure to support strategic direction</p>	<p>Develop a Primary Care and Community Strategy which is inclusive of: - Enhancement of Primary Care Services - Integration of Technological Solutions - Workforce Development - Infrastructure and Estate Development - Alignment with Community Services (PO 7)</p>	<p>Paterson, Jill</p>	<p>31/03/2025</p>	<p>On track as per highlight report presented to SPC in June 2025, with work being aligned with the Strategic Refresh timeline.</p>
	<p>Implement the Digital Strategic Plan</p> <p>A. To appoint a Commercial Transformation Partner arrangement to support with the implementation of large-scale digital transformation projects across the Health Board and the region.</p> <p>B. To work with WG to secure funding for the roll-out of ePMA, and a patient flow and e-observation system.</p> <p>C. To implement the following key system developments: 1. Welsh Intensive Care Information System, 2. PROMs and PREMs system & 3. Hybrid print and post.</p> <p>D. To ensure that future planning is progressed for the following key system developments: 1. Re-procurement of the Laboratory Information Management System, 2. The Integrated Eye Care Electronic Health Record, 3. Development of a Community Information System & 4. Development of Maternity and Paediatric record systems. (PO 9)</p>	<p>Thomas, Huw -</p>	<p>Completed</p>	<p>Complete as per highlight report presented to DDIC in April 2025.</p>
	<p>To lead strategy, delivery and oversight in relevant areas to improve health, prevent ill health and slow-down the long-term trends of increasing burden of ill health on the Health Board. 1. Health Improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol. 2. Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (e.g. Primary Care). 3. 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 (SMfHW), Including support & collaboration with PSBs and RPB. (PO 10)</p>	<p>Gjini, Ardiana</p>	<p>31/03/2025</p>	<p>On track as per highlight report presented to SPC in June 2025.</p>

		Progress against Business Case process for Implementation of A Healthier Mid and West Wales Strategy & Estates Rationalisation - Modernisation and rationalisation scheme year 1-4 implementation (PO 8)	Davies, Lee	31/03/2025	Behind schedule as per highlight report presented to SPC in June 2025. Meetings being held with Welsh Government to agree the process, phasing and interim development opportunities, the status of the PBC and the affordability framework for future investment, with next meeting scheduled for 3rd July 2025.
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ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section in the BAF Dashboard	AHMWW Group reporting to Executive Team	2nd			PBC - Implementing the Healthier Mid and West Wales Strategy - Board (Jul24) Annual Plan 2023/24 Update - Board (Jan25) Refreshing the Healthier Mid and West Wales Strategy - Board (Jan25)	None identified.				
	Board and Committee oversight of Planning Objectives	2nd								
	QSEC to measure harms	2nd								
	WG Gateway process re accessing capital	2nd								
	Internal Audit reviews of Major Capital Programme	3rd								
	Audit Wales Structured Assessment Process review delivery of Health Board Strategy & Planning	3rd								

Date Risk Identified:	Apr-21
Strategic Objective:	1. Putting people at the heart of everything we do and 2. Working together to be the best we can be

Executive Director Owner:	Davies, Lee	Date of Review:	Feb-25
Lead Committee:	Strategy and Planning Committee	Date of Next Review:	Jun-25

Risk ID:	1185	Principal Risk Description:	There is a risk that the Health Board does not design and deliver services that take in the views of the population. This is caused by a lack of a systematic approach and awareness/understanding, within all levels of the workforce of the legal requirements to undertake consistent and meaningful engagement with the Hywel Dda population. This could lead to an impact/affect on poorly designed services, lack of improvement in patient outcomes and experience, lack of improvement in performance, reduction of public confidence, increased scrutiny from media, regulators and WG and potential judicial review.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Business objectives/projects
Inherent Risk Score (L x I):	4x5=20
Current Risk Score (L x I):	4x4=16
Target Risk Score (L x I):	2x3=6
Expected Date To Achieve TRS:	





Trend:	↔
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Rationale for CURRENT Risk Score:
Resources from the Engagement Team are focussed on supporting the Clinical Services Plan and other service changes. To support the savings targets, vacant posts have been held. However, a lack of resource will have an impact on the capacity of the team to deliver continuous engagement expertise at a senior level and the operational capacity to deliver the full spectrum of engagement activities during this period, ensuring our communities have a real influence on strategic direction. With increased service changes proposed and underway as of October 2024, this has resulted in increased need of the support of the Engagement Team across the Health Board.

Rationale for TARGET Risk Score:
The current annual plan is ambitious in delivering change. There is going to be a major requirement for continuous engagement around this work at the very least. Engagement always requires input from different departments and directorates, so the phasing of work is going to be important. The team continues to respond to demand for engagement and consultation around service changes as well as planned engagement work.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
<p>"Skills to Deliver Engagement Two additional posts were added to the Engagement team in early 2023. However, these roles have, due to staff departure and financial pressure, have been held. Recruitment to the Head of Engagement is currently underway in October 2024, with additional posts to follow. Additional resource has been requested to enable engagement during CSP.</p> <p>Expert engagement team in place with ongoing training needs reviewed regularly.</p> <p>Operational engagement lead for each county.</p> <p>Engagement training provided to operational on an ad hoc/as required basis.</p> <p>Organisational Structures to Support the Delivery of Engagement Stakeholder Reference Group provide oversight/ input from an advisory group perspective around key HB priorities.</p> <p>Close working relationship with Llais.</p>	<p>Identified gaps in engagement team capacity to deliver continuous engagement during periods of consultation</p> <p>Improved links with acute operational teams to gain greater understanding of operational teams and their role in terms of engagement / continuous engagement with a purpose</p> <p>Clear understanding of requirements and proactive process for proposed service change within the Health Board</p> <p>Lack of understanding of operational teams on their role in terms of engagement / continuous engagement with a purpose. Most service changes require a level of up-front engagement</p>	<p>To establish an overarching programme of work for continuous engagement with a set of continuous engagement plans that make it easier for people to have conversations with us. This will:</p> <ol style="list-style-type: none"> 1. Increase public confidence and trust in the reputation of the Health Board 2. Offer greater ability of service users to influence services and to be better informed. 3. Improve decision making that is driven by public feedback. 4. Enhance visibility of the Health Board's values through open and transparent communication. 	<p>Hughes-Moakes, Alwena</p>	<p>31/03/2024 31/03/2025</p>	<p>The work continues with regards to the Clinical Services Plan engagement and ad-hoc engagement to support changes in services e.g. Primary Care GMS contracts; changes to service locations on both temporary and permanent basis. Recruiting to vacant posts in Engagement team to improve resilience and support for planned engagement and consultation activities. New Head of Engagement in post since 2 December 2024. Engagement Officer (Ceredigion) - interviews completed in February 2025. Discussion paper on how we build continuous engagement will be presented to Board in March 2025.</p>

<p>Voices of Children and Young People's Group established</p> <p>Newly established 'improving the use of feedback across the organisation' group to explore how the triangulation of feedback from different parts of the organisation including engagement, corporate office, communications, diversity and inclusion, quality improvement, transformation, patient experience and workforce and organisational development can be used to inform key pieces of work around service change.</p> <p>Engagement mechanisms to support the delivery of continuous engagement across the organisation include:</p> <ul style="list-style-type: none"> - provision of engagement, advice, guidance and support around continuous engagement and consultation to services across the HB - management of the Siarad lechyd / Talking Health involvement and engagement scheme - management of the stakeholder management system Tractivity - Management of the online engagement tool Have Your Say (EngagementHQ) - advice, guidance, support around the planning and delivery of traditional engagement methods" 	<p>with our communities of staff and service users.</p> <p>Awareness and staff utilisation of available engagement tools</p> <p>"Improving the use of feedback across the organisation" group has been created, however has yet to meet as at October 2024.</p>	<p>To undertake and complete tender exercise in relation to expert advice as part of CSP</p>	<p>Davies, Lee</p>	<p>31/12/2024</p>	<p>Procurement complete. ORS and HICO appointed to support CSP consultation.</p>
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ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section on the BAF Dashboard	Management process in place to monitor Engagement Team objectives	1st			Continuous Engagement Plan - Board (May22)					
	Key projects / programmes of work will be provided with advice, guidance and support around the design and delivery of robust engagement plans (and where required consultation plans)	1st								

<p>Reflective review of the engagement to ensure learning from the process is recorded and influences future work. This will include a programme / project group review to inform future learning and delivery of engagement. The operational reflection by the Engagement Team will form part of the team's learning log, to ensure there is continuous improvement embedded within engagement practice. Ongoing process in place</p>	<p>1st</p>	<p style="background-color: #00b0f0;"></p>	<p style="background-color: #ffc000;"></p>							
<p>SRG used a oversight assurance mechanism</p>	<p>2nd</p>	<p style="background-color: #ff69b4;"></p>	<p style="background-color: #ffc000;"></p>							
<p>For major pieces of engagement and consultation work sign off will be via Board</p>	<p>2nd</p>	<p style="background-color: #00b0f0;"></p>	<p style="background-color: #ffc000;"></p>							
<p>Where contentious engagement / consultation is identified the organisation can seek external advice and guidance through Consultation Institute to minimise risk of judicial review</p>	<p>3rd</p>	<p style="background-color: #00b0f0;"></p>	<p style="background-color: #ffc000;"></p>							
<p>The Health Board and Llais have key duties around changes to health services. Changes to health services should be presented to the CHC at Services Planning Committee</p>	<p>3rd</p>	<p style="background-color: #00b0f0;"></p>	<p style="background-color: #ffc000;"></p>							

Date Risk Identified:	Jun-21
Strategic Objective:	6. Sustainable use of resources

Executive Director Owner:	Carruthers, Andrew	Date of Review:	Jun-25
Lead Committee:	Strategy and Planning Committee	Date of Next Review:	Sep-25

Risk ID:	1198	Principal Risk Description:	There is a risk that the Health Board will be unable to successfully support the shifting of care in the community. This is caused by entrenched, complex arrangements and systems that will need be worked through to support a new approach to the delivery of care in line with our strategy, as well as a need to support the population in changing their behaviour and the way they have historically accessed services. This could lead to an impact/affect on on inefficient services, undeliverable plan and poorer outcomes for the population.
Does this risk link to any Directorate (operational) risks?			










Risk Rating:(Likelihood x Impact)	
Domain:	Business objectives/projects
Inherent Risk Score (L x I):	5x4=20
Current Risk Score (L x I):	4x4=16
Target Risk Score (L x I):	2x4=8
Expected Date To Achieve TRS:	
Trend:	↔

Rationale for CURRENT Risk Score:
 There is a recognition that this is complex and there are a number of historical process and system issues to be addressed, and there continues to be traditional patient behaviours and expectations within the population on how services are accessed and provided. My Health, My Choice videos are available, but are underused. Current internal processes do not facilitate and support the transition to new ways of working and shifting of services and their resources.

Rationale for TARGET Risk Score:
 The target score will be reached through working with business partners and through the work of operational delivery group, as well as wide engagement across organisation to establish understanding and support for new way approaches to delivering care.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
Transformation Steering Group (TSG) & Strategic Enabling Group (SEG) to support strategic innovation and development in the UHB. Operations Innovation 'Board' (new Silver) to aid planning to optimal level, with workstreams and system overarching group. 5 Facet Survey completed in 2022 to establish a baseline for the GMS estate. CHC and UHB Protocol for managing low level service change. All Business Cases need to be taken through Transformation Steering Group. Plan on a page developed and included in the Health Board's Annual Plan 2024/25 for clusters. WHC (18) 025 - Improving Value through Allocative & Technical Efficiency: A Financial Framework to Support Secondary Acute Services Shift to Community/Primary Service Delivery confirmed as implemented. Project support provision in place. 6 Goals Programme approved by Welsh Government with a focus on shifting care in the community. 4 workstreams in place to support delivery of keeping patients in the community and increasing patient flow through hospitals, back to the community. 6 Goals Programme reports into IQFPD as part of revised Executive Governance structure implemented in 2024. Programme is reviewed on an annual basis.	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
	Workforce capacity to shift from secondary to community/ opportunities to use staff skills appropriately.	To oversee financial recovery and develop a long term financial route map (PO2)	Thomas, Huw -	31/03/2025	On-track as per highlight report presented to FPC in June 2025.
	Optimal use of digital to support delivery of patient care. Financial resources to invest in new technologies to improve demand and capacity across the system. Resistance in secondary care to moving resources in primary and community care. Maximising efficiencies in secondary care. Limited by vision of what is available to and resourcable by the UHB. Workforce planning linking to training and education plans required to facilitate shift of services to community.	Transforming Urgent and Emergency Care (TUEC) Programme - TUEC / Implement the Six Goals To develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026 1. Delivery and Implementation of a 24/7 Urgent Care Service, accessible via 111 Wales, to support improved access and GMS sustainability. 2. Implementation of Same Day Emergency Care services /direct access pathways. 3. Improving patient flow through the acute sites. 4. Develop a strategy for our Alternative Care Provision to support care closer to home. 5. Minimise delays in hospital discharge due to assessment-related issues within Pathways of Care. 6. Improve the effectiveness and efficiency of community services, with an emphasis on avoiding unnecessary hospital admissions and facilitating timely discharges (PO 3)	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to FPC in June 2025.
		To provide a set of plans for key clinical services to address critical sustainability risks up to the future hospital network. (PO 6)	Davies, Lee	31/03/2025	On track as per highlight report presented to SPC in June 2025.
		Develop a Primary Care and Community Strategy which is inclusive of: - Enhancement of Primary Care Services - Integration of Technological Solutions - Workforce Development - Infrastructure and Estate Development - Alignment with Community Services (PO 7)	Paterson, Jill	31/03/2025	On track as per highlight report presented to SPC in June 2025.
	Progress against Business Case process for Implementation of A Healthier Mid and West Wales Strategy & Estates Rationalisation - Modernisation and rationalisation scheme year 1-4 implementation (PO 8)	Thomas, Huw -	31/03/2025	Behind schedule as per highlight report presented to SPC in June 2025.	


		Improve Planned Care and Cancer performance, with a focus on reducing the longest waits, and reduce the 8 week wait for diagnostics. (PO4)	Carruthers, Andrew	31/03/2025	Behind schedule as per highlight report presented to FPC in June 2025.
		Mental Health and Learning Disabilities service improvement through: 1. Mental Health Recovery Programme Optimisation 2. Section 136 3. Redesign the End-to-End Inpatient and Community Pathway (PO 5)	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to FPC in June 2025.

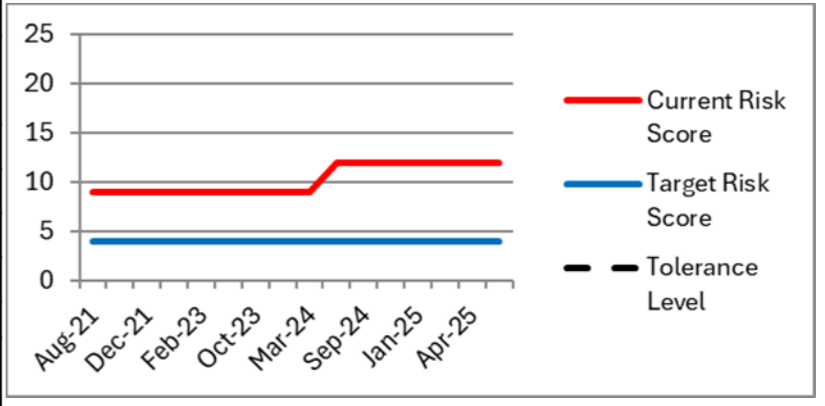
ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section in the BAF Dashboard	Lightfoot Viewer for urgent care to track improvements	1st			TMH Update - Board (May22). Three Year Draft Plan for Children's Services - Board (Jul21). PCB- Implementing the Healthier Mid and West Wales Strategy - Board (Nov23). Implementing the Healthier Mid and West Wales Strategy - Board - (Jan23).	Ability to measure improvements when undertaking service change.				
	County Management Systems Leadership Forum focus on performance and delivery	1st								
	Locality Leads meeting oversee integrated locality development	1st								
	Primary Care & Long Term Care SMT meeting	1st								
	Regional Partnership Fund Group	2nd								
	Board Seminar discussions	2nd								
	Delivery of Planning Objectives overseen by Executive Team and Board Committees	2nd								

Date Risk Identified:	May-21
Strategic Objective:	4. The best health and wellbeing for our individuals and families and our communities

Executive Director Owner:	Gjini, Ardiana	Date of Review:	Jun-25
Lead Committee:	Strategy and Planning Committee	Date of Next Review:	Sep-25

Risk ID:	1194	Principal Risk Description:	There is a risk the Health Board will be unable to increase uptake and access to public health interventions (such as vaccinations and immunisations, screening, smoking cessation programmes). This is caused by a failure to influence individual and community behaviours to maximum effect. This could lead to an impact/affect on our ability to improve outcomes for individuals and our population.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Health Equity
Inherent Risk Score (L x I):	4x3=12
Current Risk Score (L x I):	4x3=12
Target Risk Score (L x I):	2x2=4
Expected Date To Achieve TRS:	
Trend:	





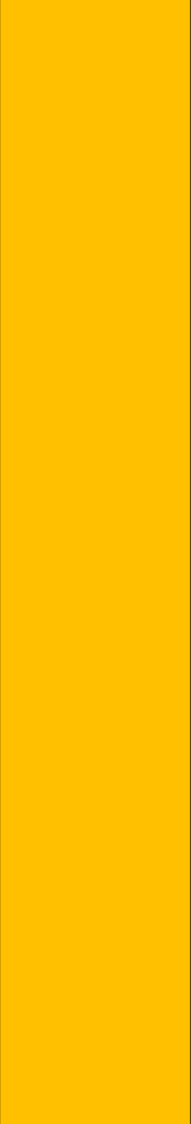



Legend:

- Current Risk Score (Red line)
- Target Risk Score (Blue line)
- Tolerance Level (Dashed black line)

Rationale for CURRENT Risk Score:
 Possible x moderate risk. Some interventions will fair better than others such as universal services (such as the COVID vaccination programme and social prescribing) and targeted services, however equity of uptake and access needs constant analysis to determine appropriate improvement measures. Accuracy of risk scoring will improve over time as the new scoring impact domain of Health Inequalities becomes more sensitive. The current risk score has increased from 9 to 12 to reflect that current immunisation rates are low and there is an immediate risk of increase of disease, e.g. measles, in the local community, and there is a heightened focus on this area from Welsh Government.

Rationale for TARGET Risk Score:
 Unlikely x minimal/no adverse impact. Ambitious target risk score for this long-term objective. We should be attempting to ensure that adverse impact on our attempts to reduce health inequalities or improve health equity is an unlikely or even rare event.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
<p>National screening programmes in place (including Breast, Bowel, Cervical, diabetic eye screening (DES), abdominal aortic aneurysm (AAA), new-born, etc). These programmes are national services, planned, delivered, monitored and quality assured by PHW, also the quality improvement sits with PHW.</p> <p>Local initiatives in place such as Cervical Screening and Refugees, and Barriers to Screening Uptake in Carers.</p> <p>Vaccination and immunisation programme in place, and recently has seen significant changes with introduction of national immunisation framework (NIF). Vaccination and Immunisation as programmes are planned in line with WG policy.</p> <p>Local health protection service in place.</p> <p>Local and National health promotion initiatives.</p> <p>Multi-agency Health Protection and Co-ordination Group established (with operational delivery groups for adult immunisation, infant and pregnancy immunisation and respiratory immunisation, school age immunisation, occupational immunisation).</p> <p>Tobacco Control Group in place.</p> <p>Area Planning Board (Alcohol and Substance Misuse).</p>	<p>Gap in knowledge in terms of equity of access/uptake to be triangulated with equity of outcome to be triangulated with potential targeted campaigns to improve both access/uptake and outcome.</p> <p>Evidence based actions that improve individual and community behaviours.</p> <p>Lack of capacity to drive the evidence base interventions with our partners, stakeholders and communities.</p> <p>Lack of capacity to drive improvements.</p> <p>Lack of wider determinants and outcomes data to inform local screening programmes.</p> <p>Responsibility and resource for screening uptake sits with Public Health Wales and the Health Board can only influence alongside other Health Boards in Wales.</p>	<p>Further action necessary to address the controls gaps</p> <p>To deliver the Single Cancer Pathway (SCP) Standard performance requirement (minimum of 75% of patients to receive treatment on SCP within 62 days by March 2025) (part of PO 4).</p> <p>Develop a Primary Care and Community Strategy which is inclusive of:</p> <ul style="list-style-type: none"> - Enhancement of Primary Care Services - Integration of Technological Solutions - Workforce Development - Infrastructure and Estate Development - Alignment with Community Services (PO 7) <p>To lead strategy, delivery and oversight in relevant areas to improve health, prevent ill health and slow-down the long-term trends of increasing burden of ill health on the Health Board.</p> <ol style="list-style-type: none"> 1. Health Improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol. 2. Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (e.g. Primary Care). 3. Leadership and partnership working to strengthen Health Board position on health equity and the wider determinants of health, continuing to develop a SMfHW, Including support and collaboration with Public Services Board (PSBs) and RPB (PO 10). 	<p>Carruthers, Andrew</p> <p>Carruthers, Andrew</p> <p>Gjini, Ardiana</p>	<p>31/03/2025</p> <p>31/03/2025</p> <p>31/03/2025</p>	<p>Behind schedule as per highlight report presented to Finance and Planning Committee (FPC) in June 2025.</p> <p>On track as per highlight report presented to SPC in June 2025.</p> <p>On track as per highlight report presented to SPC in June 2025.</p>

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section on the Board Assurance Framework (BAF) Dashboard Wellbeing, Public Health Outcome and Health Inequality, Deprivation metrics to aid baseline setting to map progress	Population health measures collected by Public Health Wales (vaccinations, screening, etc)	1st				Limited mechanism to obtain live data	Explore the available platforms and develop local dashboards to address the current gap in assurance noted of availability of live data	Lewis, Bethan	31/03/2025 31/12/2025	Work commenced on local dashboards aligned to staff influenza vaccine uptake and childhood immunisations.
	Oversight of delivery of delivery of Planning Objectives at Executive Team and Strategic Development	2nd								
	A Healthier Mid and West Wales Group	2nd								
	All Wales Wellbeing and Public Health Outcome indicators published by PHW Observatory. Quality Assurance (QA) responsibility of PHW. Relevant Office for National Statistics (ONS) data - published resources. Other ad hoc published works/resources from various recognised and credible bodies/foundations	3rd								

Date Risk Identified:	May-21
Strategic Objective:	4. The best health and wellbeing for our individuals and families and our communities

Executive Director Owner:	Gjini, Ardiana	Date of Review:	Jun-25
Lead Committee:	Strategy and Planning Committee	Date of Next Review:	Sep-25

Risk ID:	1192	Principal Risk Description:	There is a risk that the Health Board sets the wrong value for best health and well-being for individuals and communities. This is caused by seeing health and well-being through the healthcare services lens, using potentially narrow and not most appropriate measures, not engaging with individuals and communities, and under and/or over-estimating potential for best health and well-being. This could lead to an impact/effect on the strategy set by the Health Board, poorly designed services that do not improve outcomes for individuals and communities.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Health Equity
Inherent Risk Score (L x I):	5x4=20
Current Risk Score (L x I):	3x4=12
Target Risk Score (L x I):	2x4=8
Expected Date To Achieve TRS:	
Trend:	↓

Date	Current Risk Score	Target Risk Score	Tolerance Level
Aug-21	15	8	8
Jun-22	15	8	8
Nov-22	15	8	8
Jun-23	15	8	8
Feb-24	15	8	8
Jun-24	15	8	8
Oct-24	15	8	8
Feb-25	12	8	8
Jun-25	12	8	8

Rationale for CURRENT Risk Score:
Whilst the Board does undertake engagement with its population, it is still defining its approach to continuous engagement, its approach to tackling inequality / inequity, and its understanding of the SMfHW and what this means to its local population and communities. Wellbeing assessments have been updated by the PSBs, however the Board does not currently have an effective method of measuring the well-being of individuals, communities and the population. A number of plans and actions are currently in place to support mitigation of this risk, although not at population scale.

Rationale for TARGET Risk Score:
Actions include developing an implementable plan for continuous engagement, and the Board defining its approach to tackling health inequality, and also what the SMfHW means to the Board and its population and further actions that are required. The comprehensive needs assessment, the actions on early years and food and wellbeing, and the implementation of locality based resourcing will all support mitigation of the risk to target score. There is however a residual risk, given measurement of population wellbeing is a challenge for all populations internationally.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
Statutory members of Public Service Boards undertook Wellbeing Assessments in 2022, with a set of wellbeing objectives agreed by each of the PSBs and Board in March 2023 setting actions for partners to implement. Key member of Regional Partnership Board Engagement underpinning the A Healthier Mid and West Wales Strategy Equality Impact Assessments, consultation and engagement undertaken on service change Patient participation groups in place for some services, e.g. maternity, respiratory Close links between services and voluntary sector groups, eg AgeConcern, MIND Speaking to people re outcomes (Prog7 of Trans Fund) Together for change (supporting community led programme) Relationship with Llais (2 weekly meeting with Chair and CEO and bi-monthly planning meetings) Community engagement and outreach work with disadvantaged/vulnerable groups Stakeholder Reference Group Staff Partnership Forum Development and sign up to the principles of the SMfHW Charter in the region by all partners RPB Preventions Board ownership of elements of the SMfHW	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
	Need to understand the direction of travel with the refresh of the long term strategy	To oversee financial recovery and develop a long term financial route map (PO2)	Thomas, Huw -	31/03/2025	On track as per highlight report presented to FPC in June 2025.
	Understanding what causes burden of harm and exploring what matters to our communities to improve their health and wellbeing	Transforming Urgent and Emergency Care (TUEC) Programme - TUEC / Implement the Six Goals to develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026 1. Delivery and Implementation of a 24/7 Urgent Care Service, accessible via 111 Wales, to support improved access and General Medical Services (GMS) sustainability.	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to FPC in June 2025.
	Needs implementation of the refreshed engagement plan	2. Implementation of Same Day Emergency Care (SDEC) services /direct access pathways. 3. Improving patient flow through the acute sites.			
	Wellbeing assessments undertaken during a period of Executive change	4. Develop a strategy for our Alternative Care Provision to support care closer to home. 5. Minimise delays in hospital discharge due to assessment-related issues within Pathways of Care.			
Organisation do not routinely collect information on wellbeing	6. Improve the effectiveness and efficiency of community services, with an emphasis on avoiding unnecessary hospital admissions and facilitating timely discharges (PO 3).				
Strengthen working with RPB, due to changes in RPB leadership and PSBs	Improve Planned Care and Cancer performance, with a focus on reducing the longest waits, and reduce the eight week wait for diagnostics (PO4).	Carruthers, Andrew	31/03/2025	Behind schedule as per highlight report presented to FPC in June 2025.	
Mental Health and Learning Disabilities service improvement though: 1. Mental Health Recovery Programme Optimisation 2. Section 136 3. Redesign the End-to-End Inpatient and Community Pathway (PO 5)		Carruthers, Andrew	31/03/2025	On track as per highlight report presented to FPC in June 2025.	
To provide a set of plans for key clinical services to address critical sustainability risks up to the future hospital network (PO 6).		Davies, Lee	31/03/2025	On track as per highlight report presented to SPC in June 2025.	

<p>Develop a Primary Care and Community Strategy which is inclusive of: - Enhancement of Primary Care Services - Integration of Technological Solutions - Workforce Development - Infrastructure and Estate Development - Alignment with Community Services (PO 7).</p>	<p>Paterson, Jill</p>	<p>31/03/2025</p>	<p>On track as per highlight report presented to SPC in June 2025.</p>
<p>Implement the Digital Strategic Plan A. To appoint a Commercial Transformation Partner arrangement to support with the implementation of large-scale digital transformation projects across the Health Board and the region. B. To work with WG to secure funding for the roll-out of Electronic Prescribing and Medicines Administration (ePMA), and a patient flow and e-observation system. C. To implement the following key system developments: 1. Welsh Intensive Care Information System, 2. Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measured (PREMs) system & 3. Hybrid print and post. D. To ensure that future planning is progressed for the following key system developments: 1. Re-procurement of the Laboratory Information Management System. 2. The Integrated Eye Care Electronic Health Record. 3. Development of a Community Information System. 4. Development</p>	<p>Thomas, Huw -</p>	<p>31/03/2025</p>	<p>Complete as per highlight report presented to DDIC in April 2025.</p>
<p>To lead strategy, delivery and oversight in relevant areas to improve health, prevent ill health and slow-down the long-term trends of increasing burden of ill health on the Health Board. 1. Health Improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol. 2. Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (e.g. Primary Care). 3. 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 and collaboration with PSBs and RPB (PO 10).</p>	<p>Gjini, Ardiana</p>	<p>31/03/2025</p>	<p>On track as per highlight report presented to SPC in June 2025.</p>

	SMfHW and development of 24-7 Population Health model engagement with Urgent Suspected Cancer (USC) and clinical services across the Health Board.	Gjini, Ardiana	31/03/2026	New action - workshops commencing
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ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section in the BAF Dashboard	Population health measures collected by Public Health Wales (vaccinations, screening, etc)	1st			PO Update Report to Committees (Feb24)	No established way of asking questions to understand the right value of health and wellbeing No established mechanism to collect and analyse data Lack of independent assurance mechanism				
	Tracking of crude mortality, risk-adjusted mortality and other data	1st								
	Oversight of delivery of Planning Objectives undertaken by Assurance Committees	2nd								
	Overseeing the development of Wellbeing Assessment as statutory member of PSB	2nd								
	Oversight of Programme 7 of transformation fund by RPB	2nd								
	Oversight of delivery of New Hospital Programme Business Case by SDODC	2nd								
	Stake Holder Reference Group (SRG) advisory role to the Board	2nd								
	Director of Public Health Annual Report to Board	2nd								

Date Risk Identified:	May-21
Strategic Objective:	4. The best health and wellbeing for our individuals and families and our communities

Executive Director Owner:	Gjini, Ardiana	Date of Review:	Jun-25
Lead Committee:	Strategy and Planning Committee	Date of Next Review:	Sep-25

Risk ID:	1193	Principal Risk Description:	There is a risk that the Health Board broadens or fails to address health inequalities within our community. This is caused by a lack of understanding or consideration of the health inequalities that are across our communities when redesigning services. This could lead to an impact/affect on the most disadvantaged within our community who may continue to have poorer or worse outcomes from service changes.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Health Equity
Inherent Risk Score (L x I):	4x3=12
Current Risk Score (L x I):	3x3=9
Target Risk Score (L x I):	2x1=2
Expected Date To Achieve TRS:	
Trend:	↔

Rationale for CURRENT Risk Score:
Possible x moderate impact. Indications emerging that we are having little or no impact on health equity and certainly nothing of significance that would demonstrate that we are addressing the widening the gap.

Rationale for TARGET Risk Score:
Unlikely x minimal/no adverse impact. Ambitious target risk score for this long-term objective. We should be attempting to ensure that adverse impact on our attempts to reduce health inequalities or improve health equity is an unlikely or even rare event.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS					
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress	
<p>Health inequalities is embedded across Public Health teams, working closer with the planning and Clinical Service Plan (CSP) work.</p> <p>Health Board Planning Objectives on Health Population setting plan of work for 2024/25.</p> <p>Population Health and Strategic Equity Oversight Group working across the Health Board and strategic partners.</p> <p>Strategic Plan for Health Improvement and Wellbeing (3 Year Plan) presented to Board for approval in July 2024.</p> <p>Immunisations Equities Strategy in place.</p> <p>Development of Health Equities Framework for Health Services.</p> <p>PSB Wellbeing Plans in place, developed and agreed by PSBs identifying key priorities for population well-being (the self-assessments and new objectives were set in April 2023).</p> <p>Community Development Outreach Team engage with minority ethnic communities and those who face barriers to accessing health and care services.</p>	<p>Currently no formal process in place that considers impact of health inequity/equity of outcomes across our population</p> <p>Capacity of the Community Development Outreach Team to engage with all communities within HDdUHB area</p> <p>Capacity of Public Health Consultants and senior public health professionals to lead health equalities work.</p> <p>Lack of wider determinants and outcomes health inequities data.</p>	<p>TUEC Programme - TUEC / Implement the Six Goals to develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026</p> <p>1. Delivery and Implementation of a 24/7 Urgent Care Service, accessible via 111 Wales, to support improved access and GMS sustainability.</p> <p>2. Implementation of SDEC services /direct access pathways. 3. Improving patient flow through the acute sites. 4. Develop a strategy for our Alternative Care Provision to support care closer to home. 5. Minimise delays in hospital discharge due to assessment-related issues within Pathways of Care. 6. Improve the effectiveness and efficiency of community services, with an emphasis on avoiding unnecessary hospital admissions and facilitating timely discharges (PO 3).</p>	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to FPC in June 2025.	
		<p>To deliver the SCP Standard performance requirement (minimum of 75% of patients to receive treatment on SCP within 62 days by March 2025) (part of PO 4)</p>		Carruthers, Andrew	31/03/2025	Behind schedule as per highlight report presented to FPC in June 2025.
		<p>Mental Health and Learning Disabilities (MHL) service improvement through:</p> <p>1. Mental Health Recovery Programme Optimisation</p> <p>2. Section 136</p> <p>3. Redesign the End-to-End Inpatient and Community Pathway (PO 5)</p>		Carruthers, Andrew	31/03/2025	On track as per highlight report presented to FPC in June 2025.

		<p>Develop a Primary Care and Community Strategy which is inclusive of:</p> <ul style="list-style-type: none"> - Enhancement of Primary Care Services - Integration of Technological Solutions - Workforce Development - Infrastructure and Estate Development - Alignment with Community Services (PO 7) 	<p>Paterson, Jill</p>	<p>31/03/2025</p>	<p>On track as per highlight report presented to SPC in June 2025.</p>
		<p>To lead strategy, delivery and oversight in relevant areas to improve health, prevent ill health and slow-down the long-term trends of increasing burden of ill health on the Health Board.</p> <ol style="list-style-type: none"> 1. Health Improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol. 2. Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (e.g. Primary Care). 3. 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 and collaboration with PSBs and RPB (PO 10). 	<p>Gjini, Ardiana</p>	<p>31/03/2025</p>	<p>On track as per highlight report presented to SPC in June 2025.</p>

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section of the BAF Dashboard Wellbeing, Public Health Outcome and Health Inequality, Deprivation metrics to aid baseline setting to map progress	Oversight of delivery of delivery of Planning Objectives at Executive Team and SDODC	2nd								
	Population Health and Strategic Equity Oversight Group	2nd								
	Health Equity Group in place engage with different groups for feedback on service and wider inequities	2nd								
	All Wales wellbeing and Public Health Outcome indicators published by PHW Observatory. QA responsibility of PHW Relevant ONS data - published sources. Other ad hoc published works/resources from various recognised and credible bodies/foundations	3rd								

Date Risk Identified:	May-21
Strategic Objective:	2. Working together to be the best we can be

Executive Director Owner:	Gjini, Ardiana	Date of Review:	Jun-25
Lead Committee:	Strategy and Planning Committee	Date of Next Review:	Sep-25

Risk ID:	1188	Principal Risk Description:	There is a risk that the Health Board is not effectively leveraging within our current partnerships and is unable to attract the right partners to help achieve our strategic objectives. This is caused by not being clear on partnership governance, the fragility of our services due to lack of joint accountability, and our geography and demography. This could lead to an impact/affect on the Health Board not realising the shared value/benefits of achieving more together than as separate entities, missing out on opportunities, not realising the benefits of closer joint working, duplication of effort as various partnerships are not streamlined, as well as reduced confidence from stakeholders.
Does this risk link to any Directorate (operational) risks?			



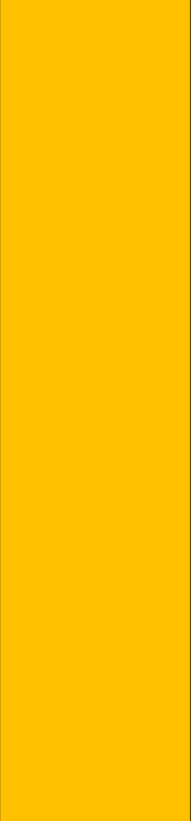



Risk Rating:(Likelihood x Impact)	
Domain:	Business objectives/projects
Inherent Risk Score (L x I):	4x4=16
Current Risk Score (L x I):	3x3=9
Target Risk Score (L x I):	1x3=3
Expected Date To Achieve TRS:	
Trend:	↔

Rationale for CURRENT Risk Score:
 The Health Board is an active partner in a number of strategic and statutory partnerships. These include the following: PSBs; RPB; ARCH partnership; Emergency Ambulance Services Committee; Mid Wales Joint Committee; Community Safety Partnerships; Mid and West Wales Regional Safeguarding Children Board; Mid and West Wales Regional Safeguarding Adults Board; Area Planning Board for Substance Misuse. Partnership arrangements are well established and have been in place for many years. This provides a reasonable degree of confidence that partnership actions are being leveraged effectively with minimal duplication of effort.

Rationale for TARGET Risk Score:
 The Health Board approved a Partnership Governance Framework and Toolkit in September 2017. This has not been reviewed or actively utilised for a number of years but in itself, is not sufficient to mitigate against this risk. All departments and directorates have a role to play in leveraging the benefits of partnership working as well as ensuring synergy between partnership and Health Board priorities.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
<p>The Health Board is a key member of strategic and statutory partnership groups, including RPB and PSB.</p> <p>The Health Board approved a Partnership Governance Framework and Toolkit in September 2017 to provide a mechanism to ensure effective arrangements are in place for the governance of partnerships</p> <p>Representatives on strategic partnerships groups to provide regular updates to the Board/Executive Team</p> <p>ARCH Recovery and Strategic Delivery Plans</p> <p>Digital strategy</p> <p>Regular formal and informal contact with Local Authority partners via CEO/Chair and Integrated Executive Group</p> <p>Research, development and innovation strategy</p>	<p>Fully comprehending and exploiting the opportunities of true partnership working in order to deliver the ambitions within our Health and Care Strategy.</p> <p>The Partnership Governance Framework and Toolkit has not been proactively utilised and would require review to ensure fit for purpose in the current governance environment.</p> <p>Strengthen the synergy between partnership priorities and the strategic objectives of the Health Board to provide greater opportunities to consider how the benefits of partnership working can be maximised.</p> <p>Access to latest equipment and state of the art facilities for research, development and innovation.</p>	<p>To lead strategy, delivery and oversight in relevant areas to improve health, prevent ill health and slow-down the long term trends of increasing burden of ill health on the Health Board.</p> <p>1. Health Improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol.</p> <p>2. Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (e.g. Primary Care).</p> <p>3. Leadership and partnership working to strengthen Health Board position on health equity and the wider determinants of health, continuing to develop a SMfHW , including support and collaboration with PSBs and RPB (PO 10).</p>	Gjini, Ardiana	31/03/2025	On track as per highlight report presented to SPC in June 2025.
	<p>Promoting the successes of the Health Board achievements.</p> <p>Workforce, facilities and capital requirements to deliver on our delivery plans in ARCH and Mid Wales Joint Committee (MWJC).</p> <p>Capacity to support regional working within the organisation and at Executive level .</p>	<p>To achieve workforce sustainability through the delivery of workforce planning, recruitment, retention, and development, and effectiveness initiatives.</p> <p>1. Develop a Workforce Plan which sets out actions to achieve a balance between workforce demand and supply, supporting workforce stabilisation.</p> <p>2. Delivery of a targeted Recruitment Plan which will reduce reliance on high-cost agency staff through substantive recruitment (supply-side) supporting the Workforce Plan.</p> <p>3. Delivery of a Retention Plan to support the supply side elements of the Workforce Plan and underpin workforce stabilisation.</p> <p>4. Delivery of a Workforce Education and Development Plan which supports the pipeline (supply side) for staff progression (PO 1).</p>	Gostling, Lisa	31/03/2025	On track as per highlight report presented to People, Organisational Development & Culture Committee (PODCC) in May 2025.

		<p>Implement the Digital Strategic Plan</p> <p>A. To appoint a Commercial Transformation Partner arrangement to support with the implementation of large-scale digital transformation projects across the Health Board and the region.</p> <p>B. To work with WG to secure funding for the roll-out of ePMA, and a patient flow and e-observation system.</p> <p>C. To implement the following key system developments: 1. Welsh Intensive Care Information System, 2. PROMs and PREMs system & 3. Hybrid print and post.</p> <p>D. To ensure that future planning is progressed for the following key system developments: 1. Re-procurement of the Laboratory Information Management System. 2. The Integrated Eye Care Electronic Health Record. 3. Development of a Community Information System. 4. Development of Maternity and Paediatric record systems (PO 9).</p>	<p>Thomas, Huw -</p>	<p>31/03/2025</p>	<p>Complete as per highlight report presented to DDIC in April 2025.</p>
		<p>Develop a Primary Care and Community Strategy which is inclusive of:</p> <ul style="list-style-type: none"> - Enhancement of Primary Care Services - Integration of Technological Solutions - Workforce Development - Infrastructure and Estate Development - Alignment with Community Services (PO 7) 	<p>Paterson, Jill</p>	<p>31/03/2025</p>	<p>On track as per highlight report presented to SPC in June 2025.</p>
		<p>To oversee financial recovery and develop a long term financial route map (PO2)</p>	<p>Thomas, Huw -</p>	<p>31/03/2025</p>	<p>On track as per highlight report presented to FPC in June 2025.</p>

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section in BAF Dashboard	Statutory Partnerships Update to Board	2nd			Strategic Partnerships Update - every Board (May 2024)	Ability of the organisation and individual directorates to understand whether opportunities within partnerships are being maximised.	Identification and monitoring of desired outcomes from partnership plans: based on coproduction, strategic alignment and joint implementation.	Gjini, Ardiana	31/03/2025	For discussion with relevant Executive leads on mechanisms of approach
	Chief Executive and Chair Reports to Board	2nd								
	ARCH Reports to SDODC	2nd								
	Delivery of Planning Objectives are being overseen by Executive Team and Board Committees	2nd								

Date Risk Identified:	Jun-21
Strategic Objective:	6. Sustainable use of resources

Executive Director Owner:	Thomas, Huw -	Date of Review:	May-25
Lead Committee:	Strategy and Planning Committee	Date of Next Review:	Sep-25

Risk ID:	1200	Principal Risk Description:	There is a risk that the Health Board does not maximise the social value it creates through its actions, as an anchor institution in West Wales. This is caused by the Health Board not having had a framework in place to embed and measure social value. This could lead to an impact/affect on the Health Board not meeting the needs of future generations and addressing wider determinants of health and well-being.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Health Equity
Inherent Risk Score (L x I):	3x3=9
Current Risk Score (L x I):	2x3=6
Target Risk Score (L x I):	2x3=6
Expected Date To Achieve TRS:	
Trend:	↓

Date	Current Risk Score	Target Risk Score	Tolerance Level
Aug-21	9	6	8
Dec-21	9	6	8
Jul-22	7	6	8
Jun-23	9	6	8
Nov-23	9	6	8
Jun-24	12	6	8
Oct-24	12	6	8
Feb-25	7	6	8
Jun-25	6	6	8

Rationale for CURRENT Risk Score:
 The Wellbeing of Future Generations Act requires the Health Board to consider the impact of value across a range of activities for the Health Board. The Health Board has particularly identified the procurement of goods and services and 'Grow your own' as opportunities to maximise the impact we have on our local communities. These are now programmes which are embedded within decision-making processes and consequently, the risk of delivery has been reduced from previous levels.

Rationale for TARGET Risk Score:
 The risk will not be realised as an event, but the long term impact will be felt by our communities.

Key CONTROLS Currently in Place:
 (The existing controls and processes in place to manage the risk)


Health Board active participation within the Public Service Boards across the HDdUHB region.

Local Needs Analysis has been completed based on the Wellbeing Goals.

A Social Value framework has been developed with strands in workforce, facilities and estates, procurement.

Decarbonisation plan in place, with its own risk assessment. Annual carbon reporting underway to WG.

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Further action necessary to address the controls gaps				
The controls are in their early stages, but have been embedded into decision-making in procurement services and in long term staff development plans, such as 'Grow your own'.				
National framework agreements might not be moving at the same pace as HDdUHB in maximising Social Value through procurement, and the Director of Finance is in regular dialogue with NHS Wales Shared Services Partnership (NWSSP) to ensure that this issue remains on their agenda.				

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Local expenditure is a key measure which is being tracked through the 'Our performance' dashboard.	Delivery of Planning Objectives overseen by Executive Team, and its supporting structure, and Board Committees	2nd			Social Value Workshop - SEG (Oct21)					
	Board meetings to consider the outcome measure (Our positive impact on society is maximised)	2nd			Social Value Workshop - SRC (Dec21)					
	Local measures are in place and used within the procurement space to ensure that decisions consider social value implications.	2nd			Public value action plan (004) (May23)					
					Public Values Framework strategy (June23)					

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1844	Director of Public Health	Public Health -	Public Health	Gjini, Ardiana	Lewis, Bethan	Lewis, Bethan	Lewis, Bethan	01-May-24	<p>There is a risk of that the Hywel Dda University Health Board (HDdUHB) Public Health Team will be unable to effectively support the Health Board to deliver its priorities, as set out in the Health Board's Annual Plan, and its public health responsibilities, including its statutory functions, such as responding effectively to any acute outbreaks adequately.</p> <p>This is caused by limited capacity within the Public Health Team with only two of five consultants in post.</p> <p>This will lead to an impact/affect on oversight in relevant areas to improve health, prevent ill health and slow down on the long-term trends of increasing burden of ill health on the Health Board; poorly designed services that do not improve outcomes for individuals and communities; reduction of public confidence; increased scrutiny from media, regulators and Welsh Government (WG). This will also result in challenges in managing the day-to-day activity and the line management arrangements within the local Public Health Team.</p> <p>Risk location, Health Board wide.</p>	<p>Appointment of new Deputy Director of Public Health / Consultant in Public Health complete and in post. With additional posts returning from leave there are now 2.7 wte Consultants in Public Health in post also in team.</p> <p>Workplan alignment to priorities completed by Executive Director of Public Health and will be rolled out alongside Heads of Service to maximise leadership and cement of annual planning goals.</p>	Service/Business interruption/disruption	4	4	16	Control measures will only manage sight on all priority areas stretched across a pressured service at very senior level.	<p>Prioritise 'go live' with recruitment of substantive Consultant roles.</p> <p>Explore fast track locum recruitment approach to recruiting to provide rapid cover whilst substantive recruitment running.</p> <p>Monitoring of planning objectives with team members assigned as leads to ensure timely escalation of any movement anticipated on achieving plan targets.</p> <p>Recruitment to vacant full time Consultant post to be completed.</p>	Lewis, Bethan	Completed	<p>Process commenced with vacancy request applications, hoping to go live with recruitment of substantive Consultant in Health Protection Post by end of week. Went live to advert 26 July 2024.</p> <p>Process commenced with vacancy requests for locum cover, approval received and process of go live with advertisement to fill Locum/Fixed Term posts will commence this week. One Locum post recruited to start once checks complete and one locum via bank for rapid appointment achieved.</p> <p>Monitoring to review actions undertaken at end of each quarter and is currently on track.</p> <p>Recruitment process commenced, awaiting outcome. Completed. Offers accepted and awaiting a start date of mid September.</p>	Strategy and Planning Committee	1	4	4	Target score updated to reflect correct impact as per risk identified and reduced likelihood to reflect aim of having an appropriate staffing profile delivering on population health priorities.	30/09/2025	25/07/2025

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1855	Director of Strategy and Planning	Strategy and Planning	Strategic Development and Operational Planning: Commissioning	Davies, Lee	Ayres, Shaun	Ayres, Shaun	Ayres, Shaun	19-May-23	<p>There is a risk of the Health Board being unable to refer new patients to a non-drug adult allergy service.</p> <p>This is caused by the termination by Cardiff and Vale University Health Board (CVUHB) of current commissioning arrangements on 1 November 2023, exacerbated by a national shortage of immunologists. A prior approval process is available, however it is unknown if all GPs/referring clinicians are referring via this route. Whilst the service ended on 1 November 2023, an element of the financials will have to stay in the system at CVUHB as they have agreed to see and treat the HDdUHB residents who are in the system at that point. In 2019/20 outturn CVUHB saw 120 new outpatients (cost of £19,564 to HDdUHB) and 243 follow up patients (£50,700).</p> <p>This will lead to an impact/affect on adult patients being unable to access relevant clinical support to manage their condition. Potential clinical acute episodes.</p>	<p>1. Head of Strategic Commissioning part of All Wales group, which are discussing potential new arrangements</p> <p>2. GPs/ referring clinicians would be able to refer patients via the prior approval process. A prior approval is normally defined as a request for a patient to receive routine treatment outside of local services or established contractual arrangements. Such a request will normally fall within a number of categories, in this instance it would fall within:-</p> <ul style="list-style-type: none"> Lack of local/ commissioned service provision/ expertise <p>The referring clinician is able to complete a prior approval application, which would be considered by the HDdUHB Prior Approval Panel.</p> <p>3. In line with other Health Boards, HDdUHB has written to CVUHB asking that they consider continued support until 31 March 2024 and to continue to work with the joint group to explore either the potential to maintain the service beyond 1 April 2024 or alternative service models that may enable us to collaboratively provide a sustainable service on a longer-term basis.</p>	Safety - Patient, Staff or Public	4	3	12	<p>Following comprehensive review of activity data, market testing, and assurance received through both the Integrated Quality, Financial Performance and Delivery Group (IQFPD) and Board, it is now proportionate to revise the risk score for this item from High to Medium (proposed score: 12). The basis for this recommendation is as follows: Treatment volumes for adult non-drug allergy assessment have remained consistent averaging seven to eight per month over the past 15 months and circa 11 referrals per month for 2024/25 (12 months of data), with no evidence of material unmet or latent demand. Current arrangements, which rely on out-of-area referral pathways, are functioning safely and</p>	To scope the possibility of commissioning the service with North Bristol NHS Trust, as part of an All Wales approach.	Ayres, Shaun	30/04/2024-30/04/2025 31/08/2025	As of April 2025, discussions with the All Wales group continue, with decisions not yet agreed upon. Work remains ongoing.	Strategy and Planning Committee	1	3	3	The residual risk remains until a sustainable, All Wales solution is fully implemented. The target risk score and rationale will be updated on the risk register, with ongoing review every six months to ensure continued appropriateness and responsiveness to any change in service demand or policy context.	31/01/2026	16/07/2025

Strategy Planning Committee Risk Register

Date: August 2025

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									<p>Potential non-adherence with national standards. Limited financial envelope due to monies staying in the CVUHB system.</p> <p>Risk location, Health Board wide.</p>						<p>efficiently, and there have been no adverse incidents or patient safety concerns recorded (we will of course be monitoring this and liaising with Birmingham Integrated Care Board (ICB)). Moreover, recent engagement with the provider market has demonstrated the availability of multiple compliant providers able to mobilise quickly if needed, ensuring a clear contingency position. The Board retains both operational flexibility and the ability to respond rapidly to any emerging need, and is fully aligned with ongoing All-Wales allergy pathway developments. Given the above, the likelihood and impact of risk have materially reduced. This reflects both the current stability of demand and the robust mitigations in place, while acknowledging that residual risk remains until a sustainable, All Wales solution is fully implemented.</p>														

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1301	Director of Strategy and Planning	Strategy and Planning	Strategic Development and Operational Planning: Planning	Davies, Lee	Ayres, Shaun	Ayres, Shaun	Ayres, Shaun	01-Jun-21	<p>There is a risk of insufficient capacity within the existing Planning Team to deliver Health Board objectives with regard to strategic, operational and capital plans.</p> <p>This is caused by the scope and extent of the planning function as being exceptionally large given the scale of the change programme required for the organisation to deliver its objectives. A review of capacity to meet National and Board objectives is required to support this.</p> <p>This will lead to an impact/affect on delivering objectives as agreed in the Annual Plan/ Integrated Medium Term Plan (IMTP); Health Board/Regional/National Planning; support for Operational Teams and Business Cases; and being able to provide sufficient project/ programme support and providing a sufficient level of governance and scrutiny to the planning cycle, providing commissioning support and compliance with best practice standards.</p> <p>Risk location, Health Board wide.</p>	<p>Deputy Director of Operational Planning and Commissioning commenced January 2023.</p> <p>The Planning Directorate continue to work with other corporate teams, in particular Finance and Workforce, to develop the content of IMTPs/Annual Plans.</p> <p>Utilised Head of Commissioning to support Annual Plan submission 2023/24, due to limited resources to draw upon.</p> <p>Annual pPan is reported to Strategic Development and Operational Delivery Committee (SDODC), Sustainable Resources Committee (SRC) and ratified at Public Board.</p> <p>The Transformation Programme Office (TPO) now sits under the Deputy Director of Operational Planning and Commissioning and is supporting both the Annual Plan and the Medium Term direction through the Clinical Service Plan (CSP).</p>	Business objectives/projects	3	3	9	<p>A revised organisational structure is currently under development in collaboration with the newly established Clinical Care Groups (CCGs). The objective of this revised structure is twofold:</p> <p>To significantly enhance alignment between the planning capability and capacity and the CCGs.</p> <p>To systematically break down existing organisational barriers, reducing isolated working practices, thereby ensuring integrated and streamlined planning across directorates and clinical groups in support of achieving the strategic and planning objectives of the Health Board.</p> <p>Detailed financial costings for the proposed structural adjustments have recently been finalised. Initial discussions and consultations have already taken place with the Head of Corporate Planning,</p>	Agree staffing resource required for strategic, operational and commissioning planning team.	Ayres, Shaun	Completed	In response to our organisation's escalated status requiring Targeted Intervention, it has not been feasible to expand the Strategic and Operational Planning Team as initially envisioned. However, we have implemented an organisational response that involves assembling a centralised team drawn from various sectors across the Health Board. The expectation is that this team will operate under a Project Management Office (PMO) style approach, this approach is vital in supporting the delivery of the Annual Plan and going further where possible to support the de-escalation of the Health Board. This structure ensures that the Plan is not only delivered but also supported by adequately resourced and agile response capabilities, enabling dynamic allocation of resources and prompt addressal of emergent issues.	Strategy and Planning Committee	2	3	6	Risk lead to input 'Rationale for the target risk score' and 'Expected date to achieve Target Risk Score' at next review.	TBC	30/06/2025	

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															Service Group Directors, and the Head of Commissioning regarding potential refinements and necessary adjustments to the proposal. Subject to comprehensive discussion, the proposal will be shared and discussed with the Business Executive Team. It is anticipated that a comprehensive review of the final proposal will be undertaken within the next four to six weeks, ensuring sufficient scrutiny, endorsement; or requiring further refinement before implementation.	Utilise existing vacancy to enhance team to support work on Targeted Intervention.	Ayres, Shaun	3-14/02/2024-31/12/2024 3-10/3/2025-30/06/2025-30/08/2025	In response to our organisation's escalated status requiring Targeted Intervention, it has not been feasible to expand the Strategic and Operational Planning Team as initially envisioned. However, we have implemented an organisational response that involves assembling a centralised team drawn from various sectors across the Health Board. The expectation is that this team will operate under a PMO style approach, this approach is vital in supporting the delivery of the Annual Plan and going further where possible to support the de-escalation of the Health Board. This structure ensures that the Plan is not only delivered but also supported by adequately resourced and agile response capabilities, enabling the dynamic allocation of resources and prompt addressing of emergent issues. As of April 2025, we have been unable to secure resource.							

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1773	Director of Public Health	Public Health - Vaccination Centres	Gjini, Ardiana	Lewis, Bethan	Lewis, Bethan	Jones, Glenna	14-Dec-23	<p>There is a risk of vaccine waste within the COVID-19 vaccination programmes.</p> <p>This is caused by the lead in time required to ordering and managing large scale Primary care planning in a position where vaccine hesitancy is increasing.</p> <p>This will lead to an impact/ effect on the effective use of COVID-19 vaccines available within the programme, which could result in a reduction of availability in another part of the overall programme across Wales, as well as incurring increased costs.</p> <p>Risk location, Health Board wide.</p>	<p>Close management of vaccine delivery plans to facilitate limiting ordering on weekly basis of thawed product to a minimum whilst continuing to allow flexibility for opportunistic vaccination to maximise uptake.</p> <p>To ensure close monitoring of stock levels and use on digital system in place across all delivery centres / practices.</p>	Finance inc. claims	3	3	9	<p>Risk likelihood remains possible due to need to order thawed vaccine with variable expiry dates with increasing hesitancy amongst remaining population to vaccinate.</p>	<p>Explore control of vaccine orders through single point of contact in communication hub to provide strict management of control versus usage monitoring.</p> <p>Explore opportunity to store frozen vaccine in Helath Board freezers in preparation for Autumn programme with national leads and local Pharmacy leads.</p>	Jones, Glenna	Completed	<p>In progress</p> <p>System devised for ordering COVID-19 vaccines through the Public Health Communication Hub. A sharepoint ordering form highlighting clinic size and dates to ensure orders are sufficient for clinic capacity. This system will be rolled out also for influenza (Flu) vaccinations in Autumn/Winter.</p>	Strategy and Planning Committee	2	3	6	Target score reflective of need to aim for a reduction of waste to lower levels than currently realised.	31/03/2026	23/06/2025	

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1862	Director of Public Health	Public Health -	Public Health: Health Improvement & Wellbeing	Gjini, Ardiana	Lewis, Bethan	Lewis, Bethan	Williams, Ben	16-Apr-24	<p>There is a risk of that the 'Starting and Developing Well' team will be unable to deliver their objectives for the national Public Health Wales (PHW) 'Whole School Approach to Emotional and Mental Wellbeing (WSAEMWB)' programme.</p> <p>This is caused by WG discontinuing the grant funding for the national programme which ceased on 31 March 2025.</p> <p>This will lead to an impact/ effect on the capacity of the Public Health 'Starting and Developing Well' team to deliver their objectives in supporting all schools to self-evaluate and action plan for WSAEMWB in line with WG's statutory framework. Influencing local mental health and wellbeing priorities via county level strategic groups, delivering a cluster-based approach to support primary school engagement with the WSAEMWB programme and developing pathways and support programmes available to young people (16-24 years) regarding their emotional and mental wellbeing.</p> <p>The lack of service provision will negatively impact the health and wellbeing of children and young people across the HDdUHB region, as well as negatively impacting the Health Board's finances and reputation.</p> <p>Risk location, Health Board wide.</p>	Core funding to support role secured within directorate restructure plans. Funding secured for a year extension for 2025/26.	Health Equity	2	4	8	<p>Funding for the Whole School Approach to Emotional and Mental Wellbeing (WSAEMWB) programme has been secured for an additional year and staff funding secured through core funding to provide security.</p> <p>Explore alternative sources of recurring funding streams, including core Public Health budgets, to maintain existing level of service delivery.</p> <p>Develop contingency plans for alternative operational delivery in the event of reduced capacity within the service.</p> <p>Secure additional recurrent funding to support delivery of whole school approach programme for next financial year.</p>	<p>Explore the opportunity to fund associated staff post from core (Business as usual) funding from 1 April 2025.</p> <p>Explore alternative sources of recurring funding streams, including core Public Health budgets, to maintain existing level of service delivery.</p> <p>Develop contingency plans for alternative operational delivery in the event of reduced capacity within the service.</p> <p>Secure additional recurrent funding to support delivery of whole school approach programme for next financial year.</p>	Lewis, Bethan	Completed	<p>Opportunity fully explored and contingency in place to support funding of Band 7 post from existing core budget form 1 April 2025 with some impact across development of directorate team needs.</p> <p>Ongoing work to identify alternative sources.</p> <p>Funding secured for additional year to continue programmes of work.</p> <p>New action</p>	Strategy and Planning Committee	1	4	4	Target score reduced to reflect aim to have sufficient recurrent funding allocation for key population health programmes and no risk to exist.	31/03/2026	17/06/2025

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1931	Director of Public Health	Public Health -	Public Health	Gjini, Ardiana	Lewis, Bethan	Lewis, Bethan	Lewis, Bethan	01-Aug-24	<p>There is a risk of that funding allocated through ring fenced, grants, or core budgets for public health services that require a fluctuating approach to spending opportunities are not available following each monthly financial update.</p> <p>A further risk is that any of the funding from these budgets used in updating HDdUHB financial recovery will have to be redressed.</p> <p>This is caused by the financial improvement measure whereby there will be a rebuttable presumption that any budget underspend realised in a given month will be recorded as a non-recurrent saving in that month, preventing a fluctuating approach to spending against demands in service delivery.</p> <p>This will lead to an impact/ effect on the ability of the Public Health Directorate to deliver on service areas under the relevant planning objectives, and will impede the ability to meet Executive objectives.</p> <p>There are significant multiagency led workstreams affected, including: substance misuse, Healthy Schools and pre-schools, prevention including early years and health protection.</p>	<p>All service leads meet monthly with Finance Business Partner and ensure forecast spending is updated and relevant to needs of service. Review of service level finance meetings scrutinised by Director Public Health (DPH) Interim Assistant Director Public Health to ensure forecast relevant and capture sufficient service demand impact. Ringfenced budgets recognised to protect from underspend savings targets.</p>	Finance inc. claims	2	4	8	<p>Following recent discussion with Finance leads there is some protection of ring fenced budgets for grants and key work areas recognised as outside of the non-recurring allocation of savings for this financial year. This has reduced likelihood score.</p>	<p>Explore the opportunity to include ring fenced and grant funded budgets onto the exclusion criteria for financial improvement measures for directorate.</p> <p>Review current detailed forecasting with each service lead and ensure robust approach in place for all budget allocation.</p> <p>Review current detailed forecasting with regard to non-recurring amount identified against each budget and ring fenced funding up to Month 5 to mitigate against spending lost.</p>	Lewis, Bethan	Completed	<p>Confirmation received by Director of Finance that budgets will be ring fenced and excluded from measures going forward for remainder of year post Month 5.</p> <p>Review complete, additional spending plans and forecast in progress.</p> <p>Ongoing monitoring of spending to ensure maximum spend against ringfenced budgets in place.</p>	Strategy and Planning Committee	1	4	4	Target score reduced to lower value as aim is for directorate to have flexibility within allocated budgets to prioritise key areas of work to enhance population health as savings plans realised for the two year period.	31/03/2026	17/06/2025

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									<p>On a number of these budgets the Health Board is only one of the partners for the funded project but acts as a 'bank' for the partnership, hence any underspend is subject to the partnership not only HDdUHB.</p> <p>The Public Health workforce budget is also ring fenced (under TUPE Oct 2022).</p> <p>There is also an impact on the reputation of the Health Board due to the multi agency approach to approval of spending areas across several of these funding streams and need for close monitoring of compliance to WG.</p> <p>Risk location, Health Board wide.</p>								Review current savings plans for directorate against monthly underspending to maximise available resource for population health priorities.	Lewis, Bethan	47/06/2025 18/08/2025	Review commenced and will be monitored monthly against programmes of work.								

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695	Primary Care, Community Strategy & Long Term Care	Long Term Care & Chronic Conditions	Long Term Care	Carruthers, Andrew	Paterson, Jill	McCarthy, Julia	McCarthy, Julia	05-Feb-19	<p>There is a risk of of unmanaged closure, de-registration and business failure of General Nursing and Elderly Mentally Infirm (EMI) Nursing care homes within the HDdUHB area. This risk is exacerbated by the pressures caused by providers citing cost of living crisis</p> <p>This is caused by financial, operational and service-level issues within a number of care homes across the HDdUHB area (some of which were evident pre-COVID-19). The full extent of the issues contributing to this risk is currently unknown.</p> <p>This will lead to an impact/ effect on availability of nursing care home beds (regionally), admission rates of residents to hospital, number of required out of area placements, number of patients experiencing Delayed Transfers of Care (DTC) (from both Health and Social Care), capacity of homes that remain open, but are required to absorb demand from homes that close, HDdUHB's reputation, and HDdUHB's financial position (due to higher cost placement options potentially needing to be sourced).</p> <p>Risk location, Carmarthenshire,</p>	<p>Joint 'Escalating Concerns' processes between Health and Social Care and joint processes for reviewing management information from nursing care homes are in place across the HDdUHB footprint.</p> <p>The Long-Term Care Team monitors the care and support delivered to residents placed in health-commissioned nursing care home beds. An internal process for the escalation of concerns around provider performance has been established.</p> <p>Provider meetings are in place. Provider meetings enable an insight into issues that providers have and allow for an early discussion regarding any financial or service-level issues they are facing, as well as ongoing plans regarding the registration of beds.</p> <p>Joint processes with Local Authorities to engage with the sector and providers are in place.</p> <p>Joint work with Local Authorities and West Wales Care Partnership has been further extended to working with the Institute of Public Care (IPC) on implementing ideas and projects resulting from the West Wales Care Partnership (WWCP) Market Stability Report (MSR). IPC are producing a short report, setting out key observations, summaries of the ideas</p>	Service/Business interruption/disruption	2	4	8	<p>Since 2019 there have been two Home closures: One 35-bed EMI Nursing Home in October 2019 and a 47 bed nursing home in November 2022. However, the sector remains fragile with one nursing home in escalating concerns which has subsequently closed in March 2024. The Regional Partnership Board is exploring the possibility of a public sector Nursing Home based at Pentre Annwyl Fan, Llanelli.</p> <p>A report was submitted to IQFPD in June 2025 requesting consideration to tolerated this risk at its current score and potentially close, as there will always be fluctuations of care homes in and out of escalating concerns, however we follow processes in conjunction with Local Authority to manage these concerns.</p>	Cross organisational sign off of/ consultation on the Joint Pre Placement Agreement and Schedules.	Devantier, Tracy	Completed	Soft engagement on the Personally Administered Items (PPA) began in October 2021, with mixed responses per county. The revised timescale for implementation was 31 March 2022, but provider feedback meant this was not possible and it is assumed the new implementation date is 31 March 2023, to allow commissioners the time to work through the issues outlined by providers. 15 June 2022: Work has continued on the PPA and feedback has been gathered from providers including Care Forum Wales, some problems exist such as fee clauses (fee method and review processes) , termination clauses which the Health Board are reviewing with Legal, Finance and Director of Primary care. The PPA consultation was launched on 12 November 2024 with the closing date of 4 January 2025.	Strategy and Planning Committee	2	4	8	<p>The remaining actions on this risk sit with the Regional Board, working with the Local Authority and the Health Board. The LTC service is involved in this work and will input as required, however full mitigation of this risk is dependent on the wider work (regional workplan) which may not come to fruition until later in 2026.</p> <p>Risk to be escalated via CCG structure to potentially 'tolerate' risk within HB and progress of regional work to determine further reduction of risk score.</p> <p>Regional work noted in action plan.</p>	31/12/2026	09/07/2025

Strategy Planning Committee Risk Register

Date: August 2025

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Date expected to achieve target risk score	Review date	
															Increased monitoring of homes subject to the Escalating Concerns process is required by the Long Term Care Team.	Broad, Vicki	Completed	"Increased monitoring has taken place at all homes subject to the formal Escalating Concerns process. HoLTC has carried out a number of unannounced visits and been central to the identification of issues and required improvements in identified homes. The Long Term Care specialist nurses have increased the monitoring at homes subject to the Escalating Concerns process. Improvement plans are in place and are monitored."									
															Support the development of a long-term market strategy.	Devanier, Tracy	Completed	HDdUHB's Finance Dept. contacted each Local Authority's Commissioning Dept. to ask for details of their current fee setting methodologies. They are now satisfied that the three methodologies are similar enough to work with. LTC Team meeting with CHC Finance Team during September 2022 to discuss urgent need to reconsider care home fee modelling, in light of recent requests by providers for uplifts within year. In light of lack of progress, action to be closed for now.									

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															Project A5 considering the feasibility of establishing and running a public sector nursing facility, given concerns over existing nursing home capacity and the need to anticipate future shortages. The work has established that this approach is legal, and staffing options are being worked through. Partners are exploring next steps with this being a key priority for 2025/26 regional workplan.	Devantier, Tracy	3-1-08-2025-31/12/2026	A feasibility study has been undertaken, to be reported and discussed into the RPB.									
															Support Carmarthenshire County Council to submit Full Business Case (FBC) to WG for the reopening of Plas Y Bryn Nursing Home, following the approval of the Outline Business Case (OBC).	Devantier, Tracy	3-1-08-2025-30/09/2025	The Outline Business case (OBC) was approved by WG in relation to Plas Y Bryn, and been invited to proceed to the Full Business Case (FBC) stage. It is the intention to submit the FBC in July 2025. FBC will be submitted by Carmarthenshire County Council with input from the Health Board.									

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1370	Planned & Specialist Care	Children, Women & Family Health	CW&FH: Sexual Health	Carruthers, Andrew	Goode, Paula	Morgan, Olwen	Freeman, Lyndon	12-Apr-22	<p>There is a risk of delay in patient access to sexual health services</p> <p>This is caused by the current location of gynaecology outpatients in the sexual health clinic site reducing capacity from five days to two days (90 patient slots each week) with many nurses now having to work from home.</p> <p>This will lead to an impact/affect on potential harm to patients as a result of delays being seen face-to-face and access to contraception and emergency contraception, which may lead to unplanned pregnancies and increase in the number of abortions. If medication has to be posted out, an additional member of staff who has not previously spoken to the patient may need to be involved in dispensing the medication, meaning there is an increased risk of error.</p> <p>There may be a delay in access to testing and treatment for sexually transmitted disease which may result in long term health sequelae such as pelvic inflammatory disease, infertility, epididymitis and an inability to break the cycle of transmission (partner treatment etc).</p> <p>There may be a delay in cervical smear testing which can result in delayed diagnosis of cervical</p>	<p>Utilisation of virtual appointments, attend anyway and telephone.</p> <p>Postage of medication direct to patient.</p> <p>Offering alternative location for face to face appointments.</p>	Service/Business interruption/disruption	2	3	6	A review is currently underway in respect of whether a 5-days-week service is required at Bronglais Hospital (BGH). Currently patients have access to sexual health services across the Health Board.	<p>Meeting with BGH Site management team to identify potential sites in main hospital for gynaecology outpatients to be housed.</p> <p>Further meeting with BGH site management team to discuss relocation of Gynaecology.</p>	Humphrey, Lisa	Completed	<p>Gynaecology unable to return to Rhiannon Ward, other areas to be considered including DSU 3.</p> <p>Cervical Screening Wales (CSW) were satisfied with the current location and therefore this option is not being further pursued.</p>	Strategy and Planning Committee	1	3	3	Once demand has been scoped we will further understand what capacity is required as it is unclear whether a 5 day-week service is required at this stage.	31/12/2025	01/08/2025

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									<p>delayed diagnosis of cervical intraepithelial neoplasm. Numbers of smear tests are reported to Cervical Screening Wales (CSW) and we are not currently not providing a smear clinic in each county as per their minimum requirement.</p> <p>There is reduced capacity for face-to-face psychosexual counselling services.</p> <p>This risk has a significant affect on the local demographic as Aberystwyth University students may have a higher need of these services.</p> <p>Risk location, Padarn Health Centre.</p>							Explore options for either relocating Gynaecology back to hospital site or new site for Sexual Health that will allow for 5-day clinic weeks.	Freeman, Lyndon	31/03/2024-30/06/2024-30/09/2024-02/07/2025-31/12/2025	<p>Currently does not look like Gynaecology will be able to move back to the hospital site. No further updates on BGH Integrated Care Centre (ICC) model.</p> <p>Updates on BGH ICC remain unavaialble, currently no scope for return, awaiting outcome to tolerate this risk .</p> <p>Data from the new dashboard may underpin the requirement for 5-day clinic weeks and will determine actions that support this move.</p>								

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547	Estates & Facilities	Estates & Facilities	E&F: Property Performance	Severs, James	Chiffi, Simon	Chiffi, Simon	Williams, Paul -	31-Mar-17	<p>There is a risk of failing to meet a mandatory WG requirement to operate an environmental management system (EMS) certified to the 2015 ISO 14001 standard, externally audited by a United Kingdom Accreditation Service (UKAS) approved auditor.</p> <p>This is caused by insufficient resources and enablers, e.g. within the Environment Team and supporting teams and the wider staff base. Inherent difficulties are associated with behavioural change, engagement, leadership and limited funding for improvement projects; and the cost of assessment and consultancy.</p> <p>This will lead to an impact/ effect on the organisation's ability to achieve or maintain the ISO 14001 standard, which is also the principal means through which environmental and resource efficiency performance and continual improvement is delivered and measured.</p> <p>Risk location, Health Board wide.</p>	<p>The 2006 ISO 14001 standard, 3 Year UKAS Certification, was achieved in 2012 and continued to maintain key systems reviewed by external auditors.</p> <p>Utilised consultancy support to update system documentation to the 2015 standard during 2017/18. The system has now been updated to comply with the requirements of the 2015 standard.</p> <p>Formal UKAS accredited assessment against the 2015 standard was achieved in 2020. Annual external audits will be carried out annually to check the continual compliance with the 2015 ISO14001 standard.</p> <p>Clinical waste training has been delivered, all procedures for ISO14001 system have been reviewed and updated and Senior Managers have received awareness of the ISO14001 standard. In 2020 the Health Board underwent a 17 day audit and achieved accreditation to the 2015:ISO14001 standard with no major or minor non conformances. The surveillance audit in 2021 also identified non major or minor non conformances</p> <p>Key ISO 14001 requirements have been integrated into Health Board systems e.g. governance objectives and targets and management review via the Capital, Estates and Information Management & Technology (CEIM&T) Committee and risks via Datix Risk Assessment Forms.</p>	Statutory duty/inspections	2	3	6	<p>Despite the organisation being accredited to the 2015:ISO14001 standard in October 2020 with no major or minor non conformances and continuing to maintain the standard to date, as this is an annual audit there is an ongoing risk that the Health Board could fail to maintain the mandatory requirement by WG to maintain the standard.</p>	<p>Undertake Annual Management Review for 2024/25.</p> <p>Complete and Obtain approval for Environmental Targets & Objectives (T&O's) for 2024/25</p> <p>Undertake Annual Management Review for 2025/26.</p> <p>Complete and Obtain approval for Environmental T&O's for 2025/26.</p>	<p>Shaw, Terri</p> <p>Shaw, Terri</p> <p>Shaw, Terri</p> <p>Shaw, Terri</p>	<p>31/07/2025</p> <p>31/07/2025</p> <p>29/05/2026</p> <p>29/05/2026</p>	<p>Awaiting confirmation from the Chair of the Environmental Hygiene Group to confirm if this item can be approved through this group.</p> <p>Awaiting confirmation from the Chair of the Environmental Hygiene Group to confirm if this item can be approved through this group.</p> <p>When review complete submit to Environmental Hygiene Group for approval to ensure compliance with the ISO 14001:2015 standard.</p> <p>Prepare Annual Environmental T&O's and submit to Capital Sub Committee for approval to ensure compliance with the ISO 14001:2015 Standard.</p>	Strategy and Planning Committee	1	3	3	<p>Risk lead to input 'Rationale for the target risk score' and 'Expected date to achieve Target Risk Score' at next review.</p>	TBC	02/07/2025

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340	Director of Strategy and Planning	Strategy and Planning	Strategic Development and Operational Planning: Planning	Davies, Lee	Rosser, Eldred	Stuart, Rachel	Stuart, Rachel	01-Sep-16	<p>There is a risk of the development of business cases for priority projects not being funded within required timescales.</p> <p>This is caused by the pressure on Discretionary Capital increasing due to the funding of Health Board backlog pressures.</p> <p>This will lead to an impact/affect on the Health Board possibly being unable to achieve those service improvements and developments included within the Annual Plan and or 3 Year Plan.</p> <p>Risk location, Health Board wide.</p>	<p>The Health Board is progressing with business cases within the constraints of Discretionary Capital Programme (DCP) available.</p> <p>The prioritisation process for capital in 2024/25 has been undertaken and a report prepared for Executive Team in February 2024 and endorsed by SDODC in February 2024 and Board in March 2024. This includes an allocation for the development of business cases.</p> <p>Work continues with the Business Operations Team to prioritise estates improvement schemes.</p> <p>The cost of business case development will be included in the final costs of the business cases and thereby refund into the business case development allocation in the DCP if approved.</p> <p>An initial allocation of £200k has been allocated for business case development in 2024/25 with £100k of this earmarked to complete the Sexual Assault Referral Centre (SARC) and Aseptic Business Justification Case (BJC).</p> <p>Opportunities for Integrated Regional Capital Fund (IRCF) funding is regularly explored. HDdUHB's Community Schemes are incorporated into the 10 Year Regional Capital Plan developed by the West Wales Regional Partnership Board.</p> <p>Additional DCP allocation for 2025/26 will alleviate some of this pressure and the earmarking of Targeted Estates Fund (TEF) and Diagnostic Equipment allocations on an all Wales basis allows HDdUHB to direct further allocations towards business cases should it need to.</p> <p>For schemes which are included in the All Wales priorities, agree with WG</p>	Business objectives/projects	3	2	6	<p>The limited DCP availability and the backlog on replacement of equipment, estates and digital infrastructure results in the organisation having to prioritise funding to deal with organisational risks.</p> <p>Additional DCP allocation for 2025/26 will alleviate some of this pressure and the earmarking of TEF and Diagnostic Equipment allocations on an All Wales basis allows HDdUHB to direct further allocations towards business cases should it need to.</p> <p>For schemes which are included in the All Wales priorities, agree with WG direct requests for the fees to develop business cases have been made and fees for the development of the Phase 2 Fire Schemes in GGH have been awarded.</p>	<p>Continue to work with the Ops Team, Planning and CEIM&T Sub Committee to ensure the prioritisation process enables priority business cases to be progressed within the DCP constraints without substantial adverse impact on Estates, equipment and IM&T funding requirements.</p> <p>Business Case writers have been appointed for development of Primary and Community Care projects, following WG approval.</p> <p>Explore opportunities with partners to access the Integration and Rebalancing Capital Fund to progress some of the Community Integrated Hub's business cases.</p>	Stuart, Rachel	Completed	<p>Work continues with the Business Ops Team to prioritise estates improvement schemes. Agreed action and discussion with WG to secure approved business cases and thereby refund business case development costs into the DCP. The initial Discretionary Capital allocation for 2022/23 has been allocated to specific schemes, equipment and IT replacement following a reduction in £1.8m. Opportunities are being explored with partners to access the Integration and Rebalancing Capital Fund to progress some of the Community Integrated Hub business cases. Currently risk tolerance score has been reviewed to reflect this. Completed.</p> <p>Business Cases writers are appointed in line with relevant frameworks and governance structures for relevant Capital Projects. Completed.</p> <p>Completed action-opportunities for IRCF funding is being regularly explored. Completed.</p>	Strategy and Planning Committee	2	3	6		30/05/2025	22/05/2025

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										For Wales phone, I agree with the direct requests for the fees to develop business cases have been made and fees for the development of the Phase 2 Fire Schemes in Glangwili Hospital (GGH) have been awarded.					Explore utilisation of DCP for 2023/24 to enable HDdUHB to also progress community hub business cases and business continuity business cases.	Williams, Paul	Completed	We have appointed business case writers to enable the Health Board to progress the next tranche of community schemes. The two bids for funding support have been submitted to the ICRF at WG for consideration following the RPBs endorsement in April 2023 (this action is with the Head of Capital Planning to implement, however as their name is not yet available on the Datix system, this action has been assigned to the Assistance Director of Strategic Planning in the interim). Completed.								
														Submit paper to Executive Team in June 2023 to consider options available by HDdUHB to manage additional costs and re-prioritise the Capital allocation for 2023/24.	Rosser, Eideg	Completed	Report being prepared following discussion at Capital Sub Committee. A paper was submitted to the Executive Team in June 2023 which reprioritised the DCP allocation for 2023/24 to enable HDdUHB to progress with the Fire Scheme in WGH and the RAAC surveys and remedial works in WGH. This will involve the slowing down of expenditure on the development of business cases. Report submitted to July capital Sub-committee (CSC).									

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															Maintain dialogue with WG around the funding possibility for Withybush Hospital (WGH) Fire Phase 1 and Reinforced Autoclaved Aerated Concrete (RAAC).	Williams, Paul	Completed	Estates to provide costs information on both schemes to WG. Estates provided costs information on both schemes to WG and WG funding is now confirmed for both.								
															Review the costs and schedule of business cases to be progresses in 2024/25.	Rosser, Eideg	Completed	Review completed. DCP allocations amended to reflect the current position.								

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1544	Director of Strategy and Planning	Strategy and Planning	Strategic Development and Operational Planning: Planning	Davies, Lee	Ayres, Shaun	Hughes, Sharon	Hughes, Sharon	17-Jan-22	<p>There is a risk that HDdUHB will not achieve the WG ambition for a net zero public sector by 2030, as outlined in the NHS Wales Decarbonisation Strategic Delivery Plan.</p> <p>This is caused by: a) Timescales for Health Board's existing organisational transformational plans do not align to decarbonisation ambitions; with capital build process/ regime impacting ability to drive forward changes to our estate. b) Not securing sufficient resource (internal staff/ external support), capital and revenue funding. c) Significant operational and financial pressures (Targeted Intervention (TI)) have impacted our ability to deliver the programme within planned timescales. d) Current estate infrastructure/ electrical capacity is aged and</p>	<p>Executive Team support for the programme is in place and a shared programme management resource allocated. Approved Decarbonisation Delivery Plan in place to prioritise and focus efforts which we aim to review/refresh in Quarter (Q) 3/4 2025/26 Organisation wide engagement / activity as part of the Strategic Property and Environment Group and Governance. Regular communications/ reporting to WG Health and Safety Committee (H&SC) Climate Change team and reporting of performance, risks and issues. Colleagues associated with transformational plans are part of the Strategic Property and Environment Taskforce Group and can guide/monitor the planned transformational activity and work to ensure alignment across organisational objectives. Key leads from Procurement, Estates, Transport and wider membership are</p>	Business objectives/projects	3	2	6	<p>There are unknowns linked to WG funding and carbon baseline reporting boundaries, as well as significant issues with the national grid capacity.</p> <p>The funding identified by WG is insufficient to deliver the initiatives in the plan and is always over subscribed.</p> <p>The audit report highlighted the recommendation 'to have a fully costed plan' which is unachievable because to provide accurate costings requires funding for feasibility and optimisation type studies (which will go out of date unless actioned early and this will result on that spend</p>	<p>Risk actions are to be established following discussion at the next Decarbonisation Task group in January 2023.</p> <p>Appropriate HDdUHB representatives to respond to consultation on the NHS Decarbonisation Delivery Plan, which includes engagement in WG review workshops.</p> <p>Explore external funding opportunities. This will be ongoing every year.</p>	Williams, Paul	Completed	Complete- risk actions now added.	Strategy and Planning Committee	3	2	6	<p>The net zero target of 2030 is not achievable. We formally wrote and advised WG of this in Autumn 2023 and have again reported the same message within our Net Zero Annual Qualitative Report. This is the same pattern across all Health Boards/ Trusts in Wales. NHS England have a target of 2050 and the H&SC Climate Change Board have been urged to align to England's target dates which is potentially more realistic. The funding needed to reach a net zero position across public sector bodies, particularly the NHS in Wales, is simply not available and retrofitting a very aged</p>	31/03/2030	21/05/2025

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									<p>not fit for purpose to deliver decarbonisation improvements.</p> <p>f) The significant demand and competition for WG and other relevant funding to be able to deliver decarbonisation feasibility and net zero initiatives successfully.</p> <p>g) Lack of NHS systems and structures around climate change and decarbonisation/route to net zero to create the necessary internal priorities and the unrealistic expectation that this entire agenda will be delivered from within existing NHS resources which are already under significant pressure.</p> <p>h) Change in baseline and reporting data that impacts targets.</p> <p>i) Emissions increasing in 2023/24 due to increases in estate footprints and supply chain spend, increased commuting/ business travel.</p> <p>This will lead to an impact/ effect on Non-compliance with Climate Change Act 2008, non-compliant with environmental standards and ISO, poor carbon and financial related</p>	<p>part of the decarbonisation planning/delivery and the relevant groups.</p> <p>Formal governance structure in situ since 2021/22 with reporting to the Strategy and Planning Committee and Board.</p> <p>Key barrier/ risks identified and monitored via established bi-annual Decarbonisation Co-ordination Reporting (DCR) Reporting and risk/issues register.</p> <p>Excellent channels of communication/integration across strategic planning and transformational plans, with dedicated groups/workstreams which report back to WG national Programme Boards.</p> <p>Health Board informed WG in September 2023 of the inability to meet targets and deliver many of the initiatives within the Delivery Plan.</p> <p>Internal audit report recommendations are all complete apart from one which recommended we have a fully costed plan. Unable to meet this control measure because a fully costed plan requires additional funds/ resource that we do not have and it would be</p>						being wasted). This has been highlighted to the auditors and to WG Climate Change Team via IQPD meeting in March 2025. The Director of Strategic Planning (DoSP) has been advised that achieving a fully costed delivery plan position requires external support because HDdUHB do not have the finances, capabilities or expertise to deliver this within existing resource..	Build decarbonisation and sustainable approaches into existing Health Board processes and pathways. DoPH to develop a Climate Adaptation Plan to further enable a whole system approach to the Health Board adapting to the impacts of climate change.	Williams, Paul -	Completed	Training slides are being amended by August 2025 to include info on climate mitigation and adaptation which will form part of the Service and Quality Improvement training for all clinical and other staff, the first training session using the new updated slides will be in September 2025 which supports the Sustainability in Quality Improvement (SusQI) framework. SH has also prepared a briefing document on the broader climate change and sustainability agendas that includes mapping and gapping activity for the Executive Team to raise awareness of our responsibilities in it's entirety. The Sustainability in Nursing Lead, supported by Procurement is taking forward a number of green/sustainable healthcare projects. DoPH is leading the development of a Climate Adaptation Plan to ensure the whole system can					estate is not good value. Reducing supply chain emissions is extremely challenging and there is a lack of control in this area, typically due to existing contracts, reusables being more costly than single use, sourcing not willing to support localised pilots/proof of concepts.		

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									performance, adverse publicity, reduction in stakeholder confidence, reputational damage and increased scrutiny from WG. Possible legal implications from fines for non-compliance with law/ legislation. Risk location, Health Board wide.	outdated within only a few months - this did not offer value to the Health Board or WG and WG were advised of this outcome via Integrated Quality, Planning and Delivery Group (IQPD) meeting in March 2025. Successful in obtaining TEF to implement building retrofit projects e.g. window replacements, lighting replacement all with a net zero focus and products.								adapt to climate impacts and events, this will be presented for approval at the Board meeting in November 2025 and shared with WGov by the deadline of December 2025. L.Davies and P.Williams have also agreed for the Health Board's climate response to be a common theme/golden thread within the HDdUHB Strategic Refresh and CSP.								
															Review and consider any recommendations from the Decarbonisation Programme Audit Report.	Hughes, Sharon	Completed	All management actions have been completed apart from 1.1 which requires a longer term plan and will be considered as part of the Dental Access Portal (DAP) review in Q3/Q4 2024/25.								

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Lead Director	Original Due Date	Current Due Date	Barriers
WG Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R1.3 Scope of clinical pharmacy services and the relationship with multidisciplinary teams c) Health Boards and Velindre University NHS Trust should ensure the requirements for clinical and non-clinical pharmacy services are considered in all new service developments and in any clinical service redesign	Clinical pharmacy services are only sustainable if core pharmacy services are robust. In order to liberate time for clinical service development the access to medicines functions need to be modernised for centralised coordination and localised delivery. Creation of a hub within directorate budget can achieve this. This will include development into logistical support to increase the productivity of the clinical pharmacy service to expand their capacity e.g. dedicated IT support, data analytics and communications. Senior Management team	Primary Care, Community Strategy and LTC	Chief Operating Officer	30/09/2024	30/09/2024	Lack of space within the Health Board to hold a medicines hub that is central to deliver the support needed to all acute sites
WG Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R1.5 Improving pharmacy support to meet the NHS stated priorities a) Health Boards should ensure all Urgent and Emergency Care (UEC) settings receive a clinical pharmacy service and that appropriately trained pharmacist prescribers are incorporated into multidisciplinary teams (MDTs) within all Emergency Departments (EDs) and Same Day Emergency Care (SDEC) units as a priority	Current clinical pharmacy services provide support to these areas. Recruitment into SDEC units has been challenging, need review in where this fits into current service provision and where training needs lie. Pharmacists working within EDs may not be prescribers or are not actively prescribing within the role.	Primary Care, Community Strategy and LTC	Chief Operating Officer	30/09/2024	30/09/2024	Current financial constraints have prevented recruitment - if the roles are fulfilled utilising current vacancies there is concern for clinical safety within the acute sites
WG Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales	R2.1 Improving pharmacy workforce planning b) Health Boards and Velindre University NHS Trust chief pharmacists should ensure the organisation has a pharmacy workforce plan to support and expand advanced and consultant pharmacist practice and to identify more clinical roles for pharmacy technicians	Work currently ongoing to develop workforce plan. Beginning planning for development and training of consultant and advanced practice pharmacists. Expand the role of pharmacy technicians using enhanced training courses.	Primary Care, Community Strategy and LTC	Chief Operating Officer	30/04/2025	30/04/2025	

1.8

10:10, 10 Mins

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 information

Attachments

[1.8 SPC De-escalation Criteria Assessment August.pdf](#)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



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.



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.



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.



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 siloed planning streams.

Criterion 5 - Evidence of Integrated Planning



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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.

Criterion 5 - Evidence of Integrated Planning



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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.



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.



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.



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.



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.



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.



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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SAFE | SUSTAINABLE | ACCESSIBLE | KIND



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2 - Strategy, Planning and Partnerships

2.1

10:20, 25 Mins

2.1 - Strategic Refresh

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Paul Williams (Hywel Dda UHB - Assistant Director Of Strategic Planning)

| For assurance

Attachments

[2.1 Strategic Refresh July 2025.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 August 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Refreshing the A Healthier Mid and West Wales Strategy
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	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 Trafodaeth/For Discussion

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report sets out the progress made on processes being undertaken to refresh Hywel Dda University Health Board's (HDdUHB's) A Healthier Mid and West Wales (AHMWW) strategy, as well as some of the initial high level strategic thinking which could shape long-term planning and early priorities. This is done in order that the Board might discuss and endorse the approach and thereby allow HDdUHB to be clear with staff, the public and partners on the approach being taken.

The report also summarises the latest discussions with Welsh Government (WG) colleagues on a possible way forward in relation to HDdUHB's strategic infrastructure challenges in support of the clinical strategy.

Cefndir / Background

The previous report presented to Board in [May 2025](#) set out a methodology for undertaking the refresh of the strategy, alongside the supporting engagement that would be required to test areas of change as and when identified.

To support this work, it was also noted that having a set of design principles to guide and shape this work would support a collective vision and help ensure that all areas of the Health Board were able to contribute to the same strategic direction.

In order to support this work, continuous engagement will be needed to test areas of change or deviation as and when they are identified. Currently we are testing people's views on 'what is important to live a healthy life', which will be used to test and challenge services in their planning, but later we will want to test specific areas of our strategy.

Rather than undertaking this in large events, we plan to test parts of the strategy in smaller pieces to allow people to focus on the individual parts which are most important to them. We

are also seeking other ways to engage with our public, particularly those who may be outside our traditional reach to gain a richer insight into what our wider population may need. The Board has been kept abreast of a series of discussions with WG colleagues led by the Deputy Chief Executive, NHS Wales, which have focussed on how the Health Board might make progress with the strategic infrastructure investment challenges which were set out in the AHMWW Programme Business Case submitted to WG in February 2022. These discussions have highlighted the capital affordability challenge experienced by WG and alternative scenarios and approaches that might be considered. A further meeting was held on the 3 July 2025 and the position reached is summarised in this report.

Asesiad / Assessment

1. STRATEGIC REFRESH PROCESS

Design principles update

In the last report presented to Board, an update was provided that work to develop a series of design principles would be undertaken to both shape the Strategic Refresh and support the design of future planning and service provision.

A series of draft principles were presented to Board Seminar which looked to bring together the principles of the existing strategy, along with previous recommendations made by the Community Health Council, now Llais, to create a series of eight principles which aligned with the development of services which are safe, sustainable, accessible and kind.

These have also been shared with the Clinical Reference Group (CRG) for feedback and below are the draft principles:

- The strategy aims to deliver safe, sustainable, accessible and kind services. In realising and delivering the Strategic Refresh the Health Board, through a clinically led and co-designed approach, will:

Safe

- Bring together services where necessary to enhance resilience and improve standards for the longer term, ensuring that no service change takes place which would lead to care that was less safe or of a lesser quality than existing services, while striving for excellence
- Identify where capital investment could be used effectively to support the shift to community provision and address the ageing estate

Sustainable

- Prioritise the long term and sustainable development of primary care, community services and integration with social care, the third sector and carers
- Further the development of wellness services rather than an illness service through the development of a Social Model for Health and Wellbeing, responding to population health needs

Accessible

- Find accessible ways of supporting citizens through technology and other means to stay healthy, independent and in their own homes
- Consider transport within strategic plans with a willingness to innovate, a clear understanding of need, and involve transport providers including third sector

Kind

- Be a learning organisation, listening to patient and staff experiences and sharing feedback gathered when delivering services to provide kinder care
- Work in partnership to optimise opportunities for improved population health and wellbeing and provide seamless care across boundaries, including being mindful of cross border issues, for our own residents and those living in other Health Board areas who could be affected

As part of our continuous engagement, we will seek to test these further to ensure that they are supportive of our strategic planning processes and the role the Health Board plays within the community.

Engagement update

Since the endorsement of the engagement approach at May 2025's Public Board, the Strategic Refresh page on 'Have your say' was launched, outlining the key question we are asking our communities to respond to:

'What is important for you to live a healthy life?'

Due to the breadth of engagement activity currently underway across the Health Board, with two public consultations; Clinical Services Plan (CSP) and the Minor Injury Unit (MIU) at Prince Philip Hospital (PPH), we have focussed our activity to date on utilising engagement events already in schedule, to encourage members of the public to 'Join the conversation.' To date this has included consultation public drop-in events and other on-going engagement events, across our three counties and bordering communities.

To enable members of the public to more easily share their views during face-to-face events, we have produced and printed postcards. Two formats have been designed which can either be handed in during events or taken away and posted back to us, using the pre-filled freepost address.

Over the coming months, leading to the end of August 2025, we are also exploring further opportunities to increase engagement. We are committed to broadening the networks we are receiving responses from and ensuring we hear from as diverse a representation of our population as possible. This includes targeting social media activity and running a YouGov survey. We will also be reaching out to groups and networks, third sector organisations, attending public events and ensuring our staff also join the conversation.

Progress made to date

Work has continued to progress on the Strategic Refresh, both internally and with Swansea Bay University Health Board (SBUHB), to ensure that where there is opportunity to align thinking, there is a clear and tangible link between both organisations' strategies.

Internally the work is focussing on identifying which areas of the strategy require revisions, such as updates to numbers such as population and workforce etc. but which fundamentally do not change the Strategy, and which areas need refreshing because our thinking or ways of working have advanced since 2018.

To support this, we have linked with the Executive Improving Together sessions (EITs) to explore whether Clinical Care Groups (CCGs) and corporate functions identify areas that remain unchanged, areas which require refreshing, and new areas for development which were not previously considered in the existing strategy.

Where areas are identified that require refreshing, work will be undertaken to determine which parts are open to influence and where we might seek wider public and stakeholder views through continuous engagement, and which elements may need a wider engagement as part of later strategic delivery plans as a result of the emergent refreshed strategy.

To further support this, discussions will take place at Board Seminar in August 2025 to formalise the scope of the refresh required to deliver the strategic vision to 2040 in order to support the engagement required for elements needing to be tested.

Externally we have had initial meetings with SBUHB to develop a shared understanding of where both organisations are in the refresh of strategies as well as CSP developments. This sharing of information has allowed for some initial mapping of Board Assurance Framework (BAF) metrics in use by both organisations and gain an understanding of how we are both taking forward our work on CSPs both locally and regionally.

The results of this work will be used to help shape and inform the refresh of the BAF as part of the 2026 planning cycle and longer-term strategic planning.

Initial findings

Further to the work undertaken as part of the EITs, key leads from areas which play a significant part in our strategic direction were asked to provide a high-level summary of the strategic thinking in relation to partnership working, population health and digital covering the current position and key challenges, the thinking on the long term plan and early priorities.

In particular, they were asked to consider any key assumption changes from the original AHMWW strategy that we may need to communicate as part of the strategic refresh engagement or ask a question about to inform the strategy. These may not be a complete change (in assumptions), rather it may be that we feel we could now go further in certain aspects.

We plan to use these early emerging priorities, alongside the feedback from the EITs to inform next year's priorities within the 3-year planning cycle.

2. POPULATION HEALTH AND PARTNERSHIP WORKING

Population Health

The updated 2025/26 A Regional Collaboration for Health (ARCH) Health Needs Assessment (HNA) for HDdUHB will highlight key trends and issues in population health to inform refreshed strategic priorities. Several important themes are emerging.

The population in the region continues to age, a trend linked to lower fertility rates and youth migration. By 2039, it is estimated that 31.1% of HDdUHB's population, and 33.5% of Pembrokeshire's population, are projected to be over 65 years old. This will be associated with further increase in chronic and age-related diseases, as well as a recent stagnation in life expectancy.

Ongoing social and economic disparities are associated with variations in the prevalence of diseases such as cancer, heart disease, and respiratory disease. While risk factors including diet, physical inactivity, and alcohol consumption continue to be of central relevance, declining smoking rates have shifted the predominant preventable disease burden in the region toward obesity and overweight. Data indicate increased participation in preventive measures like cancer screening and immunisation programmes following disruptions caused by the COVID-19 pandemic. The findings also point to the relevance of strategies that address environmental

and systemic influences, in addition to individual health behaviours, to address health equity as a factor influencing health outcomes. In line with the national picture, these trends have continued to contribute to widening social inequalities in life expectancy. In HDdUHB, the gap between the most and least deprived groups has increased: for males, from 3.8 years (2011–2013) to 4.7 years (2020–2021); for females, from 3.3 to 4.5 years over the same period. This persistent widening highlights the growing impact of socioeconomic factors on health outcomes within the region.

Caring for older people and those with long-term conditions is identified as a key need. The data supports ongoing development of preventative strategies to improve early years health, promote healthy ageing, and encourage self-management among individuals with long-term needs.

Overall, major disease burdens are expected to rise in the next decade, including a 22% increase in diabetes (29,264 to 35,702), a 46% rise in heart failure (5,792 to 8,456), and a 12% increase in chronic obstructive pulmonary disease (9,544 to 10,689).

Partnership Working

HDdUHB serves as a statutory member of the Public Services Boards (PSBs) in Carmarthenshire, Ceredigion, and Pembrokeshire, as well as the West Wales Regional Partnership Board (WWRPB).

Delivery and sub-groups help the RPB and PSBs focus on specific areas highlighted in population health assessments and included in Well-Being Plans that match the Health Board's vision. Each PSB Well-Being Plan addresses four key priorities, with an emphasis on reducing inequality and poverty. Supported through County Prevention Partnership Funds, key areas of prevention are prioritised on an annual basis for short term funding aligned to the well-being objectives for each PSB Well-Being Plan.

The RPB Preventions Board, co-chaired by the Executive Director of Public Health, oversees a work programme dedicated to strengthening resilience and implementing early intervention strategies in four priority areas:

- Community-based care: Supporting local care and prevention, including services outside of hospital settings.
- Emotional health and wellbeing: Promoting emotional support in the community.
- Innovations forum: Fostering new ideas that add social value to the region.
- Regional engagement: Ensuring ongoing public involvement in shaping services.

A SMfHW, supported by public and third sector partners, provides a regional framework focused on prevention and addressing health inequalities. The model acknowledges that health is influenced by social, economic, and environmental factors, and seeks to support individuals in managing their own health. This approach forms the basis of long-term strategies for early intervention and prevention that will underpin long-term health service sustainability.

The Dyfed Area Planning Board (APB) provides regional leadership and coordination for tackling substance misuse by bringing together representatives from health, police, local authorities, and other statutory agencies. Working in line with WG strategies, the APB pools resources to improve planning, service delivery, and performance management, ensuring statutory responsibilities are met through strong partnership. Chaired by Dr Ardiana Gjini, Executive Director of Public Health, with Vice Chair Clark John Jones (Dyfed Powys Police),

the APB sets the strategic direction and develops local plans to address alcohol and drug misuse across the region.

3. DIGITAL

Following the development of the A Healthier Mid and West Wales strategy, the Health Board produced 'Our Digital Response 2020 – 2025' to set out how digital and technology would support the delivery of the strategic aspirations; how we bring the Digital Response phase to a close; and we reflect on a period marked by rapid innovation, resilience, and adaptation. This phase was critical in enabling the Health Board to respond swiftly to unprecedented challenges, particularly during the COVID-19 pandemic. It accelerated the adoption of digital tools, virtual care models, and remote working practices, laying a strong foundation for future transformation.

However, the context in which we operate has evolved. The demands on our health and care system are growing in complexity, and the expectations of patients, staff, and partners continue to rise. In response, we are now entering a new chapter: a refresh that builds on the momentum of the Digital Response, but shifts focus toward long-term, sustainable, and system-wide digital transformation.

This refresh is not a reset - it is a refinement and elevation of our digital ambitions. It will align with national priorities, reflect lessons learned, and incorporate emerging technologies such as Artificial Intelligence (AI), digital therapeutics, and precision health. Our approach will be inclusive, evidence-led, and co-designed with patients, clinicians, and partners to ensure it meets real-world needs.

The refreshed response will be structured around clear priorities, measurable outcomes, and a robust delivery framework. It will also embed digital inclusion, ethical innovation, and workforce development as core enablers of success. This is not just about technology - it's about transforming how we deliver care, how we work, and how we improve lives.

The revised Digital Response will set out a bold and future-focused vision for transforming healthcare delivery across HDdUHB. It moves beyond digitising existing services to fundamentally reimagining how care is delivered, accessed, and experienced. The Response is built around key pillars such as patient safety, digital inclusion, virtual care, and innovation, all underpinned by a commitment to equity, sustainability, and person-centred design. It recognises that digital transformation is not just about technology, it's about reshaping culture, leadership, and systems to meet the evolving needs of patients and staff.

A standout feature of the response will be its ambitious approach to AI. The Health Board aims to become a leader in safe, effective, and person-centred AI adoption within NHS Wales. AI is positioned as a transformative enabler across diagnostics, clinical decision support, predictive analytics, and operational efficiency. Recent cases include early detection of diseases through imaging, real-time monitoring of patient deterioration, and AI-driven care planning. The response will also outline plans for digital twinning, conversational AI, and automation of clinical documentation, each designed to enhance care quality and free up clinical time.

To support this, the Health Board will establish a structured AI programme with robust governance, ethical oversight, and a focus on high-quality, interoperable data. Recognising the risks of bias and poor data quality, the response commits to rigorous validation, transparency, and explainability in all AI applications. It also highlights the importance of aligning with national frameworks and building internal capability to safely scale AI across clinical and operational

domains. This forward-thinking stance ensures that AI is not just adopted but embedded responsibly and effectively.

The response will also envision a digitally empowered population, where individuals can access and contribute to their health records, manage care through interactive plans, and use digital therapeutics for long-term conditions. By integrating wearable data and patient-reported outcomes into clinical systems, the Health Board aims to shift toward precision health, tailoring interventions based on individual risk factors and behaviours. This approach supports earlier intervention, better outcomes, and more efficient use of resources.

Equity is a central theme throughout the plan. The Response will look to address digital exclusion by providing devices, connectivity, and training to underserved communities. The response also commits to co-designing inclusive services and building trust in digital tools. This ensures that the benefits of transformation are shared across all demographics, reducing health inequalities and improving access to care in rural and disadvantaged areas.

Finally, the response lays the foundation for a sustainable innovation ecosystem, supported by strategic partnerships with academia, industry, and the third sector. A dedicated innovation framework will guide the identification, evaluation, and scaling of new technologies, ensuring alignment with clinical needs and system priorities. With strong leadership, increased investment, and a culture of continuous learning, the Health Board is positioning itself at the forefront of digital health transformation, ready to adapt, adopt, and lead in a rapidly evolving landscape.

4. STRATEGIC INFRASTRUCTURE INVESTMENT

Discussions with Welsh Government on the 3 July 2025 focussed on the status of the AHMWW Programme Business Case (PBC), the strategic options for the Health Board and the national funding models for major infrastructure. As previously reported to Board, the scale of the investment sought by the Board for a new Urgent and Planned Care Hospital and associated investment at other Hospital sites to help deliver the AHMWW Strategy is at present unaffordable. Nonetheless it is accepted that substantial investment is required to address the estate and clinical fragilities across West Wales.

Whilst the formal feedback from the discussion is awaited, the summary position reached is understood to be as follows:

- No formal response has been forthcoming from WG in relation to the AHMWW PBC submitted in February 2022. WG confirmed that this document is no longer fit for purpose and a new approach will be required
- WG had agreed to explore the possible funding framework for the scale of investment set out by HDdUHB and others across Wales. There is unlikely to be any quick solution to this issue
- There was agreement that there are a number of fixed points within the strategic options for HDdUHB. These include Prince Philip (PPH) and Bronglais (BGH) hospitals remaining as key sites, the importance of developing community hubs such as Cross Hands and North Pembrokeshire and the position that, in any service scenario, there will be a need to redevelop Wityhush Hospital (WGH), recognising the scale of redevelopment is still to be determined. This is based on the significant structural estate deterioration for which the risks are being managed and mitigated but for which there is no realistic long-term solution other than replacement

- WG therefore set out a scenario whereby HDdUHB might consider proposing the phased redevelopment of the WGH site with an initial strategic proposal being prepared for WG consideration at an Infrastructure Investment Board (IIB) in Autumn 2025
- To take advantage of this route, HDdUHB will need a clear CSP, to set out the clinical priorities for the site for the first stage of development; and be able to agree a hospital site development control plan. The capital and revenue costs implications will need to be broadly understood and supportable and the benefits clearly articulated
- WG indicated they may be willing to support the cost implications associated with the estate planning requirements for this stage. HDdUHB will approach WG for capital support to update the 2018 Major Infrastructure PBC. This update will enhance HDdUHB's understanding of the technical and condition-related risks across the hospital site and inform the development of Hospital Site Development Control Plans to support further phased investment discussions

WG indicated the route map could involve prioritised, phased developments, particularly relating to WGH and Glangwili Hospital (GGH), to be set out and delivered sequentially over time, supported by the appropriate business cases. HDdUHB would need to work collaboratively with WG teams to develop the detailed approach and practical implementation of this proposal. The Committee should note that whilst a phased approach may be more affordable for WG, it could result in higher overall capital requirements and increased revenue costs, particularly as existing buildings cannot be fully decommissioned until all replacement facilities are operational.

Argymhelliad / Recommendation

The Board is asked to:

- **DISCUSS** the approach being adopted to refresh the AHMWW Strategy including the associated work with Swansea Bay UHB
- **DISCUSS** the challenges and opportunities relating to population health, partnership working and digital
- **DISCUSS** the outcome of discussions of the 3rd July 2025 with WG colleagues relating to capital investment in support of the AHMWW Strategy

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<p>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:</p> <p>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;</p> <p>2.1.1.2 Business cases and service planning proposals;</p> <p>2.1.1.3 The alignment of supporting and enabling strategies, including workforce, capital, estates and digital;</p> <p>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;</p>
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Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 1196 - Insufficient investment in facilities/ equipment/digital infrastructure (risk score 16)
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Team Board Seminar Clinical Reference Group

Effaith: (rhaid cwblhau)

Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Contained within key elements of the work programmes – overarching the Programme Business Case (PBC) and Strategic Outline Case (SOC) sets out both the revenue and capital funding assumptions for the programme including a detailed Financial Case section in the PBC.
Ansawdd / Gofal Claf: Quality / Patient Care:	Implicit within the PBC and SOC. This is an integral part of the PBC and SOC case for change.
Gweithlu: Workforce:	Implicit within the PBC and SOC. This is an integral part of the PBC and SOC case for change.

Risg: Risk:	Risk 1196 Insufficient investment in facilities/ equipment/ digital infrastructure.
Cyfreithiol: Legal:	Implicit within the PBC.
Enw Da: Reputational:	Implicit within the PBC.
Gyfrinachedd: Privacy:	Implicit within the PBC.
Cydraddoldeb: Equality:	There is an Equality and Health Impact Assessment which will remain 'live' through the duration of the programme.

2.2

10:45, 15 Mins

2.2 - Annual Plan Progress: Including Planning Objectives Update & Forward Planning Process

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

| For discussion

Attachments

[2.2.1 SPC SBAR Annual Plan Update August 2025.pdf](#)

[2.2.2 20250630 - Hywel Dda - Escalation Framework - final version.pdf](#)

[2.2.3 20250714 - NW-AH-AS - Letter re Planning Together for Winter 2025 26 - Expectations and key actions \(E\).pdf](#)

[2.2.4 2025-07-28 JP letter to PK- IMTP Accountability Conditions - HDUHB.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 August 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on 2025/26 Annual Plan
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 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 update on the 2025/26 Annual Plan is provided in the context of evolving accountability requirements from Welsh Government. Since the plan's submission in March 2025, three significant developments have reshaped the Health Board's delivery framework.

First, correspondence from Welsh Government, including the Health Board's accountability conditions letter (28 July 2025) confirms the Annual Plan remains "unacceptable and unsupported", requiring material improvements to the financial forecast, including achievement of the 2024/25 outturn position (£24m) rather than the submitted £31.5m deficit.

Second, the most recent de-escalation of the Health Board and revised de-escalation criteria (August 2025) have raised performance thresholds for domains at Enhanced Monitoring, with Cancer now requiring 63% Single Cancer Pathway compliance and new explicit Referral to Treatment targets for Planned Care.

Third, winter planning requirements issued in July 2025 establish three winter goals that must be integrated into our operational delivery, including preparation for 45-minute ambulance handover standards from October 2025.

The Committee needs to understand that these developments fundamentally alter the planning assumptions within the Annual Plan and create interdependencies that require careful oversight to prevent achievement in one domain compromising performance in another.

Finally, the paper provides an overview of progress with the 2026/27 Planning Process.

Cefndir / Background

Annual Plan Submission and Statutory Context

The Health Board submitted its 2025/26 Annual Plan in March 2025 with a deficit position of £31.5m, meeting the Target Control Total communicated at that time. As confirmed in the Director General's letter of 28 July 2025, submission of an annual plan rather than a balanced three-year Integrated Medium-Term Plan means the organisation has not delivered its statutory duty under Section 175(2A) of the National Health Service (Wales) Act 2006. This breach of statutory requirements continues to underpin our Targeted Intervention status.

The plan was developed through comprehensive engagement between October 2024 and March 2025, incorporating ten Planning Objectives designed to drive strategic improvements. However, Welsh Government's assessment identifies that whilst the plan aligns with our longer-term strategy "A Healthier Mid & West Wales" and demonstrates progress on the Clinical Services Plan, it carries risks requiring active management through quarterly accountability reporting.

Evolution of Requirements Post-Submission

Following submission, Welsh Government correspondence in April and June 2025 indicated that the £31.5m position represented deterioration from the 2024/25 outturn. The subsequent accountability conditions letter establishes a new baseline requirement: delivery of at least the 2024/25 outturn of £24.1m, representing a £7.4m improvement from our submitted position. This shift from Target Control Total to previous year's outturn as the minimum acceptable position fundamentally changes our financial planning assumptions.

Additionally, the Chancellor's Budget introduced Employers' National Insurance Contribution increases with a £2m funding shortfall for the Health Board, necessitating a forecast revision to £30m instead of the proposed improvement to a £28m deficit. Consequently, the aspiration to achieve £24m now requires identification of £6m additional savings, with Quality Impact Assessments required for all schemes by 15 August 2025.

De-escalation Progress and Revised Criteria

The March 2025 de-escalation of three domains from Targeted Intervention to Enhanced Monitoring represented significant progress. As anticipated, the July 2025 Escalation Framework confirms that Enhanced Monitoring brings stricter performance requirements with immediate scrutiny of any deviation. Notably, Child and Adolescent Mental Health Services has progressed further to Level 1 (Routine Oversight), demonstrating that sustained improvement can achieve full de-escalation.

The revised criteria establish increased thresholds. Cancer services must now achieve 63% Single Cancer Pathway compliance (increased from 60%) for three consecutive months. Planned Care faces new explicit targets including 100% compliance for patients waiting under 52 weeks and under 104 weeks, alongside 75% under 26 weeks and 80% under 36 weeks. These represent formal criteria where previously targets were less clearly defined, primarily focusing on 52/104-week measures.

Planning Objectives for 2025/26

A key element of the Annual Plan remains our 10 Planning Objectives, four of which are aligned to this Committee. Work has been undertaken to develop 'Plans on a Page' – annex 1.

Planning Cycle for the development of the 2026/27 Plan

Although early in the year, the development of the Planning Cycle for the development of the 2026/27 Plan has begun. This is in-part recognition of feedback received from Operational Teams and through the Medical Leadership Forum.

Asesiad / Assessment

Accountability Conditions and Annual Plan Implications

The accountability conditions establish twelve specific requirements that directly affect annual plan delivery. For the Strategy and Planning Committee, the most pertinent aspects relate to how these conditions necessitate integrated planning across domains. The requirement to deliver the 2024/25 outturn while maintaining performance in recently de-escalated areas creates planning tensions that this Committee must be aware of with whilst avoiding overlapping with the Finance and Performance Committee (FPC).

The change in financial expectations from £31.5m to achieving £24m represents more than a numerical adjustment; it requires fundamental reconsideration of service delivery models. Every savings scheme must undergo Quality Impact Assessment by 15 August 2025, with Board-level assurance required that statutory, quality, and safety standards are maintained. This creates a critical dependency between financial recovery and performance delivery that falls within both this Committee's and FPC remits as the planning assumptions in the annual plan will require changing and/or modification.

The requirement to develop a trajectory and roadmap to financial balance extends beyond 2025/26, necessitating alignment with the Strategic Refresh, Clinical Services Plan, Primary and Community Care Strategy, and estate planning - all within this Committee's purview. The three-year path to breakeven, with in-month balance required by March 2027 to secure £26m conditional funding, shapes the strategic context for our Planning Objectives as these should now serve as our building blocks to the realisation of an IMTP that delivers all aspects of the Health Board's statutory requirements and wider priorities.

The expectation is that the accountability conditions are monitored on a quarterly basis through the year.

As part of the on-going communication of the 2025/26 Plan, in collaboration with Communication colleagues both a public facing video, and a web page have been created which summarise the intentions of the Plan:

- Video: https://youtu.be/q3F36ic32NY?si=vkvXLTWV8_G6mUz6
- Webpage: <https://hduhb.nhs.wales/annual-plan>

Winter Planning Integration

Welsh Government's winter planning requirements, communicated through the "Planning Together for Winter" toolkit (July 2025), establish three winter goals that directly align with annual plan delivery. These goals - building community capacity, maximising hospital capacity, and optimising patient flow - align with a number of Planning Objectives including (Urgent and Emergency) Care, 7 (Primary and Community Strategic Plan) and 10 (Population Health). The requirement for regional integrated self-assessment by 12 September 2025 necessitates coordination through Regional Partnership Boards, adding complexity/considerations to our planning architecture.

Of particular relevance is the ambulance handover requirement. While not technically within the Targeted Intervention framework, Welsh Government has mandated achievement of 45-minute handovers from 1 October 2025, with progression to 15-minute targets anticipated. Current performance at Glangwili Hospital shows only 38.8% compliance with 45-minute standards (week ending 30 July 2025), compared to an all-Wales average of 58.4%. This operational challenge has strategic planning implications, as achieving the standard while delivering financial savings requires fundamental service changes rather than incremental improvement. It is worth noting that this requirement is significantly in excess of the Annual Plan ambitions and targets.

2026/27 Planning Cycle Development

The development of the 2026/27 planning cycle has commenced earlier than previous years, responding to feedback from Clinical Teams and the Medical Leadership Forum about the importance of early engagement. The planning process operates within an exceptionally complex strategic environment shaped by multiple concurrent factors that the Committee must understand to provide appropriate oversight.

The strategic context includes the ongoing refresh of "A Healthier Mid and West Wales", structured around three phases of Discover, Design, and Deliver, with completion expected in early 2026. This refresh recognises that assumptions from the 2018 strategy have shifted, requiring fundamental reconsideration of our long-term vision. Parallel to this, the Clinical Services Plan advances options appraisal for nine acute and specialist pathways, requiring decisions about site configuration within severe capital constraints.

The Primary and Community Services Strategic Plan, acknowledging that 90% of NHS activity occurs outside hospitals, demands investment shift towards community settings at a time when acute pressures pull resources in the opposite direction. Regional working requirements through the Joint Committee with Swansea Bay add another dimension, with Welsh Government mandating demonstrable progress on five specific service areas as part of our de-escalation criteria.

The financial roadmap heavily shapes planning parameters, with the requirement to achieve breakeven by March 2027 whilst operating with a material underlying deficit. The planning process must align ambition with affordability, ensuring all proposals are deliverable within the available resource envelope. This is complicated by operational fragility across our Clinical Care Groups, with workforce challenges particularly in emergency medicine and radiology, and infrastructure limitations that constrain transformation options.

The Planning Maturity Matrix assessment highlights progress in operational domains but identifies ongoing challenges in fully articulating system-wide strategy and multi-year financial planning.

The convergence of these workstreams presents specific risks that require Committee awareness. Senior leaders, clinical leads, and planning teams are engaged across multiple programmes simultaneously, delivering immediate operational improvements for winter, implementing £6m savings with associated Quality Impact Assessments, developing strategic plans across three major programmes, and engaging in regional negotiations. This creates capacity challenges where the same individuals are required to oversee and drive multiple complex work programmes, risking either superficial engagement or fatigue.

The planning timeline has been structured to identify critical decision points where trade-offs between competing priorities will require Board consideration. The risk register has been

updated to capture service fragility risks, however, wider capacity constraints affecting strategic and operational programme delivery will require close monitoring. Especially given the complexity of managing interdependent workstreams, and the potential for regional requirements to influence local planning choices. The final plan for 2026/27 will need to articulate not just delivery intentions but also the organisational choices made to balance strategic progress with operational sustainability, providing transparency about resource allocation across competing priorities during this complex planning cycle.

Planning Objectives

The Planning Objectives remain a key element of the Annual Plan for 2025/26, and as noted in the SPC update in June 2025, four of these are aligned to the Committee, namely:

Planning Objective	Executive Lead	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	On Track
PO8: Estates plan	Director of Strategy and Planning	On Track
PO10: Population health	Director of Public Health	On Track

Highlight reports for Planning Objectives 7 and 8 are provided in annex 3; whilst deep dives are on the Committees agenda for Planning Objectives 6 and 10.

The scope of the Planning Objectives are described through their respective Plans on a Page – Annexes

Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** the update on the 2025/26 Annual Plan including the accountability conditions set out by Welsh Government
- **RECEIVE ASSURANCE** on the current position regarding the progress of the Planning Objective aligned to the Strategic and Planning Committee, in order to assure the Board that the Planning Objective is progressing and is 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
- **DISCUSS** the development of the Planning Cycle and risks for the production of the 2026/27 Plan

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.

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	6 Clinical services plan 7 Primary and community strategic plan 8 Estates 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 Plan 2025/26 Board May and July 2025
Rhestr Termiau: Glossary of Terms:	Not applicable
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Board May and July 2025

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:	Not applicable

Equality:



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1. Introduction

Following an assessment against the NHS Wales oversight and escalation framework in February 2025, Hywel Dda Bay University Health Board escalation levels are as follows:

- Level 4 for finance, strategy and planning, performance and outcomes related to urgent and emergency care, cancer and quality of care related to HCAs and fragile services
- Level 3 for performance and outcomes related to planned care, CAMHS and leadership and governance

Level 4 (targeted intervention) is the second highest level of escalation within the NHS oversight and escalation framework. It is applied when organisations have serious problems and where there are concerns that they cannot make the necessary improvements without external support. The Welsh Government will take and co-ordinate action and direct intervention to support the health board to strengthen its capability and capacity to drive improvement. It consists of a set of interventions designed to remedy the problems within a reasonable timeframe. The interventions will normally be undertaken by the NHS Wales Executive directed by Welsh Government. If appropriate, external support will be agreed with the organisation.

Level 3 (enhanced monitoring) occurs when Welsh Government has identified serious concerns related to the NHS organisation. Monitoring will be more frequent than that carried out under routine arrangements and may also take a wider variety of forms, including regular interactions and meetings in addition to written progress updates and submission of evidence, including updated action plans and qualitative and quantitative data. The NHS organisation will need to demonstrate that it is taking a proactive response to the escalation and will need to put in place effective processes to address the issue(s) and drive improvement itself. Welsh Government will co-ordinate activity to closely monitor, challenge and review progress.

2. Escalation history

In September 2022, the health board was escalated to targeted intervention from enhanced monitoring for finance and planning. Quality and performance remained in enhanced monitoring following concerns around urgent and emergency care, planned care including cancer, neurodevelopment and child and adolescent mental health services.

In January 2024, the health board was escalated to level 4 (targeted Intervention). The escalation of the whole organisation into level 4 reflected escalating concerns across all the domains within the oversight and escalation framework.

In March 2025, the health board was de-escalated to level 3 for performance and outcomes relating to planned care and CAMHS and for leadership and governance.

3. NHS Wales oversight and escalation framework

The NHS Wales oversight and escalation framework sets out the process by which the Welsh Government maintains oversight of NHS bodies and gains assurance across the system. It describes the escalation, de-escalation and intervention process, the five levels of escalation and the domains against which each health board will be assessed.

Interventions will be:

- Collaborative – we will seek to minimise duplication by working collaboratively with other national committees, groups and programmes.
- Collective – we will maximise shared knowledge by sharing common approaches, tools, guidance.
- Impact focussed - we will examine and seek assurance and evidence how organisations are obtaining assurance over delivery and impact of actions.
- Be undertaken with openness; transparency; and mutual trust and respect between the health board, Welsh Government, and the NHS Executive.

Whilst in escalation:

- Normal performance management arrangements will continue through the Integrated Quality, Planning and Delivery Board (IQPD) and Joint Executive Team (JET) meetings.
- Quarterly escalation meetings will be chaired by the Director General of the Health, Social Care and Early Years Group / Chief Executive NHS Wales – these will cover both the level 4 and 3 progress, but with a greater scrutiny on level 4 actions and impact.
- Finance, strategy and planning level 4 touchpoint meetings will be agreed with the Finance, Planning and Delivery team within NHS Executive - these will examine progress made against the action log, review evidence and agree outputs for inclusion at the Welsh Government led escalation meetings.
- The monthly IQPD meetings led by Welsh Government will be utilised to ensure effective ongoing oversight against the concerns related to performance and outcomes domain.

4. Roles and responsibilities

Welsh Government

1. Support a formal structure for reviewing and reporting progress.
2. Signpost relevant best practice guidance and frameworks.
3. Act as a critical friend and sounding board on existing practices and new developments.
4. Review and provide feedback on action plans.
5. Undertake and share relevant analysis and deep dives of national data.
6. Enable shared approaches to key national issues across Welsh organisations and promote shared learning.
7. Direct the NHS Executive to provide targeted support to areas of concern to help the health board to improve their progress against programme objectives.
8. Work with the health board on critical enablers relating to regional planning, clinical services redesign, infrastructure (digital and buildings).

Hywel Dda University Health Board

1. Appoint an SRO(s) for all areas of escalation.
2. Ensure Board ownership and oversight with a clear governance structure, ensure that the Board is appraised of the escalation plan and evidence regular progress updates to the Board on progress against de-escalation criteria.
3. To produce an enhanced monitoring/targeted interventions plan in response to the areas of concern and commit sufficient resources to ensure that the plan deliverables are achieved.
4. Provide progress reports and evidence against the escalation plan to Welsh Government.
5. Give assurance that there are formal review mechanisms in place within the health board to monitor and deliver the required improvements.

5. Finance, strategy and planning

5.1 Finance – level 4

The finance intervention and focus whilst in level 4 covers the following areas and the health board will be required to:

- Demonstrate financial governance and financial control environment mechanisms are robust and sufficient assurance is received on their effectiveness by undertaking a review of the financial management arrangements in place against an appropriate best practice framework(s) and developing and implementing an action plan to address any gaps in approach.
- Clearly articulate the drivers of the current deficit to inform a triangulated approach to identify and deliver actions that will improve efficiency, sustainably reduce costs, and maximise the sustainable use of resources.
- Demonstrate clear policies and processes supporting the identification, delivery and monitoring of all savings schemes and opportunities. This should include having a clear and robust opportunities framework (and pipeline) that contains realistic opportunities to support and manage the short-term challenges being faced, as well as driving the larger-scale transformational changes that will support long-term sustainability.
- Demonstrate and evidence an integrated planning approach and strategy to deliver as a minimum the target control total set for the health board, with a clear roadmap and key milestones for delivery of a breakeven plan over the medium term. This should include clear and realistic planning assumptions, which triangulates with the organisation's longer-term strategic objectives around service delivery, workforce, infrastructure, etc.
- Stress-test and challenge the health board's plan submission for 2025/26 and identifying opportunities for improvement.
- Evidence delivery of an improving financial trajectory in line with the organisation's Board approved plans, including significant progress towards delivery of the target control total; improved grip and control of the existing financial and operational pressures; and further progress around identification and delivery of opportunities.

Financial governance and control environment

- The financial governance framework at the health board is robust in both design and implementation, including a self-assessment against best practice frameworks.
- The financial committee structure is clearly articulated and addresses key risks.
- Financial reports and supplementary presentations include the analysis and narrative explanation required to enable management and board to discharge their duties.
- Financial controls at the health board are robust in both design and implementation, including a self-assessment against model frameworks, review implementation of the Standing Financial Instructions, internal audit reviews or other control reviews.

- The finance function has the necessary capacity and capability to support the needs of the wider organisation.
- Budget holders and managers are held to account for delivering their financial plans.
- That as a result of the above, it has developed and is delivering an action plan to improve the financial governance and financial control environment.

Understanding the existing deficit and key drivers

- There is a clear understanding of the cost drivers and investment decisions responsible for the growth in deficit across the organisation, including an explicit breakdown by key service area and cost driver.
- It has reviewed prior year investments to assess whether the planned benefits have been delivered.
- Has a robust process for challenging underlying deficits reported at local divisional levels.
- The drivers and investment decisions responsible for the growth in workforce are well understood; are reviewed for ongoing value; and are monitored through the Integrated Performance Report.
- The integrated performance reports clearly identify and monitor metrics against key activity cost drivers.
- Triangulated approaches to identify and deliver actions to improve efficiency and maximise the use of resources.

Development and realisation of opportunities

- Has a clear process and approach across the organisation to support the identification, delivery and monitoring of all savings schemes.
- Development of a comprehensive opportunities framework with a constant pipeline of opportunities, and establish clear roles and responsibilities for developing opportunities into saving schemes and subsequent delivery of these saving schemes.
- Is translating national opportunities identified through the Value and Sustainability Board into local savings.
- Has clear policies and processes in place to enable budget holders and managers to realise and deliver identified savings schemes.
- Value based health care principles have been embedded across the organisation.

Clear financial plan and strategy

- An integrated and triangulated plan, with clear and realistic planning assumptions to deliver a (recurrent) breakeven position over the medium-term, with a clear roadmap and key milestones for delivery.
- A clear engagement plan to communicate the necessity for financial improvement across the organisation.

Delivery of Plan

- It is delivering clear improvement in the planned financial trajectory for 2025/26 (significant progress towards delivery of the target control total), including further progress around identification and delivery of recurring opportunities.

De-escalation criteria

1. The health board must demonstrate that there are robust financial governance and robust financial control environment in place with risks minimised.
2. Substantial progress to be made in delivering the targeted intervention action plan including actions to improve the organisation's understanding of the existing deficit and key drivers and development and realisation of opportunities.
3. Annual plan developed with board approval demonstrating a substantial financial improvement trajectory to deliver as a minimum the target control total.

5.2 Strategy and planning – level 4

The strategy and planning intervention and focus whilst in level 4 escalation covers the following areas and the health board will be required to action and demonstrate areas as highlighted below:

Submission and delivery of an approvable plan

- Improved integrated planning evident across the organisation to develop an approvable IMTP, providing a route map towards the health board's longer-term ambition.
- Deliver a credible annual plan as a stepping stone towards a full and financially balanced IMTP.
- Make good progress in delivering the ministerial targets, delivery expectations and enabling actions (as set out in the NHS Wales Planning framework 2025-28), accountability criteria and the level 4 requirements.

Clinical strategy

- Clearly agreed refreshed clinical strategy and development of a clinical plan to lead future planning and investment decisions.
- Demonstrate how the clinical strategy and plan are driving decision making across the organisation.

Regional planning

- Ensure the delivery of key objectives are made through the Joint Committee with Swansea Bay University Health Board, demonstrating improved regional collaboration where required to ensure continued safety, quality and ongoing viability and sustainability of regional services, including orthopaedics and ophthalmology.

De-escalation criteria

1. Submission of an acceptable annual plan in line with the current planning framework.
2. Evidence of integrated planning across the organisation which supports the development of a coherent and deliverable annual plan.
3. Evidence of a clear roadmap and implementation of the health board's Clinical Services Plan.
4. Welsh Government's confidence in delivery based on an assessment against an agreed planning maturity matrix.
5. Progress made with regional planning in relation to orthopaedics, ophthalmology, stroke services, urology, and upper GI services in 2025/26.

6. Clinical services – level 4

The fragile services intervention and focus whilst in level 4 will alter over time in response to workforce and estate challenges. At this point the focus will be on the nine clinical areas identified in the clinical services plan as follows:

- Critical care
- Dermatology
- Elective orthopaedics
- Ophthalmology
- Urology
- Emergency general surgery
- Stroke
- Endoscopy
- Radiology

For each service, the health board will be expected to produce a summary document setting out the issues of concern, and action plans with agreed outcomes and access targets.

De-escalation criteria

1. Evidence that the health board has the appropriate mechanism to understand the drivers behind a fragile service through the triangulation of key data points, including staffing levels, staff and patient feedback, concerns, incidents, stakeholder feedback (HIW, Audit Wales, HMC, Royal Colleges, Llais etc), mortality reviews, duty of quality / candour, infection protection control, performance, clinical and medical leadership.
2. Fragile services are supported by strong clinical leadership, have an effective integrated improvement plan, project management structure and effective transformation support.
3. Progress is being made towards key performance metrics
4. Evidence that all recommendations from the Royal Colleges, HIW and other reviews specific to Hywel Dda UHB are discharged and either verified or delivered or scheduled for delivery within the health board's longer-term improvement plan.
5. Evidence that the Board is sighted on fragile services and has a robust response to these issues that is being addressed by the health board.
6. 65% R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment and maintained for 3 months.

7. Performance and outcomes

7.1 Urgent and emergency care – level 4

The performance and outcomes intervention and focus for urgent and emergency care (UEC) covers the following areas and the health board will be required to action and demonstrate:

Sustainable services

- Ensure that recovery and improvement plans are in place and that agreed priorities are being implemented, in accordance with evidence-based practice and national requirements.
- Improve unscheduled care performance to ensure that patients access safe, timely and clinically effective unscheduled care services, reducing waiting times, delays and improving quality.
- Deliver activity in line with agreed trajectories and implement any necessary changes where performance falls below trajectory.

Work with national programmes and respond to external reviews

- Work with and implement the recommendations from national programmes including but not limited to Strategic Programme of Primary Care, Six Goals for Emergency Care and the National Diagnostic and Endoscopy Programmes.
- Support the implementation and realisation of GIRFT and the national programme reviews opportunities.
- Develop a prompt response to any HIW unannounced inspections, Audit Wales and Royal College recommendation, developing and completing action plans that demonstrate sustainable evidence.

Communications and engagement

- Ensure that patients are clear where they can and should access support, signposting away from emergency services.

De-escalation criteria

- A continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for 3 months (Based on agreed baseline).
- Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across the health board.
- Continuous improvement in the median time from arrival at an emergency department to assessment by a clinical decision maker to achieve a maximum of 60 minutes.
- A continuous reduction in delayed pathways of care (with a focus on those caused by assessment issues) of 5% for three consecutive months and then maintained (based on agreed baseline).
- Assessment of health board response and handling of concerns, complaints, incidents and patient experience feedback related to UEC. Assessment of declared BCIs, including reasons why, actions taken, and lessons learnt.

7.2 Cancer – level 4

The performance and outcomes intervention and focus for cancer covers the following areas and the health board will be required to action and demonstrate:

Sustainable services

- A robust improvement plan in accordance with evidence-based practice and national requirements.
- Ensure compliance with all aspects of the NOPs
- Maintain cancer performance in line with the agreed standards and ensure that the backlog of patients waiting over 62 and 104 days is kept to a minimum agreed level.

Work with national programmes and respond to external reviews

- Work with and implement the recommendations from the Cancer Recovery Programme
- Effective responses to HIW unannounced inspections, Audit Wales and Royal College recommendation, developing and completing action plans that demonstrate sustainable evidence.

Communications and engagement

- Effective and meaningful engagement with patients related to the potential urgency of their condition, waiting times policies and the provision of appropriate support that keep patients well whilst waiting
- Ensure effective communication and engagement with general practice in relation to referral management

De-escalation criteria

- 60% performance maintained for 3 months against the SCP target.

7.3 Quality of care related to HCAs - level 4

The performance and outcomes intervention and focus for quality of care related to HCAs covers the following areas and the health board will be required to action and demonstrate:

Sustainable services

- Stabilisation of the increased trajectory of cases of HCAI and evidence of continuous improvement accompanied by a strong QI approach and plan that has oversight and monitoring by board Quality Safety Committee and Board.

Governance and Leadership

- The health board to have a clear improvement plan based on a root cause analysis to address the issue of hospital onset HCAs
- Clear and effective response mechanisms in place to respond to outbreaks reporting directly to Board

De-escalation criteria

- C-Diff: reduce the number of hospital onset infections by 25% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 8 cases to no more than 6 per month)
- Staph aureus: reduce the number of hospital onset infections by 33% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 3 cases to no more than 2 per month)
- E-coli: reduce the number of hospital onset infections by 25% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 7 cases to no more than 5 per month)

7.4 Planned care – level 3

The performance and outcomes intervention and focus for planned care covers the following areas and the health board will be required to action and demonstrate:

Sustainable planned care services

- A robust improvement plan in accordance with evidence-based practice and national requirements.
- Improved access to planned care with reduced waiting times in line with the de-escalation criteria.
- Delivery of the enabling actions in the 2025/28 planning guidance.
- Implementation of an outpatient's transformation plan in line with the requirements of the planned care programme.
- Impact of regional working arrangements.

Work with national programmes and respond to external reviews

- Work with and implement the recommendations from national programmes including but not limited to Planned Care Improvement and the National Diagnostic and Endoscopy Programmes.
- Support the implementation and realisation of the three Ps policy, GIRFT, theatre optimisation, the CIN optimisation programmes and related national improvement recommendations.
- Effective responses to HIW unannounced inspections, Audit Wales and Royal College recommendations, developing and completing action plans that demonstrate sustainable evidence.

Communications and engagement

- Effective and meaningful engagement with patients related to service changes, waiting times policies and the provision of appropriate support that keep patients well whilst waiting.
- Ensure that patients are clear where they can and should access support.
- Ensure that the benefits of new pathways such as straight to test, primary care management, self-management and see on symptoms pathways are communicated effectively.

De-escalation criteria

- 100% of open outpatient pathways to be waiting less than 52 weeks and maintained for 3 months.
- Continuous improvement towards 75% of all open outpatient pathways waiting less than 26 weeks.
- 100% of open pathways to be waiting less than 104 weeks and maintained for 3 months.
- Continuous improvement towards 80% of all open pathways waiting less than 36 weeks.
- 12% reduction in the number of patients delayed by 100% for their follow up appointment in three consecutive months and maintained for 3 months (Based on the November 2024 baseline.)
- 85% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for 3 months.

- 85% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 months.
- 85% of patients waiting for a NOUS and non-cardiac MRI to be waiting less than 8 weeks and maintained for 3 months.
- 90% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 3 months.
- Assessment of health board response and handling of concerns, complaints, incidents and patient experience feedback related to planned care.

7.5 Children and adolescence mental health services – level 3

The performance and outcomes intervention and focus for CAMHS covers the following areas and the health board will be required to action and demonstrate:

Sustainable services

- A robust improvement plan in accordance with evidence-based practice and national requirements.
- Maintain CAMHS performance in line with the standards set out in the Mental Health Act and Mental Health (Wales) Measure, for adult and children's services.

Work with national programmes and respond to external reviews

- Work with and implement the recommendations from the Inpatient Safety Programme
- Effective responses to HIW unannounced inspections, Audit Wales and Royal College recommendation, developing and completing action plans that demonstrate sustainable evidence.

Communications and engagement

- Effective and meaningful engagement with patients related to service changes, waiting times policies and the provision of appropriate support that keep patients well whilst waiting and that they are able to access the appropriate levels of support

De-escalation criteria

- 80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral.
- 70% of therapeutic interventions started within 28 days following an assessment by LPMHSS.
- 85% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan.
- Demonstrate a prompt response to any HIW inspections, concerns, incidents, never-events, coroners requests and regulation 28s.
- Improved patient and family feedback.

8. Governance and leadership – level 3

The governance and leadership intervention and focus covers the following areas and the health board will be required to action and demonstrate:

Governance

- That all parts of the organisation are clear on accountability and expectations at all levels to ensure successful delivery.
- Effective decision making that supports financial management, performance improvement, safe, timely and quality care.
- Revised standard operating processes are in place following the organisational restructure.
- Effective programme management, which defines objectives of the improvement work, has plans which show how the work is delivered and what barriers could impact on delivery of outcomes; effective, open and transparent reporting, with effective strategic Board oversight.
- Ensuring the health board is a data-driven organisation that ensures data is understood and utilised in decision making at all levels.
- Effective oversight and scrutiny of current service provision consistently being provided by the Board and the appropriate Committees.
- Succession and development plans in place to ensure operational efficiency at all times.

Leadership

- Demonstrate through delivery, leadership that enables the organisation to implement national strategic programme objectives.
- Lead the improvement in sustainable service delivery with increased focus on the short and medium term.
- Ongoing development of leadership and management skills at all levels / professions to strengthen management maturity.
- The organisation is focussed on all aspects of strategic workforce planning and maximising the skills of its current staff.
- Continuation of embedding / demonstrating lived values and behaviours throughout the organisation.
- Clinical leadership is visible and effective.
- There is evidence of positive shifts in culture in key areas such as multidisciplinary working.
- Senior leaders set the desired culture and tone for the organisation which promotes equality, inclusivity, openness and transparency.
- A culture of listening, learning, and improving is embedded throughout the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including patient outcomes, user and staff feedback.

Board Self-Assessment

- Review strategic risks and ensure that risk management is aligned with the health board's risk appetite.

- Ensure an appropriate governance framework is in place, particularly with regards to providing appropriate scrutiny of performance, leadership style and practice.
- Regular self-assessment against an agreed maturity matrix.
- Responding to the outcome of self-assessments and external assessments and observations by setting objectives that will improve effectiveness.

De-escalation criteria

1. Revised standard operating processes in place following the organisational restructure assessed as effective by internal audit.
2. Effective oversight and scrutiny of current service provision consistently being provided by the Board and the appropriate Committee(s) as demonstrated by Committee and Board papers, including evidence of Board considering the Duty of Quality to inform their decision making.
3. Effective programme and performance management structure is in place, with effective Board oversight and a clear performance and delivery framework that drives improvement.
4. Board is sighted on key risks and areas of concern on a regular basis and is able to offer constructive scrutiny on performance and effective oversight and scrutiny.
5. Clear governance and assurance systems in place with issues escalated appropriately through clear structures and processes.
6. A full and substantive Executive Director Team, with a clear organisational structure in place with robust succession and development plans in place to ensure adequate capacity and capability in all areas of the organisation to deliver high quality, sustainable care.
7. Effective leadership programmes are in place to support the ongoing development of leadership and management skills at all levels / professions to strengthen management maturity.
8. Positive staff engagement in NHS Wales surveys.
9. Self-assessment against the governance and leadership maturity matrix with evidence the agreed level.
10. The Board acts on, and addresses appropriately, concerns raised through NHS regulators such as HIW.

9. Document control

Date	Comments
April 2025	New framework following changes in in escalation status in March 2025.
15 May 2025	Amended following comments from health board
12 June 2025	Amended governance de-escalation criteria
30 June 2025	Agreed by Hywel Dda UHB

Grŵp Iechyd a Gwasanaethau Cymdeithasol
Dirprwy Brif Weithredwr, GIG Cymru

Health and Social Services Group
Deputy Chief Executive, NHS Wales



Llywodraeth Cymru
Welsh Government

**Chief Executives of Local Health Boards and NHS Trusts
Directors of Social Services, Local Authorities
Chairs / Leads, Regional Partnership Boards**

Our Ref: NW/A58841268

14 July 2025

Dear Colleagues,

Planning Together for Winter 2025/26 – Expectations and key actions

As we approach the autumn period, the Welsh Government is setting out clear expectations for the development and delivery of robust winter plans across health and social care organisations and their partners.

The late autumn and winter period will bring predictable seasonal pressures, compounded by ongoing system challenges, and it is essential that we act early and collaboratively to mitigate risks to patient safety and service resilience. This should build on the positive progress made by health and social care partners through the 50-day integrated health and social care challenge in 2024/2025.

1. Key areas of focus

The Cabinet Secretary hosted a national Winter Summit meeting on 31 March 2025 at which key actions were proposed towards enabling more resilient services over Winter 2025/2026 following a difficult period last year. In addition, Welsh Government Officials hosted an event in May with key system leaders and stakeholder to reflect on the learning and work achieved through the 50-Day Integrated Care Winter Challenge and Care Action Committee, to ensure our planning for this winter took account of valuable feedback that has helped shaped the way forward.

Key actions have been distilled into three key areas of focus and regional winter plans must include clear actions and contingencies against the following:

1. **Building community capacity to support care closer to home** through:
 - Prevention
 - Proactive / early intervention
 - Urgent response; and
 - 'Step Up' enhanced community care and multi professional wrap around care
2. **Maximise available acute and community hospital capacity** - ensuring there is sufficient Emergency Department and hospital capacity during peaks in demand to reduce risk of harm for people requiring emergency care
3. **Optimal hospital patient flow and a home first approach** - Strengthen discharge planning and patient flow to reduce delays and promote supported recovery at home

A 'Planning Together for Winter' guidance toolkit, featuring the key actions for delivery and good practice guidance, in addition to a self-assessment template are enclosed to support your integrated regional planning.

2. Timely submission of regional integrated self-assessments against Welsh Government guidance

We expect you to work collaboratively and regionally to review the enclosed guidance toolkit and use the self-assessment template to assure yourselves that your regional integrated planning for Winter 2025/2026 aligns to the Welsh Government's expectations.

Utilising Regional Partnership Board's as the coordination mechanism, please submit a completed self-assessment template and assurance that the review has been undertaken in partnership between health boards, NHS Trusts, local authorities, primary care, social care partners, and third sector organisations where appropriate, by **12 September 2025**. Please send returns to UrgentAndEmergencyCare.GovernmentBusiness@gov.wales. Instructions on completing the template are included within the template itself.

To complement your self-assessment template, we will also issue additional correspondence and guidance in July to support development of robust operational resilience plans for the period *22 December – 13 January 2026*.

Regional Partnership Boards also manage, and can help coordinate other discretionary resources/grants, that are available alongside core budgets to support our ambitions of building community capacity to deliver better outcomes for people and improve system performance – annex 1. Partners need to be planning and working together strategically to ensure alignment of investment and secure the greatest impact and value for money when developing operational resilience plans.

3. Data and monitoring

Organisations must ensure real-time data sharing and reporting mechanisms are in place to support system oversight and rapid response. This includes daily situation reporting and escalation protocols.

Performance against key outcomes / KPIs will be monitored through existing performance management routes at a national level to help reduce the burden on partners. This will be supported by the Integrated Community Care System (ICCS) meeting arrangements,

overseen by the Cabinet Secretary (3 times a year) and officials (bi-monthly), which will be established from September 2025.

4. National enabling activity

A range of enabling action is under development by national partners including the development of vaccination campaigns, a training programme for operational managers, communications campaigns and evidence-based modelling.

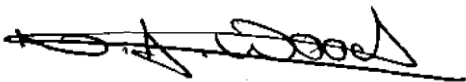
5. Learning from previous winters

All plans should incorporate insights gained from the 2024/25 winter period, including feedback provided by staff, patients, and system partners. Enclosed is a summary closure report on the '50-day challenge' 2024/2025, which we recommend reviewing and utilising during the development of regional plans.

We recognise the significant effort required to prepare for winter and thank you for your continued collaboration, leadership and commitment.

If you have any questions or require further guidance, please contact UrgentAndEmergencyCare.GovernmentBusiness@gov.wales

Yours sincerely,



Nick Wood
Deputy Chief Executive
NHS Wales



Albert Heaney CBE
Chief Social Care Officer for Wales
Welsh Government



Alex Slade
Director of Primary Care, Mental Health and Early Years
Welsh Government

Cc:
Judith Paget, Director General HSCEY / Chief Executive NHS Wales
Chief Executives, Local Authorities
LHB Directors of Public Health
Medical Directors LHBs/NHS Trusts
Heads of Adult Social Services
WLGA
Directors of Nursing LHBs/NHS Trusts
Directors of Planning
Chief Operating Officers LHBs/NHS Trusts
Directors of Primary and Community Care
Sue Tranka, Chief Nursing Officer, Welsh Government
Isabel Oliver, Chief Medical Officer, Welsh Government

Annex 1: Regional grants and funding streams 2025/26

Funding	Total All Wales Amount 2025/26	Status
Allied Health Professional	£4,950,000	Recurring
Dementia Action Plan and Memory Assessment Services	£12,700,000	Recurring
Further Faster	£11,950,000	Recurring
Integrated Rebalancing Care Funding: Revenue to support capital planning	£3,150,000	Ends March 2027
Pathways of Care Delay transformation grant	£30,000,000	Recurring
Regional Integration Fund: Core including Dementia Action Plan (above)	£146,800,000	Ends March 2027
Short Breaks for Unpaid Carers	£1,287,000	Ends March 2026
Urgent Goals	£18,800,000	Recurring

**Cyfarwyddwr Cyffredinol Grŵp Iechyd, Gofal Cymdeithasol a'r
Blynyddoedd Cynnar / Prif Weithredwr GIG Cymru**

**Director General Health, Social Care & Early Years Group / NHS
Wales Chief Executive**



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Our Ref: IMTP/JP/SB

28 July 2025

Dear Phil

RE: Accountability Conditions

It was unfortunate that your Board was unable to submit a balanced Integrated Medium-Term Plan (IMTP) for 2025-28 in line with section 175(2A) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014) and in accordance with the NHS Planning Framework. Submitting an annual plan instead means the organisation has not delivered its statutory duty.

Your annual plan has been reviewed. We were pleased to note that the plan is set within the context of the health board's longer-term strategy "A Healthier Mid & West Wales", and the development of a Clinical Service Plan is progressing well. However, as communicated previously, overall, your plan is unacceptable and unsupported. As such it remains subject to ongoing discussion and requires further improvement. The review concluded that the plan carries a number of risks that will need to be actively managed and mitigated. Consequently, there are a range of accountability conditions, which must be tracked and reported on throughout the year.

The accountability conditions set out in Annex 1 align with the de-escalation criteria linked to your escalation status. One of these conditions specifically requires compliance with all applicable de-escalation criteria. The accountability conditions will form part of our

discussions during regular meetings, including those between the Cabinet Secretary and your Chair.

In addition, the Cabinet Secretary has issued a written statement, Improving Performance Together: Priority Delivery Actions for Better Health and Care 2025/26, which outlines his expectations for the year ahead. These expectations were also set out in his recent letter to Chairs and Chief Executives and must be clearly reflected in your delivery plans.

I expect you and the Board to work closely to scrutinise the plan and ensure that progress is effectively monitored throughout the year. Quarterly updates on plan delivery should be submitted to HSS-PlanningTeam@gov.wales and must be accompanied by a refreshed Minimum Data Set (MDS), clearly outlining any changes to trajectories and goals.

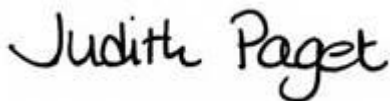
Future Joint Executive Team (JET) meetings will include discussions on progress against the accountability conditions and overall plan delivery. Performance and risk areas will also be reviewed through regular Integrated Quality Planning and Delivery (IQPD) meetings and ongoing engagement between the NHS Planning Team and your planning leads.

If any material changes to the plan are required during the year, these must be communicated to me in an 'Accountable Officer' letter.

As Chief Executive, I expect you to lead by example and with compassion, drawing on the full capability of your executive team to meet the accountability conditions, engage constructively with the Welsh Government, and deliver measurable improvements.

I trust this letter provides clarity on our expectations. However, should you have any questions, please do not hesitate to contact me.

Yours sincerely



Judith Paget CBE

cc: Nick Wood, Deputy Chief Executive, NHS Wales
Samia Edmonds, Director of Strategic Planning
Hywel Jones, Director of Finance
Jeremy Griffith, Director of Operations

Annex 1. Accountability Conditions

Your plans should be underpinned by:

The '**Five Ways of Working**' sustainable development principle of the Well-being of Future Generations Act remains central to the health board's approach. It is essential that the organisation builds on the progress made and ensures its well-being objectives are aligned with, and supported by, its planning arrangements.

The **12 Health and Care Standards** of the Quality Framework guide

Wider regulatory and national priorities, which include but are not limited to:

- Welsh Language and the Active Offer;
- Support for vulnerable groups;
- All-Wales Anti-Racism Action Plan; and
- Delivery of actions outlined in the LGBTQ+ Plan.

Your organisation's accountability conditions include:

1. Delivery of the objectives stated in the letter from Cabinet Secretary for Health and Social Care sent on 3rd July 2025, which include:

Delivering the key Welsh Government priorities for the NHS:

- a. Reducing waiting times
- b. Reducing Pathways of Care delays
- c. Improving women's health services

Strengthening how we run the NHS

- a. Modernising leadership and culture
- b. Getting better at regional working
- c. Improving openness, accountability and collaboration

Getting services ready for the future

- a. More effective prevention of ill health
- b. Putting more services into the community
- c. Realising the potential of digital and innovation

2. Delivery of the priorities and enabling actions set out the in the **NHS Wales Planning Framework 2025-28**.
3. Delivery of the recommendations set out in the **Ministerial Advisory Group on Performance and Productivity Report**.
4. Supporting Wales's ambition to become a **Marmot nation, by embedding the principles of equity and social justice into** actions and values.
5. Undertaking **robust winter planning** preparations with partners, which align to the key actions set by the Cabinet Secretary for Health and Social Care and clearly identify risks and mitigating actions ahead of winter 25/26.
6. Meeting the **de-escalation** criteria relevant to your escalation status.

7. Reviewing the **JCC Foundational Plan** and managing any decommissioning processes, associated risks and mitigations for your organisation.
8. Ensuring your **vaccination plan** meets the national target and trajectories to increase uptake and reduce inequalities.
9. Ensuring the **workforce actions** in your plan are effectively translated into delivery requirements.
10. Having an approved **Six Goals for Urgent and Emergency Care programme plan**.
11. Ensure actions are being undertaken with commissioned GMS Practices on improving **attainment of the 8 diabetes care processes** to meet national target and improved delivery towards the high value, high impact pathway metrics, including the roll out of hybrid closed loop technology.
12. **Delivering the 2024/25 outturn and strengthening the recurrent position**, through:
 - a. Demonstrating delivery, in full, of the planned level of savings that under-pin the current forecast deficit
 - b. Demonstrating actions are being taken to mitigate any in-year pressures that may arise
 - c. Identifying and delivering actions that could be taken to achieve the 24/25 outturn position
 - d. Identifying and delivering actions that positively improve the health board's recurrent position for 26/27 and beyond
 - e. Developing a trajectory and roadmap to deliver financial balance

Reporting arrangements

- The plan and summary explainer video must be published on your organisation's public facing website
- Reporting must be submitted quarterly to provide a delivery update against the plan, as well as the conditions outlined above. There should be reporting against the key milestones associated with that quarter, an explanation of any delays/amendments to milestones, identification of next steps and the mitigation of any new/emerging risks.
- The Minimum Data Set (MDS) must be refreshed on a quarterly basis, supported by written narrative to explain the context to these changes.
- Any material changes must be communicated to the Director General for Health, Social Care and Early Years and the NHS Wales Chief Executive, through an Accountable Officer letter.
- Quarterly updates on plan delivery should be submitted to HSS-PlanningTeam@gov.wales

2.3

11:00, 15 Mins

2.3 - Planning Objective 6: 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

[2.3.1 SPC SBAR - Clinical Services Plan - AUGUST2025 DRAFT v0.2.pdf](#)

[2.3.2 Annex 1 PLANNING OBJECTIVES Plan on a Page 2025-26 \(1\).pdf](#)

[2.3.3 Annex 2 Planning Objective 6a Highlight Report 01APR25 - 31JUL25 Q1 2~.pdf](#)



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 August 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Clinical Services Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning Mark Henwood, Executive Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Helen Morgan-Howard, Sarah Isaac, Alex Martin, Ben Rogers, Conrad Hancock, Transformation Programme Office

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 Health Board has an agreed health and care strategy, 'A Healthier Mid and West Wales – our future generations living well', which sets out our vision for health and care services across Hywel Dda University Health Board (HDdUHB), including the future configuration of services. This remains our direction of travel; however, it was recognised in the November 2024 Board meeting that some aspects of our strategy may need to be reviewed in light of capital availability and the time elapsed since 2018. The fragility of our services was a key driver for the strategy and remains a risk that has been further exposed through the COVID-19 pandemic and in the period since.

The Clinical Services Plan (CSP) programme was established to develop a set of plans for the provision of key services over the medium-term. The purpose of this report is to provide assurance on the progress for Phase 3 of the programme, the CSP public consultation.

Cefndir / Background

The long-term plans for services remain as set out in our strategy; however, there is a need to consider service provision over the medium term, particularly with the delays in the 'A Healthier Mid and West Wales' programme. Prior to the pandemic, and in our strategy, it was recognised that many of our services are fragile, predominantly because our clinical teams are spread across multiple sites and, therefore, there is an over-reliance on a small number of individuals. This remains the case and in certain areas that risk has materialised. Similarly, there are services that have not returned to pre-pandemic activity levels which is limiting access for patients, e.g. for those patients awaiting elective surgery.

At the Board meeting held in [March 2023](#), it was agreed that the following services required focused support and would form a programme of work to deliver a CSP; the table has been revised to indicate services in scope and changes of roles:

Table 1: Drivers for pathways within scope of the Clinical Services Plan programme updated to reflect services in scope and change in roles:

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 at the Board meeting 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 Wthybush 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
Primary Care and Community	To respond to the service sustainability challenges as discussed at the Extraordinary Board Meeting in February 2023	Director of Primary Care, Community and Long-Term Care

The Board update in [November 2024](#) approved the recommendation to develop a project plan to undertake a public consultation. In addition, this update included the closing report for Phase 2 of the CSP programme in the development of a shortlist of options.

The Board update in [January 2025](#) approved the consultation project plan, and within this the consultation mandate, including the aims and objectives of Phase 3 – Public Consultation. Public consultation will enable the Board to make a formal decision on the nine services in scope, as well as the potential roles of the hospitals until the full implementation of the ‘A Healthier Mid and West Wales’ strategy.

The Board update in [May 2025](#) approved the formal launch of the Clinical Services Plan public consultation as well as received assurance from the quality assurance process undertaken by Hugh Irwin & Co. (HICO).

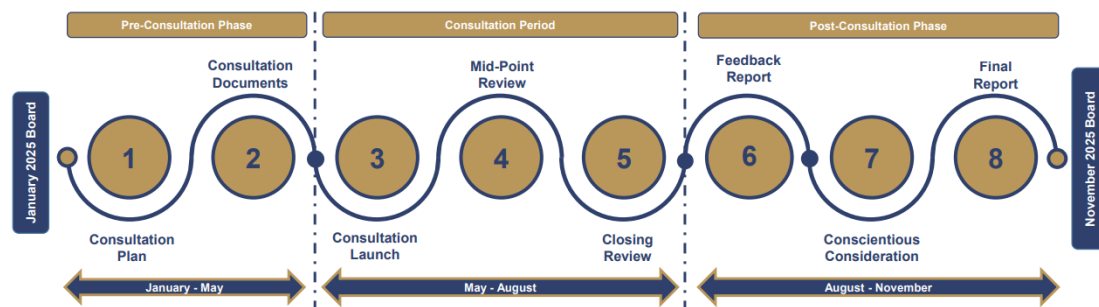
Asesiad / Assessment

Clinical Services Plan Programme Update

The CSP programme is on track and completed the mid-point review on 22 July 2025. The public consultation is targeted to complete on 31 August 2025.

The mid-point review meeting (illustrated in step 4 below) aimed to assess the progress of the consultation, and make necessary adjustments to ensure inclusivity, transparency and quality of engagement.

Progress Against the Project Plan



- Consultation Documentation: Available in multiple languages and alternative formats
- Communication Promotion: Ongoing across various channels
- Staff Engagement: All planned sessions completed
- Public Sessions: Both in-person and online sessions have taken place as planned
- Additional Sessions: Focus has shifted to additional in-person public sessions, staff sessions, and targeted sessions with community groups and stakeholders
- Further Outreach: Engaging with current service users through the Community Development Outreach Team

Communications, Engagement and Feedback

Response Metrics (as reported at the mid-point review):

- Total questionnaire responses including partially completed responses - 1,620 (1,565 online, 55 paper/accessible formats)
- Direct community engagement - 1,600+ people through Health Board events
- Geographic distribution - Carmarthenshire 34%, Pembrokeshire 38%, Ceredigion 24%, Other areas 3%
- NHS staff participation - 21% of respondents (demonstrating strong workforce engagement)
- Workshop participation - 58 people across three deliberative sessions

Communications Reach (as reported at the mid-point review):

- Household coverage - direct Royal Mail leaflet drop completed to all Hywel Dda postcodes, expected saturation is 85% of all households
- Digital reach - 314,000 people (English channels) + 10,000 (Welsh channels)
- Media coverage - 74 news items across 12 publications
- Website engagement - 7,312 page views of consultation landing page with 4,384 unique users

Direct engagement (as reported at the mid-point review):

- Hospital staff sessions - 656 staff engaged across 10 drop-in sessions
- Public drop-ins - 11 sessions completed with attendance ranging from 17 (Ammanford) to 408 (Llandovery)
- Internal meetings - 27+ sessions with clinical teams, Medical Staff Committees MSCs, partnerships and staff groups
- Political engagement - three County Councils, multiple Town/Community Councils engaged

Demographic Reach (as reported at the mid-point review):

- Age profile - 67% of respondents aged 55+, with 27% aged 65-74
- Accessibility needs - 31% report disability or long-term health condition
- Language provisions - Materials available in five languages plus British Sign Language (BSL), audio, easy-read
- Deprivation spread - Responses across all quintiles (11% most deprived to 26% least deprived)

Timeline Risk Review

- Consultation timeline extension is not advised at this stage, but a new risk suggests an extension to Board reporting for alternative options may be necessary for programme decision making.

Update on Urgent and Emergency Paediatrics Implementation Plan at WGH Hospital

The Paediatric Service has returned to Puffin Ward on a limited outpatient basis where capacity is needed. Further discussions with Capital Projects Design Team are ongoing with the Services on the scope of the refurbishment of Puffin Ward and associated costs including the contingency budget following a recent site visit. Currently, the draft timeline for the full refurbishment of the area ranges between 44 and 48 weeks, which would indicate a return to full services in late 2026-27.

Argymhelliad / Recommendation

The committee is asked to:

- **RECEIVE ASSURANCE** from Clinical Services Plan (CSP) programme of Public Consultation progress
- **NOTE** the additional risk in relation to the overall programme timeline
- **NOTE** the update on Urgent and Emergency Paediatrics Implementation Plan at Withybush Hospital (WGH).

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	<ul style="list-style-type: none">• 1363 - (Critical Care) Inability to safely support Level 3 Critical Care provision across PPH and GGH (current score 20)• 1082 – (T&O) Lack of Major Trauma Weekend Theatre Sessions GGH (current score 20)• 1383 (Endoscopy) Nursing Staffing Issues/recruitment (current score 8)• 1254 - (Endoscopy) Prince Philip Reconfiguration (current score 8)

	<ul style="list-style-type: none"> • 1531 - (General Surgery) Inability to safely support on call rota at WGH and GGH (current score 10) • 1084 - (General Surgery) Surgical Rota at PPH (current score 9) • 1235 - (Urology) Urology Urgent Suspected Cancer (USC) and PCNL (PERCUTANEOUS NEPHROLITHOTOMY) Treatment Delays (current score 16) • 1407 - (Corporate Level Risk) Risk to delivery of Annual Recovery Plan & achievement of WG Ministerial Priorities or the reduction in elective waiting times • 1488 - (Endoscopy) Decontamination BGH (current score 12) • 1092 - (OPD) Progress against F/UP OPD Targets (current score 12) • 1255/56 - (T&O) Lack of Orthogeriatric Consultants and ANP Support (current score 20) • 747 - (Dermatology) Delivery of sustainable Dermatology Service (current score 8) • 1428 - (Rheumatology) Unable to meet Service requirements (current score 4) • 632 - (Ophthalmology) Ability to fully implement WAG Measures (current score 16) • 1066 – (Ophthalmology) Inability to provide nursing staff to cover required level of activity within Ophthalmology across HB (current score 9) • 1234 - (OPD) Inadequate ventilation GGH/WGH (current score 12)
<p>Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)</p>	<p>7. All apply</p>
<p>Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)</p>	<p>6. All Apply</p>
<p>Amcanion Strategol y BIP: UHB Strategic Objectives:</p>	<p>6. Sustainable use of resources 3. Striving to deliver and develop excellent services 5. Safe sustainable, accessible and kind care</p>
<p>Amcanion Cynllunio Planning Objectives</p>	<p>6 Clinical services plan</p>

<p>Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</p>	<p>2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS</p>
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Gwybodaeth Ychwanegol: Further Information:	
<p>Ar sail tystiolaeth: Evidence Base:</p>	<p>The Clinical Services Plan followed the advice and direction provided by the Consultation Institute (tCI) for Phase 1 and most of Phase 2. For Phase 3 this advice is being provided by HICO under the Centre for Consultation.</p>
<p>Rhestr Termiau: Glossary of Terms:</p>	<p>Contained within body of the report, also: ARCH – A Regional Collaboration for Health BGH – Bronglais Hospital CSP – Clinical Services Plan EqIA – Equality Impact Assessment GGH – Glangwili Hospital GIRFT – Getting it Right First Time GMS – General Medical Services ORS – Opinion Research Services PPH – Prince Philip Hospital QSEC – Quality, Safety, and Experience Committee RAAC – Reinforced Autoclaved Aerated Concrete tCI – the Consultation Institute WGH – Withybush Hospital WNWRS – Welsh National Workforce Reporting System HICO – Hugh Irwin and Co.</p>
<p>Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:</p>	<p>Board (March 2023 for approval to deliver the Clinical Services Plan Programme) Board (May 2023 for an update on progress of the Clinical Services Plan) Board (July 2023 for an update on progress of the Clinical Services Plan) Board (September 2023 for an update on progress of the Clinical Services Plan) Board (September 2023 Project Plan to develop a Primary Care and Community Strategy) Board (November 2023 for an update on progress of the Clinical Services Plan) Board Seminar (December 2023 for the agenda including items related to Primary Care and Community) Board (January 2024 for an update on progress of the Clinical Services Plan) Board (March 2024 for an update on progress of the Clinical Services Plan) Board (May 2024 for an update on progress of the Clinical Services Plan)</p>

	<p>Board (July 2024 for an update on progress of the Clinical Services Plan)</p> <p>Board (September 2024 for an update on progress of the Clinical Services Plan) Page 3, Chief Executives Report</p> <p>Board (November 2024 for an update on progress of the Clinical Services Plan)</p> <p>Board (January 2025 for an update on the progress of the Clinical Services Plan).</p> <p>Board (May 2025 for an update on progress of the Clinical Services Plan)</p> <p>Executive Team</p>
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	An indicative financial estimate has been included within the programme and is contained within the supporting documents directory for public consultation.
Ansawdd / Gofal Claf: Quality / Patient Care:	The Clinical Services Plan is intended to improve Quality and Patient Care. Quality Impact Assessment screenings have been completed and have been considered at the Quality Impact Assessment Panel. These were included with submissions to the Board in November 2024.
Gweithlu: Workforce:	Indicative programme workforce assessments have been completed and are contained within the supporting documents directory for public consultation.
Risg: Risk:	As outlined above.
Cyfreithiol: Legal:	The consultation project plan as shared in the Board update in January 2025 highlights the relevant legal considerations for public consultation.
Enw Da: Reputational:	It is anticipated that there may be political and media interest in the development of these plans. A Communications and Engagement plan has been developed as part of the programme.
Gyfrinachedd: Privacy:	Relevant privacy statements are linked and described within the consultation documents. A Data Protection Impact Assessment (DPIA) has been completed for the programme.
Cydraddoldeb: Equality:	The Clinical Services Plan is intended to improve equality, and this will be further assessed as service plans are developed. Baseline Equality Impact Assessments have been undertaken based on current service provision. In addition to this Equality Impact Screening templates have been completed to consider the impacts within each of the proposed options. These were submitted alongside Board reports in November 2024.

PLANNING OBJECTIVE PO6 – Clinical Services Plan

PLANNING OBJECTIVE SCOPE (What are you aiming to achieve in 2025/26)

Clinical Services Plan (CSP) - A programme of work to develop a CSP, as agreed by [Board in March 2023](#), in response to service fragilities and based on the principles of care that is safe, sustainable, accessible, and kind. The development of a CSP is also an action within the Targeted Intervention (TI) requirements of Welsh Government (WG).

- To provide a set of plans for key clinical services to address critical sustainability risks up to the new hospital network.

PROJECT GOVERNANCE Responsible Officers Executive Lead: Mark Henwood (Chair) Strategic Lead: Lee Davies (SRO) Delivery Leads: Helen Morgan-Howard (TPO)	Programme oversight through: A Healthier Mid and West Wales (AHMWW) Group Governance through: CSP Sub Group Delivery through: CSP Project Group, CSP Task and Finish Groups (supported by CSP Project Support Group, Clinical Reference Group, AHMWW Communications and Engagement Group)
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KEY DELIVERABLES*			MEASURES*		
KEY ACTIONS*	BY WHOM	BY WHEN	QUANTIFIABLE OUTCOME*:	TRAJECTORY OVER NEXT 12 MONTHS:	HOW AND WHEN WILL DATA BE COLLECTED, VERIFIED
Phase 3 – Part 1 & 2 - Public Consultation Planning	Lee Davies	Quarter (Q) 1 2025/26	Phase 3 Project Plan	Complete	Board May 2025
Phase 3 – Part 3, 4 & 5 - Public Consultation (Launch, Mid Point review, Closing Review)	Lee Davies	Q3 2025/26	Detailed Communications & Engagement Plan	On target	CSP Safeguarding (SG) Board Papers
Phase 3 – Part 6, 7 & 8 CSP Decision (Feedback Report, Conscientious Considerations, Final Report)	Board	Q4 2025/26	Consultation Report Conscientious Consideration	On Target	Board winter 2025/26
Phase 4 – Paediatrics Implementation Plan	Andrew Caruthers	TBD 2026/27	Paediatric Plan partial implementation	TBD	CSP SG
CSP Review of the Lessons Learned	Lee Davies	Q3 2025/26	CSP Framework	On target	CSP SG
Clinical Services Plan (Part 2 – Commence Phase 0, depending on programme resources / capacity)	Lee Davies	Q4 2025/26	Commence Phase 0	Depending on programme resources available	CSP SG

RISKS	RISK DESCRIPTION		LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS		
	There is a risk of insufficient programme resource (operational and project management) to progress all the projects in the desired timeframe		4	4	16	<ul style="list-style-type: none"> Reallocation of existing staff – monitor and be prepared to manage a decision deferral from Q3 2025/26 to Q4 2025/26. 		
	There is a risk of public and political opposition to the programme if the plans are perceived as objectionable		4	4	16	<ul style="list-style-type: none"> Process follows the guidance from Hugh Irwin & Co (HICO) and based on proven experience gained from the Paediatrics process. 		
	There is a risk of insufficient workforce to deliver the preferred solutions		3	4	12	<ul style="list-style-type: none"> Plans need to be developed in recognition of the constraints. 		
LINKS TO	BOARD ASSURANCE FRAMEWORK	HEALTH BOARD RISK REGISTER				OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW
	Engaging our population	1657 – Risk to delivery of Ministerial Priorities in relation to delivery of planned care recovery ambitions through 2023/24				Planning Objective (PO) 3: Planned care (incl. cancer, diagnostics and therapies)	Planned Care and Cancer, with a focus on reducing the longest waits. (overlaps with PO3)	AHMWW
	Voices of patients	1531 - Inability to safely support the Consultant on-call rota at Withybush General Hospital (WGH) and Glangwili General Hospital (GGH)				Planning Objective 5: Primary care and community strategic plan	Primary and Community Care, with a focus on improving access and shifting resources into primary and community care. (overlaps with PO5)	Targeted Intervention
	Safe, sustainable, accessible and kind					Planning Objective 8: Financial recovery and roadmap		
						Planning Objective 1: Workforce Sustainability		

PLANNING OBJECTIVE PO7-Primary Care

PLANNING OBJECTIVE SCOPE (What are you aiming to achieve in 2025/26): The production of a Board approved strategic plan for Primary Care and Community Services

PROJECT GOVERNANCE Responsible Officers Executive Lead: Jill Paterson Strategic Lead: Rhian Bond Delivery Leads: Sarah Bolton, Anna Henchie	Programme oversight through: AMWWG, Strategic Development and Operational Delivery Committee (SDODC)/ Strategy and Planning Committee (SPC), Board Governance through: Primary and Community Services Strategy Development Group; AMWWG Delivery through: Locality Leads, Primary and Community Services Strategy Development Group; AMWWG
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KEY DELIVERABLES*				MEASURES*		
KEY ACTIONS*	BY WHOM	BY WHEN	QUANTIFIABLE OUTCOME*:	TRAJECTORY OVER NEXT 12 MONTHS:	HOW AND WHEN WILL DATA BE COLLECTED, VERIFIED	
Contractor workforce engagement during summer 2025 using existing meetings where possible	SB/AH	September 2025	Feedback from across contractor profession groups on the scope and potential areas of service change/delivery	Feedback will be taken into the October engagement event	September 2025	
Broader engagement event	SB/AH	October 2025	Provide contractor specific feedback and seek system wide engagement on the proposals for the strategic plan development	Will inform the public engagement during Autumn 2025	October 2025	
Public engagement aligned with the CSP during Autumn 2025	SB/AH	October 2025	Public feedback on the proposed options to underpin the development of the strategic plan	Will inform the development of the Primary Care and Community Services strategic plan		

RISKS	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS

	Unable to get an unbiased clinical opinion across the contractor profession groups	4	4	16	<ul style="list-style-type: none"> Engagement with professional representative bodies as well as individual contractors 		
	Alignment between the development of the strategic plan and national contractual negotiations could be challenging due to conflicting timescales	4	4	16	<ul style="list-style-type: none"> Ability to flex the strategic plan development to take into consideration outcomes of contract negotiations to ensure statutory responsibilities are met 		
	Operational service delivery must continue to progress during the period of development of the strategic plan	3	2	6	<ul style="list-style-type: none"> Updating the oversight groups on any operational changes that occur as a result of service delivery during the period of strategic plan development. 		
	Insufficient engagement in developing the future model	3	3	9	<ul style="list-style-type: none"> Looking at all opportunities for both workforce and public engagement 		
LINKS TO	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER			OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW

PLANNING OBJECTIVE PO 8 – Estates

PLANNING OBJECTIVE SCOPE (What are you aiming to achieve in 2025/26)

The PO aims to provide a strategic suite of plans to address the risks and inadequacies of all aspects of the current estate. It is anticipated this will be achieved through partnership working, new models of working and significant investment over a period of the next decade

PROJECT GOVERNANCE Responsible Officers Executive Lead: Lee Davies Strategic Lead: Paul Williams (Planning), Eldeg Rosser, Paul Williams (Property), Rob Elliot, Sarah Isaac Delivery Leads: Sharon Hughes, Jason Wood	Programme oversight through, AHMWW Programme Group and Capital Sub-Committee (CSC) Governance through: Strategy and Planning Committee (SPC) Delivery through: Project Groups, AHMWW Infrastructure and Estates Group, Strategic Property & Environment Task Force Group
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KEY DELIVERABLES*			MEASURES*		
KEY ACTIONS*	BY WHOM	BY WHEN	QUANTIFIABLE OUTCOME*:	TRAJECTORY OVER NEXT 12 MONTHS:	HOW AND WHEN WILL DATA BE COLLECTED, VERIFIED
<ul style="list-style-type: none"> To agree the next steps with WG for the infrastructure associated with the delivery of AHMWW 	Paul Williams (Planning)	31/12/2025	Actions taken in response to the Nuffield Trust Review to be reviewed	N/A	Reports into CSC & SPC
	Paul Williams (Planning)	31/12/2025	Agree the strategic way forward for the Health Board’s infrastructure requirements with WG	N/A	Reports into CSC & SPC
<ul style="list-style-type: none"> Regional capital plans as delegated to the Regional Partnership Board (RPB) 	Eldeg Rosser	30/09/2025	Review and refresh of regional 10-year capital plan to WG	N/A	Reports into CSC & SPC
	Eldeg Rosser	30/06/2025	Progression of Full Business case (FBC) for Cross Hands Agreement of fees to re design	N/A	Reports into CSC & SPC
	Eldeg Rosser	30/09/2025	Fishguard Centre <ul style="list-style-type: none"> appointment of Supply Chain Partners 	N/A	Reports into CSC & SPC
	Eldeg Rosser	31/03/2026	Cylch Caron <ul style="list-style-type: none"> Update of Outline Business case (OBC) 	N/A	Reports into CSC & SPC
<ul style="list-style-type: none"> Strategic plans for all Health Board estate, both freehold and leased, including 	Paul Williams (Estates)	31/12/2025	Implementation of Property Asset Strategic Plan	N/A	Reports into CSC & SPC

purchase of new buildings and new / changes to lease agreements	Paul Williams (Estates)	31/03/2026 30/06/2025	<ul style="list-style-type: none"> Commencement of staff moves into WG Building, Picton Terrace Termination of Block 8, St Davids Park lease 	N/A	Reports into CSC & SPC
	Eldeg Rosser	31/03/2026	<ul style="list-style-type: none"> Carmarthen Hwb handover 	N/A	Reports into CSC & SPC
	Eldeg Rosser	30/06/2025 30/09/2025 31/03/2026	Pentre Awel <ul style="list-style-type: none"> Memorandum of Understanding (MOU) Hydrotherapy handover Clinical Delivery Unit handover 	N/A	Reports into CSC & SPC
<ul style="list-style-type: none"> Essential estate infrastructure through the major infrastructure business case 	Rob Elliot	31/12/2025	Business Justification Cases (BJCs) for major infrastructure investment	N/A	Reports into CSC & SPC
<ul style="list-style-type: none"> Decarbonisation initiatives and net zero approaches 	Paul Williams (Estates)	31/12/2025 31/03/2026 31/03/2026	Decarbonisation agenda via the WGs Refit 4 Programme and Targeted Estates Bids and UK Government Heat Network scheme. <ul style="list-style-type: none"> Continued implementation of the Hywel Dda University Health Board (HDdUHB) Decarbonisation Delivery Plan 2022/25 Undertake review of Decarbonisation Delivery Plan Develop phase 2 of Decarbonisation Delivery Plan and gain relevant approvals 	N/A	Reports into CSC & SPC

RISKS	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
	There is a risk to deliverability of the actions on the programme of works. This is due to the availability of WG capital. The impact is risk to programme timelines	4	4	16	Maintaining close dialogue with WG and making the case for change.

LINKS TO	BOARD ASSURANCE FRAMEWORK	HEALTH BOARD RISK REGISTER	OTHER PLANNING OBJECTIVES	MINISTERIAL AND/ OR LOCAL PRIORITY	OTHER, EG, AHMWW
	Patient experience	Corporate Risk 1196 & 1745	PO6 Clinical Services Plan PO7 Primary and Community Strategic Plan	Ministerial	AHMWW
	Patient safety incidents	Corporate Risk 1196 & 1745		Local	AHMWW
	Compliance on breakeven duty		PO2 Financial Recovery and Route Map	Local	AHMWW
			PO 9 Digital Plan	Local	

PLANNING OBJECTIVE PO 10 Population Health					
PLANNING OBJECTIVE SCOPE (What are you aiming to achieve in 2025/26)					
10.1. Strengthening Prevention and Population Health Programmes					
PROJECT GOVERNANCE			MEASURES*		
Responsible Officers Executive Lead: Strategic Lead: Delivery Leads:			Programme oversight through: Governance through: Delivery through:		
KEY DELIVERABLES*			MEASURES*		
KEY ACTIONS*	BY WHOM	BY WHEN	QUANTIFIABLE OUTCOME*:	TRAJECTORY OVER NEXT 12 MONTHS:	HOW AND WHEN WILL DATA BE COLLECTED, VERIFIED

<p>Strengthened immunisation outreach, including planning for targeted GP and school-based interventions. - Quarter 1 figures not yet published, due to receive these early next quarter. Spring Covid 19 campaign delivered to P0 3 Immunosuppressed cohort. Uptake figures increased from last year but still low. Schools Human Papilloma Virus vaccination (HPV) programme delivered. Targeted work in two lowest schools in HDdUHB as directed by Vaccination Programme Wales (VPW). Final HPV uptake figures awaited. Respiratory Syncytial Virus (RSV) catch up clinics planned to run over July/August following Welsh Health Circular. Patients still able to access RSV vaccine via GP practices. Programme will be monitored weekly by VPW. Planning underway for Autumn/Winter 2025/26. WHC released for both programmes, they will be run as two separate programmes this year although opportunity for co-administration should be maximised. Planning underway with Health Intervention Co-ordinator to target/have a hard push on staff influenza (Flu) vaccine uptake this year. Planning progressing well with 2–3-year-old Flu delivery in nursery settings. Positive collaborative working within the Health Board and third sector, including Early Years teams, Communications and good engagement from Pre school settings.</p>	<p>Senior Nurse Health Protection & Immunisation.</p>	<p>30.06.25.</p>	<p>% of Children receiving the HPV vaccination by age 15 – 2024/25 result 74%.</p> <p>% Vaccine uptake in children reaching their fifth birthday - MMR dose 2 – 2024/25 result 87.3%.</p> <p>% Vaccine uptake in children reaching their 5th birthday - "4 in 1" – 2024/25 result 86.3%</p>	<p>Target set of 81% set for 2025/26, actual results for Quarter 1 not available from Public Health Wales (PHW) at time of reporting.</p> <p>Target set of 90% set for 2025/26, actual results for Quarter 1 not available from PHW at time of reporting.</p> <p>Target set of 90% set for 2025/26, actual results for Quarter 1 not available from PHW at time of reporting.</p>	<p>Quarterly from PHW Cover reports.</p> <p>Quarterly from PHW Cover reports.</p> <p>Quarterly from PHW Cover reports.</p>
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<p>Planning for early years and school health promotion initiatives, including embedding 'Whole School Approaches' to health and wellbeing - Infant Feeding Service pilot progressing well with positive outcomes being reported by staff and patients. Evaluation report from TriTech delayed but now expected in Q2. 30 'health aspects' completed by pre-school settings as part of the Healthy and Sustainable Pre-School Scheme (HSPSS) programme, which equates to 54% of annual target.</p>	<p>Principal Public Health Practitioner</p>	<p>30.06.25.</p>	<p>% of schools engaged in an 'active health promoting schools offer' - 2024/25 result 88%. (Result for HDdUHB based on Pembrokeshire and Ceredigion only. Carmarthenshire not included as delivery is via Local Authority).</p> <p>Number of health aspects completed by pre-school settings (rolling 12 months) - 2024/25 result 51.</p>	<p>Target set of 89% for 2025/26, however 92% of all schools* are engaged with an active health promoting school offer as at 30 June 2025. This is an increase of 4% during Q1 and above the end of year (EOY) target of 89%. Q1 has also seen a 2% increase in all schools** 'action planning' for 'Whole School Approach to Emotional and Mental Wellbeing' (WSAEMWB). The total percentage of schools who are now action planning is 77%.</p> <p>Target set of 56 for 2025/26, Quarter 1 rolling 12-month result is 81, however this is expected to reduce over the Quarter 2 period due to schools summer break and end of year result is envisaged to be closer to target of 56.</p>	<p>Data collected in line with PHW Healthy Schools Grant submissions on quarterly basis.</p>
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<p>Planning for smoking cessation and vaping prevention initiatives, setting targets and aligning with WG guidance - We are offering support to schools throughout the three counties to quit or temporarily abstain from smoking and vaping during the school day. We have shared National resources on presenting information in the school syllabus and worked with CHOICES to develop an educational package to be delivered by them to schools requesting information sessions. This was recently updated to include nicotine pouches and SNUS and handouts/ resources shared with each local authority/ healthy school lead due to an increase in their usage across the health board.</p>	<p>Service Development Manager – Smoking Cessation</p>	<p>30.06.25.</p>	<p>5% of adult smokers make a quit attempt via smoking cessation services annually (1.25% cumulative per quarter) – 2024/25 cumulative result of 9.8%.</p> <p>New Indicator 2025/26 - % CO-validated quit rate – 2024/25 result 21.2%.</p>	<p>This is a WG measure with target set of 5%, Quarter 1 results not available at time of reporting.</p> <p>Target for 2025/26 set at 20% as this data was a new measure, Quarter 1 results are positive and hope to further improve on this result by year end.</p>	<p>Data collected in line with WG measure.</p>
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RISKS	RISK DESCRIPTION		LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS		
LINKS TO	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER				OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW

PLANNING OBJECTIVE PO 10 Population Health

PLANNING OBJECTIVE SCOPE (What are you aiming to achieve in 2025/26)

10.2. Advancing Prevention in Healthcare Services

PROJECT GOVERNANCE Responsible Officers Executive Lead: Strategic Lead: Delivery Leads:	Programme oversight through: Governance through: Delivery through:
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KEY DELIVERABLES*			MEASURES*		
KEY ACTIONS*	BY WHOM	BY WHEN	QUANTIFIABLE OUTCOME*:	TRAJECTORY OVER NEXT 12 MONTHS:	HOW AND WHEN WILL DATA BE COLLECTED, VERIFIED
Develop 20-4-7 prevention model, defining core interventions for priority communities - A Task and Finish group was launched to co-develop an implementation toolkit, named leads were appointed for each framework element, supported by cross-directorate coordination and executive sponsorship.	Deputy Director Public Health	30.06.25.			
Planning and consultation for improved screening for HIV, Hepatitis B and C, aligning with Welsh Government targets. Planning and consultation for improved screening for HIV, Hepatitis B and C, aligning with Welsh Government targets - We have collaborated with Fast Track Cymru, signing the Paris declaration to end Human Immunodeficiency Virus (HIV) transmission by 2030 in the West Wales region. A multiagency regional steering group has been established and a workplan is in development. Eliminating transmission of Hepatitis B and C, and also expanding our Tuberculosis (TB) testing offer, is work which will also come through this group.	Consultant in Public Health	30.06.25.			

RIS	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS

LINKS TO	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER			OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW

PLANNING OBJECTIVE PO 10 Population Health							
PLANNING OBJECTIVE SCOPE (What are you aiming to achieve in 2025/26)							
10.3. Embedding the Social Model for Health and Wellbeing (SMfHW)							
PROJECT GOVERNANCE			Programme oversight through:				
Responsible Officers			Governance through:				
Executive Lead:			Delivery through:				
Strategic Lead:							
Delivery Leads:							
KEY DELIVERABLES*				MEASURES*			
KEY ACTIONS*		BY WHOM	BY WHEN	QUANTIFIABLE OUTCOME*:	TRAJECTORY OVER NEXT 12 MONTHS:	HOW AND WHEN WILL DATA BE COLLECTED, VERIFIED	
<p>Social Model for Health, prevention, and population health plans approved and commenced - Draft 3-year SMfHW Delivery Plan with 'At a Glance' version, presented to Senior Leadership Team (SLT) and SMfHW Steering Group on 1 July 2025. Revisions underway following consultation and comments received to include a 10 Year Strategy and vision, aligning with Mental Health and Well-being Strategies and refreshed HDdUHB long-term plan. Will be re-presented at next meeting on 2 September 2025. Engagement with Public Service Boards (PSBs) and Local Authorities to continue embedding the model including agreement of 'community asset' identification working with Cormac Russell. Agreement with RPB Preventions Board to lead the stewardship of a SMfHW to include hosting of a dedicated webpage. Summit Report circulated to delegates following governance approval.</p>		Principal Public Health Practitioner	30.06.25.	<p>% of people who have been seen for treatment within 20 days for substance misuse (drugs or alcohol) – 2024/25 result 88%.</p> <p>% Treatment completion rate for substance abuse – 2024/25 result 97.9%.</p>	<p>Target of 88.5% set for 2025/25. Result for Quarter 1 is 91.9% and currently above of our target.</p> <p>Target for 2025/26 maintained at 93%. Result for Quarter 1 is constant at 97.9%.</p>	Data collected quarterly as part of Substance misuse service.	
RISKS	RISK DESCRIPTION		LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS	
LINKS TO	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER			OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW

PLANNING OBJECTIVE PO 10 Population Health

PLANNING OBJECTIVE SCOPE (What are you aiming to achieve in 2025/26)

10.4. Addressing Priority Population-Level Risks

PROJECT GOVERNANCE Responsible Officers Executive Lead: Strategic Lead: Delivery Leads:	Programme oversight through: Governance through: Delivery through:
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KEY DELIVERABLES*			MEASURES*		
KEY ACTIONS*	BY WHOM	BY WHEN	QUANTIFIABLE OUTCOME*:	TRAJECTORY OVER NEXT 12 MONTHS:	HOW AND WHEN WILL DATA BE COLLECTED, VERIFIED
Climate Adaptation Plan developed, outlining system-wide resilience measures - A dedicated governance structure and project team is localising the Welsh Climate Adaptation Strategy. A draft action plan and risk register were developed through workshops and stakeholder engagement, supported by Local Partnerships and aligned with the national Health and Social Care Toolkit. Training sessions, risk assessments, and early implementation planning were initiated, with the project progressing toward executive approval by December 2025.	Deputy Director of Public Health	30.06.25.			
Planning and consultation on expanding MECC training, digital prevention initiatives, health coaching, and weight management capacity with operations, finance and related teams - Planning and consultation to expand MECC training, digital prevention tools, health coaching, and weight management services was conducted, engaging operations, finance, digital, Value-Based Healthcare and clinical/operational primary and secondary care teams. While a detailed business case for health coaching and weight management services was developed and submitted, the Executive Team, facing significant financial pressures, agreed to defer full implementation, instead committing to a slower-paced rollout beginning in early 2026. This phased approach aims to preserve momentum, enable early evaluation, and strengthen the case for sustained investment in the next financial year.	Deputy Director of Public Health	30.06.25.			

RISKS	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS			
LINKS TO	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER			OTHER PLANNING OBJECTIVES		MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW

PLANNING OBJECTIVE PO 10 Population Health					
PLANNING OBJECTIVE SCOPE (What are you aiming to achieve in 2025/26)					
10.5. Driving Innovation and System Development					
PROJECT GOVERNANCE		Programme oversight through:			
Responsible Officers		Governance through:			
Executive Lead:		Delivery through:			
Strategic Lead:					
Delivery Leads:					
KEY DELIVERABLES*			MEASURES*		
KEY ACTIONS*	BY WHOM	BY WHEN	QUANTIFIABLE OUTCOME*:	TRAJECTORY OVER NEXT 12 MONTHS:	HOW AND WHEN WILL DATA BE COLLECTED, VERIFIED
Planning and consultation with operations, finance, Board, and VBHC teams to align prevention in system-wide transformation - Cross-system planning and consultation was conducted with operations, finance, board, and VBHC teams to embed prevention as a core component of system-wide transformation. This work focused on aligning prevention priorities with strategic planning and financial frameworks, initiating change processes, and integrating long-term prevention goals into the Health Board's Annual Plan and Strategic Refresh.	Deputy Director of Public Health	30.06.25.			
Plans drawn up and partnership opportunities scoped for digital innovation and rural public health research - Consultation was conducted to plan digital innovation and rural public health research. A draft action plan was produced to support the launch of the Centre for Social Innovation and pilot digital and AI-enabled tools, with a focus on rural impact. Partnership opportunities were scoped with Swansea, Aberystwyth, and Trinity Saint David Universities, alongside digital collaborators such as Computer Graphics International (CGI) and Public Health Wales. These efforts laid the foundation for piloting innovations and embedding evaluation-informed service improvement in future quarters.	Deputy Director of Public Health	30.06.25.			

RISKS	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS		
LINKS TO	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER			OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW

Planning Objective: 6 – Clinical Services Plan

Executive Lead: Lee Davies/ Mark Henwood

Reporting Period: 1 April 2025 – 31 July 2025 Quarter (Q) 1 2025-26

Overall status: On-track

Rationale for overall status: Board approval to go live with public consultation.

Progress against planned outcomes / trajectories / milestones:

- Phase 3 – Part 1 and 2 – Public Consultation Planning – Complete
- Phase 3 – Part 3 – Public Consultation launch 29 May 2025 – Complete (public consultation will run between 29 May 2025 and 31 August 2025)
- Phase 3 – Part 4 – Mid Point Review - Complete

Activities planned for next milestone and reporting period

Q3 2025-26

- Phase 3 – Public Consultation Live until 31 August 2025 – On track
- Phase 3 – Part 5 Public Consultation Review – On track

Q4 2025-26

- Phase 3 – Part 6 Feedback Report – On track
- Phase 3 – Part 7 Conscientious Consideration – On track with risks (described below)
- Phase 3 – Part 8 Final Report – On track with risks (described below)

Other items

- Clinical Services Plan (CSP) review of the Lessons Learned – On track Q3 2025-26
- CSP 2 – On track Q4 2025-26
- Paediatrics Implementation Plan – under review – activity at WBH has commenced. Completion estimated for 2026/27.

Any other Comments

Matters for information:

A high number of alternative options have been submitted to date during the process which, following advice from Hugh Irwin and Co (HICO) who have been appointed to provide quality assurance to this phase of the programme, have advised that alternative options should not be formally assessed until the consultation close as to avoid predetermination of the programme process. Therefore, there is a risk a decision on next steps may need to be considered at the Board in January 2026 and not November 2025 as originally intended.

2.4

11:15, 10 Mins

2.4 - Value Based Healthcare Update

*Mark Henwood
(Hywel Dda UHB -
Executive Medical
Director), Leighton
Phillips (Hywel Dda
UHB - Director
Research, Innovation
and Value)*

| For assurance

Attachments

[2.4.1 SPC VBHC Update Report August 2025.pdf](#)

[2.4.2 REF22104 – VBHC Strategy 2022-25.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 August 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Value Based Health Care Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mark Henwood – Executive Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Simon Mansfield – Head of Value Based Health 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 purpose of the report is to provide assurance to the Strategy and Planning Committee (SPC) on the work of the Value Based Health Care (VBHC) Programme and the refresh of the Strategic approach to Value Based Health Care within Hywel Dda University Board (HDdUHB).

Cefndir / Background

The 2022-25 VBHC Programme Plan has been developed in response to both national drivers and local needs and supports the delivery of the HDdUHB Strategic Approach to VBHC, included as Appendix A.

The Welsh Government Value and Sustainability Board has identified four high-value, high-impact areas for Health Boards to prioritise:

1. Diabetes
2. Orthopaedics – Hips and Knees
3. Cardiology – Heart Failure
4. Bone Health

In addition to these services, respiratory disease has been identified as a local priority area.

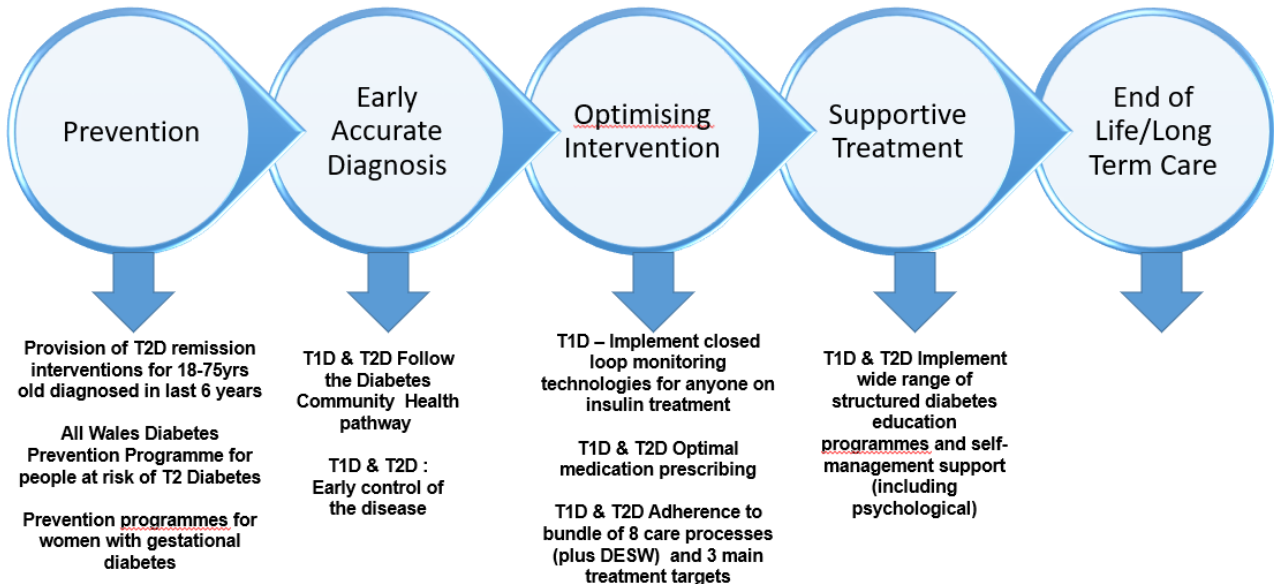
Together, these national and local priorities form the foundation of the 2025/2026 VBHC Programme Plan.

The following section provides an overview of the priority areas and highlights the specific projects currently being undertaken by the VBHC Team.

Diabetes

High Value High Impact Interventions

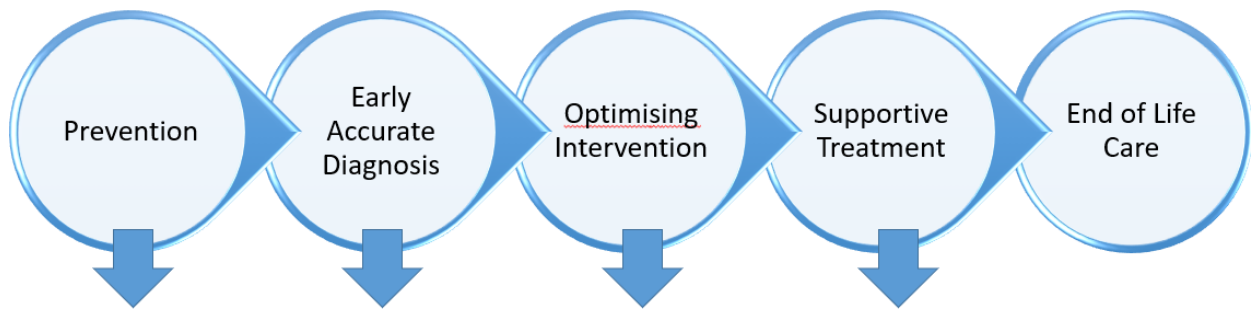
Diabetes Optimal Pathway: Short term High Value Interventions



- Developing a business case for VBHC Delivery Funding to support a Remission Service.
- Supporting a VBHC approach to the introduction of a Pump Service, enhancing access to effective diabetes technology across both paediatric and adult services, with integrated dietetic and psychological support.
- Supporting the introduction of a One-Stop Pre-Consultant Clinic to improve compliance with the eight care processes for people living with Type 1 diabetes (T1d).
- Collaborating with Primary Care to improve compliance with the eight care processes for people living with Type 2 diabetes (T2d).
- Reviewing the efficiency and value of Diabetes Education Programmes offered in HDdUHB.
- Reviewing Patient-Reported Outcome Measures (PROMs) responses with diabetes psychological services.
- Analysing PROMs data for patients treated with Glucagon-like peptide-1 (GLP-1) receptor agonists.
- Exploring health inequalities through PROMs data analysis.

Orthopaedics

High Value High Impact intervention Arthroplasty (Hip and Knee): **OPTIMUM PATHWAY**



Public Health Awareness

Understanding of OA
Lifestyle – weight management/ Activity/
Alcohol/ Smoking
Recovery following injury
Early symptoms (joint stiffness /
straightening knee)

Risk Factors (family history/ abnormal
alignment and tailoring exercise)

Education and advice through referral management programmes/PC services

Community/primary Care services set up
across Wales and can refer to dietetics and
physio. E.g CMAT/ Primary Care first contact
practitioner /OAK set up in AB /SB Exercise
Lifestyle Programme

Ensure right time, right place for timely diagnosis and shared decision making

Pathway Guidance (Canterbury)

Primary Care MSK Services (for early opinion
and intervention)

Expert radiographers (for disease staging the
intervention)

Prehabilitation

Muscle strengthening
Optimised health and medical condition
Education clinic/Joint school

Surgical Intervention

Understanding good practice (GIRFT)
Reducing unwarranted variation
Reducing low value interventions
Reducing risk factors, complications and re-
admissions
PROM collection

Support and optimisation pre-surgical intervention

PROMs to capture symptoms/self-management
capabilities

Prehabilitation

Optimising post-surgical care

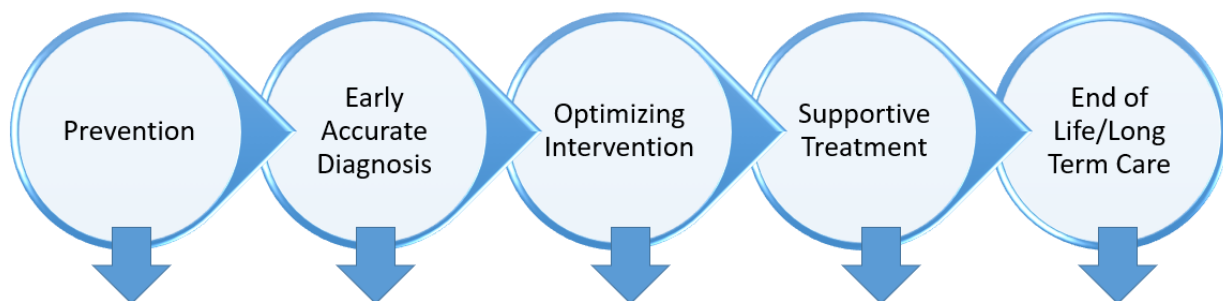
Optimise physio/OT support and immediate advice
include PIFU advice. (important for day case
arthroplasty)

Follow-ups managed via remote monitoring using PROMs

- Produced 'Our Outcomes' Power BI dashboards showing longitudinal changes in PROM scores for patients who have undergone hip or knee arthroplasty in HDdUHB.
- Measuring Shared Decision-Making using validated Patient Reported Experience Measured (PREMs) and analysing variation between clinicians as well as patients' perceived involvement in their care and subsequent treatment decisions.
- Collaborating as part of an international consortium to test the feasibility of capturing and measuring patients' goals.
- Working towards alignment with the National PROMs Pathway for hip and knee arthroplasty.

Cardiology – Heart Failure

High Value High Impact intervention Heart Failure



Risk Factors:

• Healthy lifestyle/Public Health Awareness

• Existing disease

ACS

Access to ProBNP testing for anyone with HF symptoms in primary and secondary care

Access to timely ECHO:

• BNP >400 <2000 within 6 weeks

• BNP >2000 within 2 weeks

Specialist review within 2 weeks of confirmed diagnosis for high risk (BNP >400 <2000 within 6 weeks; BNP >2000 within 2 weeks)

Achieving recommended whole time equivalent HF specialist nurses

Optimised 4 pillars therapy within 4 months of referral

HF MDT

Fully funded HF rehabilitation programme

PROM embedded in clinical practice

Consider devices therapy

Supportive Treatment

Develop a self care plan and share with primary care

Discharge to primary care for 6 monthly reviews (SOS/ PIFU model of care)

Access to:

• Pts and families support groups

• Counselling

• Phase 4 rehabilitation

End of Life/Long Term Care

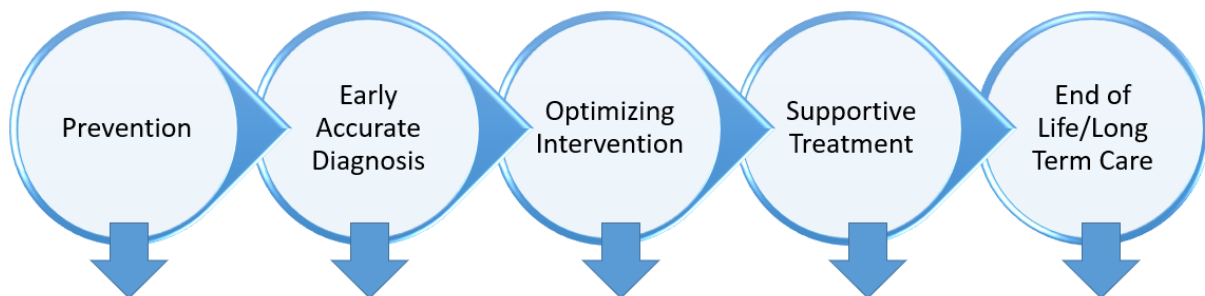
Identify patients approaching end of life

HF Palliative care pathway in place

Bone Health

High Value High Impact intervention Bone Health: Optimum Pathway

The Optimum Pathway – Independent and pain free



Risk Factors

Age, Menopause, Family History (Osteoporosis), Medical conditions including mental health e.g. Coeliac disease, Endocrine (e.g. diabetes), Eating disorders

Medications e.g. steroids

Education (public)

Self care plan Pregnancy/Toddler/School children education on exercise/weight/diet

Healthy lifestyle/Public Health Awareness

Education/Alcohol/Nutrition/Weight/ Smoking

Falls Risk awareness

WAST/Third Sector/Primary Care

Fracture Liaison Service

Systematic identification of fragility # >50 years through integration with all front door services / T&O/Spines/Radiology

Initiation of falls and bone health care plan / Early falls risk assessment (hospital and Community)

Equity for hip and non hip # and those deemed high falls risk

Compliance to Audit input (FLS-DB)

KPI 2-5

FLS partnership and vital integration with:

Ortho-geriatricians/Rheumatology/ Clinical Leads

Optimise Care Plan with:

Community Pharmacy/CRT. Primary Care for long term follow up

Compliance to standards

NOGG/ROS Standard to treat 50%/monitor 80% (KPI 6-10)

Optimum follow up to check adherence (16 weeks)

Support

Falls care plan and muscle strengthening and balance training in community

Education on exercise/diet/support for friends and family/self-care plan

Increase self administration of injectable

Good mental wellbeing without fear of falling

Residence of choice

Compliance to standards

NOGG/ROS standard to monitor 80% (? KPI 11)

Optimum follow-up to check adherence at 52 weeks

Long Term Care

Partnership with PC and Frailty /community (CRT)/Palliative Teams

Annual review to ensure drugs continued

Specific referrals

Re-referral pathways as appropriate in case of re-fracture/treatment failure

- Expanding PROM collection to include follow-up at 16 and 52 weeks.
- Comparing HDdUHB PROMs responses with those from Aneurin Bevan University Health Board (ABUHB).
- Completed PROMs analysis and identified areas for improvement.
- Exploring the feasibility of automatically referring patients to lifestyle optimisation interventions (e.g. smoking cessation) based on PROM responses.
- Hip fracture rates have been projected using historical data from the National Hip Fracture Database, and the impact of the Fracture Liaison Service is now being tracked against these projections.

Respiratory Disease

- Supporting the introduction of remote monitoring for patients on Continuous Positive Airway Pressure (CPAP), enabling Respiratory Physiologists to monitor and manage patients remotely, identify those not using their machines (allowing devices to be reallocated to patients in need), and transition to a virtual follow-up model.
- Evaluating the Chronic Obstructive Pulmonary Disease (COPD) Optimisation ProjEct (COPE) template, designed to guide consultations with COPD patients in Primary Care. The COPE template aims to ensure accurate diagnosis and optimise both non-pharmacological and pharmacological management.
- Introducing the Asthma Control Test (ACT) and COPD Assessment Tool (CAT) in community respiratory services.
- Introducing PROMs in Pulmonary Rehabilitation.

Additional Projects

In addition to the highlighted project areas, the HDdUHB VBHC Team is also working on the following projects:

- Opportunistic screening for Atrial Fibrillation (AF) in Podiatry Clinics.

- Transforming Vascular Services in HDdUHB by enabling Podiatrists to see patients who were previously waiting to see Vascular Surgeons — improving patient outcomes while reducing the cost of achieving them.
- Introducing PROM capture and analysis in Musculoskeletal (MSK) Podiatry Clinics.
- Collaborating with Aberystwyth University to undertake health economic evaluations of projects including the Children’s Epilepsy Specialist Nurse service, Lung Cancer Services, and Local Procurement.
- Ongoing implementation and integration of Promptly, the digital PROM collection platform.

Strategic Approach

The current Strategic Approach to VBHC expires at the end of 2025, consequently work is now underway to develop a refreshed Strategic Approach to VBHC for the 2026-2029 period. The national and local priorities and context will be developed in conjunction with stakeholders to help develop a coherent vision. This vision will guide the strategic objectives before being crystallised into annual VBHC delivery plans. The refreshed Strategic Approach to VBHC will be presented to the February 2026 Strategy and Planning Committee for ratification.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** from the VBHC Programme activity
- **NOTE** the proposed re-development of the VBHC Strategic Approach for ratification in February 2026.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.9. Seek assurance on the delivery of Value Based Healthcare strategic plans and programmes.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks to Programme delivery are managed via the Value Leadership Group.
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:	Annual Report of the Chief Medical Officer 2018/19
Rhestr Termiau: Glossary of Terms:	Contained within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Value and Sustainability Group VBHC Leadership Group National Value in Health Community of Practice

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	WG funding has been provided to substantiate the VBHC Programme, including the resources required to deliver the programme, as well as creating a Value Delivery Fund, to be used for supporting the development of high value and sustainable health care.
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 driving the delivery of equitable services across the Health Board.
Gweithlu: Workforce:	The delivery of the VBHC Programme Plan requires resources from within the VBHC Team as well as resources from the Value Finance Team, Informatics Teams and from Service areas as appropriate.
Risg: Risk:	VBHC Programme risk assessment has been completed and is managed through the DATIX risk management system, however individual project areas are subject to their own project structures with risk assessment being an integral component.

Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
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.

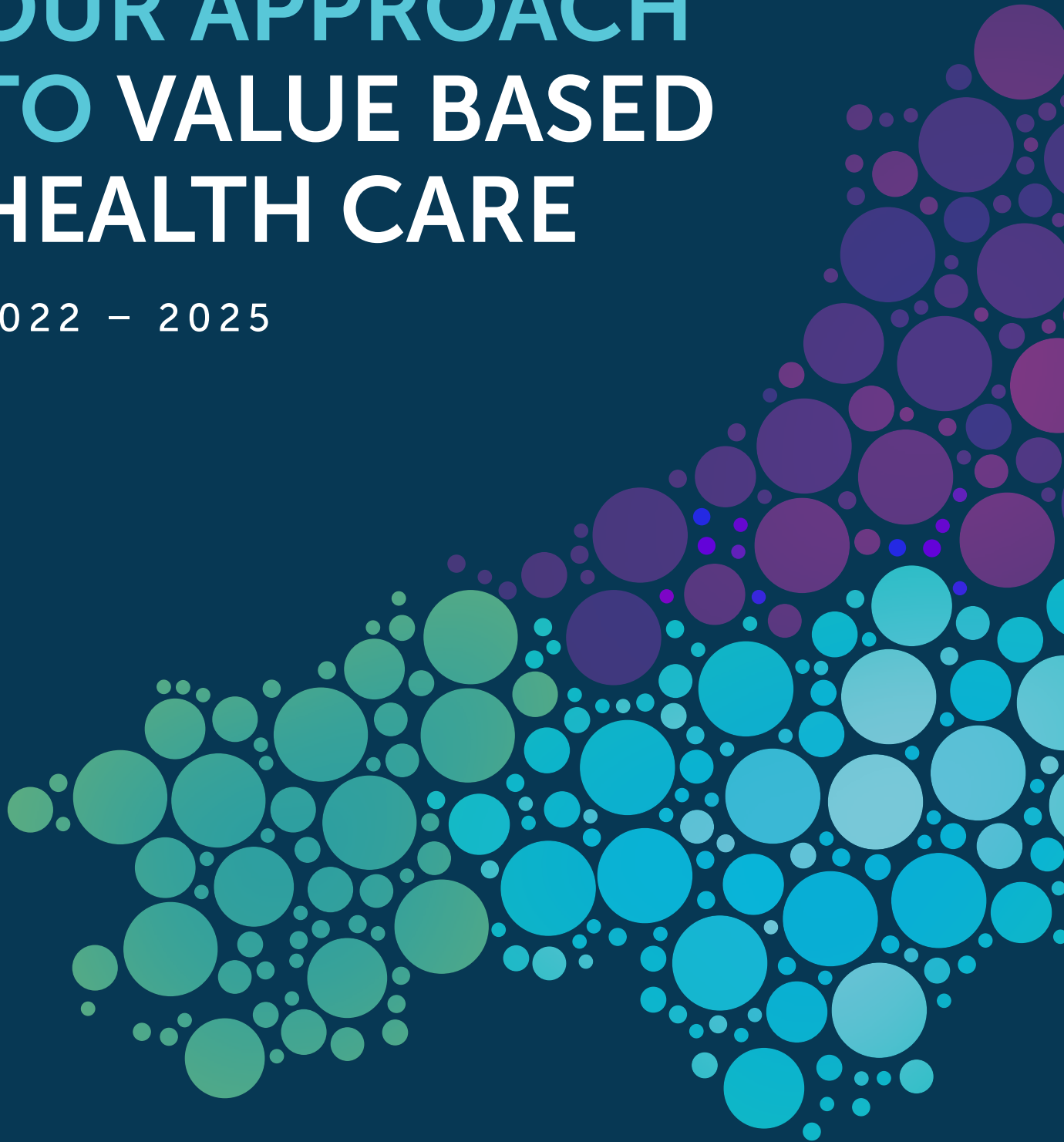


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OUR APPROACH TO VALUE BASED HEALTH CARE

2022 – 2025



SUPPORTING THE DELIVERY OF
A HEALTHIER MID AND WEST WALES

The purpose of this document is to share our progress and to set out how we plan to accelerate our work over the next three years, so that Hywel Dda University Health Board places Value Based Health Care at the heart of all that it does.

Foreword

In its simplest form, Value Based Health Care (VBHC) is about making sure all that we do, including the way we use resources, focuses on improving health outcomes.

While Hywel Dda University Health Board strives to deliver this goal, there are still too many examples where resources could be better utilised to improve health outcomes. VBHC provides a framework to systematically challenge our current approach and introduce change.

VBHC is simple to define but considerably more challenging to put into practice. There are many reasons for this. We do not routinely capture what matters most to our patients through our systems. It is hard to find time to question how services are organised, particularly when confronted with the increasing number of patients waiting for care, a situation that has worsened throughout the COVID pandemic. Moreover, it can be difficult to innovate and think differently, working with our partners to identify the wider societal benefits of pursuing a VBHC approach.

Despite these challenges, there are grounds for optimism. Over the past two years, we have established a VBHC programme to help provide teams across Hywel Dda University Health Board with the tools, knowledge, and headspace to advance VBHC. In a number of service areas, there has been considerable progress in capturing and using outcomes and resource utilisation data to bring about improvements, supported by advancements in our digital capabilities.

Supported by the National Value in Health Team, we were one of the first NHS organisations to run a case-based education programme for our staff, and our approach to VBHC Research and Innovation is attracting significant attention and investment, including the recent development of the TriTech Institute.

The purpose of this document is to share our progress and to set out how we plan to accelerate our work over the next three years, so that Hywel Dda University Health Board places a VBHC approach at the heart of all that it does. In the Autumn of 2020, Hywel Dda University Health Board agreed planning objectives, which encompass the development of capability for the routine capture of Patient Reported Outcome and Patient Reported Experience Measures in all areas of focus, the design and implementation of a focused and practical VBHC education programme and the implementation of a robust pathway costing programme.

Together these planning objectives will support an acceleration of our VBHC programme over the next three years and are set against the vision and goals described within this document.

Dr Philip Kloer
Executive Medical Director
and Deputy CEO



Huw Thomas
Executive Director of Finance



Background

There is extensive literature defining VBHC, which is summarised at the end of this document, alongside other useful papers and reports describing what other health care systems are doing to make it a reality. There is also a comprehensive national plan for Prudent Healthcare and VBHC in Wales, setting out a programme of activities put in place by the Welsh Government to help the Welsh NHS implement VBHC. In 2019, Hywel Dda University Health Board initiated a programme of work set against the national VBHC plan. Good progress has been made, particularly considering the additional pressures the system has faced over the past few years. The advancements have included better understanding outcomes and resource utilisation in several service areas as a basis for change; delivering two case based education programmes; and recalibrating our research and innovation strategy to understand how to make VBHC happen.

Our early progress was recognised and in 2020; the Welsh Government and University Health Board committed to increase the scale and pace of delivery of the programme. This document summarises our progress and sets out the next steps of the journey.

Our approach to public value recognises that Hywel Dda University Health Board can work with its partners to make a significant contribution to whether people are flourishing, enjoying their lives, and feeling happy and healthy.

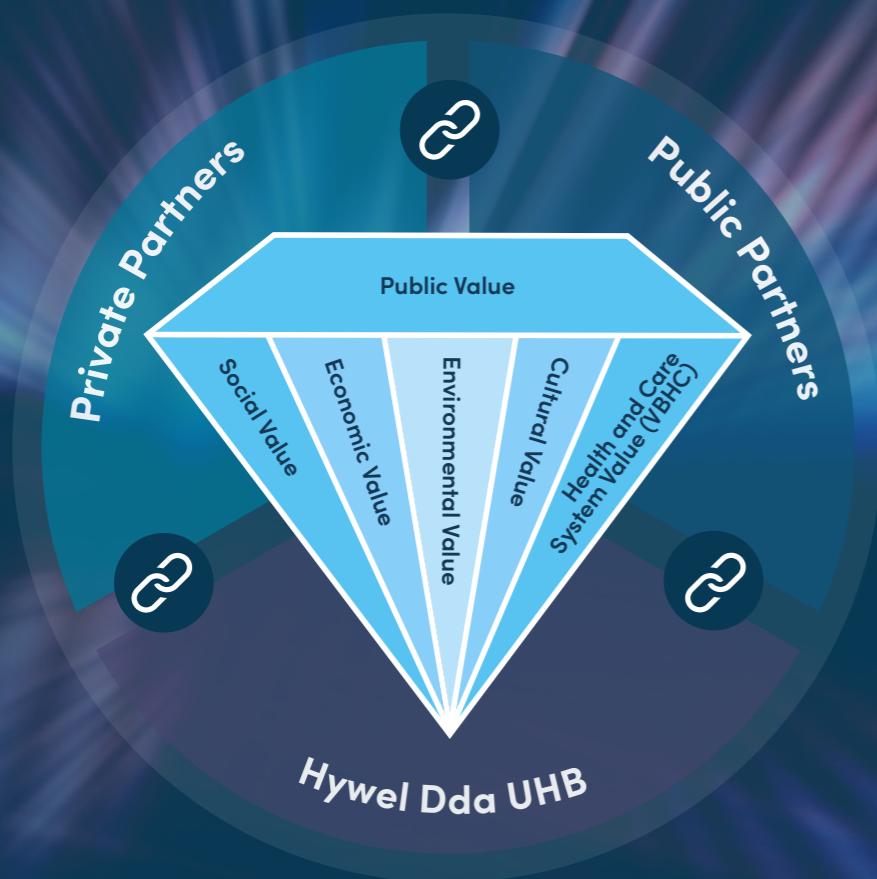
Public Value and Value Based Health Care

Our approach to Value Based Health Care is situated within a wider public value framework. Public value is about ensuring that we are taking steps to understand what matters most to people and are maximising the use of our resources to make a positive contribution to deliver those things. In other words, it is a way of ensuring our plans, activities, and actions make the greatest contribution to society, the economy and the natural environment.

Our approach to public value recognises that Hywel Dda University Health Board can work with its partners to make a significant contribution to whether people are flourishing, enjoying their lives, and feeling happy and healthy. This might include people feeling a sense of community, enjoying good mental and physical

health, having rewarding employment and incomes, and being satisfied that the natural environment is protected for future generations. Our public value framework is set out with the context of the Well-being of Future Generations (Wales) Act 2015, and the University Health Board's 'A Healthier Mid and West Wales Strategy' (2018). It recognises six interrelated domains of value, as illustrated below and the importance of partnerships in their delivery.

The purpose of this document is to focus on the sixth domain: System Value – Value Based Health Care. This document sets out the steps we are taking to enable our services to routinely focus resources on those outcomes that matter most to people and by doing so make a positive contribution to the other domains.



Vision

We will ensure the equitable, sustainable, and transparent use of available resources to achieve better outcomes and experiences for every person. We will realise our vision by delivering the following goals:



Goal 1

Invest in the systems and processes to enable our staff to routinely use patient reported outcomes and resource utilisation data in planning, organising and delivering healthcare.



Goal 2

Develop the knowledge and skills of our staff to put the theory of VBHC into practice.



Goal 3

Establish partnerships with universities, innovation agencies, international healthcare systems and companies to understand how to optimise the wider societal benefits of adopting a VBHC approach and accelerate the innovations with demonstrable potential to securing them.

Goal 1

INVEST IN SYSTEMS AND PROCESSES TO ENABLE OUR STAFF TO UTILISE PATIENT REPORTED OUTCOMES AND RESOURCE UTILISATION DATA IN PLANNING, ORGANISING AND DELIVERING HEALTHCARE

Why this is important

Planning and delivering services based on the outcomes that matter most to people requires the routine capture and utilisation of Patient Reported Outcome Measures (PROMs) and detailed information about how services are organised and what they cost (i.e. how resources are utilised). Collecting and understanding this information not only allows patients and clinicians to agree a plan most likely to improve outcomes but also assists those responsible for planning and organising services to put in place measures to ensure this happens routinely.

Despite this being a widely accepted ambition of clinical teams, patients and managers, the availability of PROMs and information on resource utilisation for key disease and service areas remains limited. This will be very important as we recover from the pandemic. There are several reasons for this, including: the adequacy and interoperability of digital tools to capture PROMs; the ability to visualise PROMs real time within clinical systems; and the accepted challenges associated with introducing changes within large and complex organisations.

To deliver this goal:

- We are providing the necessary systems and support for service teams to capture PROMs and understand resource utilisation, including:
 - » Entering a three-year enterprise agreement with DrDoctor, as our main supplier of a PROM and Patient Reported Experience Measure (PREM) capture system, ready for rapid team deployment. We continue to work with other suppliers and stand ready to integrate with national solutions as they become available;
 - » Providing service areas with process mapping and service costing expertise to understand current care pathways, resource utilisation, and the changes that might bring about improved patient outcomes;
 - » Contextualising national PROM and resourcing intelligence so that it is relevant to those tasked with introducing local changes within the Hywel Dda University Health Board; and
 - » Assessing whether there is a more effective way of collecting and interpreting PROM and PREM data.

To deliver this goal continued:

- We are investing in analytical and visualisation capacity so that staff can interpret and apply outcome and resourcing data in real time service delivery, including:
 - » Working closely with Informatics colleagues to consolidate the data collected for specific service areas and pathways;
 - » Collaborating with clinical teams and industry experts to develop visualisation dashboards that are intuitive and can be used to inform real time care decisions; and
 - » Analysing time series data to develop insights to inform how healthcare can best be organised.
- We are working alongside service and clinical colleagues to identify how our resources might be better deployed to secure improved patient outcomes, including:
 - » Utilising a service review mechanism to support the presentation of VBHC insights and data to service and clinical leads;
 - » Supporting the development and implementation of action plans in response to the service reviews; and
 - » Acting as a critical and trusted friend to services in order to ensure that the actions implemented following the service review lead to their intended effects. This will be advanced in the context of our Improving Together programme and associated quality improvement approach (eg The Enabling Quality Improvement in Practice (EQliP) Programme and the support offered by the Organisational Development Team).



Goal 2

DEVELOP THE KNOWLEDGE AND SKILLS OF OUR STAFF TO PUT THE THEORY OF VBHC INTO PRACTICE

Why this is important

The implementation of VBHC at the proposed scale will require a critical mass of staff with the knowledge, networks and persistence to ensure the outcomes that matter most to people become a widespread and consistent feature of decision making within Hywel Dda University Health Board. Making VBHC a reality will require staff from a range of professions, operating at different levels of seniority, to understand the theory and have a good grounding of the techniques required to implement it in their day jobs. Case-based approaches to teaching VBHC have consistently proved effective in giving a sound theoretical overview as well as practical insight into how to introduce change.

Unfortunately, there are few case based courses available for staff of all levels to learn about and apply VBHC. Most offerings focus on executives and are too expensive to provide an education opportunity for most staff. While the VBHC Intensive Learning Academy is starting to change this, it will not deliver at the scale required to educate the staff volume we require to match our delivery ambitions. We favour a course co-designed with strong academic and wider system partners but delivered in house. This will enable us to identify staff we can continue to work with and support as they apply their learning outcomes in practice. We therefore see education as having a clear and direct connection with improved delivery.

To deliver this goal:

- We have developed an impactful and practical course called 'Bringing Value to Life', which uses case studies from within Wales and internationally to teach VBHC to professionals at all levels and across the Health and Social Care system. Our progress and plans include:
 - » The delivery of two Bringing Value to Life educational courses (one virtual and one face-to-face), educating 100 staff in the principles and practice of VBHC. We strive to continue to teach 100 staff per year over the life of the programme;
 - » A third course to take place early in 2022, in support of the Mid Wales Health Care Collaborative, with a focus on delivering VBHC in rural communities; and
 - » Ongoing collaboration with NHS Wales colleagues and academic institutions, including the VBHC Intensive Learning Academy, to ensure synergies with national programmes are maximised, and offering our staff the opportunity to develop constructive networks with staff from other healthcare systems.

To deliver this goal continued:

- We will equip staff with the knowledge and skills to improve services by looking through a VBHC lens and develop an expert faculty drawn from an increasing body of evidence and case studies. Progress and plans include:
 - » Developing a community of practice – described as a faculty – formed of staff capable of supporting others to deliver VBHC;
 - » Using the educational programme to grow the faculty year on year, and develop a bank of case studies describing how the implementation of VBHC is happening within Hywel Dda University Health Board; and
 - » As appropriate, enabling our staff to become part of national and international networks, offering cases from Hywel Dda University Health Board but also bringing back practices with the potential for local application.
- We will put in place practical support to ensure that course participants are able to take forward VBHC activities within Hywel Dda University Health Board. Progress and plans include:
 - » The creation of a service review process to formally consider and secure executive support for changes following PROM capture, service mapping, and resource utilisation analysis;
 - » Establishing a group, which will enable clinical leads to share experiences of changing services and demonstrate the practical use of PROM data in clinical settings; and

- » Supporting PDSA cycles using VBHC data to evidence changes in service delivery through the lens of patient outcomes and patient experience.



FEEDBACK FROM EDUCATION PROGRAMME:

“Really good to insist on proper headspace and residential setting, demonstrates how VBHC is valued by the organisation.”

“Excellent programme. I have thoroughly enjoyed it and learnt a great deal. I have also had the opportunity to meet and network with colleagues which has also been so beneficial.”

“I am keen and eager to get started on integrating the principles of VBHC into practice. I hope the team embraces the concept. I think the team would benefit on training as this help identify the willingness to use VBHC approach.”

“Real stories focused approach of learning, a powerful tool to drive CAN DO, HAVE TO!”

“Good mix of theory and real-life and local examples”

Goal 3

ESTABLISH PARTNERSHIPS WITH UNIVERSITIES, INNOVATION AGENCIES, AND COMPANIES TO UNDERSTAND HOW TO OPTIMISE THE WIDER SOCIETAL BENEFITS OF ADOPTING A VBHC APPROACH AND ACCELERATE THE INNOVATIONS WITH DEMONSTRABLE POTENTIAL TO SECURE THEM

Why this is important

The evidence base around what works in delivering VBHC evolves rapidly. It is now widely accepted that adopting a VBHC approach can have wider societal impacts.

We are evolving our core research and innovation activities to both understand these wider impacts and determine plans to harness them. Our research and innovation programme routinely considers the clinical effectiveness and safety of new treatments, technologies and ways of delivering care (referred to here as innovations). This will often be in a highly controlled setting and wider considerations including whether the innovation delivers the outcomes that matter most to people, how staff should implement it, and the resources required to introduce are not considered.

Yet we know these things are critical to whether the innovations achieve the wider, sustainable impacts services strive for. By looking at patient outcomes and resource utilisation, VBHC provides a framework that allows us to assess these things and determine whether to adopt innovations and how to maximise the impact of their introduction. Beyond the direct benefit to Hywel Dda University Health Board, this approach to assessing innovations can also help technology developers commercialise their technologies and bring about local economic benefit.

To deliver this goal:

- We have established a new team to support an increasing portfolio of research, innovation and evaluation projects, and work with industry to test the value case of novel technologies and devices. Progress and plans include:
 - » Establishing a technology innovation centre, with the facilities and team required to assess whether innovations and technologies support the delivery of VBHC;
 - » Establishing 20 meaningful partnerships with industry over the life of this document, focused on real world investigations of the VBHC case for innovations;
 - » Increasing the depth of partnership with universities, through joint appointments and projects, in order to increase the pool of skills and expertise necessary to deliver the objectives set out within this document; and
 - » Establishing partnerships with comparable international healthcare systems who share our pursuit of VBHC.

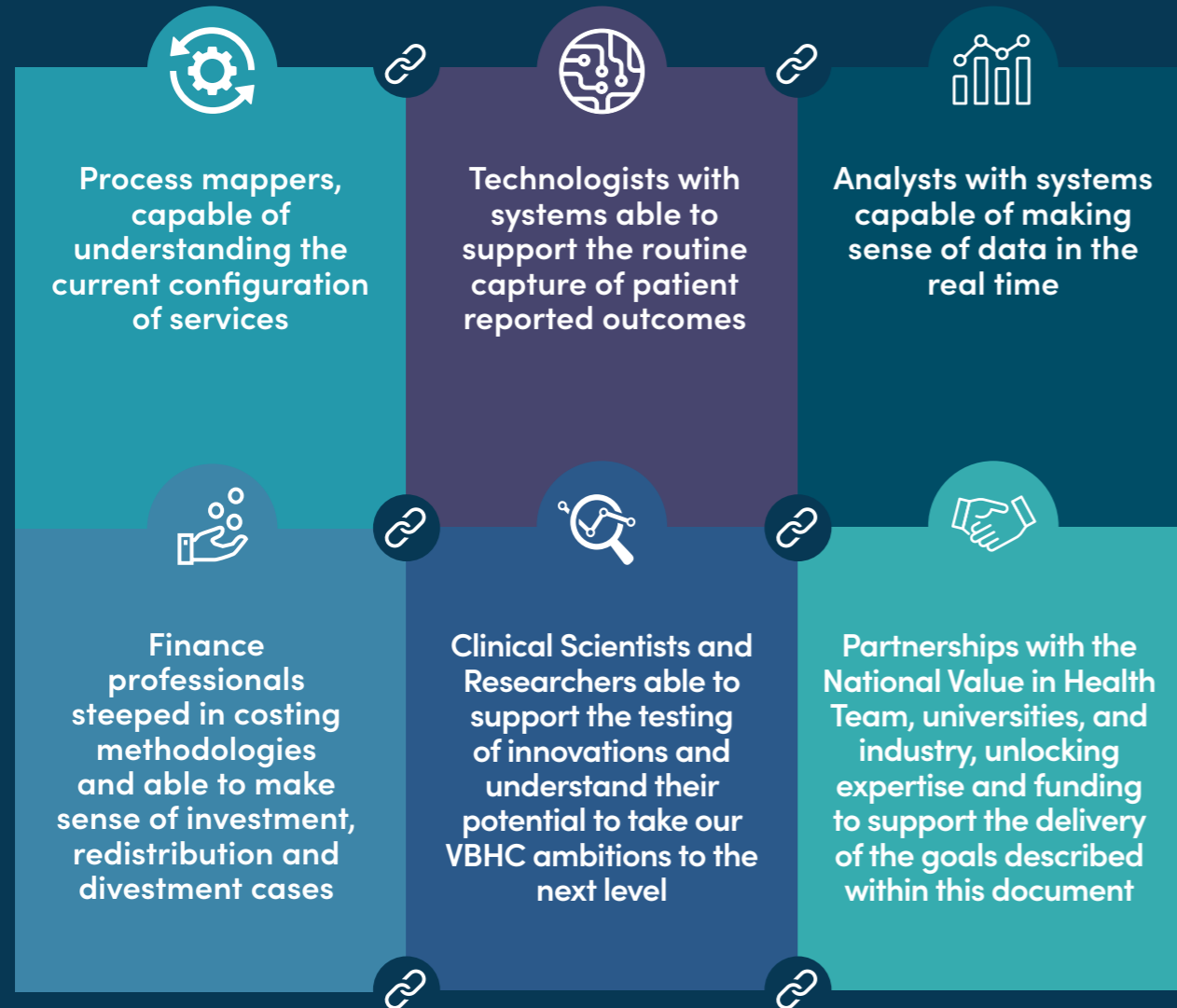
To deliver this goal continued:

- We will form partnerships that generate an evidence base and fresh insights to target our VBHC programme where it will have the greatest impact. Progress and plans include:
 - » Understanding and maximising the wider societal impacts of taking a VBHC approach, through supporting doctoral students at Bangor University;
 - » Working with our partners at Betsi Cadwaladr University Health Board and Powys Teaching Health Board, in supporting a research centre at Aberystwyth University, to develop an evidence base for maximising the economic impacts associated with pursuing a VBHC approach; and
 - » Establishing an academic research group to ensure that our healthcare system continuously utilises the strongest and latest evidence when delivering VBHC driven change.
- We are utilising our Improving Together Adopt and Spread Framework to translate our discoveries into sustainable changes in practice. This framework will allow:
 - » Small, evidence based, and effective VBHC change projects, including those advanced through the Bevan Exemplar programme, to be sustained and scaled up across Hywel Dda University Health Board; and
 - » A clear route for the adoption of discoveries from the Trittech initiative and other innovation programs.



Our Support Team

We have put in place a high quality support team with the commitment, energy and humility to turn words into action.



Want to find out more?

✉ ValueBased.Healthcare@wales.nhs.uk

Further information

A Healthier Mid and West Wales

This is the Hywel Dda University Health Board strategy that will guide us through the next 20 years to support our community to live healthy, joyful lives.

<http://www.wales.nhs.uk/sitesplus/documents/862/HywelDda%20Summary%20Eng%20%283%29.pdf>

National Strategy - Value in Health

Document produced by the Welsh Value in Health Centre describing the strategy for evolving a whole system approach to Value Based Health Care for Wales.

<https://vbhc.nhs.wales/files/our-strategy-to-2024>

What Is Value in Health Care

New England Journal of medicine article describing the principles and objectives of value in relation to health care delivery.

www.nejm.org/doi/pdf/10.1056/NEJMp1011024?articleTools=true

For further information please contact

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2.5

11:25, 15 Mins

2.5 - Strategic Commissioning Report

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

| For assurance

Attachments

[2.5 July Commissioning .pdf](#)

Strategic Commissioning Report Bi-annual Update to Strategy and Planning Committee 28 August 2025

Executive Lead: Lee Davies, Executive Director of Strategy and Planning

Reporting Officer: Shaun Ayres, Director of Delivery

Service Level Agreement (SLA): Dual Energy X-Ray Absorptiometry (DXA) Scans and Reports provided by Swansea Bay University Health Board (SBUHB)



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Provider: SBUHB (Mobile Unit to Hywel Dda University health Board (HDdUHB) Sites)

Summary of Current Position: HDdUHB has historically commissioned a Dual Energy X-ray Absorptiometry (DXA) service for the south of the Health Board from SBUHB via a mobile unit that travels between the three hospital sites in the south of Hywel Dda (Glangwili (GGH), Prince Philip(PPH) and Withybush (WGH) Hosptals). HDdUHB has concerns over the waiting times for Hywel Dda residents for **a) scan** and **b) report** and has been working with SBUHB to improve performance and quality.

Scans as at May 2025 (latest position, see next slide)

SCAN	February 2025	May 2025
Patients waiting over 24 weeks	29	17
Patients waiting over 8 weeks (without appointments):	571	372
Patients waiting with appointments:	262	212
Longest wait:	32 weeks	25 weeks
Total number of patients on the waiting list:	1,204	796

Reports

- Over the last three months (March – May 2025), an increase of circa 48% reported scans compared to the previous three months
- Scans performed from 9 May 2025 are being reported on within two to three weeks. Backlog scans are being managed separately, zero backlog by January 2026.

n

To Note

- SBUHB now provide Trabecular Bone Scoring (TBS), which is a software programme that measures bone microarchitecture as part of their DXA scans. TBS provides an extra parameter in the evaluation of patient's risk of fracture, facilitating a greater degree of certainty in the decision making towards patient management.
- A Health Care Support Worker (HCSW) is providing support in the mobile unit and therefore supports the throughput of patients, alongside lone working etc.
- SBUHB are willing to offer HDdUHB staff the opportunity to shadow their team for reporting and suggested that this would take place on site - preliminary discussions at this stage, but a positive step.
- HDdUHB Consultant is part of the SBU DEXA MDT, which is used to discuss difficult cases to ensure a consistent and systematic approach.

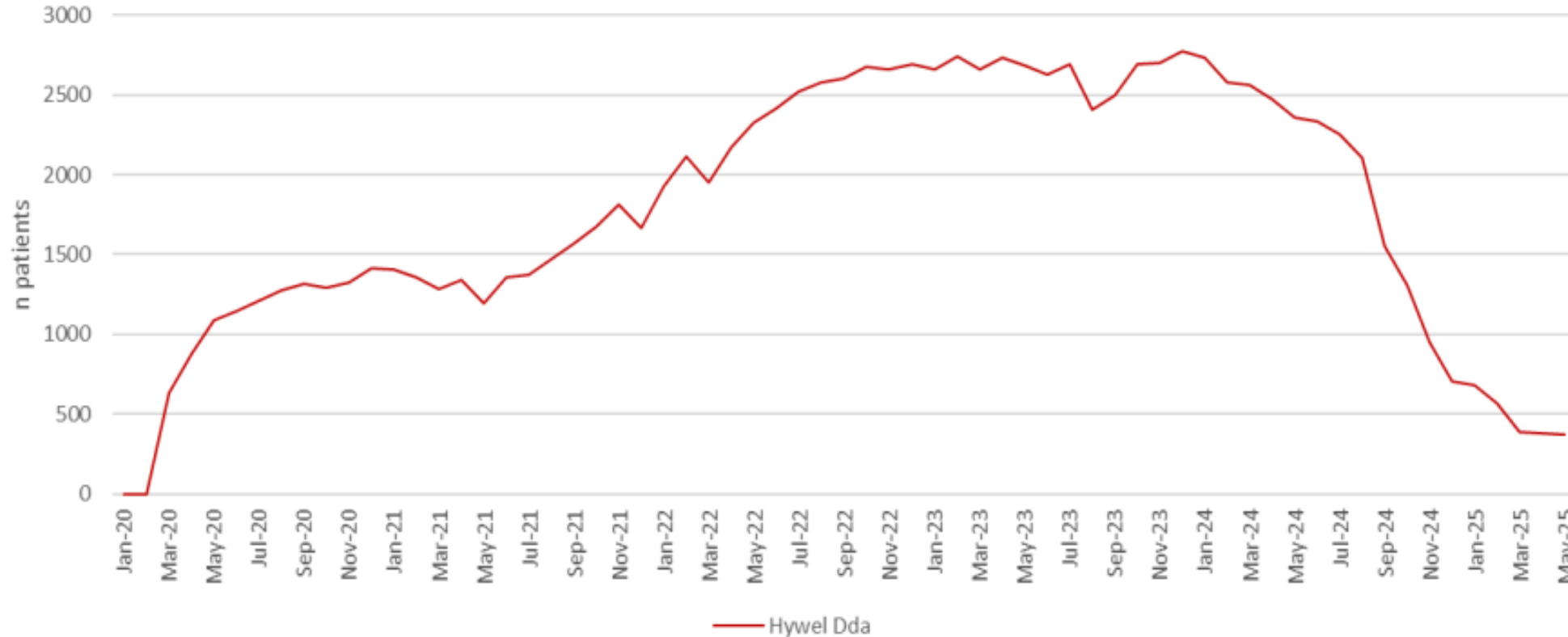
SLA: Dual Energy X-Ray Absorptiometry (DXA) Scans provided by Swansea Bay University Health Board (SBUHB)



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- SBUHB DXA Osteoporosis Assessment Unit -
Number of patients waiting longer than 8 weeks in Hywel Dda:
January 2020 - May 2025





Prior Approval route at Birmingham and Solihull Integrated Care Board (BSICB) (Current pathway)

- Due to increased demand, which resulted in an unsustainable waiting list position that Cardiff and Vale University Health Board (CVUHB) were unable to manage, CVUHB served notice and stopped accepting referrals from November 2023.
- CVUHB advised that they would continue to see and treat those patients who were in the system up until the point of cessation, through to discharge.
- The Commissioning Team previously worked with BSICB to setup a pathway. However, capacity reduced due to one of their consultants taking up post elsewhere and as a consequence BSICB did not want to enter into a formal arrangement (contract).
- Whilst no formal arrangement is in place, clinicians have been referring patients to BSICB via the prior approval process. The Prior Approval Team has approved 137 allergy referrals to BSICB in 2024/25 and seven referrals in Quarter (Q) 1 2025/26.

BSICB – waiting list as at end of May 2025

- Total patients currently waiting = 58
- Longest wait = 36 weeks

The position at BSICB will continue to be monitored.



Welsh Government (WG) involvement (longer term sustainable solution)

- As this is an All Wales issue, which affects the majority of Health Boards, WG has commissioned a scoping exercise to understand the adult and paediatric provision across Wales. The Commissioning Team were part of this collective scoping meeting, which took place at the end of March 2025.
- The scoping period has now concluded, and the final summary report has been shared with Health Boards.
- WG is intending to hold another commissioner meeting (end of August 2025) to update Health Boards on the findings of the wider report and to open discussions on possible actions to be undertaken to work towards the recommendations identified within the report. It is also intended that a representative from the NHS Wales Joint Commissioning Committee (NWJCC) (commission primary immuno deficiency) present to update on their position within this matter.

Integrated Quality, Financial Performance and Delivery Group (IQFPD) (short term/interim solution)

- As per the suggestion from IQFPD, the Commissioning Team in collaboration with procurement colleagues tested the external market.
- Five Expressions of Interest (EOIs) (two more anticipated) were received, all offering capacity for over 2,000 episodes by March 2027, while actual eligible referrals are only averaging seven to eight per month. Therefore, the practicalities and value for money for establishing a local service for such a small cohort are questionable.
- Whilst patient travel to Birmingham through the current route is recognised as a challenge, the current arrangement remains both safe and proportionate. Given the low and stable activity, continuing out-of-area referrals is likely the most prudent and cost-effective solution until an All Wales approach is formally established
- *The recommendation for IQFPD was to therefore support the continued use of existing out-of-area referral pathways for adult non-drug allergy patients, on an interim basis, until an All Wales model is agreed.*
- Furthermore, any further action to commission local insourcing is paused unless and until there is demonstrable, sustained increase in demand, and/or an All Wales solution is further delayed or withdrawn.
- Regular review of activity (via the prior approval process) and ongoing input to national workstreams are proposed to ensure the Board remains responsive to changing need and policy.



Oncology Outpatient Modernisation Group (led by HDdUHB)

Unsustainable model and ways of working – significant workforce fragilities and service inequities

Aim: Establish transformational plan to achieve move to Oncology Outpatient (OP) provision in line with Hub and Spoke model vision in Strategy and Performance Committee (SPC).

- Hub = South West Wales Cancer Centre (SWWCC) in Singleton Hospital.
- Spokes (for delivery of the five high volume tumour sites) = GGH and PPH – SBUHB Oncology Consultants ‘visiting’ the hospitals to provide outpatient clinics for these five tumour sites.
- WGH and Bronglais Hospital (BGH) – OP clinics for the high volume tumour sites are **delivered via digital solutions**. Patients attend the hospital and have support and presence of Non-medical Prescriber (NMP) (Cancer Nurse Specialist (CNS), Pharmacist/Staff grade workforce) in clinic, with the oncology Consultant based in the SWWCC running a remote/virtual clinic (for example using Attend Anywhere).

Summary of current position/actions:

Bronglais Hospital:

The focus on understanding the requirement for BGH and the support needed from the SWWCC.

Initial conversations between the clinical, teams have commenced. BGH currently has a single-handed locum Consultant who undertakes seven to eight tumour sites. The aim is to move away from this model and provide a more robust, sustainable service. Consequently, the service, in collaboration with SBUHB, is currently working through a 3-year road map plan for BGH to understand the current position in terms of requirements and financial cost. To also include what support Betsi Cadwaladr University Health Board (BCUHB) are able to offer/provide in the longer term.



Radiotherapy (RT) Modernisation Group (led by SBUHB)

Aim/priorities:

1. Additional (2nd) permanent CT SIM (RT treatment planning machine) operational at Singleton Hospital by **Sept/ember/ October 2025**
2. Additional (5th) Linac (RT treatment machine) utilising the current empty bunker at Singleton Hospital by **2026/27**
3. Additional / spare (6th) Bunker in Singleton Hospital to maintain capacity by **2027/28**
4. Expansion to 7 Linac model across SW Wales / scoping for satellite centre potential within HDdUHB area by **2030/31**

Summary of current position/actions:

1. **Additional (2nd) permanent CT SIM at Singleton Hospital by September/ October 2025**
Business case agreed in 2024/25 for funding by both Health Boards and capital approved by the Cabinet Secretary in January 2025. Machine to be operational by Q3 2025.
2. **Additional (5th) Linac utilising the current empty bunker at Singleton Hospital by 2026/27**
3. **Additional / spare (6th) Bunker in Singleton Hospital to maintain capacity by 2027/28**
 - A report was shared with the Regional Joint Committee (RJC) in May 2025 setting out the approach, and a report prepared for Boards to request the agreement to approach WG to initiate development of capital (WG) case and Health Board revenue (est. £2m total (split equally between the Health Boards) for 5th Linac development, TBC 6th bunker costing). This report was discussed and approved at the HDdUHB Board meeting in May 2025; and subsequently SBUHB agreed to support at their Board meeting in July 2025.
 - The WG Capital funding position is unknown at this point, given no scoping conversations have taken place to date. WG have been made aware of the requirement for the 5th Linac/ 6th Bunker as set out in Annual Plans and within the Strategic Programme Case.
 - **Risks** – with regards to the 5th Linac, 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.
 - **Impacts** - Backlogs in the RT treatment pathway will occur and would impact on delivery of the WG reported quality measure, 'Time to Radiotherapy' and to a lesser extent the Ministerial Priority 'Time to First Definitive Treatment'. This would adversely affect patient safety and quality.



Radiotherapy (RT) Modernisation Group (led by SBUHB) continued

2. Additional (5th) Linac utilising the current empty bunker at Singleton by 2026/27 (continued)

3. Additional/ spare (6th) Bunker in Singleton Hospital to maintain capacity by 2027/28 (continued)

Mitigating Actions - There are a number of options to be considered, however financial and feasibility assessments will need to be identified and worked through jointly. At this point, these could include:

- Outsourcing (Private and NHS) is projected to exceed that of the 5th Linac development revenue costs (early calculations suggest outsourcing equivalent activity would equate to £2.3m per annum). Additionally, outsourcing is likely to result in a poorer patient experience and outcomes. Currently the Rutherford Cancer Centre, previously used for this purpose, is not operational.
- Temporary Linac machine TBC if feasible.
- Increased hrs/ weekend working (extended working) of existing Linac machines – would need to fit in with maintenance and limited sustainability with existing workforce.

All of the above are short term solutions only and at this point are felt to be unfeasible to deliver. A thorough appraisal of these options will be included in the final business case. Given the likely limited deliverability of mitigation, the Boards must consider the seriousness of adverse patient safety and outcomes, 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.

4. Expansion to 7 Linac model across SW Wales/ scoping for satellite centre potential within HDd area by 2030/31

- 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, and seven Linacs to be operational by 2030/31. A full strategic options appraisal will be undertaken to determine whether these could be located within the HDdUHB or SBUHB sites. This has not commenced yet as awaiting the outcome/update from Priorities 2 and 3 above. This will be considered as part of the Strategic Refresh aligning to our overarching direction of travel both locally and as part of regional working.
- Depending on the outcome, if HDdUHB is the favourable site, this would then progress to a satellite centre. This has clear benefits for the HDdUHB population in terms of travel time to a Linac, directly linked to the percentage accessing this key cancer treatment option.



Quality and safety are integral to the LTA contractual meetings with providers, involving representatives from the Quality and Safety teams of both organisations. A new report has been introduced by SBUHB, covering incidents, complaints and concerns for HDdUHB residents. While this report is set to become a routine feature, it remains a work in progress.

SBUHB Quality and Safety Report for HDdUHB Residents 2024/25

Incidents = 1,219 incidents – Patient/Service user 1,186, Organisation 18, Staff 14, Public/Visitor 1

- Managers Interim harm assessment – 472 None, 662 Low, 12 Moderate, 3 Severe, 3 Catastrophic/Death, 66 TBC

Complaints = 126

- Outcome overall – 28 under investigation/ remain open, 66 Not Upheld, 29 Upheld, 2 Withdrawn, 1 response under review
- Complaint grading (initial) – 100 Grade 1, 13 Grade 2, 11 Grade 3, 2 Grade 4

Claims = 22

- Clinical Negligence – 17
- Inquest – 5

To Note

- HDdUHB has always received serious incidents and complaints for their residents via the national reporting route.
- All Health Boards as a Provider of services are bound by the Duty of Candour, which requires them to be open, honest and transparent with patients or their families when something untoward occurs during care or treatment, resulting in, or potentially causing harm. Therefore, whilst the patient may be resident in another Health Board area, HDdUHB would expect all patients to be managed in the same way, including following the same complaints/concerns procedures to that of a provider resident.
- The above report has been discussed and considered in both recent LTA meetings with SBUHB and also at the recently established Commissioning and Contracting Oversight Group meeting in July 2025. The Quality team will continue to work with SBUHB to understand the detail, no obvious concerns were raised.



The inaugural Commissioning and Contracting (C&C) Group meeting took place at the beginning of July 2025. As it was the first of its kind, the group considered the Terms of Reference (ToR), however it also considered several current areas of interest, including:

- **Quality & Safety report 2024/25 at SBUHB** – See slide 8
- **Orthopaedics** – regional monies versus LTA monies (circa £2.6m), with the £1.1m adjustment once again agreed for 2025/26. The residual £1.5m LTA and regional funding is still being worked through. The Group agreed to consider referral information to SBUHB and throughput. Smaller focussed group to meet to clarify funding and activity alignment. (On-Track)
- **Renal SLA** – SBUHB is proposing a significant increase in the visiting Consultant sessions. Service to continue to work through the detail and to also undertake a demand and capacity exercise. (Finalising by end of August 2025)
- **National Institute for Health and Care Excellence (NICE)/ High Cost Drugs (HCD)** – General Update, agreed to explore any opportunities with regards to biosimilars in line with Value and Sustainability Board.
- **NWJCC** – General Update
- **Informatics** – the Health Board has access to nationally submitted data for HDdUHB residents and therefore it was agreed to commence a proof of concept for a structured data warehouse, using renal data in the first instance.



Current Position

The Health Board is experiencing an increasing pattern of providers issuing formal notices to cease or restrict services, citing insufficient funding or lack of formal commissioning arrangements. Three recent examples illustrate systemic issues:

Service Withdrawal Notifications Received:

1. **Hepatobiliary (HPB) Service & Severe Acute Pancreatitis** - Joint CVUHB/ SBUHB withdrawal notice without prior approval
 - LTA includes £170k provision for pancreatic surgical services
 - Year-to-date underspend of £41k (£30k returnable at marginal rate)

2. **Orthoplastic Referrals** - SBUHB refusing revisions/ infections without prior approval
 - Regional orthopaedic funding already in place via WG monies
 - NWJCC commissions plastic surgery, with plastic resources and provision under this contract
 - Elective orthopaedic line showing £293k year-to-date underperformance within the LTA

3. **3D-Printed Surgical Guides** - CVUHB mandating additional funding
 - Research project converted to service requirement without prior engagement
 - No collaborative discussion on commissioning arrangements; but a request for funding



Key Principles and Concerns

Financial Disconnect

- Providers selectively requesting additional funding whilst retaining underperformance benefits
- Current year-to-date underperformance examples above
- Marginal rate arrangements mean providers retain 30% of underperformance whilst demanding full funding for new requirements
- No consideration of overall contract position when making isolated funding demands

Contractual Challenges

- Services viewed in isolation rather than as part of comprehensive LTA arrangements creating a fragmented approach
- Providers choosing which services to deliver based on levels of expenditure rather than overall contract obligations; leading to selective funding requests
- Formal notices issued without prior discussion, contrary to spirit of new Regional Joint Committee arrangements

System-Wide Impact

- LTAs acknowledged as unsatisfactory but represent agreed financial framework
- Investment made across multiple service areas with variable utilisation
- Underperformance in some areas historically offset overpressure in others - this balance now being disrupted



Termination of Pregnancy (ToP) at SBUHB

Prior to COVID-19, HDdUHB would regularly refer ToP patients to SBUHB, and the activity would flow through the LTA contract. However, since the pandemic, the flow has significantly declined, and there is now no recorded ToPs activity for HDdUHB residents. This is due to a number of reasons, particularly:

- SBUHB lost access to their Pregnancy Advisory Service (PAS) ward and the access has continued to be restricted, which has naturally impacted the number that SBUHB can accommodate.
- New guidance introduced to allow patients under 10 weeks' gestation to access early medical abortion at home.
- HDdUHB has developed their service immeasurably, including service provision for patients up to 20 weeks gestation.

However, whilst the activity at SBUHB has been absent for a considerable period of time as it has been absorbed locally, the funding has not followed. This is causing significant service and cost pressures internally that HDdUHB cannot continue to sustain. Importantly, there are quality and safety issues for these women, as they are naturally time sensitive cases.

Consequently, HDdUHB has served six months notice on the contract and expects the funding to transfer back (amount TBA) to HDdHB in order to be repurposed.

It is acknowledged that, whilst the Health Board does not believe a six-month notice period is strictly required given the lack of delivery, the practical requirement to implement an alternative in-house solution necessitates a transitional period.

Velindre Cancer Centre – part of commissioning savings plan

LTA has been finalised and agreement reached with Velindre Cancer Centre to recharge for NICE/High-Cost Drugs on an actual cost basis for 2025/26 to reflect resources consumed rather than historic shares. In financial terms this equates to a reduction of circa £820k.



The Committee is asked to:

- **NOTE** the Strategic Commissioning Report Bi-annual Update
- **RECIEVE ASSURANCE** from the mitigating actions detailed in the Strategic Commissioning Report Bi-annual Update.

2.6

11:40, 10 Mins

2.6 - Mid Wales Joint Committee Report

**Andrew Carruthers
(Hywel Dda UHB -
Chief Operating
Officer), Keith Jones
(Hywel Dda UHB -
Director of
Operational Planning
& Performance), Nia
Williams (Hywel Dda
Health Board -
Programme
Manager)**

| For information

Attachments

[2.6.1 5. SPC SBAR MWJC 2025-26 July 25 v5 080825.pdf](#)

[2.6.2 5. SPC MWJC 2025-26 July 25 v5 080825.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 August 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mid Wales Joint Committee Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer, Hywel Dda University Health Board
SWYDDOG ADRODD: REPORTING OFFICER:	Keith Jones, Director of Operational Planning & Performance, Hywel Dda University Health Board, and Programme Director, Mid Wales Joint Committee

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

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of the report is to present an update on the Mid Wales Joint Committee Priorities and Delivery Plan 2025/26 for the period April to July 2025. The report outlines the progress made on the delivery of the Joint Committee's priorities for 2025/26 and other areas identified in-year which would potentially benefit the population across the Mid Wales area.

Cefndir / Background

In January 2014, the Welsh Government Minister for Health and Social Services (Professor Mark Drakeford) commissioned the Welsh Institute for Health and Social Care (WIHSC) to explore the options for the provision of high quality and sustainable healthcare services in Mid Wales. The different needs of rural communities and the cross-boundary challenges of this region suggested the need for a review of the system. The study spent eight months listening to stakeholders across Mid Wales, working with clinicians, Health Boards, professional bodies and many others and reviewing the lessons from elsewhere in the UK and internationally where similar challenges have been addressed.

The resultant Mid Wales Healthcare Study, published in October 2014, highlighted a number of issues and twelve recommendations were made. One key recommendation was that the three Health Boards serving the Mid Wales population should establish a joint governance mechanism (working title: The Mid Wales Healthcare Collaborative), in order to implement the range of recommendations made in the report. (*ref: Mid Wales Healthcare Study, Report for Welsh Government, WIHSC – University of South Wales, September 2014*). Although this recommendation did not make specific reference to Local Authorities, the report of the study made a number of references to the importance of social care within the healthcare system. As such it was felt appropriate that Local Authorities should be members of the collaborative.

The Mid Wales Healthcare Collaborative (MWHC) was established in March 2015 with the following organisations as its members:

- Betsi Cadwaladr University Health Board (BCUHB)
- Hywel Dda University Health Board (HDdUHB)
- Powys Teaching Health Board (PTHB)
- Welsh Ambulance Services University NHS Trust (WAST)
- Ceredigion County Council
- Gwynedd Council
- Powys County Council

In March 2018, the MWHC transitioned to the Mid Wales Joint Committee for Health and Social Care (MWJC) with a revised leadership arrangement and governance structure in order to strengthen the approach to planning and delivery across Mid Wales and support organisations in embedding collaborative working within their planning and implementation arrangements. The leadership of the Joint Committee was revised to reflect its new approach with Lead Chair, Lead Chief Executive, Lead Director of Planning and Lead Clinical Executive Director roles undertaken by relevant representatives of the Mid Wales healthcare organisations on a bi-annual rotational basis and a Programme Director.

Upon its inception the MWJC agreed its Mid Wales Strategic Intent which includes five overarching aims to support partner organisations to work together to address the current health and care needs of the Mid Wales population as well as future challenges.

- **Aim 1: Health, Wellbeing and Prevention**
Improve the health and wellbeing of the Mid Wales population.
- **Aim 2: Care Closer to Home**
Create a sustainable health and social care system for the population of Mid Wales which has greater focus on care closer to home.
- **Aim 3: Rural Health and Care Workforce**
Create a flexible and sustainable rural health and care workforce for the delivery of high quality services which supports the healthcare needs of rural communities across Mid Wales.
- **Aim 4: Hospital Based Care and Treatment**
Create a sustainable and accessible Hospital Based Care and Treatment service for the population of Mid Wales with robust outreach services and clinical networks.
- **Aim 5: Communications, Involvement and Engagement**
Ensure there is continuous and effective communication, involvement and engagement with the population of Mid Wales, staff and partners.

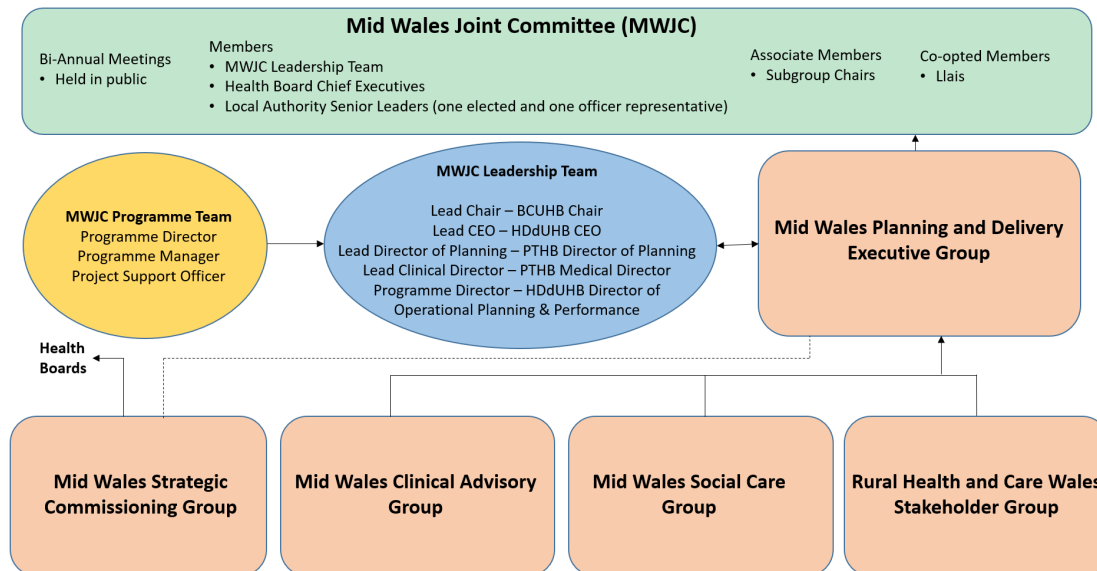
In support of these aims, a set of annual Mid Wales specific priority workstreams are agreed which are aimed to provide added value to organisations working across Mid Wales and which align to the Integrated Medium Term Plans (IMTP) / Annual / Regional Plans of the Joint Committee's partner organisations. The annual priority setting exercise includes a workshop session of the Mid Wales Planning and Delivery Executive Group to discuss and set the proposed priorities for the upcoming year with the following taken into consideration:

- Progress made on the Mid Wales priorities for the current year.
- Emerging themes / issues identified by the Joint Committee's sub-groups and task and finish groups.
- Individual organisational plans for the upcoming year and any other emerging matters which may require a collaborative discussion and regional approach.
- Feedback received from the public.
- Priorities of other regional and national programmes.

The proposed priorities are shared with the Joint Committee's sub-groups and task and finish groups for consideration and feedback prior to final agreement by the Mid Wales Planning and

Delivery Executive Group (MWPDEG) and MWJC Board. Delivery of the priorities is supported by a Mid Wales Priorities and Delivery Plan which details the scope, expected outcomes, key actions including timescales and the governance arrangements including responsible officers and delivery mechanisms.

The diagram below describes the MWJC governance structure and that of its respective sub-committees:



The MWJC oversees the delivery of the Mid Wales Priorities and Delivery Plan and the work of its sub-groups. It is chaired by the MWJC Lead Chair, Dyfed Edwards Chair of BCUHB, and its membership includes Chief Executives from Health Boards and WAST, representatives from the three Local Authorities, Joint Committee Leadership Team, Chairs of the Joint Committee’s sub-groups and Llais. The MWJC has seen a change in its leadership arrangements for 2025/26 with Professor Phil Kloer Chief Executive of HDdUHB assuming the role of lead Chief Executive and Keith Jones, Director of Operational Planning and Performance at HDdUHB appointed as MWJC Programme Director.

The MWPDEG leads on the development and implementation of the Mid Wales Priorities and Delivery Plan with its membership comprising planning representatives from the three Health Boards and WAST with the Chair of the Mid Wales Social Care Group attending on behalf of the three Local Authorities.

The MWPDEG is supported in its work by the following groups:

- The Mid Wales Clinical Advisory Group (MWCAG) which provides clinical support and advice on the Mid Wales priorities either as identified by the group or as commissioned by the MWPDEG. The group is chaired by the lead Clinical Executive Director, Dr Kate Wright Executive Medical Director for PTHB, and its membership includes clinical representatives from the three Health Boards, WAST and Public Health.
- The Mid Wales Social Care Group (MWSocG) which focuses on Social Care and the alignment of plans for social care services across Mid Wales. Its membership includes Directors of Social Services for the three Mid Wales Local Authorities. A review of the group is currently in progress to ascertain whether its role provides added value and whether its role is already being undertaken elsewhere by other national and regional groups and mechanisms.
- Priority specific task and finish groups whose role is to implement the delivery plan related to its specific priority. These task and finish groups report directly to the

MWPDEG with a written update on progress provided to bi-monthly MWPDEG meetings.

- The Mid Wales Strategic Commissioning Group (MWStCG) has been established for the three Mid Wales Health Boards to fulfil their commissioning role collaboratively for the population of Mid Wales. Chaired by Lee Davies, Executive Director of Planning and Strategy at HDdUHB, its membership includes planning, finance, commissioning, contracting and clinical representatives from each organisation. The group is directly accountable to the three Health Boards, with reports on its work provided to the MWPDEG. The group supports the MWJC in proposing suggested service areas which may benefit a regional approach.
- The Rural Health and Care Wales (RHCW) Stakeholder Group reports to the MWJC and provide updates on its work to the MWPDEG. RHCW was established in response to the twelfth recommendation of the Mid Wales Healthcare Study that ‘The three Health Boards, working with local Universities and others, should develop and support a centre of excellence in rural healthcare, with a particular focus on research, development and dissemination of evidence in health service research which addresses the particular challenges of Mid Wales.’ The workplan for RHCW supports the Joint Committee’s priorities with more wide-ranging areas of work that encompass broader social models of health and ill health preventative measures.

Asesiad / Assessment

For 2025/26 the Mid Wales priorities, as agreed by the MWJC, are as follows:

Mid Wales priorities 2025/26	
Priority	Strategic Objective
Urology	Complete the review of prostate cancer Prostate-Specific Antigen (PSA) and Trial Without Catheter (TWOC) pathways and flows for patients residing in Mid Wales, identify any current gaps in provision and opportunities for the future provision of services across Mid Wales.
Ophthalmology	Increase capacity and access to ophthalmology services across the Mid Wales area through the development of a regional and a whole system pathway (primary, community and secondary care) approach supported by the establishment of operational and service links between Health Boards.
Cancer	Identify opportunities for increasing provision and improving access to cancer services across Mid Wales.
Community Dental Services	Identify what improvements can be made to general NHS dental services provision across Mid Wales.
Strategic service change programmes	Identify the impact on the Mid Wales population of pathway changes proposed via strategic service change programmes being progressed by individual organisations.
Cross Border workforce arrangements	Develop solutions to cross organisational border health and social care workforce arrangements across Mid Wales.
Colorectal	Establish a sustainable Colorectal services pathway for Mid Wales, which ensures a Mid Wales focus on service delivery and creates opportunities for the provision of outreach services across the Care Hubs in Mid Wales.
Dermatology	Identify opportunities for increasing provision and improving access to Dermatology services across Mid Wales.

These priorities and areas of focus will be subject to continuous review during the year to respond to organisational strategic changes. The update report attached as appendix 1

outlines progress to date on the Mid Wales Priorities and Delivery Plan from April to July 2025 and sets out planned actions for August to December 2025.

Below is an overview of the progress made and current status of the MWJC priorities.

MWJC Priorities – Progress / Status Overview					
Priority	Workstreams	Blue (Completed)	Red (Late)	Amber (Off Track)	Green (On Track)
Urology	2			1	1
Ophthalmology	4				4
Cancer	2	1			1
Community Dental Services	2			1	1
Strategic service change programmes	4				4
Cross Border Workforce arrangements	3	1		1	1
Colorectal	1				1
Dermatology	1				1

For those workstreams whose status is currently Amber (Off Track) below provides a summary highlighting the issues which have impacted on progress and the current actions being progressed

MWJC Priorities – Issues and Actions for Amber workstreams			
Priority	Workstream	Issue	Action
Urology	Prostate-Specific Antigen (PSA) pathway	Primary Care practitioners are monitoring certain groups of prostate cancer patients but internal processes found to be inconsistent, with no shared care arrangements in place. National Institute for Health and Care Excellence (NICE) Clinical Knowledge Summary for Prostate Cancer states that monitoring of prostate cancer patients can be carried out in primary care under shared care arrangements.	Issue has been referred to the HDdUHB Urology Team and Deputy Medical Director and Deputy Associate Medical Directors for advice on how this should be taken forward as the solution may potentially have resource implications.
Community Dental Services	Paediatric General Anaesthesia at Bronglais General Hospital	Progress on establishment of HDdUHB Paediatric General Anaesthesia Task and Finish Group delayed due to staffing capacity challenges within the HDdUHB Dental Team.	Further discussions are scheduled with the HDdUHB general dental services (GDS) Clinical Lead and Associate Director as to the future approach for this work.

Cross Border Workforce arrangements	Band 2 and 3 Health Care Support workers curriculum	Workstream on hold due to the national piece of work being undertaken by Health Education and Improvement Wales (HEIW) on Healthcare Support Worker Band 2 and Band 3 job descriptions and clinical skills induction.	Timescale for the HEIW work to be ascertained in order to inform the revised target date for this workstream.
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Argymhelliad / Recommendation

The Strategy and Planning Committee is asked to:

- **NOTE** the update report on the Mid Wales Priorities and Delivery Plan 2025/26 for April 2025 to July 2025.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<p>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).</p> <p>3.1.8 Seek assurance on delivery of plans in relation to the National Networks and Joint Committees.</p> <p>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.</p> <p>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).</p>
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	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Agendas and minutes of meetings of the Mid Wales Joint Committee, Mid Wales Planning and Delivery Executive Group and its sub-groups for 2025-26.
Rhestr Termau: Glossary of Terms:	Contained within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Director of Operational Planning and Performance, HDdUHB

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

Mid Wales Priorities and Delivery Plan 2025/26 – Summary update July 2025

PRIORITY	Urology (Carried forward from 2024/25)	STRATEGIC OBJECTIVE	Develop a programme of renewal for urology pathways across the region which will support and link to the national pathway work.
REPORTING PERIOD	April to July 2025		
WORKSTREAMS	AIM	PROGRESS	
a) Prostate-Specific Antigen (PSA) pathway	<p>Complete the review of prostate cancer Prostate-Specific Antigen (PSA) pathways and flows for patients residing in Mid Wales, identify any current gaps in provision and opportunities for the future provision of services across Mid Wales.</p> <p><u>Target date – 30/06/25</u></p>	<ul style="list-style-type: none"> The Mid Wales Urology group identified an issue with the monitoring and surveillance of PSA levels for two groups of patients who have been referred back from secondary to primary care: <ul style="list-style-type: none"> i) patients who have high PSA levels with no prostate cancer detected during secondary care investigations. ii) patients with high PSA levels who have prostate cancer confirmed and are 5 years post secondary care treatment. <p>This issue was identified following a review of individual GP practice processes which were found to be inconsistent. Also, feedback from Primary Care Cluster leads is that surveillance is not included within the GMS contract.</p> The Joint Committee Lead Clinical Director has raised this issue with the National lead for Urological Cancer who has referred to the NICE guidance for Prostate Cancer which does include protocols for the primary care management of prostate cancer patients under shared care arrangements. This issue has been referred to the HDdUHB Urology Team and Deputy Medical Director and Deputy Associate Medical Directors for advice on how this should be taken forward as the solution may potentially have resource implications. 	
b) TWOC	<p>Complete the review of existing TWOC pathways and flows for patients residing in Mid Wales, identify any current gaps in provision and opportunities for the future provision of services across Mid Wales.</p> <p><u>Target date – 30/09/25</u></p>	<ul style="list-style-type: none"> The BCUHB District Nursing Manager met with the HDdUHB Clinical Nurse Lead on the shared learning from the HDdUHB community clinics which were introduced in 2024. This was part of the preparatory work for the recent introduction of a community TWOC clinic at Blaenau Ffestiniog Memorial Hospital and there are plans in place to establish a clinic in South Gwynedd for which the timescale is to be confirmed. Work is in progress on the establishment of a TWOC service for housebound patients in the HDdUHB area for which the timescale for its introduction is to be confirmed. Dr Louisa Morris, Senior Clinical Editor for the HDdUHB Health Pathways team attended the Mid Wales Urology Group meeting on 18 June 2025 for members to provide feedback on the catheter related pathways in place across Mid Wales. This feedback will be used by Dr Louisa Morris for the development of the Catheter related pathway sections for national consideration and subsequent inclusion in the HDdUHB Community HealthPathways system. 	

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| | | <ul style="list-style-type: none">• The Mid Wales Urology Group have identified the pathways for patients with acute retention and complex catheter changes as areas requiring attention to support the need to avoid patients going to A&E wherever possible. Work is in progress on the development of a protocol for community services to refer patients to the Urology department at GGH, Carmarthen. This work will consider the most appropriate pathway for patients from Powys and South Gwynedd. The target date for this piece of work is 30 September 2025. |
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ACTIONS PLANNED FOR NEXT REPORTING PERIOD (AUGUST TO DECEMBER 2025)

- Sept 25: Draft catheter related pathways for Community HealthPathways system shared with Mid Wales Urology Group.
- Sept 25: Review of draft catheter related pathways by the Mid Wales Urology Group.
- Sept 25: Review of the draft revised protocol for patients with acute retention and complex catheter changes by the Mid Wales Urology Group.

Mid Wales Priorities and Delivery Plan 2025/26 – Summary update July 2025

PRIORITY	Ophthalmology (Carried forward from 2024/25)	STRATEGIC OBJECTIVE	Increase capacity and access to ophthalmology services through the development of a regional and whole system pathway approach supported by the establishment of links between Health Boards.
REPORTING PERIOD	April to July 2025		
WORKSTREAMS	AIM	PROGRESS	
a) Powys THB nurse led wet age-related macular degeneration (AMD) service	Progress the proposal for a Powys THB nurse led wet AMD service in Powys (Llanidloes and Welshpool) with HDdUHB medical oversight / District General Hospital pathway. <u>Target date – 31/12/25</u>	<ul style="list-style-type: none"> • As part of its Eye Care Transformation Programme, PTHB is developing a business case by December 2025 which will include a proposal for the establishment of a nurse led wet AMD service in the north of the county (Llanidloes and Welshpool) with consultant oversight from HDdUHB. The service will be for Powys residents who currently travel to the HDdUHB North Road clinic, Aberystwyth, for wet AMD treatment. • First draft of the business case is under development and due to be completed by September 2025. • HDdUHB clinical lead for wet AMD has indicated that they will be able to support the proposal for HDdUHB to provide consultant oversight on a virtual basis for the Powys nurse led wet AMD clinics. 	
b) Networking opportunities and joint pathway development	Explore networking opportunities and joint pathway development including Powys THB working in HDdUHB at the North Road clinic to inform Powys THB pathway development / repatriation opportunities with eyecare MDT in Powys. <u>Target date – 31/03/26</u>	<ul style="list-style-type: none"> • PTHB currently have a cataract service at Llandrindod Wells Hospital which is provided by Wye Valley NHS Trust. As part of the PTHB Eyecare Transformation Programme PTHB have asked HDdUHB for the number of Powys patients who receive cataract surgery at HDdUHB in order to ascertain whether there are any repatriation opportunities for Powys patients to receive cataract surgery at Llandrindod Wells. • To support workstreams a) and b) PTHB staff will work at North Road clinic, Aberystwyth, as part of an honorary contract arrangement, to help them better understand the pathways and ways of working. • Issues relating to Occupational Health checks have arisen for which the HDdUHB Senior Nurse Manager Ophthalmology is working to resolve. As such the timescale for when this arrangement is due to commence is to be confirmed 	
c) Mid Wales Clinical Leadership	Scope alternative options to the triumvirate Mid Wales collaborative ophthalmology consultant leadership role post. <u>Target date – 31/03/26</u>	<ul style="list-style-type: none"> • MWPDEG has previously agreed a proposal for a joint Clinical Lead for Eye Care services. • PTHB does not have a clinical leadership structure and the business case for the eyecare transformation programme will include a proposal for specialty consultant leadership sessions. HDdUHB have developed and made appointments to the subspecialty leadership model from their current establishment. BCUHB do not currently have anyone in post for its leadership role. 	

Mid Wales Priorities and Delivery Plan 2025/26 – Summary update July 2025

		<ul style="list-style-type: none"> • Mid Wales Ophthalmology Group has proposed that the leadership roles currently in place / being developed by Health Boards could form a joint leadership arrangement. Some links are already in place through the National Eye Care Network. The Mid Wales Ophthalmology Group will develop a first draft proposal for Mid Wales joint leadership arrangements for Ophthalmology services for consideration by MWPDEG.
<p>d) Primary care eye care services for the South Gwynedd area</p>	<p>Explore the available opportunities for the provision of primary care eye care services for the South Gwynedd area. <u>Target date – 31/12/25</u></p>	<ul style="list-style-type: none"> • Discussions held with BCUHB Ophthalmology Manager to explore the available options for better attracting primary care eye care practitioners to South Gwynedd which includes exploring whether practices in North Ceredigion and North Powys could provide some form of outreach service to the area. • South Meirionnydd Discovery Programme for BCUHB has recently been established. The programme is a comprehensive initiative aimed at transforming primary care delivery in the rural South Meirionnydd region. This programme will need to be considered as part of the Ophthalmology priority.

ACTIONS PLANNED FOR NEXT REPORTING PERIOD (AUGUST TO DECEMBER 2025)

- a) Powys THB nurse led wet age-related macular degeneration (AMD) service / b) Networking opportunities and joint pathway development**
- Aug 25: Members of the Mid Wales Ophthalmology Group to provide a response to the HDdUHB CSP consultation on options for Ophthalmology services from their own organisational perspective.
 - Sept 25: First draft of PTHB business case for eyecare transformation programme circulated to Mid Wales Ophthalmology Group members.
 - Sept 25: HDdUHB to provide PTHB with the number of Powys patients who receive cataract surgery at HDdUHB.
 - Sept 25: Confirmation of timescale for PTHB staff to work at North Road clinic, Aberystwyth.
 - Oct 25: First draft of PTHB business case for eyecare transformation programme discussed in more detail by Mid Wales Ophthalmology Group.
 - Oct 25: Formal written confirmation provided by HDdUHB that they will provide consultant oversight on a virtual basis for the Powys nurse led wet AMD clinics.
 - Dec 25: PTHB business case for Eyecare Transformation Programme submitted to PTHB internal Investment Board.
- c) Mid Wales clinical leadership**
- Dec 25: Mid Wales Ophthalmology Group to develop a first draft proposal for Mid Wales joint leadership arrangement.
- d) Primary care eye care services for the South Gwynedd area**
- Sept 25: Mid Wales Ophthalmology Group to agree a set of actions for exploring available opportunities for the provision of primary care eye care services for the South Gwynedd area.
 - Sept 25: Presentation on South Meirionnydd programme to be provided to MWPDEG meeting on 22 September 2025.

Mid Wales Priorities and Delivery Plan 2025/26 – Summary update July 2025

PRIORITY	Cancer (Carried forward from 2024/25)	STRATEGIC OBJECTIVE	Identify opportunities for increasing provision and improving access to cancer services across Mid Wales.
REPORTING PERIOD	April to July 2025		
WORKSTREAMS	AIM	PROGRESS	
a) BGH Chemotherapy Day Unit	Support the development of the BGH Chemotherapy Day Unit (HDdUHB) Target date - May 2025	The new Chemotherapy Day Unit at BGH, Aberystwyth, was operational as from 12 May 2025.	
b) Radiotherapy and chemotherapy pathways	Continue the review of radiotherapy and chemotherapy pathways to identify opportunities for increasing provision and improving access across Mid Wales and identify what improvements can be made to cross organisational handover arrangements. Target date – 31/03/26	<ul style="list-style-type: none"> • There is Mid Wales Joint Committee representation on the South West Wales Cancer Centre Oncology Outpatients and Radiotherapy Modernisation working groups to ensure the challenges faced by the Mid Wales population in accessing cancer services is taken into consideration. Links between these two groups and PTHB and WAST have now been established with meeting papers shared with nominated representatives of both organisations. <p>Radiotherapy</p> <ul style="list-style-type: none"> • The forecast increased demand for radiotherapy services has shown that there is a need for a 6th and 7th LinAcc and also an additional CT Sim to serve the wider Mid & South West Wales population. Two longer term options being considered for the regional model are: <ol style="list-style-type: none"> i) Satellite Radiotherapy Centre to be established at a site within the HDdUHB area with location options currently being explored. ii) Singleton Hospital to continue as the main radiotherapy site for South and West Wales. • Whilst this work is being led by the South West Wales Cancer Centre Radiotherapy Modernisation working group, the MWJC team have requested that consideration be given to the challenges faced by the Mid Wales population in accessing Radiotherapy services including travel distances, access to transport and availability of accommodation. <p>Oncology</p> <ul style="list-style-type: none"> • A first draft proposal for the future model and working arrangements for oncology services provision at BGH has been developed and considered by the South West Wales Cancer Centre Oncology Outpatients working group on 18 July 2025. Members of the group were asked to provide their feedback on the draft proposal which will be considered in more detail at its next meeting on 19 September 2025 	

ACTIONS PLANNED FOR NEXT REPORTING PERIOD (AUGUST TO DECEMBER 2025)			
Oncology			
<ul style="list-style-type: none"> Sept 25: Revised draft proposal for future model and working arrangements for oncology services at BGH considered by South West Wales Cancer Centre Oncology Outpatients working group on 19/09/26. Oct 25: Proposed future model and working arrangements for oncology services at BGH shared with BCUHB, PTHB and WAST. Oct 25: BCUHB, PTHB and WAST to provide feedback on proposed future model and working arrangements for oncology services at BGH. Dec 26: Proposal for future model and working arrangements for oncology services at BGH shared with MWPDEG. 			
PRIORITY	Community Dental Services (Carried forward from 2024/25)	STRATEGIC OBJECTIVE	Identify what improvements can be made to general NHS dental services provision across Mid Wales.
REPORTING PERIOD	April to July 2025		
WORKSTREAMS	AIM	PROGRESS	
a) Endodontic services	Develop a pathway for HDdUHB patients to access endodontic treatment at the Powys Teaching Health Board service provided at Llandrindod Wells Hospital. Target Date – 30/09/25	<ul style="list-style-type: none"> Pathway for HDdUHB patients from the ‘SY’ postcode area to access endodontic treatment at Llandrindod Wells Hospital, provided by PTHB, has been developed and agreed by HDdUHB and PTHB Dental teams. Meeting of HDdUHB and PTHB dental, finance and commissioning representatives held on 16 June 2025 to discuss and agree the required service, finance and commissioning actions for implementation of the pathway by the target date of 30 September 2025. 	
b) Paediatric General Anaesthesia at BGH	Explore the feasibility of establishing a Mid Wales service for joint Paediatric General Anaesthesia at BGH, Aberystwyth. Target Date – 31/03/26	<ul style="list-style-type: none"> HDdUHB Paediatric General Anaesthesia service is currently provided by a private provider, Parkway Clinic Swansea. A Task and Finish Group to review the Paediatric General Anaesthesia pathway and opportunities to develop NHS based capacity has been proposed but progress is delayed due to staffing capacity challenges within the HDdUHB Dental Tteam. Further discussions are scheduled with the HDdUHB GDS Clinical Lead and Associate Director as to future approach for this work. 	
ACTIONS PLANNED FOR NEXT REPORTING PERIOD (AUGUST TO DECEMBER 2025)			
a) Endodontic services			
<ul style="list-style-type: none"> Sept 2025: Implementation of the Endodontic pathway to the Llandrindod Wells service for patients residing in the ‘SY’ postcode area. Dec 2026: Assessment of first three months activity for new Endodontic pathway (September to November 2025) by the Mid Wales Dental Group. 			
b) Paediatric General Anaesthesia at Bronglais General Hospital			
<ul style="list-style-type: none"> Aug 25: Internal discussion held by HDdUHB Dental Team as to the future approach for the review of the Paediatric General Anaesthesia service. 			
ANY OTHER COMMENTS			
Paediatric Consultant in Dental Services			

- HDdUHB Head of Dental and Optometry services attended the MWPDEG meeting on 16 May 2025 to provide a more detailed update on the work of the Mid Wales Dental Group. MWPDEG noted that the three Mid Wales Health Boards were planning to recruit their own individual Paediatric Consultant in Dental Services in the near future and asked the Mid Wales Dental Group to look at whether a shared arrangement would be appropriate.
- Mid Wales Dental Group meeting on 19 June 2025 noted that PTHB were already out to advertisement for a Senior Community Dentist post and HDdUHB were due to imminently advertise for a similar role. As the recruitment process was already in progress for two of the three Health Boards, the group agreed that a shared arrangement was not possible at the moment but if all Mid Wales Health Boards were successful in recruiting to their respective posts then the Consultants could provide peer support for each other. If Health Boards are not successful in recruiting, then a joint post arrangement will be explored.

Mid Wales Priorities and Delivery Plan 2025/26 – Summary update July 2025

PRIORITY	Strategic service change programmes (New priority for 2025/26)	STRATEGIC OBJECTIVE	Identify the impact of pathway changes proposed in organisational strategic service change programmes for the Mid Wales population.
REPORTING PERIOD	April to July 2025		
WORKSTREAMS	AIM	PROGRESS	
a) Review those pathways impacted by organisational strategic service change programmes and support the development of regional and cross border solutions	<p>At its meeting on 04 April 2025, the MWJC proposed that the areas to be considered under the strategic service change programmes priority should be:</p> <ul style="list-style-type: none"> i) Stroke services ii) Community models iii) 6 Goals for urgent and emergency care iv) New clinical model for WAST <p>MWPDEG agreed at its meeting on 16 May 2025 that these will be considered in a staged way with stroke services being considered first.</p> <p><u>Target 31/03/26</u></p>	<p>Stroke services</p> <ul style="list-style-type: none"> • Mid Wales Stroke Group established to respond to the service changes across the region and the implications for the Mid Wales population, and outline a proposed robust stroke pathway for Mid Wales. Membership of the group includes medical and planning representatives from BCUHB, HDdUHB, PTHB and WAST. • First meeting of Mid Wales Stroke Group, chaired by the Medical Director for BCUHB, held on 1 July 2025. BCUHB and HDdUHB representatives provided a current state assessment on stroke service provision for the Mid Wales population including performance against targets and gaps in service provision. HDdUHB provided a presentation on its CSP and the proposed options for stroke services which are currently out to public consultation. An update was received from WAST on their perspective regarding current services and the proposed organisational changes to services and pathways. The group agreed the next steps as follows: <ul style="list-style-type: none"> i) Contact all relevant organisations who provide stroke services for the Mid Wales population to advise them of the work that the group are trying to achieve in order to ensure all relevant organisations are involved. ii) Prepare a paper of where organisations are at with their quality standards and what they are not able to provide. iii) Contact the NHS Executive and stroke national lead to ascertain how they want to be involved and how they want to help achieve targets. iv) Contact Health Board clinical leads to prepare a picture of what they are trying to solve and how best they can reach that goal. <p>New clinical model for WAST</p> <ul style="list-style-type: none"> • Request made to WAST to provide a presentation on new clinical model to MWPDEG on 22 September 2025 	
ACTIONS PLANNED FOR NEXT REPORTING PERIOD (AUGUST TO DECEMBER 2025)			
Stroke			
<ul style="list-style-type: none"> • Aug 25: Contact all relevant organisations who provide stroke services for the Mid Wales population to advise them of the work that the group are trying to achieve in order to ensure all relevant organisations are involved. • Aug 25: Prepare a report of where organisations are with their quality standards and what they are not able to provide. 			

- Aug 25: Contact the NHS Executive and stroke national lead to ascertain how they want to be involved and how they want to help achieve targets.
- Aug 25: Chair of Mid Wales Stroke Group to contact Health Board clinical leads to prepare a picture of what they are trying to solve and how best they can reach that goal.
- Aug 25: Next meeting of Mid Wales Stroke Task and Finish group to be held on 13 August 2025.
- Aug 25: Mid Wales Stroke Task and Finish group to develop a proposed response to the HDdUHB CSP options for stroke services.

New clinical model for Welsh Ambulance Services University NHS Trust

- WAST to provide a presentation on its new clinical model to MWPDEG meeting on 22/09/25.

Mid Wales Priorities and Delivery Plan 2025/26 – Summary update July 2025

PRIORITY	Cross Border Workforce arrangements (Carried forward from 2024/25)	STRATEGIC OBJECTIVE	Develop solutions to cross border health and social care workforce arrangements across Mid Wales
REPORTING PERIOD	April to July 2025		
WORKSTREAMS	AIM	PROGRESS	
a) Information sharing agreement	Development of an agreed recording mechanism for an information sharing agreement to support the sharing of workforce data and information across organisations. <u>Target date – 30/06/25</u>	<ul style="list-style-type: none"> • A dedicated Teams channel has been set up with key staff from PTHB and HDdUHB having access. Within this there are folders on: key leads/ responsibilities following a joint 'mapping workshop;' CPD offers for item ii); a lessons learned / sharing good practice log, lesson plans and course/ training scheme of work. • PTHB and HDdUHB has met to share their respective governance / approval routes for study leave and attending training. • There are regular diary meetings to discuss best practice, workforce shape and profiles. Invited are Learning and Development and Clinical Education and Workforce planning colleagues from HDdUHB, PTHB and BCUHB. • In place is the ability to share training offers across both Health Boards with item ii) being the first area. • Buddy/ mentoring support is in place and has been used for supporting the staff teaching the overseas nurse Objective Structured Clinical Examination (OSCE) training. Similar for sharing good practice around Preceptorship. 	
b) Support workers development programme	Development of a joint Healthcare Support Workers development programme to enhance skills, knowledge and capabilities. <u>Target date – 30/09/25</u>	<ul style="list-style-type: none"> • A poster promoting joint offerings has been trialled. • A Microsoft form has been designed that enables staff from PTHB and HDdUHB to access any of the offers to find out more and or to book a place. The automation also obtains approval from their line manager to attend. This method of booking is accessed either via a QR code or via an email link. Data is captured as to which Health Board the individual is booking from and also a grade / role check to ensure they are selecting the right course. • There is no cross charging for attendance and uptake and parity of attendance and provision is monitored. 	
c) Band 2 and 3 Health Care Support workers curriculum	Develop a joint curriculum for both Bands 2 and 3 Healthcare Support Workers in order to provide a structured framework of	<ul style="list-style-type: none"> • This work is on hold due to the national piece of work being undertaken which is being led by HEIW reviewing the Healthcare Support Worker Bands 2 and 3 job descriptions and clinical skills induction. When the outcome is known the Group will revisit this area to consider a joint educational offer. 	

	education for both individual groups of staff. <u>Target date – 30/09/25</u> (Target date to be reviewed)	
ACTIONS PLANNED FOR NEXT REPORTING PERIOD (AUGUST TO DECEMBER 2025)		
<ul style="list-style-type: none"> • Dec 25: Develop a process for measuring benefits realisation for the Cross Border Workforce arrangements priority. 		
ANY OTHER COMMENTS		
<ul style="list-style-type: none"> • PTHB Assistant Director of Workforce and Organisational Development attended the MWPDEG meeting on 24 July 2025 to provide a more detailed update on the work of the Mid Wales Workforce Group. MWPDEG have asked the Mid Wales Workforce Group to develop a set of options for the recruitment and management of joint posts (clinical and non-clinical). 		

OTHER AREAS OF WORK BEING TAKEN FORWARD

PRIORITY	Colorectal (Proposed by MWPDEG in 2023/24, carried forward from 2024/25)	STRATEGIC OBJECTIVE	Establish a sustainable Colorectal services pathway for Mid Wales, which ensures a Mid Wales focus on service delivery and creates opportunities for the provision of outreach services across the Care Hubs in Mid Wales.
REPORTING PERIOD	April to July 2025		
WORKSTREAM	AIM	PROGRESS	
Colorectal	Establish an outpatient colorectal clinic for PTHB patients (first appointment) with PTHB work moved from BGH back to Newtown Hospital. <u>Target date – Sept 25</u>	<ul style="list-style-type: none"> • Pilot outreach colorectal clinics established held at Newtown Hospital from April 2024 to July 2025. • Evaluation report of the pilot outreach colorectal clinics held at Newtown Hospital produced. • Evaluation report includes high level demand and capacity modelling work outlining the potential opportunities for expanding the HDdUHB service to include patients from other areas of PTHB and BCUHB. • Evaluation report presented to the MWPDEG on 24 July 2025 to agree whether the monthly outreach clinics should continue and also to consider whether Health Boards wish to undertake further work to explore the expansion of the clinic to cover a wider catchment area of PTHB and BCUHB. MWPDEG asked that the MWJC Programme Director meet with planning and operational leads to seek their feedback on whether Mid Wales Health Boards continue to be signed up to the direction of travel being proposed. 	
ACTIONS PLANNED FOR NEXT REPORTING PERIOD (AUGUST TO DECEMBER 2025)			
<ul style="list-style-type: none"> • Sept 25: MWJC Programme Director to meet with BCUHB, HDdUHB and PTHB planning and operational leads to seek their feedback on whether Health Boards continue to be signed up to the direction of travel being proposed for colorectal services. • Sept 25: MWPDEG to consider whether or not to agree to the continuation of monthly outreach colorectal clinics and whether Health Boards wish to undertake further work to explore the expansion of the colorectal clinic to cover a wider catchment area of PTHB and BCUHB 			

Mid Wales Priorities and Delivery Plan 2025/26 – Summary update July 2025

PRIORITY	Dermatology (Proposed by Mid Wales Strategic Commissioning Group for 2025/26)	STRATEGIC OBJECTIVE	Identify opportunities for increasing provision and improving access to Dermatology services across Mid Wales.
REPORTING PERIOD	April to July 2025		
WORKSTREAM	AIM	PROGRESS	
Dermatology	<p>Review the current provision of Dermatology services across Mid Wales and identify opportunities for increasing provision and improving access.</p> <p><u>Target Date – March 2026</u></p>	<ul style="list-style-type: none"> • Mid Wales Strategic Commissioning meeting on 11 April 2025 asked whether there was any value in the three Health Boards looking at opportunities for joint working for Dermatology services. • Briefing paper detailing the current status of Dermatology services across the region produced. • Mid Wales Strategic Commissioning meeting on 30 May 2025 considered the briefing paper and noted the challenges for Dermatology services across Mid Wales which included service provision within primary care in the west of BCUHB and space and clinical time to scale up the training and development of GP's within HDdUHB. Some pilot schemes in PTHB have strengthened its primary care service. • Mid Wales Strategic Commissioning Group asked that the Dermatology leads for the three Health Boards be asked to work together to ascertain whether there were any opportunities for joint working. • Nominations have been received from BCUHB, HDdUHB and PTHB for a task and finish group to take this work forward. 	
ACTIONS PLANNED FOR NEXT REPORTING PERIOD (AUGUST TO DECEMBER 2025)			
<ul style="list-style-type: none"> • Aug 25: Arrange first meeting of Mid Wales Dermatology Task and Finish Group. • Sept 25: First meeting of Mid Wales Dermatology Task and Finish Group held to review current provision for Dermatology services across Mid Wales and identify opportunities for joint working to increase provision and improve access. 			

<u>KEY</u>		
	Red	Late
	Amber	Off track
	Green	On track
	Blue	Completed

3 - BREAK

4 - Population Health, Primary and Community

4.1

11:55, 10 Mins

4.1 - Planning Objective 10: 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)

Including:

Social Model for Health and Wellbeing

PSBs Well-being Assessments

Population Health Needs Assessment

Health Inequalities

Vaccination Programme for Prevention and Response Plan - Progress Update, Key Priorities and Delivery Plan

| For assurance

Attachments

[4.1 SPC - Planning Objective Report PO10 - Population Health Quarter 1 fina~.pdf](#)

Planning Objective 10 – Population Health

Executive Lead: Dr Ardiana Gjini, Executive Director Public Health

Reporting Officer: Dr Bruce Bolam, Deputy Director of Public Health /
Consultant in Public Health

Period of reporting: Quarter 1 Progress Update

Population Health and Prevention

Throughout the coming year, we will align our local objectives with Ministerial Priorities and continue to make prevention everyone's business. Our approach involves closer collaboration between healthcare services, Local Authorities (LAs), the third sector, and the communities we serve. By taking this more holistic view of health, we aim not only to tackle immediate risks but also to create sustainable foundations for improved wellbeing in the years ahead.

Key focus on delivering:

1. Strengthening prevention and population health programmes
2. Advancing prevention in healthcare services
3. Embedding the Social Model for Health and Wellbeing (SMfHW)
4. Addressing priority population-level risks
5. Driving innovation and system development

What have been the key achievements so far?

PO10	Quarter (Q) 1	Q1 Progress updates	RAG Status
1. Strengthening Prevention and Population Health Programmes	<p>Strengthened immunisation outreach, including planning for targeted GP and school-based interventions.</p>	<p>The spring COVID-19 immunisation campaign for immunosuppressed individuals saw an increase in uptake compared to last year, though figures remain low.</p> <p>The school Human Papilloma Virus (HPV) immunisation programme targeted the two lowest-performing schools in Hywel Dda University Health (HDdUHB), with final uptake data pending.</p> <p>Respiratory Syncytial Virus (RSV) catch-up clinics are scheduled for July and August 2025 to supplement access through general practices.</p> <p>Planning is underway for the Autumn/Winter 2025/26 COVID-19 and influenza vaccination campaigns, with an emphasis on co-administration where feasible. Progress is also being made in planning for the delivery of influenza vaccines to infants (2-3 years old) in nursery settings.</p> <p>All actions align with current Welsh Health Circulars.</p>	<p>Yellow</p>
	<p>Planning for early years and school health promotion initiatives, including embedding 'Whole School Approaches' to health and wellbeing.</p>	<p>The Infant Feeding Service pilot is progressing well, with positive outcomes reported by staff and patients. The evaluation report from TriTech is delayed but expected in Q2.</p> <p>Thirty 'health aspects' have been completed by pre-school settings, achieving 54% of the annual target. Currently, 92% of all schools are engaged with an active health-promoting school offer, surpassing the end-of-year target of 89%. Additionally, there has been a 2% increase in schools' action planning for the 'Whole School Approach to Emotional and Mental Wellbeing,' with 77% of schools now participating.</p>	<p>Green</p>
	<p>Planning for smoking cessation and vaping prevention initiatives, setting targets and aligning with Welsh Government guidance.</p>	<p>We are supporting schools across the three counties to quit or temporarily abstain from smoking and vaping during the school day. National resources have been shared for inclusion in the school syllabus, and we have collaborated with CHOICES to develop an educational package for schools requesting information sessions. This package has been updated to include nicotine pouches and oral snuff (SNUS), with handouts and resources distributed to each LA and healthy school lead due to increased usage across the Health Board.</p>	<p>Green</p>

What have been the key achievements so far (con't)?

PO10	Quarter 1	Q1 Progress updates	RAG Status
	Developed 20-4-7 prevention model, defining core interventions for priority communities.	<p>The integration of a population health domain into the Health Board’s Escalation Framework aims to promote healthier behaviours and build resilience to public health and operational challenges. Phase 1 (April 2025-October 2025) focuses on influenza vaccination uptake among healthcare staff (31.86% vaccinated) and Business Continuity Plan completion rates (171 plans). Phase 2 (September 2025 - March 2026) will introduce indicators for smoking status recording, Level 1 Making Every Contact Count (MECC) training, and Measles, Mumps and Rubella (MMR) vaccine uptake among healthcare staff. Future aspirations include outcomes related to cancer, respiratory diseases, diabetes, and cardiovascular disease.</p> <p>Following consultation, a Task and Finish Group was launched to co-develop a 20-4-7 implementation toolkit for delivery early in Q3, supported by cross-directorate coordination and Executive sponsorship.</p> <p>This initiative has been significantly delayed owing to Consultant and other senior staff vacancies and absences in the Directorate.</p>	
2. Advancing Prevention in Healthcare Services	Planning and consultation for improved screening for Human Immuno-deficiency Virus (HIV) Hepatitis B and C, aligning with Welsh Government (WG) targets.	<p>We have collaborated with Fast Track Cymru, signing the Paris declaration to end HIV transmission by 2030 in West Wales. A multiagency regional steering group is developing a workplan to support delivery of this commitment.</p> <p>Outreach events have targeted at-risk populations, including homeless charities and the Polish community in Llanelli. The Wallich outreach bus has been used to reach substance users not engaged with existing mainstream services.</p> <p>Hywel Dda University health Board (HDdUHB) has partnered with Gilead for a 9-month project aiming to achieve 100% blood-borne virus (BBV) testing in substance misuse services, innovative services to improve the efficiency and effectiveness of testing with for Hepatitis C and other BBV including:</p> <ul style="list-style-type: none"> • Dry Blood Spot Testing (DBST): A method where blood samples are collected on special filter paper, dried, and then tested for infections like Hepatitis C in a lab. • Point of Contact Testing: Tests performed at the time and place of patient care, providing immediate results for quicker diagnosis and treatment. • Cephid Machine: A diagnostic device used for rapid testing of infectious diseases, including Hepatitis C, providing instant results. <p>BBV testing projects are also arranged for Crif services, including an 8-week High Intensity Test and Treat in Haverfordwest and Llanelli probation offices, and DBST in the Llanelli custody suite.</p>	

What have been the key achievements so far (con't)?

PO10	Quarter 1	Q1 Progress updates	RAG Status
3. Embedding the SMfHW	Social Model for Health, prevention, and population health plans approved and commenced.	<p>Following the release of the SMfHW Summit report, a draft three-year Delivery Plan has been consulted on internally and with external partner agencies via established governance mechanisms. Revisions are currently underway to align the final delivery plan with existing Health Board mental health, primary care, and related plans, as well as the Health Board Strategic Refresh.</p> <p>Engagement with Public Service Boards (PSBs), LAs, and other partners, including Swansea Bay University Health Board (SBUHB), is ongoing to continue embedding and scaling the model in practice. Specific engagement is occurring to identify community assets and innovations for research, development, and future scaling, informing partnership with the Centre for Social Innovation and others.</p> <p>The Regional Partnership Board (RPB) Preventions Board is providing additional support to the stewardship of the SMfHW, including hosting a dedicated webpage.</p>	
4. Addressing Priority Population-Level Risks	Climate Adaptation Plan developed, outlining system-wide resilience measures.	A dedicated Governance Structure and Project Team is localising the Welsh Climate Adaptation Strategy. Through workshops and stakeholder engagement, supported by an external expert consultancy (Local Partnerships), a draft action plan and risk register were developed, aligning with the national Health and Social Care Climate Adaptation Toolkit. Training sessions, risk assessments, and internal consultations have been initiated, with the project progressing towards for the final Health Board Climate Adaptation Plan for Board approval by December 2025.	
	Planning and consultation on expanding MECC training, digital prevention initiatives, health coaching, and weight management capacity with operations, finance and related teams.	<p>Planning and consultation to expand MECC training, digital prevention tools, health coaching, and weight management services was conducted, engaging operations, finance, digital, Value-Based Healthcare and Clinical/Operational Primary and Secondary Care teams. While a detailed business case for health coaching and weight management services was developed and submitted, the Executive Team, facing significant financial pressures, agreed to defer full implementation, instead committing to a slower-paced rollout beginning in early 2026, dependent upon resource availability. This phased approach aims to preserve momentum, enable early evaluation, and strengthen the case for sustained investment in the next financial year.</p> <p>The proposed approach involves gradually adopting a stepped care model that integrates enhanced lifestyle support across community and clinical settings, customised to individual patient requirements. The steps include: (1) community care delivered in partnership with third sector organisations, (2) guided, routine care supported with digital tools and workforce training, (3) health coaching provided by a team combining Bands 4 and 5 staff, and (4) specialist care for complex or high-need cases through established services in weight management, smoking cessation, and support for alcohol and other drug misuse.</p> <p>This initiative has been significantly delayed o</p>	

What have been the key achievements so far (con't)?

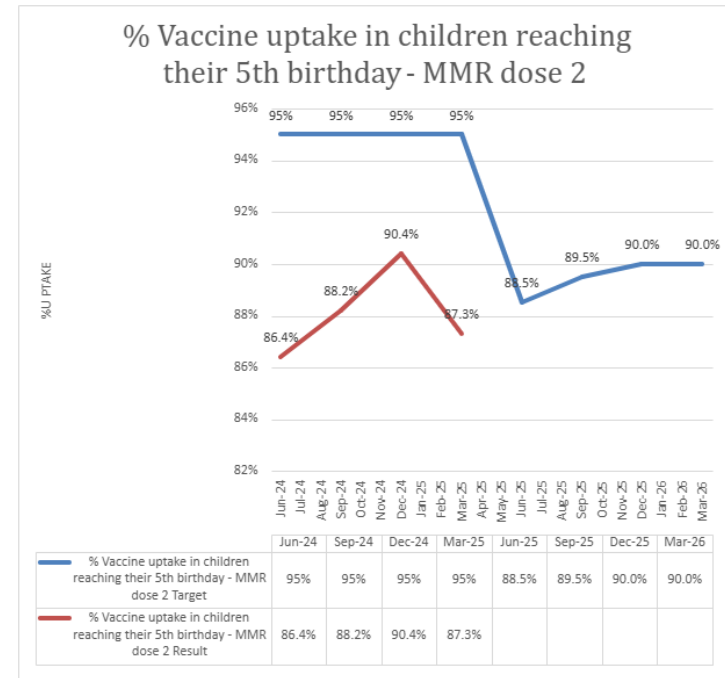
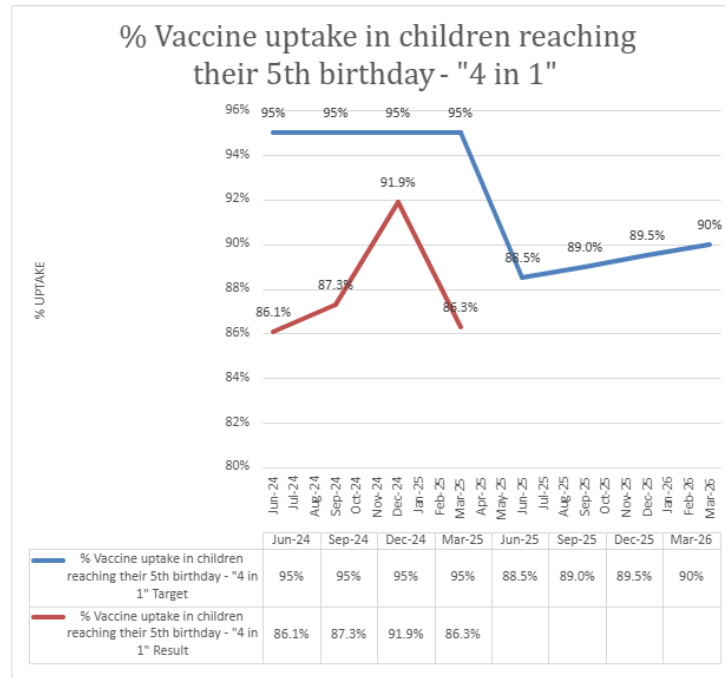
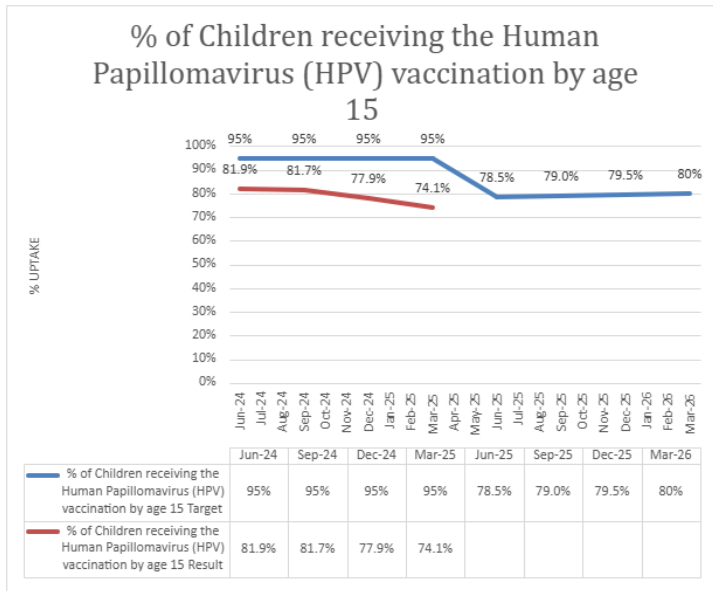
PO10	Quarter 1	Q1 Progress updates	RAG Status
5. Driving Innovation and System Development	<p>Planning and consultation with operations, Finance, Board, and Value-Based Healthcare (VBHC) teams to align prevention in system-wide transformation.</p>	<p>Cross-system planning and consultation were conducted with Operations, Finance, and VBHC teams to embed prevention as a core component of system-wide transformation. This work focused on aligning prevention priorities with strategic planning and financial frameworks, initiating change processes, and integrating long-term prevention goals into the Health Board's Annual Plan and Strategic Refresh. Specifically, this relates to the development of health coaching and weight management services referred to above .</p> <p>A draft three-year Healthy Weight Implementation Plan has been presented to the Healthy Weight Oversight Group, focusing on: (1) healthy procurement and catering, (2) Tier 2 and Tier 3 weight management services for children and young people, (CYP) (3) digital weight management services, (4) promotion of healthy weight to children, young people, and families, (5) working with partners as part of a whole system approach to healthy weight, and (6) developing a health coaching service. A short-term, cross-organisational Task and Finish Group is underway to map existing food access arrangements within the Health Board, review relevant policies, contracts, and regulatory frameworks, validate key assumptions and opportunities with stakeholders, and develop phased actions aimed at achieving measurable improvements.</p> <p>Elements of this initiative have been delayed due to consultant and senior staff vacancies and absences in the Directorate, as well as limited financial and other resources for implementation across the Health Board.</p>	Yellow
	<p>Plans drawn up and partnership opportunities scoped for digital innovation and rural public health research.</p>	<p>Consultation was conducted to plan digital innovation and rural public health research with internal Health Board teams and the Centre for Social Innovation. However, rural public health research priorities and partnership projects are yet to be identified or brokered. Progress on digital innovations is partially dependent on the health coaching business case and the Healthy Weight Implementation Plan referred to above.</p> <p>This initiative has been significantly delayed due to consultant and senior staff vacancies and absences in the Directorate.</p>	

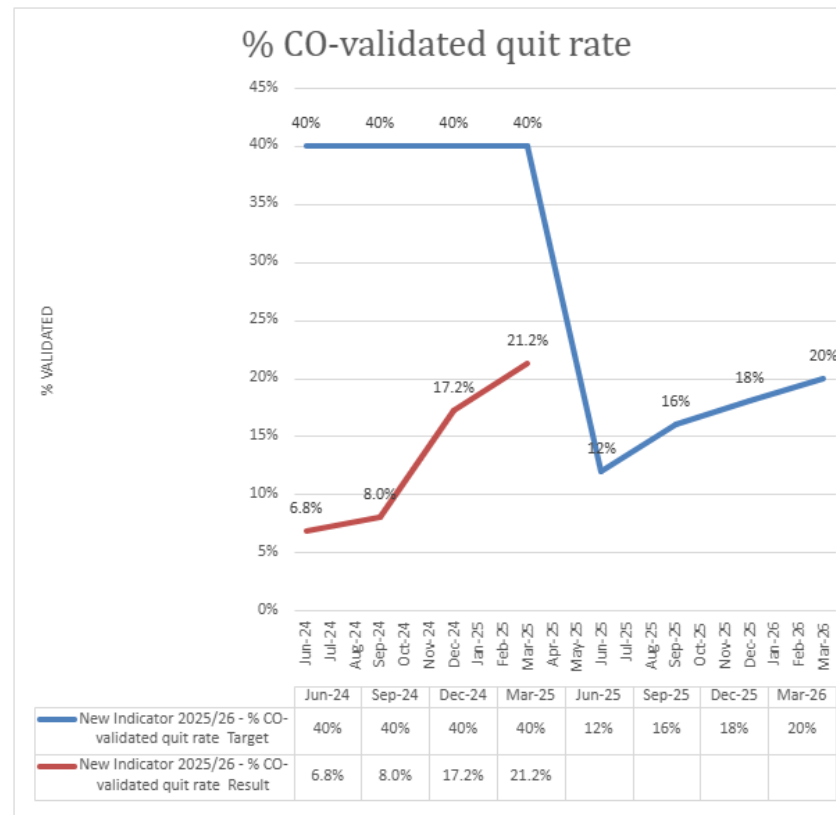
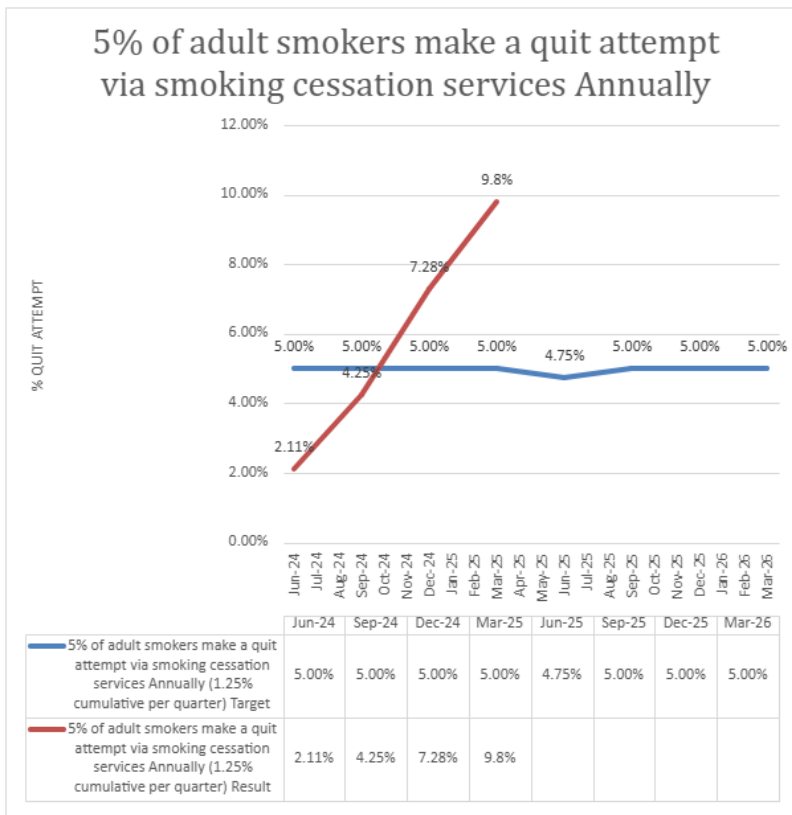
How do we know what we are doing is having an impact?

By the end of 2025/26, we will have:

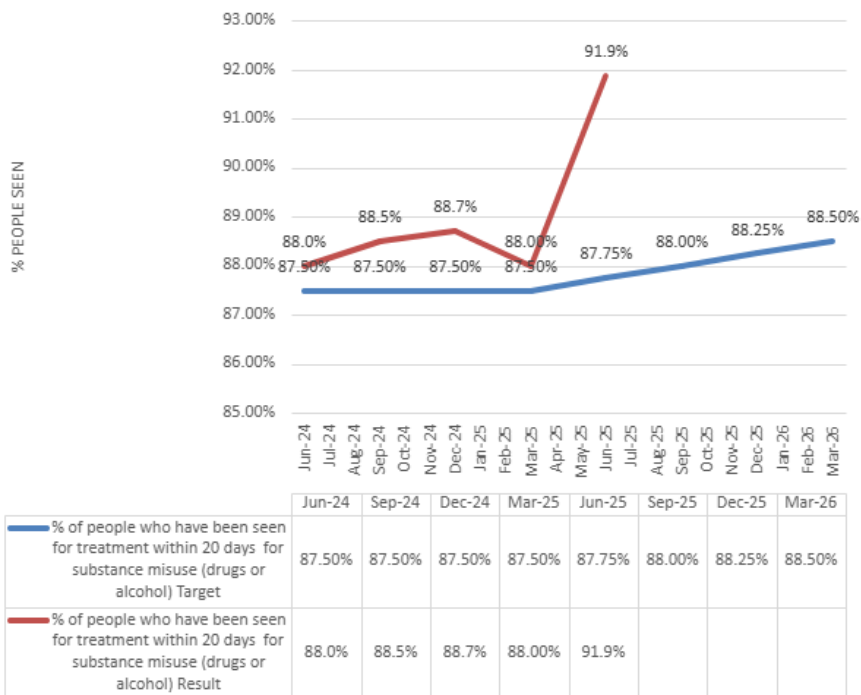
- Increased immunisation rates, raising HPV coverage from 78% to 80%, MMR2 from 88% to 90%, and influenza vaccination rates for priority populations by 3%, using rolling averages for monitoring.
- Expanded smoking cessation access, ensuring at least 5% of adult smokers attempt to quit, with a focus on CO-validated quit rates increasing from 8% to 20%.
- Piloted a new infant feeding service to increase breastfeeding initiation and continuation rates and provide holistic and responsive infant feeding support.
- Supported the continuous improvement of health promotion activities in pre-school and school settings.
- Accelerated action to eliminate HIV and Hepatitis B and C, establishing clear plans and expanding screening and early detection pathways, aligning with 2030 elimination goals.
- Developed and begun implementation of a Health Board Climate Adaptation Plan, strengthening system resilience and business continuity in response to extreme weather events.
- Embedded the SMfHW in everything we do as a Health Board, expanding community partnerships, volunteering, and social prescribing to address wider health determinants.
- Expanded the prevention workforce, increasing MECC training, health coaching, and weight management service capacity, prioritising action on cardiovascular disease, cancer and Type 2 diabetes.
- Reduced drug-related harm, delivering targeted interventions for women in addiction, users of image and performance-enhancing drugs (IPEDs), and at-risk communities.
- Advanced digital public health to improve productivity, reach and im

How do we know what we are doing is having an impact?

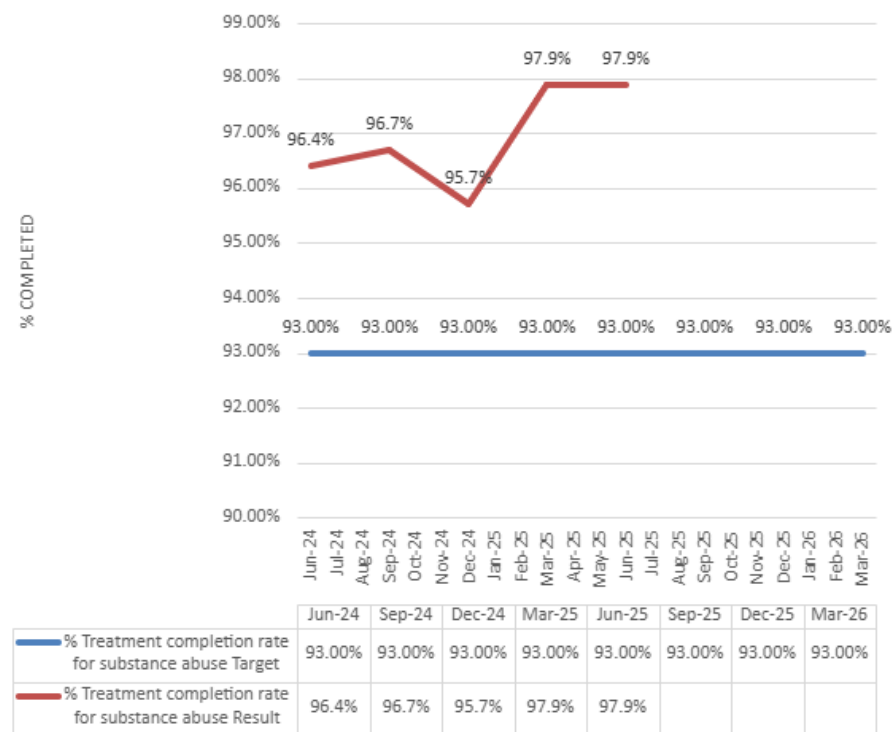




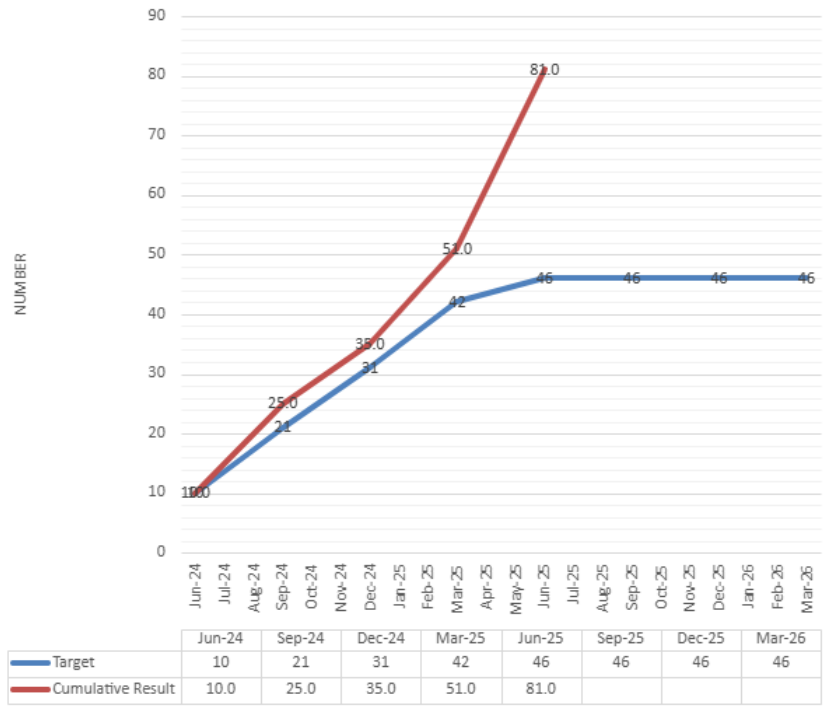
% of people who have been seen for treatment within 20 days for substance misuse (drugs or alcohol)



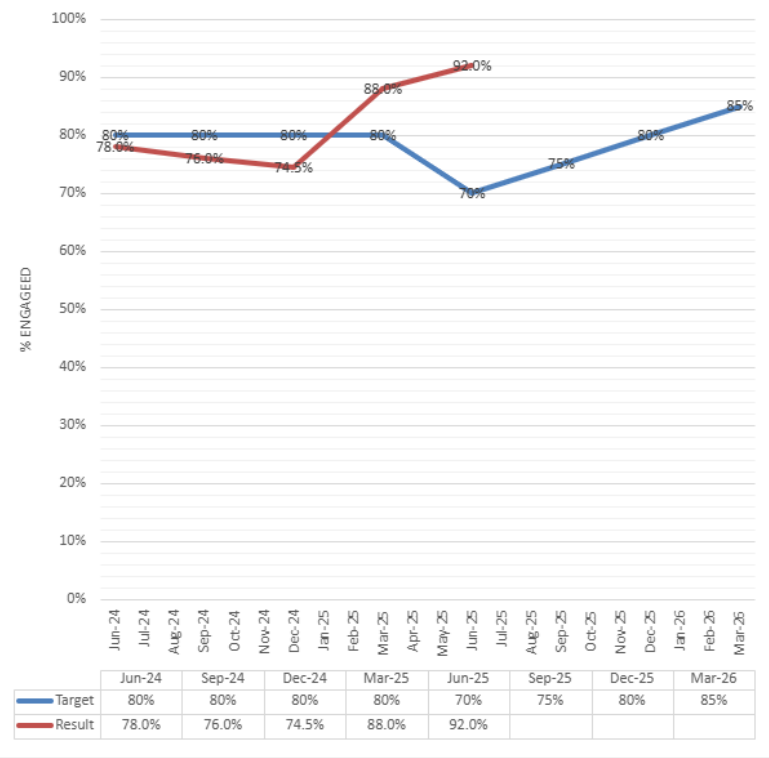
% Treatment completion rate for substance abuse



Number of health aspects completed by pre-school settings in Hywel Dda UHB



% of schools engaged in an 'active offer' in Hywel Dda UHB



What are the key risks?

- **Risk 1884:** There is a risk that the HDdUHB Public Health Team may struggle to support the Health Board's priorities for 2025/26 or fulfil statutory functions, including responding to acute outbreaks, due to limited capacity. Only two of four consultants are currently in post, with a locum/fixed-term consultant covering two days per week until November 2025. A new Consultant of Public Health will commence in September 2025. This is a Directorate risk, with a current score of 16.

What are your recommendations for the Committee?

The Directorate is making good progress against planning objectives, despite capacity gaps, particularly at the consultant level, which have contributed to budget underspend.

The committee is asked to:

- **RECEIVE ASSURANCE** on Quarter 1 progress for Planning Objective 10 – Population Health and the Directorate’s commitment to improving population health and wellbeing through embedding prevention and reducing inequities.

4.2

12:05, 10 Mins

4.2 - Winter Vaccination Programme

Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health), Bethan Lewis (Hywel Dda UHB - Assistant Director of Public Health Strategic Business and Operations)

| For assurance

Attachments

[4.2 SPC SBAR Winter Respiratory Vaccination Programmes Delivery Plan 2025_26.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 August 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Seasonal Influenza and COVID-19 Vaccination Programmes: Delivery Plan 2025/26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Ardiana Gjini, Executive Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Bethan Lewis, Assistant Director of Public Health Strategic Business and Operations; Glenna Jones, Head of Nursing – Health Protection & Public Health Nursing

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 purpose of the report is to present the Strategy and Planning Committee (SPC) with the current position in terms of planning for the Hywel Dda University Health Board (HDdUHB) delivery of the Seasonal Influenza (Flu) and COVID-19 vaccination programmes for 2025/26. The report builds on the lessons learnt from previous programmes ensuring local systems are established to develop robust delivery plans, to achieve high level of coverage as early as possible in the programmes; and to monitor progress closely, taking early remedial action where trajectories are not being achieved.

Cefndir / Background

Respiratory viruses thrive in winter putting the health and care system under significant pressure every year. The impact of this is seen both in terms of staffing absence and in the volume of people who need to access services across primary and secondary care during the season. These programmes are critical to protecting vulnerable populations and maintaining NHS resilience during the winter period. Notably, the Flu and COVID-19 programmes will now operate as separate but coordinated initiatives, with a strong emphasis on maximising uptake and addressing health inequalities.

Transition of maximising alignment of the COVID-19 and Flu vaccination programmes commenced in 2022/23. This enabled Health Boards to coordinate the planning of both programmes and where possible streamline delivery by co-administration. Our hybrid approach to delivery over the last three years supported our population to maximise their opportunity to access both vaccines closer to home.

Uptake in 2024/25 saw a reduction across both COVID-19 and Flu immunisation programmes for all eligible groups. All delivery teams identified challenges in uptake levels with considerable hesitancy in acceptance of both vaccines, but predominantly COVID-19. The focus for learning from last year's programme will be to ensure we improve on the uptakes seen last year as per tables below by maximising opportunities for access and acceptability.

COVID-19 Immunisation Uptake 2024/25 - Table 1

Eligible Group	Denominator	HDdUHB	All Wales
Severely Immunosuppressed	11,558	54.1	60.4
Care Home Resident	2,198	82.3	83.4
Care Home Workers	3,253	24.2	22.6
80 years and over	24,861	69.0	77.4
Healthcare Workers	17,473	29.3	35.0
Social Care Workers	7,375	24.1	30.5
75-79 years old	21,080	67.7	76.6
70-74 years old	22,482	63.6	74.0
65-69 years old	22,457	53.5	64.7
P6 other moderate risk	35,068	24.2	35.5
P6.1 vulnerable based on risk	4,598	25.9	31.8
TOTAL OVERALL	172,403	48.2	55.3

Influenza Immunisation Uptake 2024/25 - Table 2

Eligible Group	Denominator	HDdUHB	All Wales
65 years and over	101,461	69.2	72.5
6mth to 64 years at risk	56,067	35.9	39.1
Children aged 2 & 3 years	6,719	35.8	42.8
Primary school children aged 4-10 yrs	27,221	71.6	61.9
High school children aged 11-15 yrs	21,283	61.8	49.7
Healthcare Staff (See below table)			
Total NHS Staff	11,724	25.6	25.8
NHS Staff with direct patient contact	7,979	25.0	25.0

Healthcare Staff Uptake 2024/25 -Table 3

Staff Group	ESR	Received elsewhere */ Not on WIS**	Total	Denominator	Uptake %
Add Prof Scientific and Technical	128	16	144	423	34.04%
Additional Clinical Services	690	42	732	2660	27.51%
Administrative and Clerical	679	116	795	2408	33.01%
Allied Health Professionals	250	40	290	830	34.93%
Estates and Ancillary	250	10	260	1023	25.41%
Healthcare Scientists	59	2	61	212	28.77%
Medical and Dental	297	39	336	708	47.45%
Nursing and Midwifery Registered	1069	126	1195	3703	32.27%
Grand Total	3422	391	3813	11,967	31.86%

Updated Welsh Health Circulars (WHC) were distributed to Health Boards setting out the COVID-19 and Flu vaccination programmes for 2025/2026 season.

Planning assumptions developed through Vaccination Programme Wales (VPW) Team and Welsh Government (WG) set out the priorities, ambitions and expectations of both programmes for 2025/26 which clearly sets out the programme information, and Health Boards are expected to develop plans for a coordinated and coherent programme for both vaccines.

There are important changes from the way that the programme operated in autumn 2024.

1. The Flu and COVID-19 vaccination programmes will no longer be treated as a single winter respiratory vaccination programme. Although opportunities for co-administration of these vaccines should continue to be maximised, they will be run as two programmes.
2. In line with the advice of the Joint Committee on Vaccination and Immunisation (JCVI), eligibility for the national COVID-19 vaccination programme autumn 2025 will be narrower than in previous autumn and winter campaigns, focussing only on those most vulnerable to the disease. Eligibility will now replicate the cohorts previously eligible under the 2025 spring vaccination programme (that is only those aged 75 years and older, those who are immunosuppressed and those who reside in care homes for older adults).
3. The Inactivated Influenza Vaccine (IIV) necessary to deliver the 2025 to 2026 vaccination programme has been procured centrally by NHS Wales Shared Services Partnership (NWSSP) on behalf of WG and will be supplied directly to those providing vaccinations. This is a significant departure from previous programmes, where primary care providers have procured their own supply of IIV for use with eligible patients.
4. Primary Care Providers (GMS contractors and community pharmacies) will be commissioned by Health Boards to provide Flu vaccination services under a Primary Care (Contracted Services): Immunisation Specification (for eligible groups aged 16 and over). This specification replaces the previous separate arrangements made for engaging GMS contractors and community pharmacies. In respect of community pharmacies, the specification relates to the provision of inactivated influenza vaccine, not live attenuated influenza vaccine, to eligible persons aged 17 and over.
5. All providers operating under the national programme will be required to use the newly improved Welsh Immunisation System (WIS) to digitally record Flu vaccinations administered to adults.

Asesiad / Assessment

Planning Assumptions

The eligible cohorts for receipt of Flu and COVID-19 vaccines for the winter respiratory vaccination programme have been identified in each programme outline.

Flu eligibility for 2025-26 can be summarised, as outlined in WHC (2023) 047 as follows:

- Children aged two and three years on 31 August 2025
- School aged children from reception to Year 11 (inclusive)
- People aged six months to 64 years in a clinical risk group
- People aged 65 years and older (age on 31 March 2026)
- People living in care homes or other long stay care facilities
- All adult residents in Welsh prisons
- Pregnant women
- Carers of a person whose health or welfare may be at risk if the carer falls ill
- Frontline health and care workers
- People experiencing homelessness
- Household contacts of the immunocompromised
- Poultry workers

COVID-19 eligibility, as outlined in WHC (2024) 033, is recommended as a single dose vaccine be offered to:

- Residents in a care home for older adults
- All adults aged 75 years and over (age on 31 March 2025)
- Severely immunosuppressed

To note, the JCVI has not recommended the inclusion of the following groups for the COVID-19 programme:

- Frontline Health and Social Care workers
- Unpaid Carers
- Household contacts of the immunosuppressed

Vaccine Type

Flu vaccine availability is identified within the WHC/2025/020 and detailed in table below:

Those aged 65 years and over	Those aged 18 to less than 65 years (including pregnant women)	Children aged 2 to 17 years/ who are contraindicated / decline LAIV	Children aged 6 months - 2 years in risk groups
<ul style="list-style-type: none"> • aTIV 	<ul style="list-style-type: none"> • TIVc • aTIV- (those aged 50 – 64 years and over only if aTIV is not available) 	<ul style="list-style-type: none"> • LAIV • TIVc (for all who are contraindicated or decline LAIV) 	<ul style="list-style-type: none"> • TIVc

Key:

aTIV - adjuvanted trivalent influenza vaccine

TIVc - Trivalent cell culture influenza vaccine

LAIV - Live Attenuated Influenza Vaccine

COVID-19 vaccines available for the programme will be:

Those aged 18 years and over	Those aged 12 to less than 17 years (including pregnant women)	Children aged 5 to 11 years	Children aged 6 months – 4 years
<ul style="list-style-type: none"> • Pfizer-BioNTech mRNA (Comirnaty) vaccine.- 30 micrograms 	<ul style="list-style-type: none"> • Pfizer-BioNTech mRNA (Comirnaty) vaccine.- 30 micrograms 	<ul style="list-style-type: none"> • Pfizer-BioNTech mRNA (Comirnaty) vaccine.- 10 micrograms 	<ul style="list-style-type: none"> • TIVc Pfizer-BioNTech mRNA (Comirnaty) vaccine.- 3 micrograms

Delivery schedule has been confirmed, and work is underway to facilitate a direct ordering system into our Primary Care sites supporting delivery. Delivery of Flu vaccines are likely to be in place prior to arrival of the COVID-19 vaccines, however, there are no delays expected with delivery to affect the programme commencing from the 1 October 2025.

Live attenuated influenza vaccine (LAIV) in the form of a nasal spray will be available to order for all Health Board sites and primary care contractors from 4 September 2025 with delivery into sites expected week commencing 9 September 2025.

Proposed Delivery Plan

In summary, the vaccination for the eligible groups will be delivered by a variety of health care professionals in order to maximise vaccine uptake. However, we have detailed below some primary delivery models for information:

Health Board School Nursing Service (supported by Health Board Health Protection and Immunisation Service)

- Children in primary school from reception class to Year 6 (inclusive) – Flu only
- Children in secondary school Year 7 to Year 11 (inclusive) – Flu only

There is an expectation that injectable Flu preparations will be taken into schools for those children not consenting to the Fluenz preparation to ensure an equitable offer is provided to all.

Home educated children will be able to receive their vaccine through contact with the School Nurse for Home educated children, the Health Board team or their GP Practice.

Health Board Health Protection and Immunisation Service

- Health Board Immunisation Team to deliver all COVID-19 eligible groups through local pop-up clinics. If requested by the individual, Flu will be co-administered at patients request.
 - Severely Immunosuppressed
 - Older adults resident in Care Homes
 - 75 years and over
- Two and three year old children in nursery schools – Flu only (Circa 3000 - 3500 children offering)
- Eligible population and at risk group who are an inpatient – Flu and COVID-19
- Pregnant Women – Flu (aligned to Antenatal clinics)
- Eligible population and at risk group who are housebound – Flu and COVID-19
- Homeless population – Flu
- Any eligible population of a GP Practice not opted to deliver – Flu and/ or COVID-19

GP and Community Pharmacies

- Children aged two or three years on 31 August 2025 – Flu only
- People aged 65 years and older (age on 31 March 2025) – Flu
- People aged between six months and 64 years in clinical risk groups – Flu
- Carers – Flu
- Household contacts of immunocompromised – Flu
- Frontline health and care workers – Flu
- Pregnant Women – Flu (when not received in antenatal clinic)
- Poultry workers – Flu via Community Pharmacies

Health Board Occupational Health Team (supported by Health Board Health Protection and Immunisation Service)

- Healthcare workers (including healthcare students) – Flu

It should be noted that the Health Board's Health Protection and Immunisation Service will also be able to provide support to GP and community pharmacies where needed, or where Flu

vaccine stocks are insufficient to complete vaccination of the target population. It is essential, as per guidance within WHC, that Health Board teams are providing timely mop up invitations at crucial stages across the delivery programme where uptake is not at the desired levels.

In summary, the Health Board will:

- Progress the continued support for GP practices, community pharmacies and additional resources to ensure the priority groups, as directed by the JCVI, receive their Flu vaccine and COVID-19 Booster.
- Continue to prioritise increased uptake among children in order to reduce transmission of Influenza in the community and therefore offer indirect protection to older adults and other vulnerable groups.
- Continue to work with team leads and peer vaccinators to identify and train additional champions across HDdUHB, promoting online 'Flu-2' training to minimise face-to-face training needs. To reflect the potential extension of the role of peer vaccinators to include other vaccines, e.g. COVID-19 or signposting to book their vaccination.
- Request ongoing Executive-level enhanced support for staff Flu vaccinations, including letters from Executive Directors of Nursing, Quality and Patient Experience, Public Health, Allied Health Professionals and Health Science and the Medical Director to encourage staff vaccination and support of the peer vaccinator model.
- Investigate the recording of Flu vaccines administered to pregnant women and work with Public Health Wales (PHW), primary care and midwifery colleagues to try to ensure accurate data collection and to improve working relationships across antenatal settings to vaccinate pregnant women where possible.
- Ensuring that both its school nursing team and its health protection and immunisation service are able to administer the children's nasal Flu vaccine, to ensure maximum flexibility and resilience in the system. The delivery of this workstream will replicate last year's delivery within nursery classes in primary schools in Llanelli and Pembroke Dock to continue improvement in historically low uptake areas for this age group.

Whilst there are clear discrete pieces of work and methods for increasing Flu and COVID-19 vaccine uptake in each eligible group outlined, these forthcoming vaccination programme delivery plans need to be set within the context of delivering a well-recognised annual population-level health protection intervention. On this basis, it is more important than ever that there are effective plans in place for the 2025-26 autumn / winter season, not only to improve overall respiratory health in the HDdUHB population but also to protect those at risk, prevent ill-health and minimise further impact on NHS and social care services.

Contracting Mechanism

Contracting arrangements remain unchanged for the COVID-19 delivery from previous winter programme and the more recent Spring Booster as previously shared with primary care contractors. The commissioning opportunities have been explored and may be utilised to strengthen local availability of vaccines as further finalisation of the delivery plan is achieved.

Commissioning for Flu programme delivery has changed this year and is now through the same process as for COVID-19 using a Primary Care Contracted Services: Immunisations (PCCS:I). Due to changes to the procurement regulations there are challenges to overcome to be able to complete the commissioning process required.

To date all GP Practices and Community Pharmacies have placed orders for Flu vaccine.

Ambitions and Expectations

The ambitions of the COVID-19 and Flu vaccination programmes are to deliver at least 75% uptake in all eligible cohorts. It is also noted that alongside this uptake target there is an ambition to reduce the difference in uptake between the most deprived and least deprived in our communities. Where challenges have previously been encountered in reaching 75% uptake it is expected that this campaign will demonstrate incremental increase in uptake in these areas.

The expectations for delivery are set out in the tables below:

Flu Eligible Group	2024/25 Uptake	2025/26 ambition
65 years and over	69.2%	75%
6 months to 64 years at risk	35.9%	75%
2-3 year olds	35.8%	75%
Primary School Children age 4-10 yrs	71.6%	75%
Secondary School Children age 11-15 yrs	61.8%	75%
Healthcare Staff	25.6%	75%

Covid-19 Eligible Group	2024/25 Uptake	2025/26 ambition
65 years and over	63.5%	75%
Care Home residents	82.3%	To maintain >80%
6 months to 64 years at risk	34.7%	75%

Risks and Mitigation

There are a number of risks identified based on the learning from the previous programme delivery plan for the COVID-19 and Flu programmes, which resulted in lower uptake for both immunisations across our communities, and are detailed below:

- Prioritisation of higher risk groups not achieved to realise ambition and gain maximum protection in community
- Staffing deficit due to sickness impacted across all delivery programmes and required agility in teams to support needs at short notice
- Potential risk that patients chose one or other vaccine and did not attend for both, limiting the effectiveness of community immunity to one or both viruses
- Patient communication, around appointments/venues etc leading to challenging messaging with population
- Increased levels of vaccine waste experienced
- Risk of double vaccinations if records not updated in a timely manner

A number of key enablers have been identified to mitigate the risks and facilitate the operational success of the proposed plans for the winter respiratory delivery plan. These are detailed as:

- Engagement with GMS and pharmacy contractors to ensure compliance with recording, ordering and stock levels are adhered to
- Agreement with the Local Medical Council (LMC) on the model with 2-3 year old approach to targeting ongoing offer in Nursery establishments
- Flexible approach to support continued Flu delivery through Primary Care with Health Board health protection and immunisation service staff outreaching
- Structured communications focused approach in line with National communications and clear messaging regarding each individual component of the overall plan to maximise uptake
- Health Board health protection and immunisation service to support all care home residents and housebound patients for every primary care contractor to avoid confusion and ensure timely response with offer of co-administering vaccines to maximise delivery
- Close monitoring of vaccine stock levels against ordering to ensure documentation of stock held and used up to date on weekly basis across all sites

Current Actions and Next Steps

Discussion with primary care contractors across GP practices and community pharmacies is underway. There is a need to move rapidly to signed commissioning agreements and detailed local delivery plans and to overcome the new procurement regulations.

This initial scoping is being shared nationally with pharmacy leads to ensure we have early set up of contractor ordering systems for COVID-19 vaccines.

Review of denominator numbers will be monitored, and any updating will be built into the planning parameters for the COVID-19 and Flu vaccination programmes required to ensure achievement of programme ambitions as per WHC. Digital Health and Care Wales (DHCW) I update planned for late August 2025.

Communication plan currently underway with clear and concise messages prepared for our two to three year old and school aged Flu programmes in addition to reaching our pregnant women and population groups. This communication will be underpinned by the support of the Communication Hub.

All monitoring and governance of actions and delivery will be managed through the existing Respiratory Immunisation Delivery Group and reported to the Immunisation Oversight Group.

Workforce review of current Health Board teams has commenced taking into account the workforce and support teams required to facilitate both COVID-19 and Flu vaccination programmes, providing support to school aged children Flu campaign, facilitating vaccination of nursery children to receive Flu and ensuring in reach into Health Board sites to support peer vaccinators and occupational health team. A model of bank staff will be utilised alongside the school nursing team and occupational health team to maintain pace during the Flu programme.

Argymhelliad / Recommendation

The Committee is asked to:

- **APPROVE** the proposed delivery plan for the HDdUHB COVID-19 and Flu Vaccination Programmes

- **NOTE** the work underway to mitigate the risk to programme delivery of proposed approach
- **RECEIVE ASSURANCE** from the control measures in place through recognition of the key enablers.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1.2.5 That those arrangements in place to improve population health, prevention and wellbeing are robust and effective and delivering intended outcomes. 3.1.14. 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.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 1773 – risk score 9.
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:	2. Healthier communities
Amcanion Cynllunio Planning Objectives	10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	https://www.gov.wales/national-influenza-immunisation-programme-2025-2026-whc2025020 . The national COVID-19 vaccination programme autumn 2025 (WHC/2025/022) GOV.WALES

	Public Health Wales: Influenza & COVID-19 vaccination data.
Rhestr Termau: Glossary of Terms:	Contained within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Executive Team members, Business Executive Team Meeting

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Service model delivery of all immunisation programmes will consider any financial constraints from existing budgetary allocations
Ansawdd / Gofal Claf: Quality / Patient Care:	It is important that there are effective plans in place for the 2025/26 Winter Respiratory Vaccination Programme, not only to improve overall respiratory health in the population of Hywel Dda but also to protect those at risk, prevent ill-health and minimise further impact on health and social care services.
Gweithlu: Workforce:	As for Quality / Patient Care impact.
Risg: Risk:	Risks are detailed in the report. Areas where uptake levels are lower than target will be reflected within directorate risk register.
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Approaches already undertaken in the area to encourage vaccination uptake and target interventions at groups and communities to address health inequities and inequalities. Communication team supporting the immunisation
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Approaches already undertaken in the area to encourage vaccination uptake and target interventions at groups and communities to address health inequities and inequalities. Strategy designed to reduce inequities further.

5 - Capital and Estates

5.1

12:15, 10 Mins

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)

| For information

Attachments

[5.1.1 Capital Programme for 2025 26 and Capital Governance Update Report.pdf](#)

[5.1.2 Annex 1 - Sealing schedule LIVE.pdf](#)

[5.1.3 Annex 2 - Strategy Property.pdf](#)

[5.1.4 Annex 3 - CSC Update \(3As\) Report.Template.V1 aug 25.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 August 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Capital Programme for 2025/26 and Capital Governance Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive 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 2025/26 Capital Programme and Capital Resource Limit (CRL) for 2025/26
- 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 from Capital Sub-Committee.

Cefndir / Background

This report provides an update on the 2025/26 DCP. It follows on from the report and discussion at the SPC meeting held on 24 April 2025 and the Capital Sub-Committee (CSC) meeting held on 15 May 2025.

The available capital allocation 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 (i.e., 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 2025/26

The CRL for 2025/26 has been issued with the following allocations:

Allocation	£.m
All Wales Capital Programme (AWCP)	27.300
Discretionary Programme* (DCP)	6.850
International Financial Reporting Standard (IFRS) 16 Leases	0.281
Total	34.431

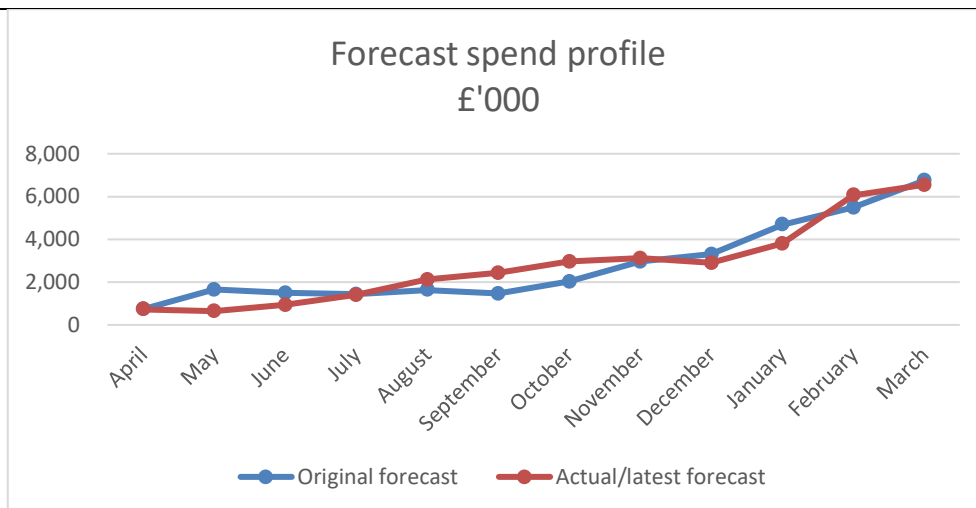
*The Health Board received DCP of £10m in 2025/26. A contribution of £2.205m has been made towards the Targeted Estates Fund schemes within AWCP. A further £0.945m has been paid back to the AWCP to account for capital scheme slippages in 2024/25.

Since the last report the following amendments have been made to the CRL:

Scheme	£m	Description
Digital Priorities Investment Fund (DPIF) - Radiology Informatics System Programme (RISP)	0.429	Funding to support the implementation of the new Radiology Informatics System.
Digital Maternity Cymru System Programme 2025/26	0.100	Funding to support the roll out of The National Digital Maternity Programme
Non-Radiology Ultrasound Replacement	0.761	Ultrasound replacement programme
Aseptic Unit, Wyllybush Hospital (WGH)	3.553	Funding provided following approval of the business case for the Aseptic Unit at WGH
Targeted Estates Fund (TEF)	0.526	Additional TEF funding
IFRS 16 Leases	0.281	Funding for capitalisation of leases
Total	5.650	

Expenditure Profile Forecast

The below chart shows current forecast expenditure compared with the original forecast. Expenditure for July 2025, which was in line with the forecast. Expenditure for June 2025 was lower than the forecasts for the Picton Terrace scheme and the discretionary programme; no risks to delivery for these by 31 March 2026 have been flagged by relevant project managers.



Capital Expenditure Plan

The following table shows the capital expenditure plan for 2025/26 with expenditure incurred to date:

Scheme	Planned Spend 2025/26 £m	Cumulative Spend Apr-July £m	Spend July £m	Remaining balance £m
AWCP				
Glangwili Hospital (GGH) - Fire Enforcement works - Phase 2 - Fees	0.779	0.387	0.275	0.392
Backlog Maintenance – (slippage from 2024-25)	1.468	0.301	0.076	1.167
Aberystwyth Sexual Assault Referral Centre (SARC)	2.367	1.262	0.450	1.105
Block C, Picton Terrace, Carmarthenshire	2.488	0.314	0.260	2.174
Diagnostic Equipment - WGH Fluro and Chilled Water Plant	2.570	0.017	0.005	2.553
Estates Funding Advisory Board (EFAB) - Infrastructure	0.127	0.004	0.000	0.123
End of Year (EOY) Funding 2024/25 – (Pentre Awel)	0.400	0.070	0.002	0.330
TEF - Fire	0.414	0.000	0.000	0.414
TEF - Infrastructure	4.480	0.000	0.000	4.480
TEF - Decarbonisation	0.300	0.000	0.000	0.300
TEF - Mental Health	0.834	0.001	0.001	0.833
TEF - Infection Prevention Control	0.569	0.231	0.046	0.338
TEF - Decontamination	0.576	0.000	0.000	0.576
Carmarthen Hwb - Equipment and Fit-out costs	3.518	0.000	0.000	3.518

Fishguard Health and Wellbeing Centre	1.567	0.017	0.006	1.550
DPIF - Digital Maternity Cymru System Programme 2025/26	0.100	0.000	0.000	0.100
Non-Radiology Ultrasound Replacement	0.761	0.000	0.000	0.761
Digital Priorities Investment Fund (DPIF) – (Radiology Informatics System Procurement (RISP))	0.429	0.000	0.000	0.429
Aseptic Unit, WGH	3.553	0.001	0.001	3.552
Sub-total AWCP	27.300	2.605	1.122	24.695
Discretionary				
IT	1.639	0.253	0.022	1.386
Equipment	1.614	0.474	0.119	1.140
Estates – Statutory	0.450	0.039	0.019	0.411
Estates Infrastructure	2.274	0.052	0.044	2.222
Mental Health	0.228	0.000	0.000	0.228
Other	0.645	0.281	0.067	0.364
Sub-total Discretionary	6.850	1.099	0.271	5.751
IFRS 16 Leases	0.281	0.000	0.000	0.281
TOTAL	34.431	3.704	1.393	30.727

Capital Programme 2025/26

Discretionary Capital Allocation (DCP)

HDdUHB 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 welcomed, it needs to be considered in the context of a combined backlog of c£300m across the estate, medical equipment and 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 has circulated 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 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 report 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 the Strategic Development and Operational Delivery Committee (SDODC) and approved 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

As additional allocations become available during the year through VAT recovery and other opportunities the use of these allocations will be reviewed and reported.

Additional allocations

HDdUHB has received notification of the potential to receive additional allocations from the All Wales Diagnostic Imaging pot.

Radiology Replacement

HDdUHB provided cost estimates to develop the following projects

- Nuclear Medicine equipment replacement WGH
- Upgrade Magnetic Resonance Imaging (MRI) in GGH

Costs were submitted at end of May 2025. Confirmation has now been received that funding of £0.481m has been made available to progress with an upgrade to the nuclear medicine equipment in WGH.

Ultrasound Scanners outside of radiology

HDdUHB has been awarded £0.771m of funding to progress with the procurement of 10 scanners.

Accelerating TEF schemes from 26/27

HDdUHB has submitted a schedule of bids that can be brought forward from 2026/27 and delivered in 2025/26 to WG. Confirmation that HDdUHB will receive an additional £0.704m funding from WG in 2025/26 has been received.

Mental Health Estates Targeted Improvements Bids

An additional £4m allocation has been made available across Wales to support key Mental Health (MH) priorities.

The focus of this funding is on investment that supports the transition to new models of care for people in crisis, and/or for people who might traditionally be admitted to a mental health hospital as referenced in the strategy. This might include:

- Shifting the focus of acute and crisis care away from traditional models through acquiring non-clinical spaces for acute day units or other types of acute or crisis provision.
- Enhancing existing community assets and strengths to develop their capacity or capability to support people in crisis e.g. crisis cafes or other establishments
- Mobile teams that bring support and intervention to people within their own homes or communities e.g. mental health response vehicles.

HDdUHB has submitted six bids for consideration.

- Confirmation that £1.381m of funding has been made available for the schemes listed below has been received: External improvements to Psychiatric Intensive Care Unit, Low Secure and High Dependency Units and internal works for anti-ligature-type and replacement salto-system throughout to improve patient/staff safety and security
- Improvement works at Bryngofal, Prince Phillip Hospital (PPH)
- Undertake a range of works to improve patient and staff safety and to enhance environment at Child and Adolescent Mental Health Services (CAMHS) sites and St Non's
- Mental Health and Learning Disability inpatient bedroom furniture replacement.

Use of Contingency

At the point of preparing this report the following amounts have already been committed from our £1.000m contingency

Discretionary Capital Programme 2025/26	
	£m
Digital Maternity	0.048
Blow down vessel Boiler House PPH	0.023
Dental Chair enabling works	0.017
CHP replacement	0.160
MRI Chiller GGH	0.069

Fire Doors - Radiology/Pathology/AVH	0.100
Roof Leak Repairs	0.041
Helipad Lighting	0.010
Mortuary Compressor - additional costs	0.002
Concrete cladding issue (Scaffolding)	0.103
Concrete cladding issue (further costs)	0.325
Installation of Cooling Unit - following HIW inspection	0.013
Formalin Cabinet replacement BGH	0.021
Replacement of endoscopic probes	0.036
Total	0.968

This leaves a balance against this allocation of £0.034m

Through a review of the balance sheet and confirmed VAT recovery an initial additional £0.750m has been identified for use in 2025/26. The CSC supported the decision to include this within the contingency allocation, recognising that certain risks and potential expenditures may need to be managed in 2025/26, such as the additional costs associated with remedial works to concrete cladding in WGH. Ongoing discussions with WG are exploring the potential of securing funding for some of these items. Should funding become available, the CPG will review the use of this allocation.

Operational risk/Opportunity

At the point of preparing this report the following amounts have been committed from the opening balance of £0.941m

Discretionary Capital Programme 2025/26	
	£m
Relining	0.053
TEF Cwm Seren	0.168
POL MH estate Feasibility costs	0.060
Nasendoscopes x 4	0.044
Junior Dr Residencies	0.040
Total	0.365

This leaves a balance against this allocation of £0.576m

Spend to Save

All the £0.300m Spend to Save allocation has been committed to the Combined Heat and Power (CHP) replacement scheme.

Additional VAT recovery of £1.520m has recently been identified

- £1.294m of it associated with the Reinforced Autoclaved Aerated Concrete (RAAC) and EFAB schemes
- £0.226m associated with DCP schemes

A request has been made to WG for approval to reinvest this VAT in schemes that will improve the condition of our estate's infrastructure and enable HDdUHB to increase the Spend to Save allocation by £0.200m.

Potential contracts for sealing

The Board has approved the distribution of HDdUHB's capital allocation and plan. The delivery of this plan requires the Health Board to enter 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.

Schemes listed in Annex 1, are the 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 is updated for Capital Sub Committee and SPC on an ongoing basis so that it can be submitted to Board alongside the Committee Update Report.

Property Lease Arrangements – Update

HDdUHB has developed a Property Asset Strategic Plan (the Strategic Plan) to provide an overview of the Health Board's baseline estate portfolio and a summary of the proposed and planned strategic estate developments and linked disposals. This Plan was endorsed by the Board on 25 May 2023 and remains a working document.

The report attached as Annex 2 provides an update on the property lease and contract variations arrangements being arranged within the current financial year.

Capital Governance – Project Updates

At the July 2025 meeting of the CSC, 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 which final option is agreed, with the timeline for re-work yet to be considered by the supply chain partner and subject to approval.
Next Key Milestone:	Following a meeting with WG on 16 July 2025 HDdUHB has been asked to prepare a schedule of costs to redesign the scheme to Royal Institute of British Architects (RIBA) Stage 2 and review the proposed timeline to deliver this for review by WG and NHS Wales Shared Services partnership (NWSSP) – Estates. Work is currently being undertaken with the Supply Chain Partner on this.		

The CSC was asked to

- Cross Hands: endorse the revised plans and provide assurance this was the correct course of action.
- Regional Pathology: agree alternative plan prioritising Cellular Path as opposed to the whole scheme.
- WGH and GGH Fire Schemes: accept and scrutinise the revised timelines.

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. Work is progressing well on site and 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 mid to late August 2025 with the Clinical Delivery Unit being completed in early 2026.

Cylch Caron (led by Ceredigion County Council)

A tender process for partners to work on the scheme closed with no tender returns. WG have requested a report that calls out the next steps for the Outline Business Case (OBC) refresh and a review of the resource schedule. A housing consultant has been commissioned to explore the options available to Ceredigion County Council for their elements of the scheme. It is currently anticipated that we will return to WG with an update in September 2025.

Update from CSC

Attached in Annex 3 is the update from the CSC held on 17 July 2025.

There are:

- No items to alert the Committee
- Two items to advise the Committee
- 11 items to assure the Committee

Argymhelliad / Recommendation

The Strategy and Planning Committee is asked to:

- **RECEIVE ASSURANCE** from the update on the Capital Programme and CRL for 2025/26
- **NOTE** the allocation of the DCP for 2025/26 and the changes since Board ratification
- **RECEIVE ASSURANCE and UPDATE** the Board, that the seal can be applied for all schemes listed in Annex 1
- Be **ADVISED** of the content of the property lease arrangement report in Annex 2
- **NOTE** the capital schemes governance update
- **RECEIVE ASSURANCE** from the Capital Sub Committee update in Annex 3

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.

	<p>Score 16</p> <p>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.</p> <p>Risk Score 15</p>
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 perspective
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	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 Termiau: Glossary of Terms:	Not Applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio 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.
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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.

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	TBC	September	October	
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	TR Jones	to be added when known	to be added when known	
Provision 2nd generator at Glangwili Site	GGH	WG - TEF	TR Jones	to be added when known	to be added when known	
Provision 2nd generator at Withybush	WGH	WG - TEF	TR Jones	to be added when known	to be added when known	
Provision 2nd generator at Prince Philip	PPH	WG - TEF	TR Jones	to be added when known	to be added when known	
AHU Refurbishment Works all sites		WG - TEF	TR Jones	to be added when known	to be added when known	
Replacement & upgrades to passenger lifts		WG - TEF	Otis	to be added when known	to be added when known	
Glangwili Roof related projects	GGH	WG - TEF	TR Jones	to be added when known	to be added when known	
South Pembrokeshire roof related project	SPH	WG - TEF	Edmunds Webster	to be added when known	to be added when known	
PPH IPS UPS Installation	PPH	WG - TEF	Weavers	to be added when known	to be added when known	
Theatre Lights upgrade		WG - TEF	Lewis Construction	to be added when known	to be added when known	
Chiller replacement ITU	WGH	WG - TEF	Weavers	to be added when known	to be added when known	
LV Electrical Infrastructure		WG - TEF	TR Jones	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	Weavers	to be added when known	to be added when known	
Cause and effect upgrade programme		WG - TEF	TR Jones	to be added when known	to be added when known	
Replacement programme obsolete fire alarms and detection system		WG - TEF	Lewis Construction	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	TR Jones	21/05/2025	27/05/2025	
Sensory Garden	PPH	Charitable Funds	TR Jones	to be added when known	to be added when known	
Aseptic Project	WGH	AWCP	Lewis Construction	to be added when known	to be added when known	
Fire Doors	AVH/PPH		Lewis Construction	to be added when known	to be added when known	
Morlais Ward inc Fire Doors	GGH		Edmunds Webster	to be added when known	to be added when known	
Concrete Cladding Remedial Works	WGH		to be added when known	to be added when known	to be added when known	
Cwm Seren Fire Doors	Cwm Seren	WG - TEF	to be added when known	to be added when known	to be added when known	
Point of Ligature Works MH bedrooms	Multiple Sites	TBC	to be added when known	to be added when known	to be added when known	
Fire Doors	Multiple Sites		to be added when known	to be added when known	to be added when known	
St Brynach Day Hospital Roof Replacement	WGH	WG - TEF	to be added when known	to be added when known	to be added when known	



Strategy Property & Environmental Task Force Group

DYDDIAD Y CYFARFOD: DATE OF MEETING:	04 August 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Property Lease Arrangements - Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Paul Williams, Head of Property Performance Stuart Irwin, Senior Property Surveyor

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 Hywel Dda University Health Board (HDDUHB) has developed a Property Asset Strategic Plan (the Strategic Plan) to provide an overview of the Health Board's baseline estate portfolio and a summary of the proposed and planned strategic estate developments and linked disposals. This Plan was endorsed by the Board on 25 May 2023 and remains a working document.

This report updates the group on the property lease and contract variations arrangements being arranged within the current financial year.

The Group is requested to review prior to seeking Committee and Board approval to these arrangements as set out within the report.

Cefndir / Background

A report providing an update on the status of the property arrangements was tabled, and the recommendations contained within.

In line with Health Board Standing Orders (SO 9.0.1), any transfers of land and lease agreements must have the Health Board seal applied after the Board has determined it shall be sealed, or if a transaction to which the document relates has been approved by the Board.

SO 9.2.2 provides that the Chief Executive or nominated officers may be authorised by the Board to sign on behalf of the Local Health Board (LHB) any agreement or other document (not required to be executed as a deed) where the subject matter has been approved either by the Board or a Committee to which the Board has delegated appropriate authority.

Asesiad / Assessment

This section sets out the background, current position, and the details of each transaction to inform the decision:

- **Llynyfran Surgery, Llandysul**

Background - Works are on-going to establish a new approach to delivering Primary Care General Medical Services (GMS), Community and Mental Health services within the Llandysul area.

Utilising the Llynfrfan surgery premises, Community and Mental Health services will be working alongside Primary Care GMS services providing an overarching one stop shop for clinical and mental health needs within the community.

This model of service delivery will enable more joined up working and will also enable HDdUHB to rationalise ineffective leasehold estate within the locality with the proposed disposal of the Teifi surgery Community Base.

Risk overview – High risk status – Failure to approve the progression of this arrangement via the Service Level Agreement (SLA) will impose significant financial pressures on the Ceredigion County Team if the Teifi Surgery lease is retained. There is also the potential for a dilapidation claim at end of lease.

Financial – The completion of this new arrangement will enable the termination of a current leasehold property reducing costs by circa £39.5k per annum in rent alone. It should be noted that the Ceredigion County Team are currently funding the occupancy costs of both Teifi Surgery and Llynfrfan Surgery which is unsustainable.

Decision – The approval of this scheme is being arranged via the Ceredigion Management Team. The Task Force group are asked to review prior to this being tabled at Executive Team to seek endorsement. A decision on whether this requires Board approval will need review as a new SLA and termination of an existing lease at Teifi Surgery.

- **50 Office desk space, Rheidol, Aberystwyth**

Background – A Tenancy at Will (TAW) was completed by the Health Board with Ceredigion County Council in May 2024. This arrangement enabled the Bronglais Hospital Management Team (BGHMT) to relocate non-clinical staff off the Bronglais site to facilitate the development of the BGH Chemotherapy Unit, and to maximise clinical space at the Bronglais site in general.

The initial TAW was a short-term interim measure to enable the BGHMT to relocate staff off the Bronglais site swiftly. Longer term the Health Board will need to progress with a full lease arrangement, which will provide additional security for the Health Board's continued occupation of Canolfan Rheidol. The terms of the agreement reflect the basic TAW arrangement and are set out as follows:

Proposed Lease

- Term - Three years commencing on 1 May 2024 and ending on 30 April 2027.
- Rent - £69,190k per annum, Ceredigion County Council have opted not to apply VAT.
- Service Charges - The Health Board is liable for utilities, business rates, cleaning and maintenance etc., the Health Board's liability for all service charge costs is apportioned at 17%

Risk overview – Low risk status. Entering into a lease agreement will provide the Health Board with more security going forward.

Financial:

- Rent - £69.190k per annum (VAT not applied by Ceredigion County Council).
- Operating cost including Utilities, Cleaning, Maintenance, Business Rates etc., at £80.900k.

Decision – The approval of this scheme is being arranged via the Ceredigion Management Team. The Task Force group are asked to review prior to this being tabled at Executive Team to seek endorsement prior to Board submission to agree the completion of the new lease arrangement.

• **Hafan Y Waun - Y Bwa**

Background – To enable the medical block re-roofing works at BGH and the associated fire safety improvement and ward refurbishment works to Meurig Ward, an interim decant ward facility needed to be established.

This led to the current use of a step-down bed facility at Y Bwa, part of the Local Authority's Hafan Y Waun premises in Aberystwyth.

Initially the intention was to agree a TAW to enable immediate occupation subject to minor adaptation works which the Local Authority were contracted to undertake. Any longer-term usage would then be subject to approval of a formal lease agreement.

The terms of the TAW were finalised and the agreement drafted but this was not completed between parties, but as an occupied site with charges the following terms applied to the occupation:

Proposed Lease

- Term – Initial twelve weeks commencing on 22 July 2024.
- Rent - £3.443k per week excluding VAT.
- Break Clause – Two weeks effective notice from the expiry of the initial twelve week term.

Decision – The Task Force group should note that the BGHMT are currently reviewing the continued use of Y Bwa and are preparing to submit a separate report outlining the longer term requirements.

• **Llys Aur, Dafen, Llanelli.**

Background – The Carmarthenshire County Team in the Llanelli area currently occupy the County Council's East Gate premises as their primary service base in Llanelli.

Unfortunately, due to the significant cost pressures associated with this occupancy, the unsuitable location and the risk implications this has on Hywel Dda University Health Board (HDdUHB) staff working out of hours and the general condition of the building, alternative accommodation has been requested.

A scoping exercise was undertaken through NHS Wales Shared Services Partnership (NWSSP) which has resulted in the initial progression of a lease arrangement at premises in Dafen.

The Llys Aur property offers accommodation for between 50-60 desks and has potential future scope to expand. The site is conveniently located in the Dafen area and provides good access to Llanelli town centre and surrounding areas. There is limited car parking on site, however, additional parking has been identified within close proximity to the unit.

Through a working group the Community Management team will explore the option of relocating staff from other HDdUHB sites, including Llangennech and Elizabeth Williams (admin functions). Approval in principal has been obtained by the team to progress with due diligence and legal work.

Proposed Lease

- Term – Ten years commencing from the date of the agreement.
- Rent - £42.160k per annum exclusive of VAT.
- Service Charge – Liable for a fair proportion of a service charge levy (currently £3.000k per annum excluding VAT).
- Break Option – Option to break the lease at years three and five on providing twelve months notice.
- Other Costs – The tenant will be liable for Business Rates, Utilities and Cleaning.

Financial

The 2024/25 cost estimate for the occupation of the East Gate premises was reported at circa £220k (Circa £140k for 58 desks plus car parking costs). The proposed estimated costs linked to Llys Aur amount to circa £150k per annum (this cost subject to agreed terms), this includes rental costs for both the unit and additional car parking arrangement, services charges, business rates, utilities, maintenance and cleaning etc.

Decision - The Task Force group are asked to note the above position. Further updates to be provided as this project is progressed.

- **Unit 4 Llangennech**

Background – The Health Board’s medical records storage facilities are located at two main sites within the Llanelli area including Unit 4 Stradey Business Park, Llangennech and Unit 3 Heol Cropin, Dafen.

Unit 4 Stradey Business Park – The Health Board first occupied Unit 4 in February 2010 and has been established as the Health Board’s medical records storage facility. To retain use of the premises, significant investment will be required to bring the unit up to a standard to enable the service to remain in occupation.

Unit 3 Heol Cropin, Dafen – Additional medical records storage capacity was required due to the need to retain records for longer periods. Unit 3 offered the Health Board greater capacity and the space to progress in-house digitisation of the Health Board’s medical records. HDdUHB have been in occupation through a ten year lease arrangement which commenced on 28 March 2022.

An opportunity to consolidate record storage at Dafen, in an adjacent unit, has arisen and is currently under consideration by the service.

Unit 2a Heol Cropin, Dafen - Since August 2021 Unit 2a has been utilised by Public Health Wales as a COVID-19 test and vaccination centre for the Llanelli area. More recently it has also been used to facilitate the Phlebotomy service, this is a stop gap measure until Phlebotomy relocates to Pentre Awel in early 2026.

The availability of Unit 2a provides the Medical Records service an opportunity to consolidate record storage at one site in Dafen. Co-locating medical records storage at Units 2a and 3 Heol Cropin, Dafen provides HDdUHB with a number of benefits including:

- Reduced transportation costs between sites.
- Increased storage capacity.
- Consolidation of staff at one site.
- Aid progression of digital scanning programme.
- Provides an improved leasehold estate.

Current Lease Arrangement – Unit 4 Stradey Business Park, Llangennech

- Term – Ten years commencing on 26 February 2020.
- Rent - £49.596k per annum excluding VAT.
- Break Clause – Six months’ notice.

Current Lease Arrangement – Unit 2a Heol Cropin, Dafen

- Term – Currently holding over until 31 March 2026.
- Rent - £68.420k per annum excluding VAT.

Decision – The Task Force group are asked to note the above position. Further updates to be provided as this project is progressed.

Argymhelliad / Recommendation

The Strategy Property & Environmental Task Force Group (SPETFG) is asked to:

- **RECEIVE ASSURANCE** from the progress and current status of the estate delivery plans and to seek direction on next steps.
- **NOTE** the priority estate plans being delivered in 2025/26 and early 2026/27.
- **NOTE** that the Strategy is to be updated in 2026/27, this will be aligned to the Health Board’s refreshed clinical and estate strategic plans, reflecting the period 2026 – 2030

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Property Asset Strategic Plan - Board endorsed May 2023
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)	Not Applicable

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:	Board endorsed Property Asset Strategic Plan
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:	Not Applicable

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.

CAPITAL SUB COMMITTEE UPDATE REPORT

Date of last meeting: 17 July 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:

Alert¹ (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

Capital Sub-Committee had no items of which to **alert** the Strategy and Planning Committee.

Advise² (to monitor)

Capital Sub-Committee wish to **advise** members of the Strategy and Planning Committee that:

1. Capital Programme 2025/26:

- Bids have been submitted for:
 - Radiology Replacement equipment.
 - Ultrasound Scanners outside of radiology.
 - Accelerating Targeted Estates Fund (TEF) schemes from 2026/27 schedule of bids.
 - Mental Health Estates Targeted Improvements Bids.
 - Response received on ultrasound scanners – all 10 have been supported with confirmed allocation of £761k.
- £1m of contingency originally set aside for this year. £909k of this has been committed, leaving a balance of £91k.
- VAT recovery of an additional £750k has been identified and Capital Planning Group (CPG) proposal was to put this against the contingency allocation and was supported by CSC.

2. Capital Governance Update

Capital Sub Committee have:

- Received assurance from the meeting held with Welsh Government (WG) to agree next steps for the Cross Hands scheme.
- Been advised on the Worthybush Hospital (WGH) fire precaution scheme and the Glangwili Hospital (GGH) fire precaution upgrade scheme.
- For Aseptics, advised that WG have now approved the business case and funding to progress the scheme.

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.

- For the Radiology scheme, advised that the existing WGH Gamma Camera will be upgraded, not replaced.
- Advised that work is currently being undertaken for a solution to the cellular pathology service.
- Taken assurance from Pentre Awel's public opening and advise that the Hydrotherapy Collaboration Agreement is pending resolution of outstanding issues.
- Discussed Cylch Caron's tender process closed with no tender returns.

Assure³ (to note)

Capital Sub-Committee wish to **assure** members of the Strategy and Planning Committee of:

- **Capital Resource Limit 2025/26** - there is assurance provided on delivery of the CRL.
- The membership updates undertaken to the **CSC Terms of Reference** following Operational Organisational Change Process (OCP).
- **The Regional Capital Plan Update.**
- **The WG Dashboard Reports** - 75% of dashboards submitted on time.
- **TEF approved by WG** - CSC took assurance on the schemes noted, excepting the GGH Hospital Sterilisation and Decontamination Unit (HSDU) washer replacement project and the planned 2026/27 Electric Vehicle (EV) project, on which CSC was advised, and these would be closely monitored.
- **Capital Governance Arrangements Draft Management Response** - The report provided assurance that there were no gaps although there was some duplication. The recommendation was that no changes to be made at this time, pending outcome of further discussions with WG on the work programme.
- **Fire Schemes Update** assurance on the agreements reached with Mid and West Wales Fire and Rescue Service (MWWFRS), and the reassurance received from WG on future capital support.
- **Property Asset Strategic Plan Update** and that in 2026 the property plan will need to be refreshed. This will include consultation with services and alignment to Clinical Services Plan (CSP). This will also link to the wider Estates Strategy to support strategic developments.
- **Audit Wales – Report on Review of Capital Investment Prioritisation** - One recommendation was provided which Hywel Dda University Health Board (HDdUHB) accepted. To ensure the Operational directorate was aware of the processes and procedures in place for procuring capital, and to ensure understanding of the requirement for the involvement of the clinical engineering team in this process.
- **A Healthier Mid and West Wales (AHMWW) update** and the meeting with WG 3 July 2025. Key points from the discussion include:
 - There was recognition action was needed for both infrastructure and service sustainability.

³ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

- There was discussion on what the fixed points in the programme would be, including WGH with Reinforced Autoclaved Aerated Concrete (RAAC) and other infrastructure issues.
- WG offered potential opportunity for first phase redevelopment of WGH with suggestion of a short form strategy paper, outlining a first phase as part of the planned site redevelopment, for September.
- Next meeting date 10 October 2025.

Papers for information were noted by the CSC as follows:

- Capital Review Meeting – Minutes of meeting 6 May 2025.
- Capital Monitoring Forum – Minutes of meeting 13 May 2025 and 10 June 2025.
- Capital Planning Group – Minutes of meeting 23 May 2025 and 27 June 2025.
- Capital Sub-Committee Work Plan 2025-26.

Review of Risks

There is a risk that the Decontamination Project to replace the HSDU washers in GGH may overspend by 25k due to changes in equipment prices. This has been discussed at the TEF Task and Finish Group and it is currently anticipated that this can be contained within the overall TEF budget.

Sharing of learning

1. Capital Programme 2024-25 Lessons Learnt

Key points:

- There was significant shortfall in funding for some projects due to high level budget costs produced underestimating tendered costs. Learning points:
 - It would be beneficial to increase the involvement of external cost advisors in compiling and reviewing estimates and for more consistent involvement in the Finance team in production of the development appraisal forms.
 - There is scope for more consistent project governance arrangements across some of the significant projects.
- The level and quantity of end of year funds bid for and received from WG. While end of year funds are welcome it was noted that the comparative lateness and high level of funds received created challenges in delivery by 31 March 2025. Learning points:
 - It would be helpful to consider and review these risks more robustly.
 - For Executives to be sighted on the level of risks.

The CSC endorsed the Lessons Learnt and welcomed an update later in the year.

Recommendation

The Strategy and Planning Committee is asked to:

- **NOTE** the items the Capital Sub Committee is advising them of
- **RECEIVE ASSURANCE** from the items that the Capital Sub Committee is providing assurance on

- **NOTE** the sharing of learning from the Capital Programme 2024-25 Lessons Learnt

6 - For Information

6.1

12:25, 0 Mins

6.1 - Joint Commissioning Committee Planning, Performance and Finance Sub-Committee Reports *Winston Weir (Hywel Dda UHB - Independent Board Member)*

| For information

Attachments

[6.1 PPF Highlight Report June 2025.pdf](#)

Agenda Item

6.1.3

Joint Commissioning Committee

Planning, Performance & Finance Sub-Committee Highlight Report

Dyddiad y Cyfarfod / Date of Meeting	15/07/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Maxine Evans, Interim Corporate Governance Officer
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
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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 10 June 2025.

Key highlights from the meeting are reported in Section 3.

1. 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](#).

2. HIGHLIGHT REPORT

(Links to reports highlighted [February 2025 – NHS Wales JCC PPF](#))

RAG Rating	Highlights
Alert / Escalate	<ul style="list-style-type: none"> • There were no items to be deferred or escalated on this occasion.
Advise	<ul style="list-style-type: none"> • Risk 84 – Financial Break-Even 2025/26 was highlighted recognising the in-year risk of delivering the savings plan of £11.5m and its links with Risk 28 – Business Continuity and the reduced capacity within the JCC team to cover the breadth of work required to focus on delivering the foundation plan and driving the savings programme. • Conversations are ongoing with Cardiff and Vale UHB and other Providers to manage performance of the contracting arrangements in order to deliver within the financial envelope that is available to them whilst options are explored to have a more robust contracting arrangement going forward, including the conclusion of service reviews and new contract baselines. • Risk 61 – Obesity Waiting Times at Salford Royal Hospital was highlighted noting that the Trust had been in escalation for some time and the work required accelerating, in addition to the risk score being reviewed and any patient quality concerns being considered. • The Implementation Plan for the 2025/26 Foundation Plan now includes the profiling of delivery across the year mapped under eight strategic priority areas, the expected outcomes, deliverables that can be measured and the individual milestones which are broken down into quarterly timelines. The plan is phased, therefore some areas have yet to commence and the scope of each of these areas are in draft form to be agreed with the Collaborative Commissioning Leadership Group (CCLG) leads. • The timeline and key milestones for developing the IMTP, purposefully aligned to the development of the JCC Strategy, emphasising the need for continuous engagement with health boards to ensure that the JCC IMTP is also reflected clearly within health board IMTPs was shared. • The framework for the development of the JCC strategy, highlighting key components and strategic

	<p>considerations such as capacity, collaboration, resources, care pathways, and evidence and value-based decision-making was shared. The engagement and timelines for the development of the strategy was noted. A first draft for socialising with the JCC would be available in December 2025, with the aim of final approval by the end of the financial year.</p>
Assure	<ul style="list-style-type: none"> • Members received the risk register as of 30 April 2025, encompassing 14 risks scoring 15 and above, of which 7 have been assigned to the PPF sub-committee for monitoring and scrutiny. • The Month 1 Financial Performance Report was received noting a year-to-date overspend and the risks associated with delivering the savings plan as previously discussed under 2.1. JCC Risk Register. An in-depth discussion took place around what actions and decisions might need to be taken to alter the position if there remains no line of sight for delivery by the end of Qtr. 1 rather than allow the position to drift. It was agreed that a paper setting out manageable options to mitigate any non-delivery of the plan and to provide more visibility on the work that was being undertaken. • The Combined JCC Operational Performance Report highlighting key concerns such as workforce capacity issues and waiting times for specific services. Improvements in the presentation of the service performance scorecards was suggested and agreed to be taken forward. • Members were assured that a prioritised recruitment programme was in place and underway to appoint to key posts which will support the delivery of the foundation plan and drive the savings programme forward. In addition, support from health board Chief Executives, opportunities were being explored with CTM (host) and Health Education and Improvement Wales (HEIW) to secure additional short-term capacity through secondments and training/development placements. • Progress against the Plan and delivery confidence at the end of quarter 1 to year end was discussed and will be presented to the next Sub-Committee meeting (look forward view as well as tracking month on month).
Inform	<ul style="list-style-type: none"> • The Forward Plan of Business for the next twelve months was presented for information.

Appendices	None
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3. 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 <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> 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 <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> 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 <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: N/A
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	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 <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	
	Choose an item.	

4. RECOMMENDATIONS

The Joint Committee is asked to:

- **Note** the highlights outlined in Section 3 of this report.

6.2

12:25, 0 Mins

6.2 - Strategy & Planning Committee Workplan 2025-26 *Winston Weir (Hywel Dda UHB - Independent Board Member)*

| For information

Attachments

[6.2 SPC Work Programme 2025-26 FINAL.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
PAPER DEADLINE			1 Apr 2025	10 Jun 2025	7 Aug 2025	9 Oct 2025	27 Nov 2025	5 Feb 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	✓	✓	✓	✓	✓	✓	✓
Matters Arising	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							✓
Committee Self-Assessment 6 Month Update	Chair	JW			✓				
Self-Assessment of Committee Effectiveness: Outcome Report (10.5)	Chair	JW						✓	
Assurance on Governance Arrangements Including:(3.1.23)	Chair	JW			✓	✓	✓	✓	✓

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
PAPER DEADLINE			1 Apr 2025	10 Jun 2025	7 Aug 2025	9 Oct 2025	27 Nov 2025	5 Feb 2026	
Corporate Risks; Operational Risks; Audits and Inspections; Welsh Health Circulars; Ministerial Directions									
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) (At end of agenda before 'For Information')	Relevant EDs	RW	✓						
Ministerial Directions (MDs) (as and when required) (At end of agenda before 'For Information')	Relevant EDs	RW	✓						
Targeted Intervention Update (3.1.20) *	LD	SA	✓	✓	✓	✓	✓	✓	
Strategy, Planning and Partnerships									
Annual Plan Progress (3.1.1,2&4) <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Verbal Detailed Update 	LD	HMH	✓		✓		✓		✓
PO8 - Estates Plan	LD	PW/CE		✓		✓		✓	

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
PAPER DEADLINE			1 Apr 2025	10 Jun 2025	7 Aug 2025	9 Oct 2025	27 Nov 2025	5 Feb 2026	
(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))									
Pharmaceutical Needs Assessment <ul style="list-style-type: none"> Annual Review 6 Month Review of Services	JP	RB/TH	✓			✓			
Mid Wales Joint Committee Report	AC	KJ/NW			✓			✓	
Regional Joint Committee Update Report & A Regional Collaboration for Health (ARCH)	LD	SC		✓			✓		
	LD								
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	✓		✓		✓	✓	Refreshed Strategic Approach
Climate Migration and Adaption (3.1.10)	AG	BB		✓		✓			
Population Health, Primary and Community									

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
PAPER DEADLINE			1 Apr 2025	10 Jun 2025	7 Aug 2025	9 Oct 2025	27 Nov 2025	5 Feb 2026	
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 <i>To include:</i> <i>National CHC Framework 2021</i> <i>RPB Population Needs Assessment Social Services and Well-being (Wales) Act 2014 (SSWBA)</i> <i>(Covered in Cluster and Pan-Cluster work)</i> <i>(Completed on 5 year cycle; last approved by RPB July 2022; Draft to SPC prior to publication – January 2027)</i>	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		D		✓			
Vaccination Programme for Prevention and Response Plan - Progress Update, Key Priorities and Delivery Plan	AG	BB			✓				
Capital and Estates									

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
PAPER DEADLINE			1 Apr 2025	10 Jun 2025	7 Aug 2025	9 Oct 2025	27 Nov 2025	5 Feb 2026	
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		✓	✓	✓	✓	✓	✓	✓
PPH Solar Project	JS	PW				✓			
Sustainability Report (for HDdUHB Annual Report)	JS	PW		✓					✓
One-off Items									
Early Years Report	AG	JoMC/ BW		✓					
Update on Major Planning Schemes	LD	ER				✓			
For Approval									

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
PAPER DEADLINE			1 Apr 2025	10 Jun 2025	7 Aug 2025	9 Oct 2025	27 Nov 2025	5 Feb 2026	
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									
Issues for Board/Committees	Chair				✓	✓	✓	✓	✓
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	✓	✓	✓	✓	✓	✓	✓

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	BW	Ben Williams	NW	Nia Williams		

CSO Committee Services Officer

D Deferred

NB: See POs below:

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 - Issues for Board/Committees

*Winston Weir (Hywel
Dda UHB -
Independent Board
Member)*

| For information

8

12:30, 0 Mins

8 - Any Other Business

*Winston Weir (Hywel
Dda UHB -
Independent Board
Member)*

9 - Date and Time of Next Meeting

9.1

12:30, 0 Mins

9.1 - 30 October 2025, 09:30 - 12:30, Ystwyth
Boardroom & MS Teams

18 December 2025
26 February 2026