

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 October 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

The Health Board approved the 2025/26 Annual Plan in March 2025, based on requirements specified in the NHS Wales Planning Framework 2025/28 and against the Escalation Framework. Since approval, Welsh Government (WG) has issued further communications that have modified financial targets, performance requirements and accountability conditions. This report provides the Committee with an update on progress against the Plan. Additionally, an update is also provided on the 2026/27 Planning Process.

Cefndir / Background

2025/26 Annual Plan

The Hywel Dda University Health Board (HDdUHB) Annual Plan 2025/26 was constructed through a structured process commencing in October 2024, involving comprehensive stakeholder engagement, demand and capacity modelling, and alignment with national directives available at the time. The Plan was developed in accordance with the NHS Wales Planning Framework 2025-28, issued by the Cabinet Secretary for Health and Social Care on 20 December 2024, which established five strategic priorities: Timely Access to Care, Population Health and Prevention, Building Community Capacity, Mental Health Access, and Women's Health. The Planning Framework mandated delivery expectations and enabling actions on an "adopt or justify" basis, emphasising flexibility for local needs while integrating legislative requirements such as the Well-being of Future Generations (Wales) Act 2015.

The Annual Plan sought to respond to the Planning Framework and the Health Board's escalation framework, incorporating all the de-escalation criteria insofar as was determined possible (it was recognised the Annual Plan did not achieve the Urgent and Emergency Care (UEC) 1 hour ambulance handover criteria). Financially, it addressed a significant underlying deficit and, through £43.5m of savings, set out to achieve the £31.55m target control total deficit. Operationally, the Annual Plan featured initiatives like the Six Goals programme for UEC and developments in women's health services.

Central to the Annual Plan are four strategic pillars “Thriving teams,” “Healthier communities,” “Great care,” and “Positive futures”, which provide a cohesive framework for transformation. These pillars align with the A Healthier Mid and West Wales (AHMWW) vision and the Plan sought to triangulate all resources and deliver on a range of objectives including: stabilising the workforce, providing more timely access to care, advancing digital innovation, and promoting prevention and a social model for health.

As noted at the September 2025 Public Board, the period following Annual Plan approval has been characterised by multiple Welsh Government communications that have altered the delivery context. These documents, when read together, reveal a pattern of escalating requirements with compressed timelines that create cumulative operational pressure:

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.

Planning Cycle for the development of the 2026/27 Plan

The implementation of the Planning Cycle for the development of the 2026/27 Plan has begun ahead of submission to Welsh Government at the end of March 2026, subject to Board approval.

Asesiad / Assessment

Progress against the 2025/26 Annual Plan

Enabling actions

A full update on progress against the Annual Plan was provided to Board in September 2025. However, a key element of the Plan were the enabling actions set by the Cabinet Secretary – these were reported upon on a quarterly basis. As at the end of September 2025 (Quarter 2) of 38 enabling actions:

- None have been completed, however 27 are on-track (in-part as we are only part way through the year, and delivery is by the end of 2025/26)
- Seven have been delayed but will be achieved in year
- Four will not be achieved in-year
 - Implementation of acute frailty model at the Front Door - Six Goals Programme.
 - Ensure effective utilisation of theatre capacity through - Increasing session utilisation to the Getting it Right First Time (GiRFT) standard of 85% by March 2026.
 - Ensure effective utilisation of theatre capacity through - Reducing early finishes to less than 10%.
 - Ensure effective utilisation of theatre capacity through - Reducing late starts to less than 20%

A full update of the enabling actions and their RAG rating can be found in Annex 1

Planning Objectives

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

Planning Objective	Executive Lead	Status
PO6: Clinical Services Plan	Executive 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	Executive Director of Strategy and Planning	On Track
PO10: Population Health	Executive Director of Public Health	On Track (position to be confirmed)

Highlight reports for Planning Objectives not on the agenda (deep-dives) are provided in Annex 2.

2026/27 Planning Cycle Development

An overview of the approach the Health Board is taking in the development of the 2026/27 Planning Cycle was presented to the Committee in August 2025. At its core, the approach is based on a risk stratification system to bring transparency and consistency to the challenge of managing competing priorities within constrained resources. The Planning Prioritisation Matrix captures all 605 identified risks and systematically categorises them through a governance framework that clarifies which challenges can be managed within existing parameters versus those requiring system-level intervention.

1. Route 1 (Green) identifies issues solvable within existing resources and governance structures, though these may still require service changes or Board decisions.
2. Route 2 (Amber) captures challenges that could be resolved with additional funding or workforce, providing clear quantification of resource requirements, or other significant Board decisions.
3. Route 3 (Red) encompasses strategic or system-wide issues which may require substantial transformation and/or are beyond direct organisational control, requiring escalation to Welsh Government or partnership intervention.

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.

A workshop held in October 2025 synthesised approximately the highest-scoring risks into a manageable set of priorities for executive decision. This workshop aimed to establish clear recommendations about where limited resources should be focused to achieve maximum benefit. While recognising that not all risks can be addressed within available resources, the workshop aimed to ensure transparent discussion about trade-offs and develop explicit agreement about which risks the Health Board will need to consciously tolerate. These tolerated risks will not be ignored but will be actively monitored through existing governance structures, with clear triggers identified for review should circumstances change or risks escalate beyond agreed thresholds.

For Route 2 items potentially requiring investment (not new monies but in terms of resource re-allocation), Executives will need to validate the evidence base for each proposal. Cases should demonstrate clear outcomes aligned to either financial improvement or de-escalation criteria, with realistic timelines for benefit realisation. The Chief Operating Officer and Executive Director of Finance will support colleagues in ensuring proposals are both operationally deliverable and financially sustainable.

The November Planning Workshop on 14 November 2025 will build upon this foundation, with plans further refined through detailed consideration of return on the resource re-allocation, workforce implications, and the full range of factors outlined in earlier sections of this presentation. By this stage, Executives will have worked through the practical implications of proposals with their teams, ensuring recommendations are grounded in operational reality.

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.

Following the November 2025 workshops, a final virtual session on 2 December 2025 will enable completion of Route 2 prioritisation and agreement of resource re-allocation decisions. The Business Executive Team will receive final confirmation on 10 December 2025.

This timeline ensures that before Christmas, the Health Board achieves clarity on several critical elements. We will understand which limited resource re-allocations can proceed and the expectations attached to them. We will have explicit acknowledgment of the risk levels the Health Board will carry where resources do not permit mitigation. We will be clear about which decisions require Board approval versus those that can be progressed through Executive or Clinical Care Group governance. Finally, we will have documented those systemic issues that remain beyond CCG capability to resolve, requiring escalation to Board and will require a clear strategic solution.

Throughout this process, the Finance and Performance Committee will maintain oversight of financial trajectories and performance implications, the Stakeholder Reference Group (SRG) will provide external perspective on our priorities, and the Regional Joint Committee (RJC) will endorse elements requiring regional collaboration. This multi-layered governance ensures appropriate scrutiny whilst maintaining momentum toward decision-making.

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.

However, we must also ensure that the lessons are learnt from previous planning. The audit findings from our 2025/26 planning round identified critical weaknesses that must not be repeated – this has included earlier engagement and oversight, along with the process being established which ensures that there is tighter assurance on the proposed saving schemes. The over-reliance on schemes classified as "red" or "pipeline assumptions" - represents £38.1m of our £44.4m savings requirement. This means we need to ensure early Executive oversight of any and all plans. We entered the 2025/26 year with a level of assurance, however, the subsequent drive to identify deliverable savings has consumed management capacity that should have been directed toward transformation (ideally these should be one and the same, including the ideal Target Operating Model).

It is important to acknowledge that this challenging financial and operational context places significant pressure on our staff at all levels. The ongoing need to deliver more with less, coupled with escalation status across multiple domains, inevitably impacts morale and wellbeing. As we develop our planning approach, we must remain mindful of the human dimension of these challenges and ensure our communications emphasise that difficult

prioritisation decisions reflect resource constraints, not any lack of value placed on services or the staff who deliver them.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** from the update on the 2025/26 Annual Plan.
- **NOTE** the current status of the four Planning Objectives aligned to the Plan.
- **NOTE** the update on progress against the Planning Cycle and the associated risks for developing 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, July and September 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, July and September 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: Equality:	Not applicable

Annex 1: Quarter 2 Enabling Actions Update

On track

Delayed but will be achieved in year

Will not be achieved in year

ID	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	October 2025 update
1	Timely Access to Care	Implementation of Clinical Implementation Network (CIN) follow up criteria both prospectively and retrospectively to established Follow-up (FU) waiting lists.	<ul style="list-style-type: none"> • Hywel Dda university Health Board (HDdUHB) Validation Team identify FU patients that contravene CIN Guidance for clinical review. HDdUHB receive weekly FU reports including clinical condition and consultant compliance • Over 78k (10%) patients have been put on a See on Symptom (SOS)/ Patient Initiated Follow-Up (PIFU) pathway and 200k (24%) were discharged. HDdUHB has 27 specialties and 218 clinical condition pathways. Discharge, SOS and PIFU have stemmed FU Waiting List (WL) growth. CIN guidelines available for seven out of 27 specialties. • Transformation work stream with particular focus on application of CIN guidance to historical cohorts. In September 2025, 1822 (12%) patients have been put on an SOS/PIFU pathway and 3709 (25%) were discharged
2	Timely Access to Care	Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact.	<ul style="list-style-type: none"> • Referral to Treatment (RTT): For the 12-month rolling period September 2024 to August 2025, 30,128 pathways have validated with 13,340 removals (44% removed). Follow up Waiting List (FUWL): For the 12-month rolling period September 2024 to August 20'25 a total of 26,494 pathways have been validated with 6,314 removals (removal rate of 24%). Clinical Validation: No Benchmark currently. • FU validators identify potential records for clinical review by cross checking CIN/Other SOS/PIFU Diagnosis (DX) Guides. On going work

ID	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	October 2025 update
			<p>as part of the Outpatient Transformation work stream to engage clinicians in Clinical Validation with the support of the National Clinical Co-lead.</p> <ul style="list-style-type: none"> • Next Steps: Retrospectively apply CIN / RTT guidance, Develop Clinical Condition improvement plan to improve targeted validation, Introduce Clinical Validation to consultant Job Plans
3	Timely Access to Care	Improvement in the implementation and delivery of High Volume Low Complexity (HVLC) Theatre lists, with an initial focus on - Cataract 90% of lists to have seven Cataracts per list by end of Quarter (Q) Q2.	<ul style="list-style-type: none"> • Amman Valley Hospital (AVH)/ Bronglais Hospital (BGH) routinely have eight Cataracts per list. • All outsourcing Cataracts are HVLC. • Glangwili Hospital (GGH) used for complex patients.
4	Timely Access to Care	Implementation of the Single Point of Access (SPoA) Framework - Six Goals Programme.	<ul style="list-style-type: none"> • 7-day Clinical Streaming and Same day Emergency care (SDEC) Model Pilot undertaken. Evaluation, Business Case and Situation, Background, Assessment, Recommendation (SBAR) developed and presented at Public Board meeting. Phased Implementation plan will be presented to Board on 27 November 2025. • Workshops with key stakeholders to be held In September and October 2025 to focus on Clinical Model, Workforce, Finance and Value, and Planning. • The Clinical Services Hub (CSH) Performance Dashboard has now been approved through Health Board Governance and has gone live on the 1 October. 2025
5	Timely Access to Care	Ensure effective utilisation of theatre capacity through -	<ul style="list-style-type: none"> • Theatre Steering Group established with Co-Chair Clinical and Anaesthetic leads. • Programme Manager in post to support improvement streams.

ID	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	October 2025 update
		Increasing session utilisation to the Getting it Right First Time (GiRFT) standard of 85% by March 2026.	
6	Timely Access to Care	On 90% of days planned care inpatient/day case/theatre recovery capacity should be protected from unscheduled care pressures and outlying of patients by the end of Q1.	<ul style="list-style-type: none"> • 98% compliance / <2% cancelled due to Urge and Emergency care (UEC) pressures • Three protected wards across HDdUHB (6, 7 Prince Philip Hospital (PPH) and Rhiannon BGH) • Site specific risk of cancellations at GGH due to theatre staffing challenges (minimal impact on total elective volumes).
7	Timely Access to Care	Ensure monitoring of DNA/CNA rates is in place for every Outpatient clinic. When DNA/CNA as a combined rate is greater than 5%, overbooking additional patients should be implemented and monitored.	<ul style="list-style-type: none"> • September 2025 combined Did Not Attend (DNA) rate is 6.99%. New Outpatients Department (OPD) DNA Rate is 7.79%. Follow up DNA Rate is 6.51%. Bespoke monthly reports are circulated to service teams showing DNA rates per clinic and subspecialty • This facilitates ability to overbook where applicable. DNA scrutiny and improvement part of the New Clinical Care Group Transformation work stream led by Outpatient Transformation Programme Lead • Text reminders routinely issued. Paediatrics DNA rate has seen an improvement in September 2025 to 6.7% for new patients and 9% follow up patients. We will continue to monitor over coming months. • All insourcing patients (via Welsh Government (WG) additional OPD appointments) will be telephoned directly to book an appointment with the aim to reduce DNA's
8	Timely Access to Care	Improvement in the implementation and delivery of High Volume	<ul style="list-style-type: none"> • Majority of Day Surgery Unit (DSU) PPH/ Withybush Hospital (WGH) sessions are HVLC procedures. 12 out of 45 sessions with six per list (26%) due to limited waiting list

ID	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	October 2025 update
		<p>Low Complexity Theatre lists, with an initial focus on - 90% of the time achieve at least six HVLC general surgery procedures on an all day list made up of hernia or gallbladders by end of Q2.</p>	<p>demand for HVLC procedures (short waiting times) – opportunities for regional support. Remaining average five patients per session</p> <ul style="list-style-type: none"> GGH/BGH Sessions are not HVLC and cater for complex Upper Gastrointestinal (UGI) patients or regular non HVLC patients. General Surgery total pathway waiting times generally below 36 weeks. No change
9	Timely Access to Care	<p>Implementation of the Welsh Health Circular (WHC) - Ambulance Guidance - Six Goals programme.</p>	<p>1. Access Goal: Transform how patients access UEC, aiming for a 50% reduction in Emergency Department (ED) attendances and 75% of emergency activity to be scheduled, shifting care into the community.</p> <p>Key Actions and Progress:</p> <ul style="list-style-type: none"> 24/7 Contact First Model: Joint work with Welsh Ambulance Service Trust (WAST), 111, and GP Out of Hours. Regional workshops are ongoing, but public-facing Single Point of Access (SPOA) will not be achieved by 2025. 7/7 Clinical Streaming Hub: Pilot completed; business case and evaluation presented to the Board. Phased implementation planned, with mentorship and educational programmes funded and scheduled. Integrated Community Teams: Rapid response teams across primary care, mental health, social care, and voluntary sectors. Financial and digital challenges identified; options for cost-neutral and business-case approaches are being developed. <p>2. Environment Goal: Create a culture of customer service excellence and pride in UEC</p>

ID	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	October 2025 update
			<p>environments.</p> <p>Key Actions and Progress:</p> <ul style="list-style-type: none"> • Cleanliness: Standards reviewed and SBARs (developed for domestic/facilities coverage). • Welcoming Front of House: Environmental audits completed; site-specific action plans in progress. • Nutrition and Hydration: Standards set and audits completed; site plans in place. • Privacy and Dignity: Environmental reconfigurations and digital solutions (e.g., self-registration, e-triage) are being explored. • Communication: Consistent patient messaging and wayfinding solutions (including a robot pilot) are being developed. Customer service training for reception staff is scheduled. <p>3. Flow</p> <p>Goal: Implement a coordinated, data-driven approach to patient flow, eliminating ambulance handover and ED delays, and enabling timely discharge.</p> <p>Key Actions and Progress:</p> <ul style="list-style-type: none"> • Operational Command Centre: Weekly project meetings, data mapping, and integration with digital systems (e.g., Alcidion, E-Flow, E-Obs) are ongoing. • 7/7 Operational Delivery Unit (ODU): Soft-launched in September 2025; recruitment and training are underway. • Discharge Management: New policies, toolkits, and professional standards have been launched. Internal secondments for discharge practitioner posts are being recruited, and training videos are planned.

ID	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	October 2025 update
			<p>Key Themes and Risks</p> <p>There is a strong emphasis on collaboration across health, social care, and voluntary sectors.</p> <p>Ongoing digital and workforce challenges, especially around data integration and recruitment.</p> <p>Financial constraints and the need for Executive decisions/support in several areas.</p> <p>In order to minimise risks/issues there is a commitment to continuous improvement, with regular audits, stakeholder engagement, and learning from other Health Boards.</p>
10	Timely Access to Care	Implementation of the Optimal Hospital Flow framework - Six Goals Programme.	<p>Optimal Hospital Flow (OHF) Framework</p> <ul style="list-style-type: none"> • Each site has a monthly OHF meeting to oversee the implementation plan supported by Quality Improvement Skills Training (QIST). County OHF data is discussed monthly, and actions are assigned to target support which is tracked by an action log. We plan to reformat these meetings to focus on the site plans and ensuring measures of each action are being tracked. The actions on the AMAT system relating to ED GIRFT will also be monitored during these site meetings going forward. • The Lead and Project Manager are due to meet with the Assistant Director of Mental Health and Learning Disabilities Clinical Care Group in response to the OHF Framework being introduced to the Mental Health and Learning Disabilities (MHL) inpatient service. • We are working with a production company to film a series of training videos for staff on how to run an effective board round, afternoon huddle and the Criteria Led Discharge process. We have engaged with Digital to request access to an electronic whiteboard to include in the training video for consistency.

ID	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	October 2025 update
			<ul style="list-style-type: none"> • The Red 2 Green Dashboard is live and used by staff to identify pre / clinically optimised constraints to drive improvement work. • The SharePoint to house optimal hospital flow framework resources to date has 1500+ views and is frequently updated. This allows staff to refer to any useful information and guidance i.e. Discharge to Recover then Assess Model (DR2A) videos / documentation. • Deep dives being established to identify internal health delays. Meeting with service leads to understand and support Delayed Pathways of care (DPOC) delay improvements. • D2RA allocation audit has been completed supported by a findings report with recommendations on how to address the issues identified. Since the report has been published (July 2025), there has been a significant increase in staff completing the D2RA Electronic Staff Record (ESR) module and continued increase in D2RA allocation across the three National D2RA measures. <p>Preventing Deconditioning</p> <ul style="list-style-type: none"> • Four projects are participating in the Safe Care Partnership (SCP) Preventing Deconditioning Programme with support from Six Goals to report. A poster from each project will be presented at the National Deconditioning Summit on the 4 November 2025. • Deconditioning materials i.e. posters, leaflets for the wards and patients are now being used on the sites. • Preventing Deconditioning and staff initiative stories SharePoint has been launched to share learning and inspire staff. • The first HDdUHB Preventing Deconditioning Group to oversee deconditioning work within the Health Board was held and attended by the National Team to provide context and highlight the importance and harm of patients deconditioning during a hospital stay.

ID	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	October 2025 update
			<ul style="list-style-type: none"> We are working with an external provider to develop a staff awareness video on deconditioning during a hospital stay to make staff aware of the harm and how it can be prevented. <p>Discharge Planning</p> <ul style="list-style-type: none"> A suite of documents to support Criteria Led Discharge (CLD) is accessible to staff. CLD was being rolled out on all sites as part of the 'System Reset' week. The patient Discharge booklet is still being piloted across hospital sites with Patient Advice and Liaison Service (PALS) supporting with patient feedback. The Discharge Toolkit (for Health Board staff) has launched (19 February 2025) with 1450 views to date. The Toolkit has been developed to support with discharge management and houses resources, support and guidance relating to discharge planning in one place for ease of access. We are due to launch the Strengths Based Collaborative Communication Programme for the Health Board and Local Authority (LA) staff this month (October 2025) . This is being supported by an evaluation to evidence the impact. Trusted Assessor (TA) schemes are currently being mapped against National Principles to develop a directory of TA schemes. The National TA audit has been completed, awaiting the findings report to be published.
11	Timely Access to Care	Implement national guidelines with thresholds by CIN and procedure. This includes delivery of effective outpatients through SOS/ PIFU by	<ul style="list-style-type: none"> HDdUHB Validation Team identify FU patients that contravene CIN Guidance for clinical review. HDdUHB receive weekly FU reports including clinical condition and consultant compliance Over 78k (10%) patients have been put on an SOS/PIFU pathway and 200k (24%) were discharged. HDdUHB has 27 specialties and 218

ID	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	October 2025 update
		default. Individual CINs will establish SOS/ PIFU targets by specialty and sub-specialty on an ongoing basis by March 2025.	<p>clinical condition pathways. Discharge, SOS and PIFU have stemmed FU WL growth</p> <ul style="list-style-type: none"> CIN guidelines available for seven out of 27 specialties. Transformation work stream with particular focus on application of CIN guidance to historical cohorts. In September 2025, 1822 (12%) patients have been put on an SOS/PIFU pathway and 3709 (25%) were discharged
12	Timely Access to Care	Implementation of acute frailty model at the Front Door - Six Goals Programme.	<ul style="list-style-type: none"> A 6-month secondment role has been funded and filled in order to support the acute frailty mapping. Each acute site has completed their acute frailty mapping. The findings will be produced in an Acute Frailty Position Statement report against the National Acute Frailty Services (AFS) standards along with recommendations. Following the dissemination of the AFS report, an Acute Frailty Standards plan will be developed and approved for implementation.
13	Timely Access to Care	Deliver improvements in day surgery rates, with an expectation to achieving a Bulbar Acute Dementia Syndrome (BACDS) day case rate of 70% from April 2025, moving to 80% by the end of June 2025.	Day case procedures continue to exceed the target of 80% (~ 86%+)
14	Timely Access to Care	Maintaining the actions within the 50 Day challenge that can be delivered consistently with minimal additional resource, within	<ul style="list-style-type: none"> The three local authorities are utilising the POCD grant to increase capacity and access to care both, including increasing assessment capacity and capacity in domiciliary care and reablement. Impact reviews will be provided over the course of the first year of operation.

ID	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	October 2025 update
		organisations and as a priority within regional partnership arrangements.	
15	Timely Access to Care	Ensure effective utilisation of theatre capacity through - Reducing early finishes to less than 10%	<ul style="list-style-type: none"> • Theatre Steering Group established with Co-Chair Clinical and Anaesthetic leads. • Programme Manager in post to support improvement streams.
16	Timely Access to Care	All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage by the end of Q2.	<ul style="list-style-type: none"> • One-stop pathway introduced Spring 2024. Since Q2 2024/25 majority of cataract referrals are converted to Stage 4 retrospectively. (Circa 3000 patients during 2024/25). • These patients are identified following an optometry triage. Small volume still require Outpatient Appointments (OPA) assessment due to complexity. • Prospective direct listing to Stage 4 will be implemented from following an A&C OCP.
17	Timely Access to Care	Implementation of the Community Based Falls Response - Six Goal Programme.	<ul style="list-style-type: none"> • Falls Business Case successful. Funding received will provide Care Home Education and equipment for care homes to reduce ambulance conveyance for falls. • Currently awaiting procurement sign off and aiming to launch by November 2025. Additionally, the CSH has an integrated falls response. The business case for 7-day CSH within HDdUHB will be presented to Board on 27 November. 2025
18	Timely Access to Care	Ensure effective utilisation of theatre capacity through - Reducing late starts to less than 20%	<ul style="list-style-type: none"> • Theatre Steering Group established with Co-Chair Clinical and Anaesthetic leads. • Programme Manager in post to support improvement streams.

ID	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	October 2025 update
19	Timely Access to Care	Progress implementation of the national approach to Interventions Not Normally Undertaken (INNU) Deliver the eight priority procedures determined for implementation as part of Phase 1.	<ul style="list-style-type: none"> • < 1% of Patient Tracking List (PTL) are classed as an INNU. • INNU's are routinely validated by each service with only clinically appropriate patients on a PTL.
20	Timely Access to Care	Progress implementation of the national approach to INNU - continue to implement ongoing recommendations throughout 2025/26.	<ul style="list-style-type: none"> • < 1% of PTL are classed as an INNU. • INNU's are routinely validated by each service with only clinically appropriate patients on a PTL.
21	Timely Access to Care	Ensure delivery of effective referral management processes. This includes consistent implementation of Health Pathways (Pathway Alliance Programme) across all Health Boards with the rapid adoption of the 282 pathways within the programme.	<ul style="list-style-type: none"> • Further to referral management the Health Board have implemented Community Health Pathways. 271 published pathways. 76 Hywel Dda lead regional national pathways published. 46,649 page views to date • Top three pathways: Carpel Tunnel, Hormone Replacement Therapy (HRT), Chest Pain . Page views increasing quarterly. National evaluation undertaken to demonstrate impact- TriTech report, local evaluation workstreams • Child and Youth Health and Orthopaedics/ Musculoskeletal (MSK) have the highest volume of pathways published. Achieved regional target of publishing a minimum of 50% increase in localised pathways by February 2026.

ID	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	October 2025 update
22	Building Community Capacity	Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.	No change - This action does not sit with HDdUHB but is delivered by Digital Health and Care Wales (DHCW) . Repeat prescriptions are primarily delivered by GP's who are supported by DHCW.
23	Population Health and Prevention	Ensure progress with the Implementation of Value and Sustainability Board High Value High Impact pathway – Diabetes.	<ul style="list-style-type: none"> • Patient Reported Outcome Measures (PROM) collection for Diabetes patients continues using the International Consortium for Health Outcomes Measurement (ICHOM) standard tools. New national PROM tools have been identified and approved for use with a Data Standards Change Notice (DSCN) circulated to confirm this. National guidance on pathway usage of these tools is still awaited, but providing that this is forthcoming, PROM collection using the new tools and pathway is anticipated before the end of 2025. • A business case for the support of the Diabetes Remission Programme has been developed and will be put forward once the VBHC funding for the Heart Failure project has concluded at the end of October 2025. • Enhanced monitoring of the eight care metrics has commenced, with targeted feedback to improve compliance in problematic areas.
24	Improving Value, Optimising Outcomes, and minimising Variation	Ensuring the full implementation of the nationally optimised pathways in the cancer recovery programme.	<ul style="list-style-type: none"> • Gynae One Stop clinics have now been implemented across all three counties. Nurse led Local Anaesthetic Transperineal Prostate (LATP) was implemented on 11 September 25. • Transfer the Faecal Immunochemical Testing (FIT) service from Secondary to Primary Care in line with the lower GI National Optimal Pathway by 1 November 2025. • Implement a dedicated Neck Lump Clinic with the support of a Head and Neck Radiologist. A dedicated Neck Lump clinic would allow the patients to receive an Ultrasound Guided Biopsy alongside their First OPA due to

ID	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	October 2025 update
			be implemented January 2026. Delay due to recruitment of a Radiographer to support the service.
25	Improving Value, Optimising Outcomes, and minimising Variation	Ensuring full compliance with straight to test guidance.	50.5% SCP referrals sent straight to Test (all specialties in June 2025).
26	Improving Value, Optimising Outcomes, and minimising Variation	Ensure progress with the implementation of Value and Sustainability Board High Value High Impact pathway - Bone Health	<ul style="list-style-type: none"> • The Fracture Liaison Service (FLS) service in HDdUHB is working optimally with significant numbers of patients being identified and treated. PROM data is being captured routinely and is being periodically compared with data from Aneurin Bevan University Health Board (ABUHB). • The FLS project having reached the mid point of Value Based Healthcare (VBHC) funding, was presented to the September meeting of the Value and Sustainability Group. The group was supportive of the project and recommended that it be factored into the planning cycle for funding in 2026/27. • The ongoing funding of the service is to be set against the rising rates of fragility fractures that are a consequence of an ageing population and the ability to contain this increase in demand with existing bed capacity.
27	Improving Value, Optimising Outcomes, and minimising Variation	Ensure progress with the implementation of Value and Sustainability Board High Value High Impact pathway - Arthroplasty (Hip and Knee).	<ul style="list-style-type: none"> • Continued collection of PROM data and shared decision making data in Trauma and Orthopaedic (T&O) major joints, with patient level and service level dashboards available in understanding high and low value activities on the patient pathway. • Work still required to feed Promptly data into dashboards as they are currently fed by historic data from DrDoctor. • Work ongoing with local and national digital colleagues and the system provider, Promptly Health to resolve.

ID	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	October 2025 update
28	Improving Value, Optimising Outcomes, and minimising Variation	Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app.	<ul style="list-style-type: none"> The Digital Maternity Programme remains on track for delivery by March 2026, with strong momentum continuing across all workstreams. Significant progress has also been made to ensure that referral acceptance and appointment information for Referral to Treatment (RTT) specialties will be available via the NHS Wales App by late October 2025.
29	Improving Value, Optimising Outcomes, and minimising Variation	Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation.	<ul style="list-style-type: none"> The Cyber Security Programme continues to prioritise the reduction of unsupported systems from the organisation. Unsupported assets have been reduced from 153 in May 2025 to 118 in September 2025.
30	Maximising Value for Money	Non-Pay - ensure implementation of Value and Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.	<ul style="list-style-type: none"> Implementation of recommendations continues to be reviewed through local Value and Sustainability (V&S) group, with Integrated Quality, Finance, Performance, and Delivery (IQFPD) oversight. To date £41.4m of the updated £46.4m annual savings target identified in green/amber schemes as of October 7 2025 (£25.4m green and total identified £48.1m across all BRAG), including non-pay areas. In respect of non-pay savings, progress since the last update includes schemes in respect of premises rent and recommissioning of contracts. In recent weeks the Health Board's V&S group has received updates on plans in respect of Heart Failure, which included a review of pathology tests, and plans for Inflammatory Bowel Disease (IBD) pathways which will realise savings in respect of biosimilar drugs.
31	Maximising Value for Money	Medicines Management - ensure full implementation of the high value medicines Value and Sustainability	<ul style="list-style-type: none"> HDdUHB continue to deliver on all medicines-related recommendations directed by the Value & Sustainability Board. Revised list of recommendations in place from October 2025, and work plan in place across Primary and Secondary Care to continue to deliver on the opportunities.

ID	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	October 2025 update
		Board programme, which includes delivering opportunities against each of the four programme areas (maximise use of biosimilars, switch to generics, preferential use of medicines in Primary care, restrict low value prescriptions).	Reports from V&S group changing to quarterly, with data still available on a monthly basis for operational teams to continue to monitor. Health Board position is shared and discussed through the Health Board's Value and Sustainability group meeting.
32	Maximising Value for Money	Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.	<ul style="list-style-type: none"> • Picton Terrace remains on time/budget which will be the Health Board's flagship agile working building accommodating 450 corporate staff and a 2:1 person:desk ratio. Linked to this acquisition we have already disposed of B8 SDP and given formal notice to vacate Glien House. Ystwyth will close from 15 December 2025 and the lease on Ty Gorwel disposed of in August 2026. • A centralised accommodation group was formed in April 2025 under the Strategic Property Group to manage and make decisions on all Health Board accommodation requests, standardising the process and decision-making for all requests. • The Occupeye system continues to identify underutilised estate that provides evidence and opportunity to further maximise space usage. HDdUHB are the only Health Board in Wales that agreed to undergo an informal internal audit during October 2025 for 'Space Utilisation' and we expect further recommendations and improvements to be made following the completion of this activity and on receipt of the report from the auditor.
33	Maximising Value for Money	CHC - ensure implementation of Value	WG are working on a Business Case. Funding from WG will cover three years supplier costs but no implementation costs.

ID	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	October 2025 update
		<p>& Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This includes implementing a standard digital solution to support effective intelligence capture on a national basis.</p>	
34	Workforce Productivity	<p>Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025.</p>	<ul style="list-style-type: none"> • 81% compliant • Meetings have been arranged with areas where improvement is required and plans are in place to effect the required changes. It is projected that compliance will be above 90% by the end of December 2025.
35	Workforce Productivity	<p>Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn and ensuring no off-contract expenditure.</p>	<ul style="list-style-type: none"> • June £51,260.61 Underspend • July £69,114.00 Overspend • August £131,419.73 Overspend • Exit plans, aligned to recruitment pipelines are in place for all agencies. Medical workforce plans are still in development and baseline information is currently being gathered to enable validation with the services before reduction plans are implemented. • V&S presentation to take place in October 2025 to highlight areas of concern with planned reduction strategies.

ID	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	October 2025 update
36	Workforce Productivity	Fully implement the actions outlined in the Variable Pay and Agency Control Framework Welsh Health Circular	<ul style="list-style-type: none"> • Off-framework agency use eliminated as of August 2025 • Nursing agency spend has increased by £37k in August (£341k) compared to July's figure of £304k, plans are in place to reduce this further but are tied to the onboarding of Newly Qualified Nurses in September 2025 (Expected change October/November with induction) • Medical agency spend has ceased for off-framework, but framework agency spend is increasing with August figure of £393k, plans are being explored to pursue opportunities to exit all agency workers, these workers are tied to workforce pipelines with possibly pipelines through international recruitment not exiting agency until 2026. • Allied Health Professional agency usage has decreased significantly in May 2025 (£219k) compared to August £88k, work is ongoing to ensure workforce plans identify service fragility and provide additional workforce pipelines. • Health Care Scientists agency usage has decreased in August 2025 (£23K) compared to July 2025 £35k. Plans are in place to right size radiology through an investment report and annual planning cycle to ensure the diagnostic workforce meets the demand. • Admin and Clerical has no agency usage as of August 2025.
37	Workforce Productivity	Ensure a reduction in agency spend on Healthcare Support Worker, Admin and Clerical, and Estates and Ancillary staff to zero by 30th September 2025.	<ul style="list-style-type: none"> • No agency use in any areas apart from MHLD - current spend has increased in August 2025 to £17k from July which was £8k. • An investment report exists for MHLD but due to the financial deficit is currently on hold, Health Care Support Worker (HCSW) agency is likely not be resolved in MHLD until 2026.
38	Workforce Productivity	Ensure a reduction in sickness absence in 2025/26 in comparison to	<p>The Occupational Health Service aims to support a reduction in sickness absence by:</p> <ol style="list-style-type: none"> 1. Ensuring the relevant key performance indicator recommendations are

ID	Strategic Priorities for 2025-28	Aligned Ministerial Enablers	October 2025 update
		<p>2024/25, through maximising adherence to the requirements of Agreed Attendance at Work policies and adhering to the all-Wales Occupational Health minimum service levels.</p>	<p>continued to be consistently met in 2025/26.</p> <ol style="list-style-type: none"> 2. We aim to increase the staff flu uptake by at least 20% for 2025/26 which will hopefully lead to a reduction in this reason for absence (which consistently remains in the top three highest reasons for absence). 3. A sickness audit is being undertaken by Internal Audit this year which should support improvements in process from a lessons learned approach. 4. A suite of bitesize animation training for sickness absence is being developed to support managers. The first in the series has just been published and we will be monitoring the analytics around this and any impact. 5. Workforce and Occupational Health Colleagues are working on model referral forms by condition and job family which should support better reports and more informed adjustments that can be implemented to support an earlier return to work.

Planning Objective: 6 – Clinical Services Plan

Executive Lead: Lee Davies/ Mark Henwood

Reporting Period: 1 July 2025 – 30 September 2025 Q2 2025-26

Overall status: On track

Rationale for overall status: higher than planned response rate from public consultation resulting in an Extraordinary Boardmeeting now planned for February 2026.

Progress against planned outcomes / trajectories / milestones:

- Phase 3 – Part 1 & 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
- Phase 3 – Public Consultation Live until 31 August 2025 – Complete
- Phase 3 – Part 5 Public Consultation Review – Complete

Activities planned for next milestone and reporting period

Q3 2025-26 - To Support (Part 7 and 8 below)

- Alternative Options Process

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

- CSP review of the Lessons Learned and development of framework– Delayed previously reported as at Q3 2025-26 – Following demand of CSP Alternative options this will be pushed back Q4.
- CSP 2 – On track Q4 2025-26
- Paediatrics Implementation Plan – Capital under review – clinical activity at Worthybush Hospital (WGH) has commenced.

Any other Comments

Matters for information:

Circa 200 alternative ideas/ options have been received during the consultation which require review. More than 4,000 survey responses were received during public consultation.