



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



Date Submitted: 30 January 2026

Planning Objective: 6 – Clinical Services Plan

Executive Lead: Lee Davies/ Mark Henwood

Reporting Period: 19 January 2026 – 31 March 2026 QUARTER (Q) 4 2025-26

Overall status: On track

Rationale for overall status: higher than planned response rate from public consultation resulting in an Extraordinary Board meeting scheduled on 18 – 18 February 2026.

Progress against planned outcomes / trajectories / milestones:

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

- Alternative Options Process – Complete

Q4 2025-26

- Phase 3 – Part 6 Feedback Report - Complete
- Phase 3 – Part 7 Conscientious Consideration – Complete
- Phase 3 – Part 8 Decision Making – On track

Activities planned for next milestone and reporting period

Q4 2025-26

- Phase 3 – Part 8 Final Report – On track: Report is due to be available on time for Board decision making. Reporting on consultation findings to be carried out by internal staff to allow programme to remain within budget, but with quality assurance provided by Hugh Irwin Company (HICO) within existing quality assurance arrangements.

Other items

- Clinical Service Plan (CSP) review of the Lessons Learned (Phases 0-2) and development of framework – On track for delivery in Q4 2025-26.
- CSP 2 – Phase 0 preinitiation planning to commence Q4 2025-26 - On track
- Paediatrics Implementation Plan – Funding has shifted to 2026/27 and 2027/28, with scoping and feasibility work underway and a January design workshop planned to agree the scope and phasing for relocating Same Day Emergency Care (SDEC) into Puffin and creating a new Outpatient Department (OPD) facility.

Matters for information: CSP Programme decision-making by Board will take place at an Extraordinary Board meeting on 18/19 February 2026.



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

Submitted By: Rhian Bond Assistant Director for Primary Care
Date Submitted: February 2026



Planning Objective: PO7

Executive Lead: Lee Davies

Reporting Period: Quarter 3

Overall status: Complete / Ahead / On-track / Behind
Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery)

Progress against planned outcomes / trajectories / milestones:
 Further work undertaken to articulate the clinical model with graphics to support telling the story.
 Engagement with professional collaboratives ongoing.
 Updated report presented to Strategy and Planning Committee on 16 January 2026 prior to Board in the same month.

Activities completed in previous reporting period
 The Strategy Oversight Group has continued to meet to further discuss the engagement with professional collaboratives that was undertaken over the summer period

Activities planned for next milestone and reporting period
 Updated report to Strategy and Planning Committee on 16 January 2026 prior to Board in the same month.
 Work to align the strategic plan to the 20-four-7 Public Health model.

Any other Comments
 Matters for information: Further to the national Community By Design work, it has been agreed to rename the Primary and Community Services Strategic Plan the Community By Design Strategic Plan

Risks to delivery:

Any other comments:

Planning Objective: PO8 Estates Plan

Executive Lead: Lee Davies

Reporting Period: Quarter 3 – Oct, Nov, Dec, 2025

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

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

The Planning Objective (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. Key deliverables against this PO are:

1. To agree the next steps with Welsh Government (WG) for the infrastructure associated with the delivery of the A Healthier Mid and West Wales (AHMWW) strategy.
2. To deliver a Regional Capital Plan as delegated to the Regional Partnership Board (RPB)
3. To progress strategic plans for all Health Board estate, both freehold and leased, including purchase of new buildings and new / changes to lease agreements
4. To progress plans for essential estate infrastructure through the Major Infrastructure Investment Programme (MIIP) business case (top 10 risks)
5. To develop decarbonisation initiatives and net zero approaches

Progress against planned outcomes / trajectories / milestones:

Actions taken in response to the Nuffield Trust Review to be reviewed following The Strategy Refresh and CSP 2	31/12/2026
Agree the strategic way forward for the Health Board’s infrastructure requirements with WG	31/03/2026
Review and refresh of regional 10-year capital plan to WG	30/09/2025
Agreement with WG to fees for redesign of Cross Hands, further feasibility work being undertaken	30/06/2025
Appointment of Supply Chain Partner Fishguard Centre delayed due to site selection work being undertaken (date being assessed)	30/09/2025
Update Cylch Caron Outline Business Care (OBC)	31/03/2026
Implementation of Property Asset Strategic Plan, to be reviewed in 2026	31/12/2025
Commencement of staff moves into WG Building, Picton Terrace and decommissioning plans	31/03/2025
Termination of Block 8, St Davids Park lease (subject to Picton Terrace move)	30/06/2025
Agreement of procurement strategy for top 10 MIIP projects	31/12/2025
MIIP - WG sign off of delivery programme	31/12/2025
Carmarthen Hwb handover (delayed to Q3 2026/27)	31/03/2026
Pentre Awel: Memorandum of Understanding (MOU)	
Hydrotherapy handover	31/12/2025
Clinical Delivery Unit handover (delayed to Q3 26/27)	31/03/2026

Activities completed in previous reporting period
Completion and signing of Pentre Awel MOU with Carmarthenshire County Council (CaCC)
Hydrotherapy Pool handover Pentre Awel
WG meeting to progress strategic capital for AHMWW November 2025
Revised feasibility for redevelopment Cross Hands
Activities planned for next milestone and reporting period
Development of Carmarthen Hwb and Clinical Decisions Unit (CDU) Pentre Awel Commissioning Plan
Commissioning activity for Picton Terrace
Completion of Programme Business case (PBC) Addendum for Board meeting on 29 January 2026 and submission to WG for scrutiny

Any other Comments

Matters for information: All other matters reported via SPC SBAR updates and reports to the AHMWW Group.

Risks to delivery: 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. The impact could be the highly significant risk to current service provision, location of services, equity of access and the need for unplanned service changes in response to potentially unsustainable service scenarios. There will also be a need for significant interim investment in the current estate

Decarbonisation

- The Energy Performance contract with Vital Energi Utilities Ltd is being progressed to deliver energy conservation measures across six Hywel Dda University Health Board (HDdUHB) healthcare sites via the Re:fit 4 framework. The investment grade proposal and business case was approved by the Salix Technical team and by WG and the first phase of improvement schemes are being mobilised. The value of finance approved was £7,385,075.20, of which £2,231,040.93 is being drawn down in 2025/26 and £5,154,034.27 in 2026/27. Our efforts not only enable our low carbon ambitions for our buildings but also our transport/fleet solutions and our transition to electric vehicles (EVs)

- The refreshed NHS Wales Decarbonisation Strategic Delivery Plan (SDP) was published in November 2025 and the new initiatives for Local Health Boards have been shared with the relevant teams for consideration and scoping/developing.



Submitted By: Bethan Lewis, Assistant Director Public Health Strategic Business and Operations

Date Submitted: 28 January 2026



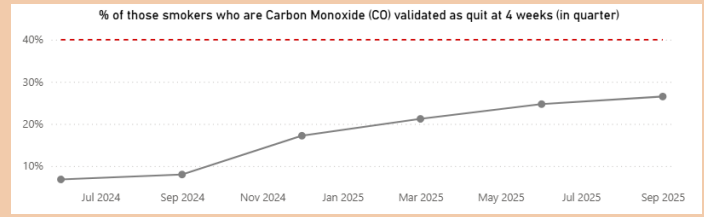
Planning Objective: 10 – Population Health & Prevention

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

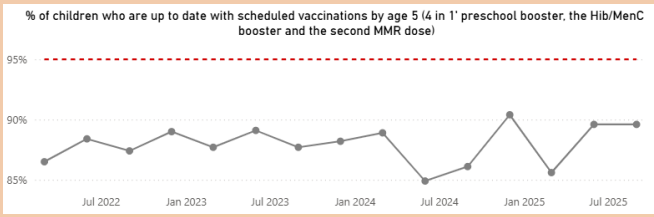
Reporting Period: Quarter 3 – October – December 2025

Overall status: Complete / Ahead / **On-track** / Behind
 Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery) Key deliverable actions for reporting period in Q3 are on track. Whilst some key areas are ongoing actions requiring review of achievable outcomes for end of 2025/26 programme of work.

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



Current position reflects an improving position of smokers who are carbon monoxide (CO) validated as quit now at 26.5%. This improvement has exceeded the local target assigned for the annual planning cycle. Data for smokers making a quit attempt continues above national target and a sustained improvement overall.



Latest uptake position showed a sustained position from previous reporting period with uptake at 89.6%.
 The latest data is showing usual variance.

Activities completed in previous reporting period

- Immunisation rates increased among young children and frontline staff. % Update Rates – Measles, Mumps, Rubella (MMR) 1 by age two: 92.9%; MMR2 by age five: 90%; 4-in-1 Pre School Booster: 89.4%; Human Papilloma Virus (HPV): 73.2%
- Early Years Programmes - Strong engagement in infant feeding pilots and preschool. 78 Pre-school health aspects completed. Q3 has seen an increase of 4% of all schools 'action planning' for Emotional and Mental Wellbeing bringing the total to 84% (181 out of 215)
- Smoking Cessation Services exceed the national targets (5%) due to enhanced outreach, inpatient support, and carbon monoxide validations. Increased % of CO validated 4-week quits from 8% to 26.5% for the same point last year
- 20-four-7 Director of Public Health (DPH) Annual Report presented at November 2025 Board meeting, to be adapted as part of the Prevention Model webpage on the intranet. Engagement activity and release of a Population Health Dashboard to support wider planning and performance completed across the Health Board
- Multi-agency collaboration strengthens screening for human immunodeficiency virus (HIV), Hepatitis B/C, and Tuberculosis (TB), expanding access to underserved groups.
- Structured health coaching re-pilot improves referral pathways and data quality despite workforce challenges.
- Local readiness for lung cancer screening advances pending national policy decisions and resource allocation.
- Healthy Food Initiative – Task and Finish Group established in HDdUHB, Public Services Boards (PSBs) and Swansea Bay University (SBU) engaged with via Regional Health Economy group
- Making Every Contact Count (MECC) training provided as part of new staff starters induction

Activities planned for next milestone and reporting period

- Immunisations – School nursing teams to schedule vaccinations earlier in the school year
- The 20-four-7 Prevention Model tools and supporting services are required to scale up delivery in 2026/27. Work across the Health Board for improved scrutiny of progress on key prevention metrics. Ongoing discussions focused on Health Board governance and oversight of implementation. Embed 20-four-7 into Quality Improvement and Transformation Programmes
- Lung cancer planning paper completed for Business Executive Team (BET) meeting on 10 December 2025 (now due January/February 2026 due to full agenda). Resource for additional smoking cessation support is being sourced by Public Health Wales (PHW) and will be distributed across Wales
- Social Model for Care - Development of a Business Case for a Community Health and Wellbeing Worker Programme, and work to promote nature and arts-based interventions with the Centre for Social Innovation.

Any other Comments

Matters for information: Ambition for local targets for metrics above are on track or exceeded. These remain below national targets and key targets to wards achievement will be reviewed for 2026/27.
 Risks to delivery: Risk aligns with staffing challenges which are improving as year progresses. However, there remains posts unfilled as we move into Q 4 which may impact on overall achieving actions.