



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date **26/02/2026**

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

Location **Microsoft Teams; HDD Picton Dolau Cothi ; HDD Picton - Dolau Cothi**

Strategy and Planning Committee

HDD_Strategy and Planning Committee

NHS Wales

Agenda - 26 February 2026

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)

Apologies

Ardiana Gjini - Bruce Bolam will deputise

1.2 Declarations of Interests

09:30, 0 min

All

1.3 Minutes from the Strategy and Planning Committee meeting on 18 December 2025

09:30, 0 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

1.4 Table of Actions from the Strategy and Planning Committee meeting on 18 December

09:30, 5 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

1.5 Minutes from the Extraordinary Strategy and Planning Committee meeting on 16 January 2026

09:35, 0 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

1.6 Table of Actions from the Extraordinary Strategy and Planning Committee meeting on 16 January 2026

09:35, 5 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

1.7 Self-Assessment of Committee Effectiveness: Outcome Report

09:40, 10 min

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

1.8 Assurance and Risk Report Assurance on Governance

09:50, 5 min

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

Including:

Corporate Risks; Operational Risks; Audits and Inspections; Welsh Health Circulars; Ministerial Directions.

1.9 Targeted Intervention Update

09:55, 10 min

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

2 Population Health, Primary and Community

10:05, 0 min

2.1 Progress Report for 2023/24 DPH Annual Report: Their Health, Our Future: Advancing the Agenda for CYP in Hywel Dda

10:05, 10 min

Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health), Jo McCarthy (Hywel Dda UHB - Consultant in Public Health), Ben Williams (Hywel Dda UHB - Principal Public Health Practitioner)

2.2 Review of Well-being Objectives

10:15, 10 min

Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health), Trina Nealon (Hywel Dda UHB - Head of Population Health + Wellbeing / Principal Public Health Officer)

3 Capital and Estates

10:25, 0 min

3.1 Capital Programme for 2025-26 and Capital Governance

10:25, 5 min

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

Including:

Capital Planning Equipment Replacement Programme

CSC Workplan

CSC Annual Report

3.2 Glangwili Hospital (GGH) Fire Phase 2 Business Justification Case

10:30, 10 min

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Rob Elliott (Hywel Dda UHB - Programme Director Major Infrastructure Projects)

3.3 Property Lease Arrangements Update

10:40, 10 min

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Paul Williams (Hywel Dda UHB - Head of Property Performance)

4 BREAK

10:50, 5 min

5 Strategy, Planning and Partnerships

10:55, 0 min

5.1 Annual Plan Update

10:55, 10 min

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

5.2 PO8: Estates Plan

11:05, 25 min

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

5.3 Prince Philip Hospital Urgent Care Centre Implementation Plan

11:30, 10 min

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Peter Skitt (Hywel Dda UHB - Clinical Care Group Service Director - Community & Integrated Medicine)

5.4 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)

5.5 Strategic Commissioning Report

11:50, 10 min

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Shaun Ayres (Hywel Dda UHB - Director of Delivery), Anne Simpson (Hywel Dda UHB - Head of Strategic Commissioning)

5.6 Climate Adaption Plan

12:00, 10 min

Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health), Sam Hussell (Head of Health Emergency Planning)

5.7 Partnerships Update: Area Planning Board and Population Health Improvement Report

12:10, 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), Trina Nealon (Hywel Dda UHB - Head of Population Health + Wellbeing / Principal Public Health Officer), Cerys Humphreys (Hywel Dda UHB - Service Manager), Craig Jones Hywel Dda UHB - Prevention & population Health Improvement Manager)

Update: Area Planning Board

5.8 Integrated Community Care System: Policy and Impact on Regional Governance

12:20, 10 min

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Linda Jones

5.9 DEFERRED: Value Based Healthcare Update

12:30, 0 min

Mark Henwood (Hywel Dda UHB - Executive Medical Director), Leighton Phillips (Hywel Dda UHB - Director Research, Innovation and Value), Simon Mansfield (Hywel Dda UHB - Head of Value Based Healthcare)

Refreshed Strategic Approach

6 For Information

12:30, 0 min

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

12:30, 0 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

6.2 Strategy & Planning Committee Workplan 2025-26

12:30, 0 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

7 Any Other Business

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

8 **Date and Time of Next Meeting**

12:30, 0 min

8.1 **Tuesday 28 April 2026, 09:30 - 12:30, HDD Picton - Dolau Cothi & MS Teams**

12:30, 0 min

Tuesday 2 June 2026
Tuesday 4 August 2026
Tuesday 6 October 2026
Tuesday 1 December 2026
Tuesday 2 February 2027

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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)**

Apologies

Ardiana Gjini - Bruce Bolam will deputise

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 18 December2025

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

| For approval

Attachments

1.3 2025-12-18 - Strategy and Planning Committee - Minutes(1).pdf

MINUTES OF THE EXTRAORDINARY STRATEGY AND PLANNING COMMITTEE MEETING

Date of Meeting: **09:30, Thursday 18 December 2025**

Venue: **Microsoft Teams Meeting**

Present:

Mr Winston Weir, Independent Board Member, Chair
Mr Maynard Davies, Independent Member, Vice Chair
Mr Michael Imperato, Independent Board Member

In Attendance:

Mr Lee Davies, Executive Director of Strategy and Planning
Ms Alwena Hughes Moakes, Communications and Engagement Director
Mr Andrew Carruthers, Chief Operating Officer
Dr Ardiana Gjini, Executive Director of Public Health
Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary
Mr Richard Jenkins, Assistant Finance Director Commissioning, BI & Value
(deputising for Mr Huw Thomas, Executive Director of Finance)
Professor Philip Kloer, Chief Executive
Ms Claire Evans, Committee Services Officer

Items SPC(25)95 and Item SPC(25)97

Mr Shaun Ayres, Director of Delivery

Item SPC(25)96

Mr Nathan Davies, Senior Project Manager
Mr Alex Martin, Principal Programme Manager

Item SPC(25)98

Mr Alex Martin, Principal Programme Manager

Item SPC(25)99

Mr Mark Henwood, Executive Medical Director
Mr Simon Mansfield, Head of Value Based Healthcare

Item SPC(25)100

Ms Linda Jones, Regional Partnership Programme Manager

Item SPC(25)101

Dr Bruce Bolam, Deputy Director Public Health/Consultant in Public Health
Ms Trina Nealon, Principal Public Health Officer

Items SPC(25)102

Ms Trina Nealon, Principal Public Health Officer
Ms Sara Rees, Senior Public Health Practitioner

Item SPC(25)104

Mrs Eldeg Rosser, Head of Capital Planning

Item SPC(25)105

Mr Darrel Barnes, Design Manager

Minutes Ref.	Item	Action
SPC(25)88	Welcome and Apologies Mr Winston Weir welcomed members to the Strategy and Planning Committee (SPC) meeting. The following apologies for absence were noted: • Ms Chantal Patel, Independent Board Member • Mr Huw Thomas, Executive Director of Finance	
SPC(25)89	Declarations of Interests No declarations were made.	
SPC(25)90	Minutes from the Strategy and Planning Committee meeting on 30 October 2025 The minutes of the Strategy and Planning Committee (SPC) meeting held on 30 October 2025 were APPROVED as an accurate record of proceedings.	
SPC(25)91	Table of Actions the Strategy and Planning Committee meeting on 30 October 2025 All actions were listed as complete.	
SPC(25)92	Matters Arising No matters arising were raised.	
SPC(25)93	Assurance and Risk Report Mrs Joanne Wilson presented the Assurance and Risk Report, highlighting the following: Corporate Risks <i>Risk 2212: There is a risk that the Health Board will not have an approvable Integrated Medium-Term Plan (IMTP) by March 2028:</i> This risk has been added to the risk register. In response to a query regarding the deadline date of 2028, Mr Shaun Ayres explained that three years would naturally conclude at the end of 2028 or early 2029. He also noted that this timeframe	

aligns with the point at which the Health Board is required to achieve a recurrent balance under the escalation process.

Audits and inspections aligned to the Committee

Welsh Government report Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales: It was highlighted that due to a lack of space within the Health Board to support a medicine hub, no further progress can be made until 2031.

Mr Maynard Davies raised concerns about the 2031 deadline date for clinical pharmacy accommodation, given the report was received in 2023. He queried why this cannot be achieved sooner.

Mr Andrew Carruthers agreed to provide further clarification and an update on the completion date. **AC**

The Committee were also informed that the Risk and Assurance report would alternate providing updates on Principle Risks and Welsh Health Circulars.

The Committee were ASSURED on this item.

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

Risk Management

- **RECEIVED ASSURANCE** that identified controls are in place and working effectively.
- **RECEIVED 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.

Audits, Inspections and Regulatory Reports

- **RECEIVED 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.

Ministerial Directions

- **RECEIVED ASSURANCE** that the Health Board is compliant with the Ministerial Directions issued by Welsh Government.

SPC(25)94

SPC Terms of Reference

Mrs Wilson presented the SPC Terms of Reference for annual approval, highlighting changes in operational duties and membership. She noted a forthcoming update would be required to reflect the change in Independent Members from four to five, affecting quorum requirements.

The Committee were ASSURED on this item.

Decision: The Committee:

- **APPROVED** the Strategy and Planning Committee's Terms of Reference (version 2) for onward ratification by the Board on 29 January 2026.

SPC(25)95

Targeted Intervention Update

Mr Shaun Ayres joined the meeting.

Mr Shaun Ayres presented the Targeted Intervention update report, highlighting the following:

- The Health Board demonstrates an improved in-year position.
- Month 7 now reported a deficit of £28.3m.
- There has been notable progress which supports moving from Alert status to Advise, in respect of Criterion 4, concerning the requirement to produce a credible Annual Plan.
- A risk-based approach is being utilised for the Annual Plan.
- The assessment provided generally positive feedback. The Health Board identified a lesson learnt to ensure future assessments remained focused and avoid including excessive data.

Mr Ayres emphasised the challenge of achieving financial sustainability and the importance of a recurrent approach to savings. He assured the Committee of a robust consultation processes and evidence base for the Clinical Services Plan (CSP), while highlighting the challenges in transitioning from planning to delivery phases.

Mr Richard Jenkins added that non-recurrent savings of £30m posed a significant challenge for the next financial year.

In response to Mr Maynard Davies' query regarding the different number systems used within the Audit and Risk Assurance Committee (ARAC), **Mr Ayres agreed to remove the Audit Management and Tracking (AMAT) numbering from future reports.**

SA

In relation to Criterion 7, Mr Ayres advised that the Maturity Matrix is expected to be completed in line with the end of the next planning round.

Mr Maynard Davies noted Criterion 8 referenced the need for a consolidated view of regional programmes, and queried whether this has been requested from the Regional Partnership Board (RPB). In response, Mr Ayres advised that there were links with Swansea Bay University Health Board (SBUHB), rather than the RPB.

Mr Andrew Carruthers added that he is collating a piece of work that sets out the impact of various activities undertaken and demonstrates how these inform the wider system modelling and trajectory planning. However, this is currently taking longer than originally planned. It is closely aligned with the wider programme of work regarding how the Health Board reshapes its governance arrangements under the RPB, and refreshes its Integrated Executive Group (IEG) in line with the developing Integrated Community Care (ICC) systems policy emerging from Welsh Government.

Mr Carruthers agreed to liaise with Mr Lee Davies to determine how best to bring an update on RPB to the Committee, and to identify the most appropriate agenda item for its consideration.

AC

Mr Lee Davies informed the Committee of the forthcoming planning framework and financial allocation for the next year, highlighting the challenges posed by potential changes in direction and resources.

The Committee were ASSURED on this item.

Decision: The Committee:

- **DISCUSSED**
 - The updated assessment against each criterion, including the reclassification of the financial plan criterion to Advise.
 - The inter-locking nature of the Finance Roadmap, integrated planning clusters, CSP implementation and the AHMWW Strategy Refresh.
- **SCRUTINISED**
 - The robustness of the emerging themes-based on the planning framework and its ability to drive integrated change across finance, workforce, quality and performance.
- **RECEIVED ASSURANCE** that:
 - The Health Board is demonstrating improved in-year financial grip and is on course to deliver its target control total/Annual Plan before WRP;
 - Planning maturity is progressing, with a revised framework now in place for integrated, risk-based and resource-constrained planning;
 - The CSP consultation and strategic refresh work provide a sound evidential basis for the Board's forthcoming decisions on clinical configuration.

SPC(25)96

Strategy Refresh

Mr Nathan Davies and Mr Alex Martin joined the meeting.

Mr Lee Davies presented the Strategy Refresh, detailing the engagement activities conducted over the summer and the structure of the forthcoming document. He outlined the four

strategic objectives: thriving teams, healthy communities, great care, and positive futures, along with revised planning goals. He emphasised the need for radical openness, trust, and change to realise the ambitions set out in the strategy.

Committee members reflected on the previous week's Board Seminar, with Mr Maynard Davies expressing assurance in the direction of travel and Mr Michael Imperato highlighting the importance of translating radicalism into organisational practice. Concerns were raised regarding the digital ambition and the responsibility of individuals for their health. Mr Maynard Davies questioned the abbreviation "HYS" (Have Your Say) and raised concerns about digital infrastructure and transport links, querying whether the Health Board was engaging with external providers to improve these areas. **It was agreed to request that a discussion on digital access would be scheduled for consideration at the Digital, Data and Inclusion Committee.**

CSO

There was acknowledgement of the need to understand that the limitations of current infrastructure impacts the ability to make significant change.

Dr Ardiana Gjini acknowledged the importance of these points and referenced ongoing discussions with local authorities and Public Service Boards.

The Committee were ASSURED on this item.

Decision: The Committee:

- **RECEIVED ASSURANCE** regarding the process used for the Strategy Refresh.
- **CONSIDERED** the delivery approach we plan to embed within the Strategy.
- **NOTED** the information regarding the progress made with Phase 2 engagement activity.
- **NOTED** the intention to present the results of Phase 2 engagement activity and draft Strategy at the Public Board meeting on 29 January 2026.
- **NOTED** the progress being made regarding the Primary Care and Community Services Strategic Plan.

SPC(25)97

Annual Plan Progress

Mr Ayres presented the Annual Plan update, emphasising the need to focus on planning for the next year rather than revisiting updates already covered in previous agenda items. Mr Ayres highlighted the importance of outputs from the recent planning workshop held after the Board Seminar on 14 November 2025. He stressed the need for transparency in the outputs and identified interconnected themes such as clinical streaming hubs, theatres, and geriatrics, which are critical to the plan's success.

Mr Ayres also explained the concept of radical thinking in the planning process, noting that balancing resources is crucial, and

addressing key risks can have a multiplier effect across multiple Clinical Care Groups (CCGs). He detailed the anticipated structure of the ministerial template, which includes strategic objectives, performance measures, and enabling actions, and how the planning team is proactively preparing for these expectations.

The key challenge identified was sequencing and prioritisation, recognising that some priorities may need to be deferred to subsequent years due to capacity constraints. Mr Ayres expressed confidence in meeting the tight time scales, thanks to the close collaboration with service directors and the focus on the triumvirate structure within CCGs.

Mr Lee Davies echoed Mr Ayres' sentiments, acknowledging the difficult period for planning due to financial and workforce pressures, and the need to develop a balanced plan that addresses quality deficits and shifts resources towards prevention and primary care. Mr Lee Davies highlighted the challenge of creating a plan that is acceptable and supportable by Welsh Government, given the competing demands.

Mr Maynard Davies supported the prioritisation process, emphasising the importance of prevention work to reduce demand in deprioritised areas. He raised concerns about the hospital-centric nature of the priorities and emphasised the need for the plan to clearly justify why the five selected priorities were chosen over others, such as ophthalmology and mental health.

Mr Michael Imperato also questioned the hospital-centric focus and the need to address discharge into the community as a significant challenge. He suggested that the plan should shine a light on broader issues rather than focusing narrowly on specific areas like ortho-geriatrics.

Mr Ayres responded by assuring that out-of-hospital care is a critical component, with initiatives including the Clinical Streaming Hub aimed at reducing inpatient length of stay and focusing on community models. He provided assurance that ophthalmology and mental health would be addressed through regional plans and specific initiatives such as section 136 and out-of-area placements.

Mr Carruthers reinforced the importance of signalling a shift towards prevention and primary care in the plan, with meaningful actions such as health and care well-being of staff. He explained the rationale behind focusing on ortho-geriatrics due to its significant impact on system efficiency and patient outcomes and outlined the broader approach to developing a world-class frailty service.

Dr Gjini highlighted that work was already underway to embed the 20Four7 prevention model on top of the Social Model for Health and Wellbeing (SMfHW). A Director of Public Health Annual Report was presented at Board highlighting ill health and preventable ill health amongst the elderly. Work has also begun to

build on the successful falls-reduction work in hospitals by extending it into community settings.

In relation to the Strategy, and realigning Primary Care across his portfolio, Mr Carruthers outlined that he is focused on delivering a very different approach to the use of clusters, both as an organising principle for Community services and fully integrating them into the Health Board's integrated systems, but also in terms of how services are planned, designed and commissioned across the organisation.

Professor Philip Kloer commented that the priorities identified are not only about addressing challenges within hospital settings, and they may require wider changes like service transformation or strengthening 20Four7 care. Welsh Government is likely to require a "no investment plan," therefore the Health Board will need to shift existing resources to higher value work rather than rely on new funding. The Health Board is facing a challenging planning period but must continue to make progress, despite the uncertainty. There is a strong pressure to improve productivity, manage variation and value, and expand work on clinical variation. Service transformation, especially around community care, frailty, chronic conditions, dementia, and end of life, must also be included in the plan. The Health Board is expected to operate with an ongoing financial gap, so a clear choices framework will be essential to guide difficult decisions. Welsh Government will require robust plans that evidence a firm commitment to productivity, value, and transformation.

The Committee were ASSURED on this item.

Decision: The Committee:

- **NOTED** the update on the 2025/26 Annual Plan
- **SCRUTINISED** and
- **RECEIVED ASSURANCE** from the update on the progress against the Planning Cycle and risks for the production of the 2026/27 Plan.

SPC(25)98

Planning Objective 6: Clinical Services Plan

Mr Alex Martin presented the Clinical Services Plan report indicating that the plan is on track for CSP Board submission in February 2026. He detailed the process of assessing 190 unique alternative options that met the programme's scope, ensuring they are deliverable and optimised individually rather than bundled together. Revised patient transport and travel insights were provided to reflect the impact of these new options, alongside updated data science information for specific services like stroke. The aim is to present all options with similar levels of detail for consideration by the Board.

The Committee were ASSURED on this item.

Decision: The Committee:

- **NOTED** the progress being made within the Clinical Services Plan.
- **RECEIVED ASSURANCE** from the output reports that the alternative options are being treated in a fair and transparent manner.

SPC(25)99

Value Based Healthcare Update

Mr Mark Henwood and Mr Simon Mansfield joined the meeting.

Mr Simon Mansfield presented the Value Based Healthcare update, highlighting significant achievements and ongoing projects. He discussed the rapid value programme's focus on productivity and cash-releasing opportunities, such as biosimilars and nitrous oxide usage. Mr Mansfield emphasised two key projects showing strong early benefits:

- The Bone Health / Fracture Liaison Service, funded until September 2026, has already delivered significant productivity gains, £2.4m in seven months, with a projected £4.1m annually. Despite this success, future funding remains uncertain. Current hip-fracture patients stay around 32 days on average, almost double national expectations, highlighting scope for redesign when compared with international models such as Singapore, where stays average 6 days.
- A second project has deployed over 2,000 Continuous Positive Airway Pressure (CPAP) remote-monitoring modems, making the organisation the first in the UK with a fully remotely monitored obstructive sleep apnoea population. This is improving waiting list management, workforce efficiency, adherence to guidance, and enabling reinvestment of savings.

The strategic approach to value-based healthcare is being refreshed, aiming to embed it within the organisation's priorities and extending it system-wide, with completion expected in Q1 of the next financial year. The refreshed strategy has three goals:

- Demonstrating clear population impact ("so what"),
- Embedding value-based work into organisational priorities, and
- Ensuring a system-wide, life-course approach rather than isolated pathways.

There is a developing collaboration with Swansea University's Value-Based Health and Care Academy, covering:

- Regional value-based procurement work with SBUHB,
- Support for developing better cases for change to help CCGs identify low-value activities and reinvest resources, and
- A series of masterclasses led by Dr Sally Lewis beginning in January 2026.

Questions from Committee members addressed the integration of value-based healthcare into broader organisational priorities, data bottlenecks, and the need for a system-wide approach to standardise practices and improve patient outcomes. Mr Mansfield assured members that the strategic approach would be presented in February 2026 for further discussion.

The Committee were ASSURED on this item.

Decision: The Committee:

- **RECEIVED ASSURANCE** on progress in refreshing the Strategic Approach to Value Based Health Care and its alignment with the Health Board's strategic priorities; and
- **PROVIDED FEEDBACK** to inform the finalisation of the refreshed VBHC Strategic Approach prior to submission for Board approval.

SPC(25)100

Planning in Partnership: Regional Integration Fund Update

Ms Linda Jones joined the meeting.

Mr Carruthers presented a detailed update on the Regional Integration Fund (RIF), which runs until March 2027. He highlighted the ongoing efforts to seek clarity on future funding beyond this date amidst political uncertainties. The discussion centred on the transition period between the end of current projects and the proposed end date of funding. Mr Carruthers explained the risk associated with services funded by RIF that have not been mainstreamed into organisational costs. He emphasised the need to evaluate these services, either stopping those that have not delivered expected benefits or finding ways to embed them to manage costs post-March 2027.

Ms Linda Jones added that the partnership aims to develop a comprehensive overview of the portfolio and identify gaps and future funding requirements. She referenced the completion of Gateway 1, where 13 projects will not proceed to Gateway 2 due to a number of reasons, including not meeting Welsh Government criteria. The Gateway 2 process has started, focusing on supporting projects with benefits realisation work.

Professor Kloer noted his role as a Part 9 officer (*responsible for supporting and coordinating the statutory duties set out in Part 9 of the Social Services and Well-being (Wales) Act 2014*), and raised concerns about the employment rights of posts funded by the RIF, stressing the need for clear plans to manage this risk. The discussion concluded with an acknowledgment of the financial and operational risks associated with RIF and the need for continuous tracking and management of these risks.

Following a query on whether the end of the RIF funding in 18 months is a risk of losing skilled staff, Ms Jones assured the Committee that the Workforce Board was working with the Health Board on that issue, as a priority work stream. Mrs Wilson

identified the RIF risks on the Risk Register and **agreed to discuss at the next Executive risk session whether this was a Corporate Risk.** JW

The Committee were ASSURED on this item.

Decision: The Committee:

- **NOTED** the West Wales Regional Partnership Board Update Report.

SPC(25)101

Planning Objective 10: Population Health

Dr Bruce Bolam presented a summary of progress, highlighting the shift from a purely medical model to a social model of health. Key initiatives include the 20Four7 framework aimed at reducing avoidable illness and supporting healthier communities; and the signing of the Social Model for Health Charter. The establishment of a community of practice and work streams, such as the business case for community health and wellbeing workers, were noted. The regional population health needs assessment is underway, with completion expected in January 2026.

Ms Trina Nealon joined the meeting.

Mr Maynard Davies raised questions about representation for older people in the Social Model Steering Group and areas of concern regarding progress. Dr Gjini assured members that older people's views are being addressed through various engagements and presentations. Ms Alwena Hughes Moakes added that the Communications Team were supporting to raise awareness, working with Dr Bolam and his team to develop a plan that targets communications to appropriate audiences (focusing less on the model itself and more on how people in these specific areas or with certain conditions can improve their health through particular interventions). Dr Bolam commented that while there is positive engagement with staff and leaders, the challenge lies in the detail of implementation amidst resource constraints. The inclusion of population health metrics in internal oversight has improved visibility and quality of discussions.

Ms Trina Nealon referenced ongoing work on healthy ageing and embedding the social model principles in community asset planning. Mr Imperato emphasised the importance of integrating the social model into broader strategic plans. Dr Gjini proposed a rotational agenda to focus on specific items under the population health objective in future meetings; **and agreed to enhance visibility of population health metrics within directorate oversight processes to improve accountability and drive outcomes.**

AG

Mr Carruthers commented that the organisation needs to fundamentally change how it works and is structured in order to integrate current initiatives, such as value based healthcare, the SMfHW, Community By Design work, and the Primary Care

model, which have often been treated as separate streams. Bringing clusters into the centre of operational planning and delivery is seen as essential to unifying this work. The organisation needs to transition from traditional hierarchies and reorganise so community-focused, preventative, and population health approaches become routine, supported by empowered local teams.

The Committee were ASSURED on this item.

Decision: The Committee:

- **RECEIVED ASSURANCE** on Quarter two progress for Planning Objective 10 – Population Health and the Directorate’s commitment to improving population health and wellbeing through embedding prevention and reducing inequities.

SPC(25)102 Well-being of Future Generations (Wales) Act 2015

Ms Sara Rees joined the meeting.

Ms Nealon and Ms Sara Rees presented the Annual Report on the Well-Being Objectives, highlighting the alignment with the SMfHW and the 20Four7 framework. The report includes case studies from staff illustrating the implementation of well-being objectives and outlines external work with Public Service Boards (PSBs). The Committee was asked to receive assurance that the Health Board is meeting its statutory obligations and approve the publication of the Annual Report for April 2024 to March 2025.

Professor Kloer noted the comprehensive nature of the report and the challenge of including all relevant activities. The discussion acknowledged areas where the Health Board could improve and the importance of continuous tracking and management of progress.

The Committee were ASSURED on this item.

Decision:

The Committee:

- **RECEIVED ASSURANCE** that the Health Board is meeting the statutory obligations of the Well-being of Future Generations (Wales) Act, 2015 in the publication of this Annual Report.
- **APPROVED** for publication HDdUHB’s Well-being of Future Generations Annual Report for the period 1 April 2024 – 31 March 2025.

SPC(25)103 Progress Report for 2023/24 DPH Annual Report: Their Health, Our Future: Advancing the Agenda for CYP in Hywel Dda

This item was deferred.

Mrs Eldeg Rosser joined the meeting.

Mrs Eldeg Rosser presented a comprehensive update on the capital programme for 2025-26. Welsh Government has allocated end-of-year funds, and a further schedule of potential deliverables totalling just over £3m was submitted recently. The planning for the 2026-27 period is underway, with discussions on allocating the anticipated £10m discretionary capital. Following a Capital Planning Group meeting on 19 December 2025, a paper will be presented to the Capital Sub-Committee (CSC) and the Executive Team in January and SPC in February 2026. Key strategies include overcommitting the programme by 5-10% to manage slippage and allocating budgets over two years to facilitate smoother planning and execution of schemes.

Mrs Rosser highlighted the need for ready-to-go schemes to utilise any additional funding opportunities from Welsh Government. Updates were provided on various contracts requiring sealing and changes in scope for the Cross Hands development, with Welsh Government requesting further justification for increased costs and room numbers. A meeting is scheduled for January 2026 to discuss the additional information required.

Mrs Rosser also reported progress on the Glangwili Hospital (GGH) front door scheme, which is on time and budget, and delays in the Carmarthen Hwb development due to additional works. The hydrotherapy pool at Pentre Awel is expected to be operational by early January 2026. The CSC update included alerts, advisories, and assurances, along with the updated terms of reference.

Mr Maynard Davies raised concerns about the risk of underspend in the current capital programme and the need for contingency plans. Discussions with Welsh Government have flagged upcoming significant capital requirements, including the Prince Philip Hospital (PPH) roof replacement and Fishguard Well-being Centre scope adjustments due to increased construction costs. Mrs Rosser assured that efforts are being made to secure funding and manage these projects effectively.

Welsh Government has requested an addendum to the Programme Business Case submitted in February 2022, to be completed early in the New Year. This is a substantial task currently being scoped, with the aim of presenting it to the Board meeting on 29 January 2026. However, timelines may be at risk as the scope is yet to be agreed with Welsh Government, and capital costs could exceed Welsh Government expectations.

The Committee agreed to **Advise** the Board that as outlined in the 2025/26 Capital Programme and the Capital Governance Update Report, Hywel Dda University Health Board (HDdUHB) continues to have constructive discussions with Welsh Government on

infrastructure challenges, particularly at Withybush Hospital (WGH) and GGH.

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 changes since Board ratification.
- **RECEIVED ASSURANCE** from the work being undertaken on the planning of the 2026/27 DCP.
- **RECEIVED ASSURANCE AND UPDATED THE BOARD**, that the seal can be applied for all schemes listed in Annex 1.
- **RECEIVED ASSURANCE** from the capital schemes governance update and discuss the status of the Cross Hands scheme. •
- **RECEIVED ASSURANCE** from the Capital Sub Committee (CSC) update in Annex 2; and
- **APPROVED** the updated CSC Terms of Reference.

SPC(25)105

Targeted Estates Fund (TEF) Projects

Mr Darrel Barnes joined the meeting.

Mr Lee Davies presented an update on TEF projects. Projects focused on the provision of second generators at GGH and WGH. Mr Lee Davies emphasised that the project exceeds £1m, necessitating Board ratification. The Committee expressed support for the project and agreed to recommend for Board approval.

The Committee were ASSURED on this item.

Decision:

The Committee:

- **RECOMMENDED**, for onward ratification by Board on 29 January 2026, award of the contracts at £1,115,292.09 (exc. VAT) for Glangwili Hospital and £1,197,845.51 (exc.VAT) for Withybush Hospital to 'T. Richard Jones (Betws) Ltd', with call-off agreement to be prepared and executed by the Health Board.

SPC(25)106

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

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

SPC(25)107

Strategy & Planning Committee Workplan 2025-26

The Committee **NOTED** the Strategy & Planning Committee

SPC(25)108

Any Other Business

The meeting concluded with expressions of gratitude for the contributions throughout the year and festive season's greetings. Mr Weir acknowledged the informative and stimulating nature of the meeting and thanked all participants for their involvement and efforts.

SPC(25)109

Date and Time of Next Meeting

There will be an extraordinary SPC meeting on Thursday 16 January 2026, 15:30 - 17:00, MS Teams.

The next regular SPC meeting will take place on 26 February 2026.

SPC(25)110

Issues for Board/Committees

Issues for Board attention were discussed within the Committee agenda items above.

1.4

09:30, 5 Mins

1.4 - Table of Actions from the Strategy and
Planning Committee meeting on 18 December

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

| For discussion

Attachments

1.4 SPC Table of Actions - 18 December 2025.pdf

PWYLLGOR STRATEGAETH A CHYNLLUNIO / STRATEGY AND PLANNING COMMITTEE

TABL GWEITHREDOEDD / TABLE OF ACTIONS

DYDDIAD / DATE: 18 DECEMBER 2025

MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
SPC(25) 93	Assurance and Risk Report To provide further clarification and update on the feasibility of achieving the 2031 completion date for clinical pharmacy accommodations (in reference to the WG Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales audit and inspection report), via the table of actions for the next Strategy and Planning Committee meeting.	AC	13 February 2026	In Progress A deep dive session with Executive Team into all outstanding actions to update the narrative and dates, where applicable, over next few months (postponed from February). Any proposed changes in completion dates will be highlighted through the internal governance group in Pharmacy and Medicines Management for Executive approval. The outstanding action relating to accommodation for a medicines hub is no longer required as a hub is functioning on a virtual level.
SPC(25) 95	Targeted Intervention Update To remove the Audit Management and Tracking (AMAT) numbering from future reports.	SA	13 February 2026	Complete
SPC(25) 95	Targeted Intervention Update To liaise with Mr Lee Davies to discuss bringing an update on a consolidated view of regional programmes (Criterion 8) and links with the RPB, to the Committee, and what agenda item would be most suitable.	AC	13 February 2026	Complete Forward planned for 26 February 2026.
SPC(25) 96	Strategy Refresh	CSO	13 February 2026	Complete: Forward planned on the DDIC meeting Workplan.

	To liaise with Huw Thomas to request a discussion on digital access to be added to the agenda for DDIC.			
SPC(25) 100	Planning in Partnership: Regional Integration Fund Update To discuss/identify whether the financial/staffing RIF risk was a corporate risk, at the next Executive Risk session.	JW	13 February 2026	Complete This was discussed at Formal Executive Team on 7 January 2026, with the Director of Finance to bring back a report in February outlining the risks arising from the cessation of all non-recurrent funding streams. This will inform the breadth and significance of the risk, and whether a risk is required at corporate level.
SPC(25)101	Planning Objective 10: Population Health To enhance visibility of population health metrics within directorate oversight processes to improve accountability and drive outcomes.	AG	13 February 2026	Complete Three initial population health metrics (business continuity planning completion, staff influenza vaccination and patient smoking rates) have been trialled and are now incorporated into the routine directorate review and escalation process. Follow-up discussions with relevant Clinical Care Groups have addressed issues identified through the process, and there is a forward plan to expand the metric set further. A Health Board-wide population health dashboard has been developed and implemented, providing accessible key metrics for planning and performance purposes. This will be iteratively refined, including stronger alignment with Welsh Government prevention and population health priorities in 2026/27.

AC: Andrew Carruthers	CSO: Committee Services Officer	JW: Joanne Wilson	SA: Shaun Ayres	AG: Ardiana Gjini

1.5

09:35, 0 Mins

1.5 - Minutes from the Extraordinary Strategy
and Planning Committee meeting on 16
January 2026

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

| For approval

Attachments

1.5 2026-01-16 - Extraordinary Strategy and Planning Committ~.pdf

MINUTES OF THE HDD_Strategy and Planning Committee MEETING

Date of Meeting: **15:00, Friday 16 January 2026**

Venue: **Microsoft Teams Meeting**

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

In Attendance: Mr Lee Davies, Executive Director of Strategy and Planning
Mr Andrew Carruthers, Chief Operating Officer
Mr Huw Thomas, Executive Director of Finance
Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary
Ms Alwena Hughes Moakes, Communications and Engagement Director
Mr Bruce Bolam, Deputy Director Public Health/Consultant in Public Health, deputising for Dr Ardiana Gjini, Executive Director Public Health
Mr Shaun Ayres, Director of Delivery
Mr Helen Mitchell, Committee Services Officer (minutes)

Item SPC(25)113

Ms Yvette Pellegrotti, Principal Programme Manager
Mr Alex Martin, Principal Programme Manager

Item SPC(25)114

Mr Alex Martin, Principal Programme Manager
Mr Nathan Davies, Senior Project Manager
Ms Rhian Bond, Assistant Director of Primary Care
Ms Sarah Bolton, Head of Primary Care Transformation
Ms Anna Henchie, Principal Programme Manager
Dr Will Mackintosh, Clinical Lead - Primary and Community Services Academy

Item SPC(25)115

Mrs Eldeg Rosser, Head of Capital Planning
Ms Clare Emmanuel, Senior Capital Planning Programme Manager

Minutes Ref.	Item	Action
SPC(26)01	Welcome and Apologies	
	Mr Winston Weir welcomed members to the Extraordinary Strategy and Planning Committee (SPC) meeting.	
	The following apologies for absence were noted:	
	• Dr Ardiana Gjini, Executive Director Public Health	

No declarations were made.

Ms Yvette Pellegrotti and Mr Alex Martin joined the meeting.

Mr Lee Davies, introducing the Clinical Services Plan (CSP) noted that it had been extensively discussed at Board Seminar on 13 January 2026 and indicated that the focus of the meeting was to ensure that Independent Members (IMs) were content with the process followed, rather than delving into specific options or actions. He emphasised that the purpose of the Committee's consideration was to confirm that:

- The CSP had been developed through a robust and transparent process
- Appropriate assessments had been completed
- The Board would be sufficiently assured to proceed to decision-making

Key items supporting the decision-making process were shared, with additional items to be added for the Board discussion. Mr. Lee Davies emphasised the importance of IMs being assured of the process and the comprehensive assessments undertaken.

Mr. Maynard Davies noted the extensive supporting documentation provided, including financial, workforce and equalities assessments, acknowledging the volume and complexity of the material; and highlighting the need to include Quality and Safety Committee (QSEC) assessments in the Board presentation. Ms Yvette Pellegrotti confirmed that QSEC had reviewed all nine CSP service areas across multiple meetings and that narrative reflecting this assurance would be explicitly included in the Board report.

YP

Mr Michael Imperato sought clarification on the Committee's role in endorsing the suite of products versus taking assurance from the thorough work undertaken. Mr Lee Davies confirmed that the Committee's responsibility was to provide assurance on the robustness and completeness of the process, rather than to review individual documents in detail. Mrs Joanne Wilson added that the Board Seminar facilitated more exploratory discussion, whereas the Committee's role was to provide structured process assurance in advance of Board decision-making.

Mr Bruce Bolam raised the importance of a coherent vision across all related documents, highlighting the need to clearly articulate how the CSP aligns with the broader strategy, including Primary Care and capital investment discussions. Mr Lee Davies responded by outlining the interconnected nature of the items discussed, emphasising the CSP as a bridging strategy between current services and long-term transformation.

The Committee agreed to endorse the progression of the Clinical Services Plan to the Board for decision-making at the Extraordinary Board meeting on 18 and 19 February 2026, acknowledging the extensive work undertaken and the comprehensive consultation process.

The Committee agreed to Assure the Board regarding the CSP.

Ms Pellegrotti left the meeting.

Decision:

The Committee:

- **RECEIVED ASSURANCE** from the suite of products developed to support Board with its decision-making; and
- **ENDORSED** progressing the Clinical Services Plan (CSP) to the Board for decision-making at the Extraordinary February meeting.

SPC(26)04

Strategy Refresh

Mr Nathan Davies, Ms Rhian Bond, Ms Sarah Bolton, Ms Anna Henchie and Dr Will Mackintosh joined the meeting.

Mr Lee Davies introduced the Strategy Refresh, noting that the strategy developed in 2018 required updating due to changes in circumstances and advancements in areas such as:

- Post-pandemic realities
- Digital and technological change
- Workforce and financial constraints

Mr Alex Martin highlighted that recent development work focused on refinement rather than substantive change and that Executive scrutiny had resulted in minor restructuring of goals for clarity. The refreshed Strategy retains its core vision while updating the approach to delivering it. The Committee was presented with the first draft, which had undergone significant revisions, most notably within the finance section.

In response to concerns raised regarding how IMs could be assured that the Strategy avoided being 'aspirational without delivery', Mr Lee Davies emphasised the balance between strategic intent and avoiding over-commitment, with delivery rightly addressed through annual plans and subsidiary strategies.

Ms Alwena Hughes Moakes outlined plans to bring the strategy document to life post-Board approval, including developing summary documents, animations, and translations to ensure inclusivity and accessibility for staff and broader communities.

Mr Maynard Davies suggested including examples of recent decisions, such as those regarding Tregaron/ Cyich Caron and the Minor Injuries Unit (MIU) at Prince Philip Hospital (PPH), to demonstrate actions aligning with the AHMWW strategy. He also

emphasised the importance of aligning the Strategy with the Digital Strategy, ensuring consistency and addressing points raised in recent discussions.

Mr Lee Davies acknowledged these points and confirmed that the Strategy Refresh serves as an umbrella document, with detailed strategic plans for specific areas to be developed throughout the year.

The Committee discussed the importance of concrete plans and timelines, expressing concern that the report may be criticised for being too vague or consisting of 'plans about plans.' Mr Lee Davies acknowledged this risk and explained the challenge of describing a direction of travel for the next 15 years without overcommitting the organisation. He stressed the importance of referencing well-developed plans and ideas while avoiding commitments that have not been thoroughly considered within Committees and Board.

Mr Martin added that the Strategy Refresh was intentionally high-level and that detailed delivery commitments would be captured within enabling strategies and annual planning cycles. The aim was to revisit and review strategic and planning objectives to ensure alignment. He noted the importance of continuous engagement, co-development, and co-design of services, highlighting the commitment to radical leadership change and openness.

Mr. Shaun Ayres, highlighting the finalisation of the plan, linked it to Welsh Government expectations and revised planning goals. He emphasised the importance of providing clear expectations for Executives to ensure hard delivery and assurance that the organisation is on the right track.

Dr Will Mackintosh presented the Community by Design Strategic Plan, formerly the Primary Care and Community Strategic Plan, which aims to transform health and care services across Mid and West Wales by prioritising prevention, early intervention, and community-based care to ensure sustainability and better outcomes. Amid rising demand, workforce pressures, and the specific challenges of rurality, the Strategic Plan aligns with national policy and prioritises collaboration, digital innovation, improved access, infrastructure development, and a sustainable workforce. A draft clinical model built on the following Four Cs will complement urgent and planned care pathways, with engagement sessions refining it:

- Contact
- Comprehensive care
- Continuity
- Coordination

Dr Mackintosh indicated that assurance is provided through governance aligned with national frameworks, structured

engagement, application of hurdle criteria (quality, whole system, strategic alignment, deliverability), and integration into the 2026/27 Annual Plan with clear deliverables and a three-year outlook.

Ms Rhian Bond outlined the evolving national policy context, contractual changes, and alignment with Welsh Government priorities.

Ms Sarah Harraway commended the report, describing it as ‘a significant step forward’, and welcoming its clarity and credibility. In response to Ms Harraway’s concern regarding the need for clusters to be empowered beyond consultation and to avoid contracts constraining patient-centred care, Ms Bond acknowledged the challenge and confirmed further work was planned on cluster governance and levers.

Responding to Mr Imperato’s enquiry regarding whether clusters were genuinely enabled to employ staff and make decisions at scale, Mr Lee Davies confirmed this was a recognised gap and a priority for further development.

In response to Mr Andrew Carruthers’ highlighting of the cultural challenge of ‘letting go’ centrally to empower local systems, Mr Weir acknowledged the shift required and welcomed the honesty of the observation.

The Committee agreed to Assure the Board that the draft strategy meets the long-term aims of the organisation, has been refreshed and will continue to be refined.

Mr Nathan Davies, Ms Bond, Ms Bolton, Ms Henchie and Dr Mackintosh left the meeting.

Decision:

The Committee:

- **DISCUSSED** the content of the draft Strategy and considered whether it meets the long-term aims of the organisation.
- **RECEIVED ASSURANCE** from the draft report and attachments that the Strategy has been refreshed, considering the views of public, staff and partner organisations.

The Committee **SUPPORTED** this submission to Board to:

- **AGREED** that the Community by Design Strategic Plan is further developed in line with the six priorities of:
 - Prevention
 - Partnership Working
 - Access
 - Digital
 - Estates and Infrastructure
 - Workforce and Sustainability

- **APPROVED** the hurdle criteria as the tools for assessing the ideas and options and investments generated to date
- **ENDORSED** the work to date on the draft Clinical Model for Primary and Community Care based on the 4Cs: Contact, Coordination, Comprehensive, Continuity
- **CONSIDERED** the ideas from 'Insights and Ideas', to be appraised through the hurdle criteria
- **ENDORSED** the plan to review cluster arrangements and the establishment of a Transformation Group.

SPC(26)05

**A Healthier Mid and West Wales (AHMWW) Programme
Business Case (PBC) Addendum**

Mrs Eldeg Rosser and Ms Clare Emmanuel joined the meeting.

Mr Lee Davies introduced the AHMWW PBC Addendum, providing a brief history of the A Healthier and Mid and West Wales strategy, the programme business case from 2022, and the subsequent interactions with Welsh Government regarding capital requirements. He explained that affordability was a major concern, leading to further dialogue and the exploration of alternative options. He confirmed that no decisions had been made and that the Addendum responded to Welsh Government challenge and opened options for further exploration.

Emphasising the need for careful communication with the public to avoid causing unnecessary concern, Mr Lee Davies detailed the development of an additional option which involves potential changes to the original plans, including the repurposing of existing sites and the consideration of new locations for the hospital.

Ms Eldeg Rosser added that the PBC Addendum focuses on changes since the original PBC was produced, highlighting key developments within the organisation.

Mr Weir stressed the importance of articulating the changes clearly to the Board and the public, acknowledging the delicate balance between exploring new options and maintaining transparency.

In response to Mr Maynard Davies' concerns about the robustness of cost estimates, given historic construction cost increases and future inflation risks, Ms Rosser confirmed that the figures were based on cautious assumptions, informed by current indices and expert professional advice.

Mr Imperato highlighted the inherent strategic tension between investment in acute hospital infrastructure and the ambition to shift care towards primary and community-based models. He noted the difficulty in reconciling these priorities and the associated challenge of communicating the resulting complexity and uncertainty to the public.

Mr Lee Davies responded by explaining the strategic rationale for consolidating acute hospital provision and investing in primary and

community services. He acknowledged the tension between different strategic priorities and the challenges posed by affordability and external factors.

The Committee agreed to Assure the Board regarding the AHMWW Business Case Addendum.

Mrs Rosser and Ms Emmanuel left the meeting.

Decision:

The Committee:

- **DISCUSSED** the PBC Addendum and **SUPPORTED** onward consideration by the Board.

SPC(26)06

Date and Time of Next Meeting

Mr Weir requested that the next Strategy and Planning Committee meeting on 26 February 2026 be face to face at Picton Terrace.

HM

26 February 2026, 09:30 - 12:30, Dolau Cothi, Picton Terrace/ MS Teams

1.6

09:35, 5 Mins

1.6 - Table of Actions from the Extraordinary
Strategy and Planning Committee meeting on
16 January 2026

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

| For information

Attachments

[1.6 SPC Table of Actions - 16 January 2026.pdf](#)



PWYLLGOR STRATEGAETH A CHYNLLUNIO / STRATEGY AND PLANNING COMMITTEE

TABL GWEITHREDOEDD / TABLE OF ACTIONS

DYDDIAD / DATE: 16 JANUARY 2026

MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
SPC(26)03	Clinical Services Plan (CSP) To include explicit narrative in report presented to Board on 18--19 February 2026, confirming that Quality, Safety and Experience Committee (QSEC) reviewed all nine CSP service areas across multiple meetings.	YP	26 February 2026	Complete
SPC(26)06	Date and Time of Next Meeting To ensure that the next SPC meeting on 26 February 2026 be face to face at Picton Terrace.	CSO	26 February 2026	Complete

YP: Yvette Pellegrotti	CSO: Committee Services Officer			

1.7

09:40, 10 Mins

1.7 - Self-Assessment of Committee Effectiveness: Outcome Report

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

| For information

Attachments

[1.7 SPC Committee Self Assessment 2526.pdf](#)



COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 February 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategy and Planning Committee (SPC) Self-Assessment Report 2025/2026
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joanne Wilson, Director of Corporate Governance/Board Secretary
SWYDDOG ADRODD: REPORTING OFFICER:	Charlotte Wilmshurst, Assistant Director of Assurance and Risk

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 outcome of the Strategy and Planning Committee Self-Assessment 2025/2026 process to the Committee.

Cefndir / Background

In line with Section 10.2.1 of Standing Orders, the Board is required to introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Section 10.2.2 also states that each Committee must also submit an annual report to the Board through the Chair within six weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-Committees it has established.

In addition to the annual Committee self-assessment process, after each meeting Independent Member (IM) Reflective Sessions take place to gather feedback and insights from Members on the meeting, in terms of what has gone well, what could have gone better, how quality has informed discussions, and issues that need to be raised at the Committee Chair's meeting. This feedback helps with the evaluation process and continuous improvement.

During previous years, Committee self-assessments have been based on a comprehensive review of feedback provided by the Committee Membership from the completion of a long questionnaire assessment. While these approaches provided valuable insights, they also led to survey fatigue and limited engagement. Feedback from a recent Corporate Governance Conference has highlighted the need for a proportionate process for assessment that avoids unnecessary complexity. This year's approach will streamline the assessment, focusing on critical governance behaviours and outcomes rather than exhaustive questionnaires.

This year's Committee self-assessment form focuses on five core areas of governance and assurance:

Strategic Oversight and Alignment

The Committee provides effective oversight of the development and delivery of the Health Board's strategy, ensuring alignment with Welsh Government priorities, population health prevention and wellbeing, and partnership objectives.

Integrated Planning and Integrated Medium-Term Plan (IMTP) Development

The Committee effectively oversees preparation and monitoring of IMTP and other strategic plans, ensuring they are realistic, affordable, and outcome focused.

Stakeholder Engagement and Collaboration

The Committee ensures that strategy and planning processes reflect strong engagement with patients, staff, partners, and the public, in line with the Well-being of Future Generations (Wales) Act.

Performance, Delivery and Impact

The Committee effectively monitors delivery of strategic objectives and transformation programmes, ensuring intended benefits and outcomes are achieved.

Capital Planning, Expenditure and Management

The Committee provides effective oversight and assurance on capital arrangements, including capital planning, prioritisation, expenditure control, and the management of the Health Board's capital programme.

Asesiad / Assessment

To improve response rates, taking into account that there is a process of continuous improvement through the IM Post Committee Reflective Sessions, a short questionnaire was circulated to members to gather feedback on five key areas for the Committee.

Respondents were asked to rate their level of agreement to five statements relating to key areas of focus for the Committee on a scale of 1–5. (1 - strongly disagree up to 5 – strongly agree) and to provide more information to support their rating.

Below are the statements relating to five key areas of focus for the Committee and the average ratings based on the responses received six (out of 11) responses were received (55% response rate).

Area and Statement	Average Rating
Strategic Oversight and Alignment <i>The Committee provides effective oversight of the development and delivery of the Health Board's strategy, ensuring alignment with Welsh Government priorities, population health prevention and wellbeing, and partnership objectives.</i>	4
Integrated Planning and IMTP Development <i>The Committee effectively oversees preparation and monitoring of the Integrated Medium-Term Plan (IMTP) and other strategic plans, ensuring they are realistic, affordable, and outcome focused.</i>	4
Stakeholder Engagement and Collaboration <i>The Committee ensures that strategy and planning processes reflect strong engagement with patients, staff, partners, and the public, in line with the Well-being of Future Generations (Wales) Act.</i>	3.7

Performance, Delivery and Impact <i>The Committee effectively monitors delivery of strategic objectives and transformation programmes, ensuring intended benefits and outcomes are achieved.</i>	3.8
Capital Planning, Expenditure and Management <i>The Committee provides effective oversight and assurance on capital arrangements, including capital planning, prioritisation, expenditure control, and the management of the Health Board's capital programme.</i>	4.5

The following themes were provided:

What has gone well:

- Strong strategic focus and clarity of remit. Several respondents emphasised that the Committee has a clear remit across Strategy and Planning, with good oversight of strategic initiatives such as the Strategy Refresh, Clinical Services Plan (CSP) and Primary and Community Strategic Plan.
- Effective oversight of annual planning and IMTP development.
- Good stakeholder challenge and engagement awareness.
- Clear focus on performance, delivery and outcomes.
- Strong oversight of capital planning, strong reporting from the Capital Sub Committee and clear visibility of capital finance and major projects.
- Constructive Independent Member challenge.

What we want to strengthen going forward:

- Strengthen alignment between planning assumptions, resources and performance trajectories and the Well-being of Future Generations (Wales) Act.
- Quality and timeliness of papers to enhance our ability to scrutinise effectively and gain assurance that key milestones are met.
- Continuous stakeholder engagement across programmes.
- Clarifying the link between actions, outcomes and impact and the combined impacts of (benefits/challenges) of initiatives.
- Stronger challenge on capital spend alignment.
- Increased focus on strategic level scrutiny rather than operational.

Suggestions from Respondents

- Earlier visibility of key planning documents would strengthen the Committee's ability to scrutinise milestones and trajectories and form clearer expectations.

Overall Conclusion

The Committee is performing strongly, with high ratings across all domains. It demonstrates maturity and continuous improvement, and robust processes.

Area for improvement	By Whom	By When
Ensure report authors receive feedback on the quality of their papers being brought to Committee in order to improve and develop. More focus on the key themes such as risk, outcomes, impacts relating to patients etc.	Executive Leads	March 2026
Strengthen triangulation between planning assumptions, performance trajectories and resource implications. This	Executive Director of	April 2026

includes ensuring IMTP assumptions are fully aligned with finance	Strategy and Planning	
Strengthen assurance around stakeholder engagement and visibility of continuous engagement.	Director of Communications and Engagement	July 2026
Provide assurance that capital spend is aligned to strategic aims rather than adjusting plans to available capital.	Executive Director of Strategy and Planning	April 2026
Provide earlier sight of draft plans (strategic, IMTP, capital) to enable more robust scrutiny of milestones, trajectories and resource needs.	Director of Strategy and Planning	April 2026

Argymhelliad / Recommendation

The Committee is asked to:

- **CONSIDER** the outputs from the Committee Self-Assessment process and
- **AGREE** to the actions to be taken to improve its effectiveness.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committees 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 Wales Committee Handbook.1
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
Rhestr Termiau: Glossary of Terms:	Included within the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Director of Corporate Governance Executive Director of Strategy and Planning

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

1.8 - Assurance and Risk Report Assurance on Governance

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

Including:
Corporate Risks; Operational Risks; Audits and Inspections; Welsh Health Circulars; Ministerial Directions.

| For assurance

Attachments

[1.8 SPC PRR ORR WHC Report - February 2026 FINAL clean.pdf](#)



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Assurance and Risk Report

Strategy & Planning Committee – 26 February 2026

This report provides the Strategy and Planning Committee (SPC) with the status of the principal risks, operational risks, and Welsh Health Circulars (WHCs).

The Committee is asked to seek assurance from the Lead Executive Directors that risks are being managed effectively, and that WHCs are being implemented by the Health Board.

Corporate risks, audit and inspections recommendations and Ministerial Directions are reported at alternate meetings, and due to be presented to SPC at its next meeting on 28 April 2026.

Principal Risks:

9

Under Review

Operational Risks

18

Welsh Health Circulars

6

Risk Management - Overview



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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.

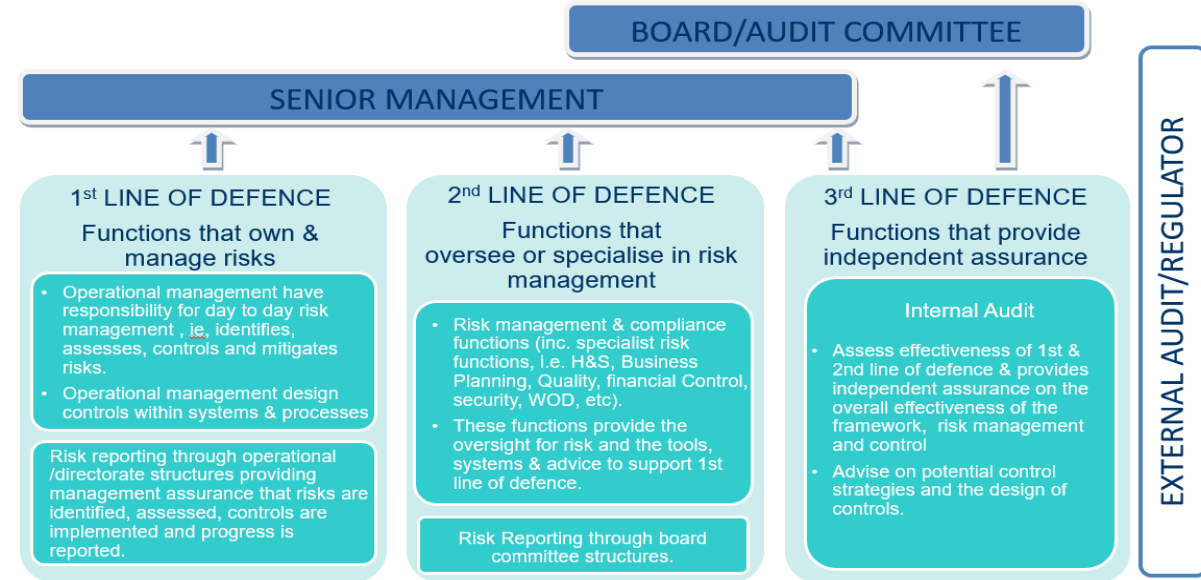
The Health Board’s risk management process is recorded via the Datix Risk Register module, and enables risks to be recorded at either Principal, Corporate or Operational level. An escalation process is in place to ensure that risks which require escalation or de-escalation are done via appropriate approval 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, providing assurance to the Board that risks are being managed effectively; and reporting 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, recommend the ‘acceptance’ of risks that cannot be brought within risk appetite.



Principal Risks

As a result of the Strategy Refresh, presented to Board on 29 January 2026, the plan is to present a refreshed Board Assurance Framework (BAF) to Board in July 2026. A review of principal risks will be undertaken as part of the BAF refresh, in addition to the supporting planning goals and outcome measures per the timeline below.



Refreshed principal risks will be discussed at Board seminar in June 2026 ahead of presentation to the Board in July 2026.

Each principal risk will be aligned to a Board Committee and will be reported via the Assurance and Risk Report to ensure that they are being managed appropriately, taking in to account gaps in control, planned actions and agreed tolerances; and to provide assurance to the Board through their update report on the management of these risks.

Operational Risks assigned to SPC

18 operational risks on Datix are aligned to SPC, four of which have passed their review date.

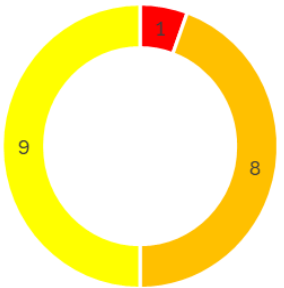
Of these, nine have been identified as reportable to SPC based on the following criteria:

- SPC has been selected by the risk lead as the ‘Assuring Committee’ on Datix;
- Risks have been identified at operational level 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.

The following slides summarise the operational risks aligned to SPC as at 26 January 2026.

Total Number of Open Risks meeting criteria for reporting	9
New/Realigned Risks since last reported to SPC	2
Closed Risks since last reported to SPC	1
Increase in Risk Score since last reported to SPC ↑	0
Decrease in Risk Score since last reported to SPC ↓	2
No Change in Risk Score since last reported to SPC →	5
EXTREME (RED) Risks (based on ‘Current Risk Score’)	1
HIGH (AMBER) Risks (based on ‘Current Risk Score’)	8

Current Level of Risks Assigned to SPC



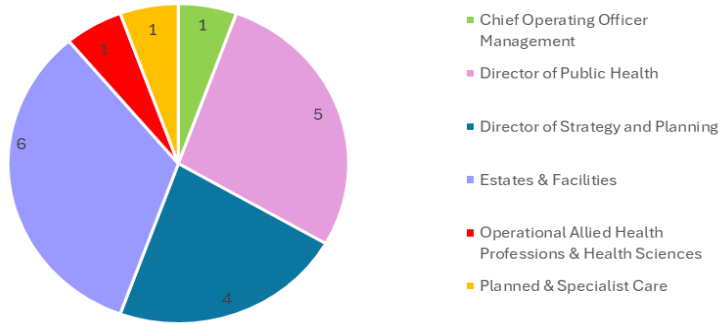
■ Extreme ■ High ■ Moderate

Target Risk Score



■ Number of Risks without a Target Risk Score Expected Date
■ Number of Risks with a Target Risk Score Expected Date

Risks split out by Clinical Care Group/Executive Function



New 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
2235 - Risk of disruption to smoking cessation service and national monitoring due to vacancies arisen in team	Public Health	Director of Public Health	16 (NEW)	8	02/02/2026	25/11/2025
2204 - Risk of Health Board being unable to meet statutory Capital Resource Limit (CRL) due to uncertainties around funding provision and capital commitments	Strategy and Planning	Director of Strategy and Planning	12 (NEW)	8	31/03/2026	06/11/2025

Operational risks closed since previous report



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Rationale
340 - Risk of business cases not being funded within required timescales due to pressure on Discretionary Capital.	Strategy and Planning	Director of Strategy and Planning	Existing control measures in place are managing and mitigating the risks, with newer risks added to the Planning Risk Register in 2025 articulating the situation in 2025 (see operational 2204 - <i>Risk of Health Board being unable to meet statutory CRL due to uncertainties around funding provision and capital commitments</i> , principal risk 1196 - <i>Insufficient investment in facilities/equipment/digital infrastructure</i> , and corporate risk 1745 - <i>Risk of not being able to safely deliver services due to ageing estate and infrastructure across the Health Board</i>).

Decrease in risk score since previous report



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	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	Public Health	Director of Public Health	16	12 ↓	4	31/03/2026	26/11/2025

Rationale for Current Risk Score

Control measures will only manage sight on all priority areas stretched across a pressured service at very senior level.

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
551 - Risk of non-compliance with workplace recycling regulations by April 2026 due to funding/resources and completion of works	Planned & Specialist Care	Chief Operating Officer	16	12 ↓	6	31/10/2027	14/01/2026

Rationale for Current Risk Score

The Health Board must comply with the Workplace Recycling Regulations (WRR) by 1 April 2026. This still needs to be completed internally at Glangwili General Hospital (GGH). Prince Phillip Hospital (PPH) and Withybush General Hospital (WGH) require works to be completed to external compounds to enable waste streams to be collected separately in line with WRR. PPH requires an electrical upgrade and WGH requires a restructure of the current waste compound. Funding was requested from Welsh Government (WG) but declined. Several site meetings have been held to explore alternative solutions to manage the requirements of the regs at WGH within existing infrastructure. Two replacement compactors have been installed in January 2026. These now have bin lifts so are rear loading. The gates to the compound have been altered to open outwards, and siting the new compactors closer together has created space for an additional compactor for the third waste stream required by the regs and for displaced bins in the compound. Whilst this enables us to comply with the WRR it is noted that the compound is still not compliant in that the clinical and domestic/recycling wastes streams should be stored separately as recommended in Welsh Health Technical Memorandum 07-01 and funding opportunities should continue to be explored to extend the compound, so it is fully compliant and fit for purpose. Current audits ongoing include Natural Resources Wales (Regulator for waste), pre-acceptance audits, dangerous goods audits and ISO 14001 audits. Resources in the team managing these audits are very limited and not currently sufficient to mitigate

No Change in Risk Score since last reported 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
1855 - Risk of no non-drug adult allergy service due to the end of commissioning arrangements with Cardiff & Vale University Health Board (CVUHB).	Strategy and Planning	Director of Strategy and Planning	12 →	3	31/01/2026	09/10/2025
2065 - Risk of not achieving the WG performance measure for CO validated quit attempts due to capacity and accessibility challenges	Public Health	Director of Public Health	12 →	8	31/03/2027	26/11/2025
1773 - Risk of Covid-19 vaccine waste due to ordering schedule and vaccine hesitancy	Public Health	Director of Public Health	9 →	6	31/03/2026	26/11/2025
1301 - Risk to delivery of Health Board objectives due to insufficient capacity and capability within the Planning Team.	Strategy and Planning	Director of Strategy and Planning	9 →	6	30/06/2026	09/10/2025
1931 - Risk that funding allocated for public health services will not be available when required due to financial improvement measures	Public Health	Director of Public Health	8 →	4	31/03/2026	26/11/2025

Risk Themes



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Risk owners are able to allocate themes to their risks, which allows the Health Board to share risk information on specific areas with relevant experts as part of the second line of defence. Risks are allocated to a Committee based on their main impact on reporting. Risk themes are assigned based on any additional impacts or contributory factors, with each theme aligned to the appropriate Committee for oversight. Risk themes provide assurance that a holistic approach to risk management is undertaken and enables the Health Board to better identify the risk appetite, risk capacity and total risk exposure in relation to each risk, group of similar risks, or generic type of risk.

Theme owners are provided with a thematic risk register on a bi-monthly basis to identify trends, or risk clusters, and to consider whether there are gaps in controls in the Health Board's control framework, and to determine whether further action is required to prevent risks from materialising.

The following are aligned to SPC as of 20 January 2026.



Risk Theme	Definition	Number of Operational risks
Capital - Digital	A risk that could occur as a result of a lack of capital funding towards the procurement or development of a specific digital system.	13
Capital - Equipment	Capital defined as: • any item of equipment which is valued at more than £5,000 inclusive of VAT • and also has a life of more than 1 year • any IT asset valued at more than £250 which is plugged into a wider IT network • the initial equipping of a new or refurbished area	49
Capital - Estates	Risk which requires Capital investment to improve/update or modify the Estate to address the risk.	120

Implementation of Welsh Health Circulars (WHCs)



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There are six open WHCs aligned to SPC as of 20 January 2026, with three closed since the previous meeting.

All WHCs are managed via the Audit Management and Tracking system (AMaT), which gives leads direct access to update and upload relevant evidence to demonstrate compliance with their requirements. Each WHC is assigned a status category. The table below outlines the definition of each category, the number of WHCs assigned to each as of January 2026, and the number completed since the previous report. To provide a more accurate reflection of WHC progress, three new status categories have been introduced since the last Committee report. Definitions for these new categories are included in the table below.

Status Category	Definition	Number of WHCs
Overdue	The WHC is behind schedule to the timescale provided by the Lead officer or as stipulated in the WHC, or a plan (with date for implementation) is not yet in place.	0
Unable to Complete	The WHC cannot be implemented due to existing barriers and/or it is no longer relevant/appropriate for the Health Board. Formal sign-off by the CCG/Function Lead is required prior to escalation to the Executive Team for formal approval via operational governance structures.	0
Pending Decision	The WHC is pending a decision in order to implement e.g. outcomes of annual planning process, approval of funding requests, outcome of a Quality Impact Assessment (QIA) panel. Committee updates will detail whether the WHC is overdue or not whilst decision pending.	0
In Progress	The WHC is currently in progress, and within the agreed original timeframe for implementation.	3
Reliant on External Factors	The WHC is considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation to implement.	0
Complete Pending Formal Approval	The Service / Function have completed the WHC and are currently awaiting formal approval to close.	3
Complete	The WHC has been confirmed as completed by the CCG / Function Lead and formal approval to close has been received.	3

Oversight of the delivery of WHCs has been included in new Clinical Care Group Terms of Reference, with the requirement to escalate appropriately instances of non-compliance.

The timely implementation of WHCs is included within the Governance domain of the Health Board's internal escalation framework, with services escalated in instances of non-compliance.

Welsh Health Circulars - In Progress



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WHC Ref	Name of WHC	Date Issued	Lead Director	Update	Implementation date
046-25	The introduction of a routine NHS varicella (chickenpox) vaccination programme for young children in Wales from 1 January 2026	31/10/2025	Director of Public Health	Training has been delivered to Primary Care Practice Nurses, as well as other staff involved in advising on or administering the routine childhood immunisation schedule. This training has been provided jointly by Public Health Wales and the Hywel Dda University Health Board (HDdUHB) Senior Nurse team in preparation for the introduction of the new vaccine and the associated 18-month appointment. The service is currently awaiting updates to the relevant Green Book chapters and the publication of supporting resources from Public Health Wales.	31/01/2026
054-25	A change of vaccine product for the routine adult pneumococcal vaccination programme, and those with certain clinical risk conditions	17/12/2025	Director of Public Health	Public Health have confirmed they will lead on this WHC supported by Primary Care colleagues. PPV23 central supply will be run down and PCV20 will become available to order for the programme.	28/02/2026
049-25	Patient Travel Policy	15/12/2025	Chief Operating Officer Management	To ensure that all Health Boards and Trusts comply with policy requirements, the following is expected: All Health Boards and Trusts undertake the following actions: ▪ (Central Transport Unit) To have an updated Patient Travel Policy in line with policy requirements by March 2026. ▪ (Central Transport Unit/ Scheduled Care) To ensure the Patient Travel Policy is communicated and made available to patients on their landing pages. ▪ (Planned and Specialist Care) To ensure that patients are provided with the relevant information regarding the potential need to travel for appointments and how they can access support to travel. This should be provided verbally when booking appointments as well as via patient referral confirmation and appointment letters as well as other digital and non-digital formats.	28/02/2026

Welsh Health Circulars – Complete Pending Formal Approval For Closure



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The following three Welsh Health Circulars have reached completion and are pending formal Executive approval for closure.

WHC Ref	Name of WHC	Date Issued	Lead Executive (and CCG Director for those aligned to Chief Operating Officer)	Clinical Care Group/Executive Function	Completion Date
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	Director of Public Health	Public Health	28/11/2025
028-25	Expansion of the shingles immunisation programme for severely immunosuppressed individuals aged 18-49	09/07/2025	Director of Public Health	Public Health	03/11/2025
043-25	New clinical pathway for treating and managing obesity	03/10/2025	Director of Public Health	Public Health	24/12/2025

Welsh Health Circulars – Completed



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Since the previous report, formal Executive approval has been secured for the closure of the following three Welsh Health Circulars.

WHC Ref	Name of WHC	Date Issued	Lead Executive (and CCG Director for those aligned to Chief Operating Officer)	Clinical Care Group/Executive Function	Completion Date
020-25	The National Influenza Immunisation Programme 2025-26	05/06/2025	Director of Public Health	Public Health	01/10/2025
023-25	PPE stockpile volumes in Wales	13/06/2025	Director of Nursing, Quality and Patient Experience	Director of Nursing, Quality and Patient Experience	31/10/2025
022-25	The National COVID-19 Vaccination Programme Autumn 2025	26/06/2025	Director of Public Health	Public Health	31/10/2025

Recommendations



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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

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.



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



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1.9

09:55, 10 Mins

1.9 - 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

[1.9 TI Update - Feb 26 -S P Escalation.pdf](#)



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Escalation Update - Strategy and Planning Committee De-escalation Assessment (February 2026)



Purpose

This paper presents the Strategy and Planning Committee (SPC) with an assessment of the de-escalation position for Domain 1 (Finance, Strategy and Planning). The assessment covers five criteria aligned to the Welsh Government Escalation Framework: Criterion 4 (submission of a balanced and credible Annual Plan), Criterion 5 (evidence of integrated planning), Criterion 6 (Clinical Services Plan (CSP) roadmap and implementation), Criterion 7 (Planning Maturity Matrix assessment), and Criterion 8 (regional planning progress). The financial assessment for Criterion 4 is based on a brought forward underlying deficit of £58.9m, with the £26.0m conditional funding remaining in place. The core challenge is savings delivery against this position to achieve the target control total.

Criterion 4 – Submission of a Balanced and Credible Annual Plan



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Financial Starting Position

The Health Board enters 2026/27 with a brought forward underlying deficit of £58.9m. The £26.0m conditional funding from Welsh Government remains in place, contingent upon achieving breakeven by 2027/28. The core challenge is therefore savings delivery against this underlying position, requiring £47.5m of total savings (£19.0m recurrent plus carried forward gaps from 2025/26). Current savings identification stands at £11.2m recurrent against the £19.0m target, representing a significant deliverability gap.

Key Risks to Balanced Plan Delivery

- Historic over-reliance on non-recurrent savings: no year has achieved full year recurrent schemes to the same level as total savings delivered.
- Financial risks totalling £18.8m requiring mitigation, including medical staffing pressures (£1.9m), outsourced Mental Health (MH) beds (£1.0m), planned care activity cessation risk (£2.0m), and vacancy factor reduction (£10.1m).
- Conversion of £28.5m for non-recurrent savings. This added with £19.0m equals the total savings target we need at £47.5m.

Link to Triangulation (Criterion 5)

A credible Annual Plan requires clear triangulation between finance, workforce and operational plans. The current gaps in Clinical Care Group (CCG) submissions and enabling function readiness (detailed in Criterion 5) directly constrain the organisation's ability to demonstrate a balanced and deliverable plan. The integrated planning architecture must be strengthened to ensure savings plans are supported by workforce models and operational trajectories.

Conclusion: Alert

An Alert rating is appropriate. While the financial roadmap and three-year planning framework are in place, the current savings identification gap and reliance on non-recurrent measures present significant risk to delivering a credible and balanced Annual Plan. Substantial work is required before the March 2026 submission deadline.

Criterion 5 – Evidence of integrated planning



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Progress Achieved

There is clear evidence that the Health Board has moved toward a more integrated, risk-based and resource-constrained model. The Annual Plan and 2026/27 planning cycle explicitly require planning within the existing financial allocation. Each CCG and enabling function was required to articulate its top three risks, supported by data, narrative and deliverable multi-year interventions aligned with strategic objectives.

Remaining Gaps

- The Assurance Matrix identifies multiple enabling functions as RED and not plan-ready. Many CCG plans are still in draft stage which makes the integrated considerations difficult.
- Missing baselines, trajectories, quantified impacts, dependencies and risks across multiple portfolios.
- Cross-portfolio reconciliation of workforce, finance, activity and quality is still incomplete.
- Partnership links with Local Authorities and Regional Partnership Boards (RPBs) remain insufficiently explicit or systematic at the time of writing.

Conclusion: Alert

Alert rating is appropriate. There is strong evidence of positive change, a coherent planning framework, and a credible direction of travel. However, the absence of concrete plans due to increased operational pressures across the Health Board has resulted in limited submissions at the point of writing. For context, the Health Board was on its second set of draft plans at the same stage last year.

Criterion 6 - Evidence of clear roadmap and implementation of Clinical Services Plan (CSP)



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Assessment - Assure (process and roadmap)

The Health Board has completed a comprehensive, independently run CSP consultation, generating a large and diverse evidence base (4,100+ responses, 5,800+ attendees and significant public engagement). The process met recognised good-practice standards and ensured wide accessibility through multiple formats. Opinion Research Services' (ORS's) independent analysis provides a balanced assessment of benefits, risks, concerns and mitigations, giving the Board a strong and credible foundation for decision-making. The CSP roadmap is now clearly aligned with the A Healthier Mid and West Wales (AHMWW) Strategy Refresh, community infrastructure developments and the Finance Roadmap, with a defined timetable for Board consideration and transition into detailed implementation planning.

Consultation findings confirm strong acceptance of the need for change, particularly in relation to fragile services, workforce pressures, long waits and multi-site risks. Concerns raised relate mainly to implementation risks, travel and access, ambulance and transfer capacity, workforce sustainability, interdependencies between services, site impacts, Welsh language issues, and estates constraints. These concerns do not undermine the roadmap but highlight areas requiring detailed modelling and mitigation. Feedback also reinforces a clear strategic direction, including the need to consolidate fragile services, strengthen specialist centres, deliver planned care through dedicated models, modernise diagnostics, and centralise urology.

The CSP now benefits from a comprehensive evidence base, alignment with wider programmes, clear next steps, defined modelling requirements and cross-cutting mitigation themes. Collectively, this represents a mature, credible and well-sequenced roadmap from consultation → Board decision → detailed design → implementation.

Conclusion: Assure

The CSP process and roadmap are robust, transparent and evidence-based. While deliverability risks such as workforce, transport, estates and public confidence, will require ongoing scrutiny as implementation plans are developed, the assurance level for the roadmap itself remains Assure.

Criterion 7 - Planning Maturity Matrix



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Welsh Government Feedback (19 January 2026)

Welsh Government acknowledged the transparency, constructive self-critique and internal engagement demonstrated through the submission, and recognised progress in strategic refresh work, CSP development and more structured planning methods. However, Welsh Government highlighted significant evidence gaps, noting that much supporting material remained high-level, lacked embedded examples, and did not include expected accompanying actions.

Key Maturity Gaps

- Strategy development (pending completion of Strategy Refresh and CSP)
- Strategy alignment and Integrated Medium Term Plan (IMTP) development (inconsistent demand and capacity (D&C) modelling; limited cost-impact evidence)
- Operational planning (variable application of demand/capacity methods; incomplete service-level returns)
- Realistic and deliverable planning (no consolidated financial sustainability roadmap at required level)
- Systems, accountability and improvement (maturing but not yet embedded)

Conclusion: Advise

Advise rating remains appropriate. Meaningful progress toward higher planning maturity is evident, but evidence gaps, inconsistent execution across portfolios and incomplete trajectories mean the criteria for Assure have not yet been met.

Welsh Government feedback — what is evidenced

- Welsh Government welcomed transparency and constructive self-critique; transcript demonstrated strong internal engagement.
- Two material deficiencies: (1) limited evidence underpinning scores; (2) no accompanying actions, which WG expects as part of the submission.

Domain scores (self-assessed; WG broadly aligned)

Maturity domain	Level
Strategy development	1
Strategy alignment & IMTP (3-year)	2
Dynamic & engaged planning	2
Operational planning	2
Best practice approach to improvement	2
Realistic & deliverable	1
Systems for performance/accountability	2
Measurable & improving performance	2
Assurance	3 (WG noted parts may be closer to 2)

ADVISE

Maturity is “developing” (overall operating around Level 2), with critical Level 1 gaps.

Until actions and evidence are produced, WG confidence in delivery is constrained.

What must change next

- Produce Welsh Government -facing action plan (owners, dates, measurable impacts) treat as de-escalation evidence, not narrative.
- Standardise D&C modelling across portfolios and evidence cost-impact testing.
- Demonstrate CCG model effectiveness using measurable indicators (not process measures alone).

Criterion 8 - Regional planning progress



GIG
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Assessment – Advise

Regional planning has strengthened during 2025/26, with formal governance now in place through the Regional Joint Committee (RJC) and its thematic sub-groups, supporting coordinated work across Urgent and Emergency Care (UEC), orthopaedics, ophthalmology, stroke and diagnostics. Recent Joint Committee and collaborative updates show active participation in regional commissioning, specialised services and major workforce and digital programmes, while statutory partnerships continue to progress population health, community capacity and prevention priorities.

Financial flows set out in the Financial Report demonstrate significant cross-border activity, reinforcing the need for joint solutions with neighbouring providers and the unsustainability of unilateral change. CSP consultation findings also reflect these regional interdependencies and provide a strong evidence base for future clinical configuration.

However, a consolidated, time-phased regional delivery programme, showing milestones, risks and alignment to the Annual Plan, the Finance Roadmap and CSP implementation remains absent. The Assurance Matrix similarly identifies gaps in documenting regional dependencies across UEC, diagnostics, workforce, estates and digital.

Conclusion: Advise

An Advise rating remains appropriate. Regional activity is substantive and maturing, but further work is required to provide Board-level visibility, a coherent regional programme, and the evidence needed to progress toward Assure.



Recommendations

In this context, the Committee is asked to:

- **ACKNOWLEDGE** the updated assessments across Criteria 4–8, including the Alert ratings for the Annual Plan (Criterion 4) and integrated planning (Criterion 5), continued Advise ratings for planning maturity (Criterion 7) and regional planning (Criterion 8), and the Assure rating for the CSP process and roadmap (Criterion 6).
- **SCRUTINISE** the evidence underpinning the assessments, particularly: the £7.8m savings identification gap against the £19.0m recurrent target and £18.8m of financial risks requiring mitigation (Criterion 4); the incomplete triangulation of finance, workforce and operational plans and enabling-function weaknesses (Criterion 5); and the evidence gaps and RED/AMBER domains highlighted in the Planning Maturity Matrix (Criterion 7).
- **RECEIVE ASSURANCE** that progress continues in several core areas, including:
 - A three-year Financial Roadmap with clear trajectory toward breakeven by 2027/28, supported by the retained £26.0m conditional funding,
 - A maturing integrated planning framework and strengthened governance,
 - A robust, independently validated CSP roadmap, providing a clear and credible basis for future configuration decisions.



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



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2 - Population Health, Primary and Community

2.1 - Progress Report for 2023/24 DPH Annual Report: Their Health, Our Future: Advancing the Agenda for CYP in Hywel Dda

Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health), Jo McCarthy (Hywel Dda UHB - Consultant in Public Health), Ben Williams (Hywel Dda UHB - Principal Public Health Practitioner)

| For information

Attachments

[2.1 Their Health Our Future - Advancing the Agenda for CYP in HDd SBAR v4 F.pdf](#)



Strategy & Planning Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 February 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	An update on progress on recommendations outlined in the Hywel Dda University Health Board (HDdUHB) Director of Public Health (DPH) Annual Report 2023/24: 'Their Health, Our Future: Advancing the Agenda for Children and Young People in Hywel Dda'
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Ardiana Gjini, Executive Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Ben Williams, Principal Public Health Practitioner Dr Jo McCarthy, Consultant in Public Health

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 paper is to provide an update on progress made against the 16 system-wide recommendations outlined in the Director of Public Health Annual Report 2024, titled 'Their Health, Our Future: Children and Young People's Health and Wellbeing in Hywel Dda'.

Cefndir / Background

In January 2025, the Executive Director of Public Health published their Annual Report which examined key health and wellbeing issues across the life course of children and young people aged 0–24 years. The report, formally adopted by the Health Board in November 2024, highlighted key public health challenges at the population level and showcased innovative responses relevant to each age group.

It set out 16 system-wide recommendations aimed at improving outcomes for children and young people across the region. These were developed in response to identified health inequalities, service pressures, and the need for a more coordinated approach to prevention and early intervention. The recommendations were to be delivered using existing resources, with Public Health leading the work, and were endorsed by the Health Board as part of its commitment to prioritising the health and wellbeing of children and young people.

Just over year on, this paper provides a timely update on progress made, highlighting achievements, ongoing challenges, and opportunities for further action.

Asesiad / Assessment

Knowledge mobilisation

Following the launch of the report in January 2025, a series of knowledge mobilisation activities have been undertaken to disseminate key messages and foster shared ownership of the 16 system-wide recommendations. Engagement figures from these activities include:

- **Website:** 252 views; 178 users
- **Press Release:** 194 views; 128 users
- **Presentations:** Delivered to the Regional Partnership Board (RPB), Regional Partnership Children and Young Persons Board, HDdUHB Children and Young Persons Oversight Group, Public Health Directorate Insight & Action forum, School Nursing Service Workforce Training Day
- **Workshops:** A programme of stakeholder workshops is planned to support development and delivery of the recommendations. These have been delayed to an appropriate time due to Health Board engagement in other key areas.

These activities have begun to generate positive impacts in terms of improved coordination and service design. Notable developments include:

- **Specialist Child and Adolescent Mental Health Services (S-CAMHS) Service Delivery Manager** – initiated a joint approach to improve access to mental health services for young people.
- **School Nursing** – strengthened collaboration, including presenting at the workforce development day and linking with the Healthcare Support Worker (HCSW) 2 programme and Electively Home Educated (EHE) service development.
- **Service Development Manager for Health Improvement** – exploring need and opportunity for a ‘Co-occurring Framework’ for pregnant mothers.
- **Service Development Manager for Complex Needs** – collaboration on complex needs and prevention work with ages 12+.
- **Internal Health Board Immunisation and Vaccination Meeting** – enhanced integration across the Starting & Developing Well S&DW team, Immunisation & Vaccination Team, and School Nursing.

Partnerships

Strengthening system-wide partnership working and securing cross-sector buy-in is critical to the successful development and implementation of the recommendations. Progress has been made with multi-agency partners, including Local Authorities and wider Health Board colleagues, reflecting a shared commitment to prioritising the wellbeing of children and young people.

The RPB’s Children and Young People’s (CYP) Board has now agreed five regional priorities, a number of which align closely with the recommendations set out in the Director of Public Health’s report. Work is ongoing and at varying stages of development across these priority areas.

A number of Programme and Project Boards have either been established or are currently in development under each priority. These Sub-boards will support the identification, design, implementation, and evaluation of interventions that we expect will contribute meaningfully to the delivery of several of the report’s recommendations.

Actions to date

In January 2025, the S&DW team undertook a Responsible, Accountable, Supportive, Consulted, Informed (RASCI) mapping exercise to assess alignment between its existing strategic and operational framework and the suite of recommendations set out in the DPH

report. The exercise demonstrated that the team's current commitments contribute to 11 of the 16 recommendations, with varying levels of involvement and responsibility.

Within the Public Health Directorate, other teams also play a direct role in progressing the recommendations - most notably the Smoking Cessation Team and the Immunisations and Vaccinations Team. Beyond Public Health, several key services within the Health Board are also integral to delivery, including Maternity services, Health Visiting, School Nursing, and S-CAMHS/Mental Health.

Programmes and Projects Supporting Delivery

A number of programmes and projects have been delivered or are currently underway that contribute directly to the implementation of the recommendations. These span the life course and reflect multi-agency collaboration across the region:

First 1000 Days:

- **Infant Feeding Service Pilot** – Delivered in partnership with Maternity Services and Health Visiting.
- **Food, Nutrition & Movement Programme** – Developed collaboratively with partners (e.g. Carmarthenshire County Council).
- **StARTing Well Project** – In partnership with Perinatal Mental Health and Arts in Health teams.

Early Years:

- **Pembrokeshire Integrated Plan (Priority 1: Best Start In Life)** - Development of a universal parenting programme focused on school readiness.
- **Enabling Quality Improvement Programme (EQiP) School Readiness Project** - Supporting toileting in preparation for school.
- **Ceredigion School Readiness Working Group** - A multi-agency partnership initiative.
- **Healthy & Sustainable Pre-School Scheme (HSPSS)** - Promoting health and wellbeing in early years settings.

Primary and Secondary School Age Children:

- **Welsh Network of Health & Wellbeing Promoting Schools (WNHWPS)** - Supporting whole-school health promotion.
- **Whole School Approach to Emotional & Mental Wellbeing (WSAEMWB)** - Embedding mental wellbeing across school communities.

Late Adolescence and Early Adulthood:

- **Rapid Evidence Review** - Commissioned from Health & Care Research Wales (HCRW) Evidence Centre to explore the effectiveness of interventions supporting mental and emotional wellbeing in young people not in education, employment or training (NEET). The review has been published in preprint format, with knowledge mobilisation activities currently in development. Work on initial intervention scoping and design is underway, alongside ongoing partnership development activities.

Strengths

A considerable amount of work is underway within both the S&DW Team and with our partners, who remain strongly committed to this agenda. The timing of the report and its associated actions coincides with our review of Children's Mental Health services, as well as the refresh of both internal and partnership groups focused on children and young people's health. This alignment has enabled us to play a central role in shaping the priorities for the coming year.

Weaknesses

Team Capacity

Progressing some of the recommendations at pace has been challenging due to limited team capacity. Early on, it was identified that additional resource was needed within the S&DW Team, particularly in two key areas: Early Years and 16–24 year olds. The latter currently lacks any dedicated resource, which has constrained progress. With completion of the Public Health Directorate Organisational Change Process and recruitment into the team, it is anticipated that capacity will increase to drive forward delivery of actions in line with the recommendations.

Next steps

The S&DW Team is proposing the following actions to further advance efforts to improve health and wellbeing of children and young people across Hywel Dda:

- **Allow time for system-level change**
Given that fewer than three full quarters have passed since the report's launch, and considering the complexity and interdependent nature of the recommendations, more time is required to embed and realise meaningful system-level change.
- **Sustain and scale successful programmes**
Several programmes have already demonstrated success and impact. Continued funding and support are essential to maintain momentum and ensure these initiatives can deliver long-term outcomes.
- **Increase capacity to accelerate progress**
Additional capacity is required to fully address all 16 recommendations. In particular, increasing resources within key areas such as Early Years and the 16–24 age group. This would enable faster progress and more effective strategic partnership working.
- **Develop a robust evaluation framework**
To monitor progress and assess impact over time, a comprehensive evaluation framework should be developed. Commissioning an academic partner (e.g., university), could support the design and delivery of this framework, ensuring rigour and independence.
- **Commit to medium- and long-term investment**
A sustained and enhanced commitment to investment is needed across staffing, commissioning, and programme delivery. This will ensure continuity, stability, and the ability to plan and deliver at scale.
- **Establish a strategic plan for children and young people**
Develop a medium- to long-term strategic plan (e.g., a five- to ten-year Health Board-wide plan for children and young people) to secure organisational and partner commitment, guide resource allocation, and drive system-wide collaboration. The internal CYP Oversight Group could coordinate this work to ensure alignment, optimise capacity, reduce siloed working, and strengthen collective action to improve outcomes for children and young people.

Extended Analysis of Children and Young People Public Health Initiatives

Following the Business Executive Team (BET) meeting on 12 November 2025, the CYP strategic leads in the Public Health Directorate were asked to develop a matrix outlining current and potential CYP Public Health initiatives. The purpose is to assess the anticipated impact of each intervention and the estimated timescale for realising measurable population-level outcomes, in order to support prioritisation and strategic decision-making.

A range of public health interventions targeting CYP health and wellbeing are currently in place across the Health Board. These vary in maturity, from fully embedded “business as usual” activities to pilot initiatives and early-stage concepts not yet active. A structured approach is required to compare these interventions consistently and transparently, and to inform discussions on resource allocation, forward planning, and alignment with organisational priorities.

A matrix has been developed to assess each intervention against two dimensions:

1. Impact

Defined as: ‘The estimated percentage to which the intervention would positively influence the health and wellbeing of children and young people.’ (e.g. % reduction in obesity prevalence, % improvement in wellbeing scores).

This reflects the measurable effect that an intervention has on the health and wellbeing outcomes of the entire population of CYP in the Hywel Dda region.

Caution is needed when assessing population-level interventions, as targeted approaches aimed at specific cohorts may not produce a large overall population level effect size. However, they can still have significant impact by delivering meaningful benefits to those with the greatest needs, reducing future demand among high-intensity service users, and helping to reduce health inequities and inequalities by focusing support where it is needed most.

2. Timescale

Defined as: ‘The anticipated timeframe in which measurable outputs or outcomes could be realised and evidenced at a cohort or population level.’

This reflects how quickly the ‘impact’ or change can be demonstrated following implementation of the intervention.

It is important to recognise that different types of impact will emerge at different stages of an intervention’s lifecycle. For example, an intervention categorised as ‘long term’ in relation to demonstrating sustained population-level improvements in health and wellbeing may still generate earlier outputs and outcomes. These can include knowledge gains, behaviour change, shifts in practice, and other short to medium term indicators that signal progress before longer-term effects become measurable.

Strength of evidence

The current ratings are based on professional judgement informed by available intelligence and operational knowledge. They do not yet draw on formal evidence reviews, and the strength of evidence supporting each rating varies. Further methodological development would be required to improve rigour and reproducibility.

Figure 1: Impact vs Timescales of CYP public health interventions

#	Intervention	Themes	Impact	Timescale
1	Infant Feeding Service		High	Medium Term

	Supports parents to establish safe, healthy infant feeding practices and improve early nutrition.	Child Development; Prevention; Parenting Support; Healthy Weight; Health Promotion		(1-5 yrs)
2	Peri-natal Mental Health / Arts in Health Intervention Provides emotional and creative therapeutic support for parents during the perinatal period to strengthen wellbeing and bonding.	Mental Health; Child Development Prevention; Parents	Moderate	Short Term (1-12 mnths)
3	Food, Nutrition & Weaning Helps families adopt healthy feeding routines and introduce nutritious foods safely during early childhood.	Child Development; Prevention; Healthy Weight	High	Medium Term (1-5 yrs)
4	Healthy & Sustainable Pre-School School Scheme (HSPSS) Promotes whole-setting approaches to physical, emotional, nutritional, and environmental wellbeing in early years settings.	Setting Based; Health Promotion; Prevention; Child Development; Education	Moderate	Medium Term (1-5 yrs)
5	Welsh Network of Health & Wellbeing Promoting Schools Supports schools to embed health, wellbeing, and equity within their ethos, curriculum and environment.	Health Promotion; Prevention; Education	High	Long Term (5-10 yrs)
6	Whole School Approach to Emotional & Mental Wellbeing Creates a consistent, school-wide system for supporting pupils' mental health, resilience and positive relationships.	Mental Health; Prevention; Education	High	Medium Term (1-5 yrs)
7	Supporting Mental Health & Wellbeing of NEET young people Provides targeted emotional, social and wellbeing support for young people not in education, employment, or training.	Targeted; Mental Health; Prevention	Moderate	Short Term (1-12 mnths)
8	L2 Healthy Weight Interventions (e.g. Children and Families Programme (PIPYN); Healthy Families) Offers structured early-intervention programmes to help families adopt healthier lifestyle behaviours.	Families; Prevention; Health Promotion; Healthy Eating; Targeted	Moderate	Medium Term (1-5 yrs)
9	Healthy Child Wales Programme (HCWP) Delivers universal screening, immunisation and developmental support for children aged 0–7.	Child Development; Monitoring; Prevention; Child Development	Very High	Long Term (5-10 yrs)
10	Flying Start Provides enhanced early years support for families in disadvantaged areas to improve child development and wellbeing.	Parents; School Readiness; Education; Child Development; Prevention	High	Medium Term (1-5 yrs)
11	Healthy Child Wales Programme 2 (HCWP2) Sets out the national school-aged health model offering universal health, development, and wellbeing support for ages 5–16.	Schools; Prevention; Health Promotion; Monitoring; Education	Very High	Long Term (5-10 yrs)
12	Designed to Smile A national oral health programme helping young children prevent tooth decay through supervised brushing and fluoride varnish.	Prevention; Health Promotion; Setting Based; Child Development	High	Medium Term (1-5 yrs)
13	Specialist Co-occurring Mental Health & Substance Use Service Provides targeted support for young people experiencing both substance use and mental health difficulties.	Clinical; Targeted; Mental Health; Prevention	Low	Short Term (1-12 mnths)
14	Physical Activity Encourages regular movement and active lifestyles to improve children's physical and mental wellbeing.	Health Promotion; Prevention; Education; Schools; Local	High	Medium Term (1-5 yrs)
15	Smoking & Vaping (e.g. JUSTB) Prevents uptake and supports reduction of smoking and vaping through education and targeted interventions.	Prevention; Health Promotion; Education; Schools	Moderate	Medium Term (1-5 yrs)

16	Alcohol Reduces alcohol-related harm among young people through prevention, education and early support.	Prevention; Health Promotion; Education; Targeted	High	Medium Term (1-5 yrs)
17	Sexual Health & Relationships Supports safe sexual health choices, relationship education and access to advice and contraception.	Prevention; Education; Schools; Health Promotion	High	Medium Term (1-5 yrs)
18	Poverty Addresses the impact of socioeconomic disadvantage on children's health, development and life outcomes.	Prevention; Access; Information	Very High	Very Long Term (10 yrs+)
19	Injury Prevention & Safety Reduces unintentional injuries through education, environmental safety measures and risk-reduction strategies.	Prevention; Education; Health Promotion; Schools; Information	Moderate	Short Term (1-12 mnths)
20	Digital Wellbeing & Online Safety Promotes safe, healthy digital behaviours and protects young people from online harms.	Prevention; Information; Schools; Education	High	Medium Term (1-5 yrs)
21	Diabetes Early Intervention & Referral Pathways Ensures rapid identification, diagnosis and support for children with suspected or newly diagnosed diabetes.	Clinical; Prevention; Monitoring	Very Low	Short Term (1-12 mnths)
22	Neurodevelopmental Health Support Provides assessment and early support for children with neurodevelopmental needs such as autism or Attention Deficit Hyperactivity Disorder (ADHD).	Clinical; Child Development; Targeted; Prevention	High	Medium Term (1-5 yrs)

Should it be deemed appropriate to progress this work, next steps could include developing a more robust assessment framework that incorporates additional domains such as cost, cost avoidance, and equity considerations, while also strengthening the evidence base through systematic or rapid reviews, introducing Expert Stakeholder Panels, and applying additional quality assurance processes. Together, these enhancements would help make the matrix more transparent, consistent, and capable of supporting informed decision-making across the system.

Argymhelliad / Recommendation

The Committee is asked to:

RECEIVE ASSURANCE from the progress on recommendations outlined in the Hywel Dda University Health Board (HDdUHB) Director of Public Health (DPH) Annual Report 2023/24: 'Their Health, Our Future: Advancing the Agenda for Children and Young People in Hywel Dda'.

- **CONSIDER** the value of further refining the intervention assessment methodology should the Committee view it as a helpful tool for informing future investment, strategic direction, or prioritisation decisions.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

3.1.6. Consider the development of strategies and plans developed in partnership with key strategic partners and monitor work undertaken with partner organisations and stakeholders to influence the

	provision of services to meet current and future population need. 3.1.14. 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:	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:	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:	Outlined within the report
Rhestr Termiau: Glossary of Terms:	Outlined within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian:	Not Applicable

Financial / Service:	
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Statutory requirement to publish annually.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

2.2 - Review of Well-being Objectives

Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health), Trina Nealon (Hywel Dda UHB - Head of Population Health + Wellbeing / Principal Public Health Officer)

| For approval

Attachments

[2.2.1 SPC SBAR Well-being Objectives Review V4.pdf](#)

[2.2.2 SPC Appendix A Well-being Objectives Strategic Alignment.pdf](#)

[2.2.3 SPC Appendix B HDdUHB Well-being Objectives Previous and Updated Obj~.pdf](#)



PWYLLGOR STRATEGAETH A CHYNLLUNIO STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 February 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Hywel Dda University Health Board Well-being Objectives Review
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Ardiana Gjini, Executive Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Trina Nealon, Head of Population Health Improvement and Wellbeing/Principal Public Health Practitioner Sara Rees, Senior Public Health Practitioner

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 Well-being of Future Generations (WBoFG) (Wales) Act 2015 (the Act) came into effect on 1 April 2016 and aiming to improve the social, economic, environmental and cultural well-being of Wales. Hywel Dda University Health Board (HDdUHB) established Well-being Objectives to demonstrate progress towards achieving the seven well-being goals and 'five ways of working' outlined in the Act.

The objectives have been reviewed in line with the long-term Strategy Refresh. The updated HDdUHB Well-being Objectives were endorsed by the Staff Partnership Forum (SPF) on 20 January 2026 and approved by the Formal Executive Team on 4 February 2026, noting their alignment with the refreshed Long-Term Strategy, the Public Service Board's (PSB's) Well-being Plans, and other strategic objectives.

Cefndir / Background

The Well-being of Future Generations (Wales) Act 2015 sets out a number of requirements for individual public bodies, including HDdUHB. These include a requirement for the Health Board to:

- Set and publish well-being objectives (s.3(2)(a)) and take all reasonable steps to meet those objectives (s.3(2)(b))
- Publish a statement regarding well-being objectives (s.7(1))
- Publish an Annual Report showing the progress made in meeting the organisation's objectives (s.13 (1) and Sch.1)

Figure A: Seven Well-being Goals and Five ways of working



Source: *Well-being of Future Generations (Wales) Act. 2025, Welsh Government*

HDdUHB first established its Well-being Objectives in 2017 to demonstrate progress towards the seven well-being goals and the ‘five ways of working’ set out in the Act. In 2019, these objectives were refreshed and updated to align with the Health Board’s strategic aims, supporting long-term goals outlined in the strategy *A Healthier Mid and West Wales (AHMWW): Our Future Generations Living Well* (HDdUHB, 2019).

On the Act’s tenth anniversary, Welsh Government published the *Future Generations Report 2025*. While acknowledging that public bodies have adopted well-being objectives, the report advised that “*public bodies must set their well-being objectives within a statutory period but have the flexibility to review and adjust them according to their own planning cycles.*”

In line with HDdUHB’s intention to refresh its Well-being Objectives, the Auditor General for Wales’ Structured Assessment 2024 also recommended that the Health Board review these objectives during its long-term Strategy Refresh to ensure alignment between strategic priorities and well-being objectives.

Under the Act, public bodies are required to seek consensus or compromise with Trade Unions when setting well-being objectives. Additionally, the Social Partnership and Public Procurement (Wales) Act 2023 introduced a Social Partnership Duty, requiring public bodies to consult and reach agreement with Trade Unions when making strategic decisions, including those relating to well-being objectives.

In response to these requirements and the changing strategic landscape, members of the Public Health Directorate, working in partnership with Trade Union Chairs, undertook a review and update of HDdUHB’s Well-being Objectives. This process aimed to ensure the objectives remain aligned with the Health Board’s values and priorities, and continue to be relevant to the organisation, its workforce, and the communities it serves.

Asesiad / Assessment

HDdUHB’s Well-being Objectives had not been updated since their agreement in 2019. A review of the objectives has been conducted by members of the Public Health Directorate alongside Trade Union representatives to build on the previous objectives and ensure they continue to meet the goals of the Act whilst aligning to annual planning objectives, and a changing strategic context.

The review and redrafting process was informed by several key elements. These included findings from a stakeholder consultation with individuals and teams across the Health Board, as well as feedback from an MS Teams staff survey promoted via Viva Engage. The process also

considered HDdUHB's response to the Well-being of Future Generations Act Self-Evaluation (October 2024) and incorporated recommendations from the Future Generations Commissioner's Report 2025, the Health Board's response to that report, and the subsequent pledge made.

The process also ensured that the proposed objectives align with the Health Board's strategic and long-term priorities. This included collaboration with the Transformation Programme Office to ensure alignment with the refreshed Long-Term Strategy and its goals. The objectives also align with the current well-being plans of our PSBs and are illustrated on Appendix A and detailed below:

- The review found that the ethos and themes of the current Well-being Objectives remained highly relevant, although updates were necessary to reflect current Health Board aims, delivery capacity, and need to reflect HDdUHB commitment to embedding the Social Model for Health and Well-Being (SMfHW)
- Addressing health inequalities and supporting individuals to achieve their best well-being
- Emphasise prevention and long-term approaches
- Reflect organisational commitment to innovation and improvement
- Focus on staff well-being and inclusion, and workforce development
- Whole-organisation approach to climate risk and resilience
- Recognise cultural well-being, Welsh language, and arts as vital preventive assets

The findings demonstrated strong alignment with the recommendations set out in the Future Generations Report 2025. There was also a consistent call for all objectives to remain clear and actionable, avoiding technical terminology where possible.

While the 4 themes of *Workforce Planning and Development*, *Collaboration, Involvement and Integration*, *Early Intervention and Prevention*, and *Environment and Climate Change* have remained the same, there have been amendments to the eight supporting objectives. Appendix B lists the previous and updated objectives under the four themes. The objectives are not confined to a single national outcome and align to more than one of the seven well-being goals as outlined in the Act.

The following proposed Well-being Objectives have been agreed by Trade Union representatives and Health Board stakeholders.

The proposed new Well-being Objectives are:

1. Deliver plans that increase our contribution to a low carbon future
2. Strengthen resilience by planning for and adapting to climate change
3. Create people-centred employment and development opportunities that support workforce transformation, reflect the changing needs of health and social care, and nurture leadership at every level
4. Create an inclusive culture where every voice matters, individual needs are considered and staff well-being is promoted and supported
5. Foster a learning culture by sharing knowledge and applying new ways of working that enhance local and global well-being
6. Work with partners and communities to nurture and support everyone to achieve their best well-being
7. Improve health and well-being by focusing on prevention and early intervention, while working in partnership to ensure everyone has equal access to care and opportunities for good health

8. Develop initiatives that build social connections and promote culture and the Welsh language as assets to support people's overall well-being

Argymhelliad / Recommendation

The Committee is asked to:

- **RECOMMEND** the updated HDdUHB Well-being Objectives for onward approval by the Board on 26 March 2026.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.13. Consider population health and wellbeing assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Well-being of Future Generations (Wales) Act 2015 Social Partnership and Public Procurement (Wales) Act 2023.
Rhestr Termiau:	Contained within the body of the report

Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee	Staff Partnership Forum, 20 January 2026 Formal Executive Team 4 February 2026

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial planning is one of the key corporate areas of change defined under the Act.
Ansawdd / Gofal Claf: Quality / Patient Care:	Inclusion and engagement and improving the well-being of the population is at the forefront of the legislation.
Gweithlu: Workforce:	Implementing the five ways of working required under the Well-being of Future Generations (Wales) Act 2015 should lead to evidence of increased collaboration and integration between services, professionals and communities.
Risg: Risk:	The HDdUHB has a duty to work collaboratively to address the seven Well-being Goals for Wales. There is a risk that the need to demonstrate our progress is considered an “add on” responsibility by HDdUHB staff. Embedding the principles of the act into everyday business is therefore paramount and contributing to the project and delivery groups of Public Service Boards (PSB) needs to demonstrate the synergy with achieving the Health Board’s goals.
Cyfreithiol: Legal:	<i>The Well-being of Future Generations (Wales) Act 2015</i> (the Act) provides that HDdUHB (as a designated public body) must publish a Well-being Statement, Well-being Objectives and provide an Annual Report on progress towards meeting these objectives. An aim of the Act is to place communities at the heart of decision making. The public can use the Act to ensure that public bodies are taking the approach to decision making that utilises the five ways of working in line with the sustainable development principle when developing or making changes to services that impact upon them and their community. HDdUHB will need to ensure that all transformation and service change projects, including capital developments, take account of the new statutory requirements.
Enw Da: Reputational:	There is a requirement for HDdUHB to set and review its Well-being Objectives to align with and contribute to Public Service Board Well-being Plans.

Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	A More Equal Wales is a key national goal under the Act and the objectives highlights how HDdUHB is contributing to this.

Proposed Hywel Dda University Health Board (HDdUHB) Well-being Objectives 2026	
1.	Deliver plans that increase our contribution to a low carbon future
2.	Strengthen resilience by planning for and adapting to climate change
3.	Create people-centred employment and development opportunities that support workforce transformation, reflect the changing needs of health and social care; and nurture leadership at every level
4.	Create an inclusive culture where every voice matters, individual needs are considered and staff well-being is promoted and supported
5.	Foster a learning culture by sharing knowledge and applying new ways of working that enhance local and global well-being
6.	Work with partners and communities to nurture and support everyone to achieve their best well-being
7.	Improve health and well-being by focusing on prevention and early intervention, while working in partnership to ensure everyone has equal access to care and opportunities for good health
8.	Develop initiatives that build social connections and promote culture and the Welsh language as assets to support people's overall well-being

HDdUHB Long-term strategy - Strategic objectives	Proposed HDdUHB Well-being Objectives
Thriving Teams Goal 1: Healthy, thriving teams Goal 2: Customer service excellence	3. Create people-centred employment and development opportunities that support workforce transformation, reflect the changing needs of health and social care, and nurture leadership at every level
	4. Create an inclusive culture where every voice matters, individual needs are considered and staff well-being is promoted and supported
	5. Foster a learning culture by sharing knowledge and applying new ways of working that enhance local and global well-being
	7. Improve health and well-being by focusing on prevention and early intervention, while working in partnership to ensure everyone has equal access to care and opportunities for good health
Healthier Communities Goal 3: '20-four-7' population health Goal 4: Primary and community by design	1. Deliver plans that increase our contribution to a low carbon future
	2. Strengthen resilience by planning for and adapting to climate change
	5. Foster a learning culture by sharing knowledge and applying new ways of working that enhance local and global well-being
	6. Work with partners and communities to nurture and support everyone to achieve their best well-being

	7. Improve health and well-being by focusing on prevention and early intervention, while working in partnership to ensure everyone has equal access to care and opportunities for good health
	8. Develop initiatives that build social connections and promote culture and the Welsh language as assets to support people's overall well-being
	3. Create people-centred employment and development opportunities that support workforce transformation, reflect the changing needs of health and social care, and nurture leadership at every level
Great care Goal 5: Digital first Goal 6: Timely, high-quality care	5. Foster a learning culture by sharing knowledge and applying new ways of working that enhance local and global well-being
	3. Create people-centred employment and development opportunities that support workforce transformation, reflect the changing needs of health and social care; and nurture leadership at every level
	4. Create an inclusive culture where every voice matters, individual needs are considered and staff well-being is promoted and supported
	6. Work with partners and communities to nurture and support everyone to achieve their best well-being
	7. Improve health and well-being by focusing on prevention and early intervention, while working in partnership to ensure everyone has equal access to care and opportunities for good health
	8. Develop initiatives that build social connections and promote culture and the Welsh language as assets to support people's overall well-being
Positive futures Goal 7: Future orientated Goal 8: Fit for purpose, modern facilities and services	1. Deliver plans that increase our contribution to a low carbon future
	2. Strengthen resilience by planning for and adapting to climate change
	3. Create people-centred employment and development opportunities that support workforce transformation, reflect the changing needs of health and social care; and nurture leadership at every level
	4. Create an inclusive culture where every voice matters, individual needs are considered and staff well-being is promoted and supported
	5. Foster a learning culture by sharing knowledge and applying new ways of working that enhance local and global well-being

	6. Work with partners and communities to nurture and support everyone to achieve their best well-being
	7. Improve health and well-being by focusing on prevention and early intervention, while working in partnership to ensure everyone has equal access to care and opportunities for good health
	8. Develop initiatives that build social connections and promote culture and the Welsh language as assets to support people's overall well-being

Public Service Boards – alignment with current Well-being Plans

Carmarthenshire Public Service Board (PSB) Well-being Plan 2023-28 - Well-being Objectives	Proposed HDdUHB Well-being Objectives
Ensuring a sustainable economy and fair employment	3. Create people-centred employment and development opportunities that support workforce transformation, reflect the changing needs of health and social care, and nurture leadership at every level
	4. Create an inclusive culture where every voice matters, individual needs are considered and staff well-being is promoted and supported
Improving well-being and reducing health inequalities	6. Work with partners and communities to nurture and support everyone to achieve their best well-being
	7. Improve health and well-being by focusing on prevention and early intervention, while working in partnership to ensure everyone has equal access to care and opportunities for good health
	8. Develop initiatives that build social connections and promote culture and the Welsh language as assets to support people's overall well-being
Responding to the climate and nature emergencies	1. Deliver plans that increase our contribution to a low carbon future
	2. Strengthen resilience by planning for and adapting to climate change
	5. Foster a learning culture by sharing knowledge and applying new ways of working that enhance local and global well-being
Tackling poverty and its impacts	3. Create people-centred employment and development opportunities that support workforce transformation, reflect the changing needs of health and social care,;and nurture leadership at every level

	6. Work with partners and communities to nurture and support everyone to achieve their best well-being
	7. Improve health and well-being by focusing on prevention and early intervention, while working in partnership to ensure everyone has equal access to care and opportunities for good health
	8. Develop initiatives that build social connections and promote culture and the Welsh language as assets to support people's overall well-being
Helping to create bilingual, safe and diverse communities	6. Work with partners and communities to nurture and support everyone to achieve their best well-being
	7. Improve health and well-being by focusing on prevention and early intervention, while working in partnership to ensure everyone has equal access to care and opportunities for good health
	8. Develop initiatives that build social connections and promote culture and the Welsh language as assets to support people's overall well-being

Ceredigion Public Service Board Well-being Plan 2023-28 - Well-being Objectives	Proposed HDdUHB Well-being Objectives
Work together to achieve a sustainable economy that benefits local people and builds on the strengths of Ceredigion.	3. Create people-centred employment and development opportunities that support workforce transformation, reflect the changing needs of health and social care, and nurture leadership at every level
	4. Create an inclusive culture where every voice matters, individual needs are considered and staff well-being is promoted and supported
Work together to reduce inequalities in our communities and use social and green solutions to improve physical and mental health.	5. Foster a learning culture by sharing knowledge and applying new ways of working that enhance local and global well-being
	6. Work with partners and communities to nurture and support everyone to achieve their best well-being
	7. Improve health and well-being by focusing on prevention and early intervention, while working in partnership to ensure everyone has equal access to care and opportunities for good health

	8. Develop initiatives that build social connections and promote culture and the Welsh language as assets to support people's overall well-being
Work together to deliver decarbonisation initiatives within Ceredigion to protect and enhance our natural resources.	1. Deliver plans that increase our contribution to a low carbon future
	2. Strengthen resilience by planning for and adapting to climate change
	5. Foster a learning culture by sharing knowledge and applying new ways of working that enhance local and global well-being
Work together to enable communities to feel safe and connected while promoting cultural diversity and increasing opportunities to use the Welsh language.	5. Foster a learning culture by sharing knowledge and applying new ways of working that enhance local and global well-being
	6. Work with partners and communities to nurture and support everyone to achieve their best well-being
	7. Improve health and well-being by focusing on prevention and early intervention, while working in partnership to ensure everyone has equal access to care and opportunities for good health
	8. Develop initiatives that build social connections and promote culture and the Welsh language as assets to support people's overall well-being

Pembrokeshire Public Service Board Well-being Plan 2023-28 - Well-being Objectives	Proposed HDdUHB Well-being Objectives
Support growth, jobs and prosperity and enable the transition to a more sustainable and greener economy	3. Create people-centred employment and development opportunities that support workforce transformation, reflect the changing needs of health and social care; and nurture leadership at every level
	4. Create an inclusive culture where every voice matters, individual needs are considered and staff well-being is promoted and supported
	1. Deliver plans that increase our contribution to a low carbon future
	2. Strengthen resilience by planning for and adapting to climate change
Work with our communities to reduce inequalities and improve well-being	5. Foster a learning culture by sharing knowledge and applying new ways of working that enhance local and global well-being
	6. Work with partners and communities to nurture and support everyone to achieve their best well-being

	7. Improve health and well-being by focusing on prevention and early intervention, while working in partnership to ensure everyone has equal access to care and opportunities for good health
	8. Develop initiatives that build social connections and promote culture and the Welsh language as assets to support people's overall well-being
Promote and support initiatives to deliver decarbonisation, manage climate adaptation and tackle the nature emergency	1. Deliver plans that increase our contribution to a low carbon future
	2. Strengthen resilience by planning for and adapting to climate change
	5. Foster a learning culture by sharing knowledge and applying new ways of working that enhance local and global well-being
Enable safe, connected, resourceful and diverse communities	5. Foster a learning culture by sharing knowledge and applying new ways of working that enhance local and global well-being
	6. Work with partners and communities to nurture and support everyone to achieve their best well-being
	7. Improve health and well-being by focusing on prevention and early intervention, while working in partnership to ensure everyone has equal access to care and opportunities for good health
	8. Develop initiatives that build social connections and promote culture and the Welsh language as assets to support people's overall well-being

Hywel Dda University Health Board (HDdUHB) Well-being Objectives

Environment & Climate Change

Proposed new objective: Deliver plans that increase our contribution to a low carbon future	<i>Previous objective: Plan and deliver services to increase our contribution to low carbon.</i>
Proposed new objective: Strengthen resilience by planning for and adapting to climate change	<i>Previous objective: Promote the natural environment and capacity to adapt to climate change.</i>

Workforce Planning & Development

Proposed new objective: Create people-centred employment and development opportunities that support workforce transformation, reflect the changing needs of health and social care, and nurture leadership at every level	<i>Previous objective: Develop a skilled and flexible workforce to meet the changing needs of the NHS.</i>
Proposed new objective: Create an inclusive culture where every voice matters, individual needs are considered and staff well-being is promoted and supported	<i>Previous objective: Offer a diverse range of employment opportunities which support people to fulfil their potential.</i>

Collaboration, Involvement and Integration

Proposed new objective: Foster a learning culture by sharing knowledge and applying new ways of working that enhance local and global well-being	<i>Previous objective: Contribute to global well-being through developing international networks and sharing of expertise.</i>
Proposed new objective: Work with partners and communities to nurture and support everyone to achieve their best well-being	<i>Previous objective: Transform our communities through collaboration with people communities and partners.</i>

Early Intervention & Prevention	
Proposed new objective: Improve health and well-being by focusing on prevention and early intervention, while working in partnership to ensure everyone has equal access to care and opportunities for good health	<i>Previous objective:</i> <i>Improve population health through prevention and early intervention, supporting people to live happy and healthy lives.</i>
Proposed new objective: Develop initiatives that build social connections and promote culture and the Welsh language as assets to support people's overall well-being	<i>Previous objective:</i> <i>Plan and deliver services to enable people to participate in social and green solutions for health. Encouraging community participation through the medium of Welsh.</i>

3 - Capital and Estates

3.1

10:25, 5 Mins

3.1 - Capital Programme for 2025-26 and Capital Governance

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

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

| For information

Attachments

[3.1.1 DCP Gov Update Feb 26 v1.pdf](#)

[3.1.2 Annex 2 - Sealing schedule SPC Feb.pdf](#)

[3.1.3 Annex 3 - CSC Update \(3As\) Report.Template.V1 Feb 26.pdf](#)

[3.1.4 Annex 4 - DRAFT Work Plan CSC 2026-7.pdf](#)



PWYLLGOR STRATEGAETH A CHYNLLUNIO STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 February 2026
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
- Updated on the planning of the allocation of DCP for 2026/27
- Notify the SPC of the contracts that may require sealing
- Provide a capital schemes governance update
- Update from Capital Sub-Committee (CSC)

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 18 December 2025 and the CSC meeting held on 15 January 2026.

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)	33.360
Discretionary Programme* (DCP)	6.850
IFRS 16 Leases	1.877
Total	42.087

*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
Bronglais Hospital (BGH)- Fire Precaution Upgrade Works - Fees	0.285	Funding for fees on preparing the business case for Fire Upgrade work at BGH
Major Infrastructure Investment Plan, Phase 1 BJC Fees	0.100	Funding for fees for production of the first tranche of business cases in the Major Infrastructure programme
End of Year Funding 2025-26	1.294	A tranche of End of Year funding relating to several estates and equipment items
Ultrasound Replacement	0.220	Funding for two ultrasound machine replacement
End of Year Digital Funding - December 2025	0.450	A tranche of End of Year funding for Digital items
End of Year Estates and Equipment Funding - December 2025	1.067	A further tranche of End of Year funding relating to several estates and equipment items
End of Year Funding – January 2026	0.809	A further tranche of End of Year funding relating to several estates and equipment items
End of Year Digital Funding - January 2026	0.300	A further tranche of End of Year funding relating to digital expenditure

End of Year Estates Funding – January 2026	0.207	A further tranche of End of Year funding relating to several estates and equipment items
Backlog Maintenance 2024/25	(0.210)	Reduction in allocation due to underspend against BGH Lift Shaft scheme
IFRS16 – 2025-26 Tranche 2	0.850	Funding for new and renewed leases entered into through to December 2025
Total	5.372	

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-Jan £m	Spend Jan £m	Remaining balance £m
AWCP				
Glangwili Hospital (GGH) - Fire Enforcement works - Phase 2 - Fees	0.779	0.825	0.041	-0.046
Backlog Maintenance – (slippage from 2024-25)	1.004	0.707	0.125	0.297
Aberystwyth Sexual Assault Referral Centre (SARC)	1.875	1.678	0.001	0.197
Block C, Picton Terrace, Carmarthenshire	2.488	1.965	0.250	0.523
Diagnostic Equipment – Wilybush Hospital (WGH) Fluro and Chilled Water Plant	2.570	2.003	0.263	0.567
Estates Funding Advisory Board (EFAB) - Infrastructure	0.127	0.008	0.000	0.119
End of year (EOY) Funding 2024/25 – (Pentre Awel)	0.150	0.131	0.009	0.019
Targeted Estates Fund (TEF) - Fire	0.570	0.114	0.038	0.456
TEF - Infrastructure	2.294	0.261	0.031	2.033
TEF - Decarbonisation	0.050	0.000	0.000	0.050
TEF - Mental Health	1.684	0.041	0.003	1.643
TEF - Infection Prevention Control	0.569	0.437	0.018	0.132
TEF - Decontamination	0.546	0.382	0.165	0.164
Carmarthen Hwb - Equipment and Fit-out costs	2.318	0.150	0.073	2.168
Fishguard Health and Wellbeing Centre	0.067	0.047	0.005	0.020
Digital Priorities Investment Fund (DPIF) - Digital Maternity Cymru System Programme 2025/26	0.198	0.059	0.006	0.139
Non-Radiology Ultrasound Replacement	0.761	0.406	0.000	0.355

DPIF – (Radiology Informatics System Procurement (RISP))	0.429	0.429	0.000	0.000
Aseptic Unit, WGH	1.753	0.709	0.259	1.044
Gamma Camera Upgrade, WGH	0.481	0.009	0.000	0.472
Mental Health Quality and Safety Schemes	1.317	0.038	0.000	1.279
Magnetic Resonance Imaging (MRI) Upgrade, GGH	1.324	0.021	0.000	1.303
Radiology Ultrasound Replacement, PPH	0.138	0.000	0.000	0.138
Hospital Helicopter Landing Sites	0.030	0.010	0.000	0.020
WGH - Reinforced Autoclaved Aerated Concrete (RAAC) VAT Recovery	-0.900	0.000	0.000	-0.900
EFAB VAT Recovery	-0.394	0.000	0.000	-0.394
Same Door Emergency Care (SDEC) Front Door Project, GGH	2.096	0.781	0.377	1.315
Fire Enforcement WGH - Phase 2	0.912	0.420	0.161	0.492
Decarbonisation Project	2.231	0.000	0.000	2.231
DPIF - Connecting Care	0.653	0.000	0.000	0.653
End of Year Digital Funding 2025-26	0.630	0.001	0.001	0.629
BGH - Fire Precaution Upgrade Works - Fees	0.285	0.008	0.008	0.277
Major Infrastructure Investment Plan (MIIP), Phase 1 BJC Fees	0.100	0.000	0.000	0.100
End of Year Funding 2025-26	1.539	0.764	0.014	0.775
Ultrasound Replacement	0.220	0.000	0.000	0.220
End of Year Digital Funding - December 2025	0.450	0.239	0.239	0.211
End of Year Estates and Equipment Funding - December 2025	1.067	0.202	0.202	0.865
End of Year Funding – January 2026	0.809	0.000	0.000	0.809
End of Year Digital Funding - January 2026	0.300	0.000	0.000	0.300
End of Year Estates Funding – January 2026	0.207	0.035	0.035	0.172
Sub-total AWCP	33.727	12.880	2.324	20.847
Discretionary				
IT	2.919	0.814	0.141	2.105
Equipment	1.593	1.129	0.389	0.464
Estates – Statutory	0.450	0.240	0.038	0.210
Estates Infrastructure	1.196	0.853	0.044	0.343
Mental Health	0.060	0.000	0.000	0.060
Other	0.265	0.267	0.049	0.000
Sub-total Discretionary	6.483	3.303	0.661	3.182
IFRS 16	1.877	1.877	0.850	0.000
TOTAL expenditure	42.087	18.060	3.835	24.029

Financial Risks associated with Capital Schemes in 2025/26

Significant spend profiled in period February and March 2026

There is a significant level of spend remaining in February and March 2026.

There are a number of contributory factors to this including planned programmes of work in Quarter (Q) 4 and the approval of WG capital funding in the latter half of the financial year, nonetheless, given the significant value and volume of schemes to be delivered the risk profile has been increased.

Expenditure plans are being closely monitored to ensure that if there are any risks identified, mitigating measures are put in place to ensure that capital spend is maximised.

Risk 2204

A risk has now been placed on our operational risk register to reflect the risk of underspending against our CRL.

Discretionary Capital Allocation (DCP)

2025/26

HDdUHB's Discretionary Capital Allocation for 2025/26 increased to **£10.000m**, an increase of almost 35% on the 2024/25 level. Whilst this news was positive, 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:

- £266m Estates backlog
- £26.6m Medical Devices
- £15-£18m Digital backlog

The following split of allocations was agreed by the Board in March 2025.

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 the following additional funding in year from WG for:

- **Radiology Replacement equipment**

Confirmation has now been received of the following funding:

- Nuclear Medicine equipment upgrade WGH - £0.481m
- Upgrade MRI in GGH - £1.324m
- Ultrasound replacement PPH - £0.138m

- **Ultrasound Scanners outside of radiology**

HDdUHB has been awarded £0.761m of funding to progress with the procurement of the 10 scanners.

- **Accelerating TEF schemes from 2026/27**

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.

WG is also considering the funding of additional TEF schemes which can be brought forward from 2026/27 into 2025/26.

- **Mental Health Estates Targeted Improvements Bids**

Confirmation that £1.381m of funding has been made available for the schemes listed below has been received.

- **End of Year 2025/26**

Confirmation from WG of the following allocations has been received

- Digital Capital Investment for wi-fi upgrade - £0.630m
- Estates improvement works - £1.294m
- Additional Ultrasounds - £0.220
- Digital - £0.450m
- Estates and equipment - £1.067m
- End of year - £0.809m
- Digital - £0.300m
- Estates - £0.207m

Use of Contingency

The original allocation of £1.000m contingency has been increased during the year with additional VAT recovery associated with DCP schemes, underspends on precommitment from previous years and a review of slippage and current scheme expenditure profiles. The current schedule of expenditure now totals £2.656m and is detailed in Annex 1.

2026/27

As part of the capital planning cycle the Capital Planning Team have 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 considered the distribution of the 2026/27 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.

The current planning assumption is that the DCP allocation for 2026/27 will remain at £10.000m

We already have the following known pre-commitments against the 2026/27 and future year allocations. These are due to decisions already taken by the Health Board:

- To implement service changes
- On contributions towards WG policy decisions – 30% TEF
- On contributions towards All Wales Capital Programme funded capital schemes
- To deliver the actions of external inspections

	26/27 £m	27/28 £m
TEF 2026/27	2.200	
Paediatric Consultation	1.200	
Picton Terrace – for 5 years 2026/27 to 2030/31	0.110	0.110
Residential accommodation	0.200	0.200
WGH Microbiology	TBC	
Total	3.710	0.310

Discussions have commenced in the Capital Planning Group to prioritise the DCP expenditure plan for 2026/27 recognising that a balance will need to be held in the contingency reserve.

In advance of the CSC in January 2026 the Capital Planning Group commenced development of a proposal for the programme that will consider:

- A plan that will overcommit the programme by 5% - 10% at the beginning of the year
- An expenditure plan that will cover two years
- Development of oven ready schemes

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 2, 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 with the SPC Board Update report.

Capital Governance – Project Updates

At the January 2026 meeting of the Capital Sub-Committee, the projects with a current alert status were reported as follows:

Project:	RAG Indicator:	Stage:	Matters for Sub Committee attention:
Cross Hands Health and Wellbeing Centre	ALERT	Full Business Case Development	Agreement that the additional information provided at the meeting on 06.01.2026 was sufficient for WG to take to IRCF Panel in February 2026 to consider supporting the fees to redevelop the Full Business Case (FBC).
Next Key Milestone:	Await feedback from WG from the IRCF Panel in February 2026.		

Project:	RAG Indicator:	Stage:	Matters for Sub Committee attention:
Fishguard Health and Wellbeing Centre	ALERT	Strategic Assessment	Land workshop postponed due to confidentiality issues with one of the land options. High level capital cost estimates indicate that further reduction in scheme scope may be required to fall within financial envelope of £30m.
Next Key Milestone:	Internal discussion on A Healthier Mid and West Wales (AHMWW) Strategy Refresh and any implications for scope of community schemes / Land selection workshop.		

Women and Children Phase II

This scheme has been completed since October 2023 with a full range of clinical services delivered in this space. The project final account is now in the process of completion; the contractor disagrees with the Project Manager on the assessment of certain compensation

events in the final value of this account. There is a risk that the contractor, Tilbury Douglas, could challenge these assessments when the account is submitted. Financial provision for these risks was made at the scheme completion and will be released at the point where resolution of the final account is agreed between the two parties.

Projects led by other organisations:

Carmarthen Hwb (led by Carmarthenshire County Council)

Additional works needed to the outside infrastructure of the building will result in a delay in the opening of this facility. Handover is now expected in the last quarter of 2026. Work continues on the commissioning plan for the development.

Pentre Awel (led by Carmarthenshire County Council)

Canolfan Pentre Awel public opening of leisure services took place on 15 October 2025. The hydrotherapy pool element of this development is now complete and HDdUHB is currently in the process of commissioning this facility. The contractors for the Clinical Delivery Unit (CDU) are now on site, and it is expected that this phase of the development will be complete in late 2026.

Cylch Caron (led by Ceredigion County Council)

Ceredigion County Council are currently reviewing their options for the accommodation elements of this scheme and when this is complete a briefing paper will be prepared for WG detailing the proposed next steps for the Outline Business Case (OBC) refresh.

Regional Cellular Pathology (led by Swansea Bay University Health Board (SBUHB))

Work has been undertaken to review three potential site options for this service and following a site selection workshop on 2 February 2026 a report has been presented to the Regional Joint Committee (RJC) and both Health Boards to agree on a preferred site. This information will be submitted to WG following Board approval.

Update from Capital Sub Committee

Attached in Annex 3 is the update from the CSC held on 15 January 2025.

There are:

- One item to alert the Committee
- Two items to advise the Committee
- 12 items to assure the Committee

The Capital Sub Committee Workplan for 2026/27 is attached in Annex 4 for SPC endorsement.

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
- **ENDORSE** the proposed allocation of the DCP for 2026/27 for onward ratification to Board

- **RECEIVE ASSURANCE AND UPDATE THE BOARD**, that the seal can be applied for all schemes listed in Annex 2
- **RECEIVE ASSURANCE** from the capital schemes governance update
- **RECEIVE ASSURANCE** from the Capital Sub Committee update in Annex 3 and **ENDORSE** the Capital Sub Committee workplan in Annex 4 for 2026/27

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.16 Review capital (excluding digital) business cases, prior to Board approval
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Corporate Risk 1196 - not be able to provide safe, sustainable, accessible and kind services. This is caused by insufficient investment to ensure we have appropriate facilities, medical equipment and digital infrastructure of an appropriate standard. Score 16 Corporate Risk 1745 - of not being able to deliver safe, effective and timely services across the Health Board estate, including acute, community and mental health facilities. This risk also impacts the Health Board's nonclinical estate, educational facilities and managed practices. Risk Score 15
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	5. Whole systems perspective
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Great care
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:	Project Group Formal Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Capital values noted within the report. Included within individual business cases and Capital prioritisation process.
Ansawdd / Gofal Claf: Quality / Patient Care:	Included within individual business cases and capital prioritisation process.
Gweithlu: Workforce:	Included within individual business cases and capital prioritisation process.
Risg: Risk:	Risk assessment process is integral to the capital prioritisation process and the management of capital planning within HDdUHB also included within individual business cases and capital prioritisation process.
Cyfreithiol: Legal:	Included within individual business cases and capital prioritisation process.
Enw Da: Reputational:	Included within individual business cases and capital prioritisation process.
Gyfrinachedd: Privacy:	Included within individual business cases and capital prioritisation process.
Cydraddoldeb: Equality:	Equality assessments are included within individual business cases and capital prioritisation process when required.

Annex 1

Discretionary Capital Programme 2025/26	
	£m
Digital Maternity	0.048
Blow down vessel Boiler House, PPH	0.023
Dental Chair enabling works	0.017
MRI Chiller GGH	0.069
Fire Doors - Radiology/Pathology/AVH	0.100
Roof Leak Repairs	0.041
Helipad Lighting and other works	0.030
Mortuary Compressor - additional costs	0.002
Concrete cladding issue (Scaffolding)	0.103
Concrete cladding issue (further costs)	0.325
Additional cost concrete cladding	0.398
Installation of Cooling Unit - following Healthcare Inspectorate Wales (HIW) inspection	0.013
Formalin Cabinet replacement BGH	0.021
Replacement of endoscopic probes	0.036
Works to PPH Body Store	0.033
Vapotherm replacement Cilgerran Ward	0.018
Fire alarms Tenby Surgery	0.022
PPH Hoval Burners	0.032
PPH Chiller	0.040
PPH roof survey	0.015
Endoscopy BGH	0.120
Windows 11 cardiology equipment	0.149
Fishguard Clinic damage	0.048
Ultrasound probe replacement	0.006
Autopsy saw	0.007
Enabling works Microbiology autoclave WGH	0.040
Microdebrider	0.031
Gas Scavenging System replacement theatres	0.023
Teifi Ward Bathroom	0.017
Doors Day Surgical Unit (DSU) PPH	0.011
Boiler House Combined Heat and Power (CHP) room roof repair	0.038
Uninterruptible Power Source replacement Theatre 1 and 4	0.013
Nurse call Derwen	0.084

BGH Body Storage	0.024
Replacement Blowdown Vessel	0.030
Blood Bank Fridge	0.015
Helicopter Landing Lights	0.028
Clinical Printer medical Photography	0.001
Minor Injuries Unit (MIU) Doors PPH	0.073
Replacement Front Door Bro Cerwyn	0.016
External Works GGH	0.087
Patient Flow devices	0.050
MRI Coil	0.021
Radiology probe replacement	0.008
Radiology probe replacement	0.010
Washer/Dryer GGH	0.077
Trophon WGH theatre	0.015
Automated Tissue Excision and Collection Sapphire System	0.014
Ultrasound GGH Labour Ward	0.045
GGH FOH	0.015
St Brynach Roof	0.060
BGH Mortuary Hydraulic Trolley	0.006
Amman Valley Hospital (AVH) 2no Slit Lamps	0.036
GGH Retinal Laser	0.043
GGH Pentacam	0.009
Total	2.656

Potential Contracts requiring the use of the UHB Seal						
Project Name	Site	Funding Source	Supplier	Contract sealing date	Start on Site	
Phase 2 Fire Works	WGH	AWCP	TR Jones	October (end)	December / January	PA
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	24/02/2026	04/05/2026	
Provision 2nd generator at Withybush	WGH	WG - TEF	TR Jones	24/02/2026	20/04/2026	
Provision 2nd generator at Prince Philip	PPH	WG - TEF	TR Jones	to be added when known	17/08/2026	
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	23/12/2025	12/01/2025	
South Pembrokeshire roof related project Combined with scheme above	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	Edmunds Webster	Signed under seal - DONE - date?	08/12/2025	
LV Electrical Infrastructure		WG - TEF	TR Jones	to be added when known	to be added when known	
Chiller refurbishment	PPH	WG - TEF	Weavers	to be added when known	02/03/2026	
Replacement Fire dampers PPH	PPH	WG - TEF	Weavers	to be added when known	Anticipated 12/10/26	
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	HD	WG - TEF	Lewis Construction	to be added when known	to be added when known	
S136 Adult and Young Person Stepdown Carmarthen	HD	WG - TEF	Lewis Construction	to be added when known	13/04/2026	
St Non's Point of Ligature		WG - TEF	Lewis Construction	W/C 12/01/26	09/02/2026	
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	
Replacement endoscope washers and centralisation into HSDU	BGH	WG - TEF	Edmunds Webster	Contracts at CEO office	26/01/2026	
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	05/02/2026	23/02/2026	
Aseptic Project	WGH	AWCP	Lewis Construction	Signed - DATE ?	01/12/2025	
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	John Weaver	check with ashley - pending reply	22/01/2025	
Point of Ligature Works MH bedrooms (TEF Cwm Seren)	Multiple Sites	WG - TEF	Lewis Construction	12/11/2025	24/11/2025	
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	
Gamma Camera Upgrade patient experience	WGH	Diagnostic	to be added when known	to be added when known	to be added when known	
GGH Front Door	GGH	TBC	John Weaver	to be added when known	to be added when known	
MRI Upgrade in Glangwili	GGH	Diagnostic	to be added when known	to be added when known	to be added when known	
Chiller Works	PPH	WG - TEF	to be added when known	to be added when known	to be added when known	
Works to residences	WGH	DCP	to be added when known	to be added when known	to be added when known	
Works to residences	PPH	DCP	to be added when known	to be added when known	to be added when known	
Dinefwr Ward Works	GGH	DCP	to be added when known	to be added when known	to be added when known	
Boiler Replacement	SPH	DCP	to be added when known	to be added when known	to be added when known	
Mains gas works	WGH	DCP	to be added when known	to be added when known	to be added when known	
Chiller Works	BGH	DCP	to be added when known	to be added when known	to be added when known	
LTHW Heating Boiler, Prince Philip General Hospital & Low-Pressure Hot Water (LPHW), Glangwili General Hospital	PPH/GGH	TBC	to be added when known	to be added when known	to be added when known	
Dexa Scanner BGH	BGH	TBC	to be added when known	to be added when known	to be added when known	
Body Storage BGH	BGH	DCP	to be added when known	to be added when known	to be added when known	
Nurse Call Derwen	GGH	DCP	to be added when known	to be added when known	to be added when known	
Chiller Works	GGH	DCP	to be added when known	to be added when known	to be added when known	
		AWCP - Wales Funding				
Energy Performance Contract	Multiple Sites	programme	Vital Energi	10/12/2025	Mar-26	
1506 Dinefwr Ward Bathroom Refurbishments	GGH	DCP	Lewis Construction	15/01/2026	Feb-26	



CAPITAL SUB COMMITTEE UPDATE REPORT

Date of last meeting: 15 January 2026

Quoracy: Met

Report by:

Clare Emanuel, Senior Capital Planning Programme Manager

Eldeg Rosser, Head of Capital Planning

KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING:

Alert¹ (may require discussion)

The Capital Sub-Committee wishes to **alert** members of the Strategy and Planning Committee that:

1. Capital Resource Limit 25/26:

- Spend to end of December 2025 is 34% of programme. Assurance has been provided by project leads that spend forecasts remain on track.
- If year end spend target is not met, Welsh Government (WG) funding could be lost; Statutory Capital Resource Limit (CRL) target could be breached; there could be an adverse impact on 2026/27 Discretionary Capital Programme (DCP).
- Procurement Regulation changes may influence delivery pace and ongoing monitoring is required. Parallel working and early engagement are helping mitigate impact.

The operational risk of Hywel Dda University Health Board (HDdUHB) not meeting its CRL in 2025/26 has now been discussed at Executive Team and raised to a corporate risk.

Advise² (to monitor)

Capital Sub-Committee wishes to **advise** members of the Strategy and Planning Committee that:

1. Capital Programme 2025/26

- The CSC noted spend to date is 34% of the allocation, and took assurance on the update on the programme and the ability to apply the Board Seal to the listed contracts included with the papers.

2. Discretionary Capital Programme (DCP) 2026/27

- 2026/27 Discretionary Allocation will increase by 12% to £11.228m.
- Over £1m unallocated for prioritisation through the scoring matrix.
- Report presented to Executive Team on 7 January 2026 and contents approved with need to consider pending security related capital works.

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.

- Executives agreed to overcommit by c. £0.5m due to historic in year slippage.
- There is a significant level of pre-commitments; contingency reserve has been set aside.
- Early planning underway for 2027/28 allocation.

Assure

Capital Sub-Committee wishes to **assure** members of the Strategy and Planning Committee that:

- 1. Committee Key Actions** have been reviewed and items noted for information.
- 2. Capital Governance Update**
 - Capital Sub Committee has taken assurance on the nine projects RAG rated green, and were advised on the nine schemes RAG rated amber.
 - The CSC were alerted to the two schemes RAG rated red:
 - Cross Hands- Since the report was prepared there was a positive meeting with WG, agreed for IRCF Panel on 11 Feb 2026.
 - Fishguard - Further internal discussions required on land and financial envelope.
- 3. Audit Recommendation Update Report** - the CSC took assurance from the content of the report and noted the number of outstanding actions against recommendations.
- 4. Welsh Government Dashboard Reports** submitted to WG on the All Wales Capital Programme (AWCP) and Integration and Rebalancing Capital Fund (IRCF) funded projects, three out of four submissions were on time for the period.
- 5. Targeted Estates Funding (TEF) Update Report** - CSC noted the content of the report and the tracker
 - Three projects are complete.
 - Five projects are now on site.
 - Detailed Design Work has commenced on six projects.
 - It was agreed to defer three projects to future TEF programmes with the aim to bid for TEF slippage funds if they arise.
- 6. Major Infrastructure Update**
 - Strategic document submitted and supported by WG includes 10 projects broken into three phases.
 - £895k in fees released to develop Business Justification Cases (BJCs) for first three schemes:
 - Discussions underway with WG regarding releasing funds for second phase.
 - Team to consider capacity to deliver schemes at pace.
- 7. Reinforced Autoclaved Aerated Concrete (RAAC) Update**

- Although still a significant issue for HDdUHB, RAAC was being proactively managed. The CSC noted the capital requirements and the ongoing impact of RAAC until there was a solution.
- The CSC accepted the recommendations and noted there were several actions that would be reported back to subsequent CSC meetings.
- The risk of potential catastrophic failure between surveys was raised. It was confirmed this risk was monitored as a site-based risk and updated regularly.

8. Infection Control Update

- The Infection Prevention and Control (IPC) update was provided on IPC priorities as part of the meeting papers.
- Discussions to be held regarding allocation in next year's programme to deal with clinical and IPC issues.

9. A Healthier Mid and West Wales (AHMWW) Programme Business Case (PBC) Update

- Draft PBC Addendum prepared and presented at Extraordinary Strategy and Planning Committee on 16 January 2026 and Board on 29 January 2026.
- The Addendum introduces a new 'do medium' option which does not have a community hospital development on the GGH site. If all was to go as planned, this would be presented to Infrastructure Investment Board (IIB) late February to March 2026 and considered by WG ahead of the election.

10. Infrastructure Investment Plan

- Noted and to be finalised ahead of the Annual Plan, during February to March 2026 .

11. Diagnostic Imaging Update

- Good progress made with equipment replacement schemes although less funding received than some previous years.
- Equipment continually needed replacing so there was continuing risk.
- A meeting has been arranged to convene a group to evaluate options and strategic placement.

12. Regional Capital Plan Update

- Programme includes Carmarthen Hwb, Cross Hands, Fishguard, Bandi and two partner-led schemes (Cylch Caron, North Pembrokeshire Care Campus).
- Regional drawdown:
 - £14m in 2025/26
 - £16.5m estimated for 2026/27

Papers for information were noted by the CSC as follows:

1. Capital Review Meeting – Minutes of meeting on 6 November 2025.
2. Capital Planning Group – Minutes of meeting 28 November 2025 and 19 December 2025.
3. Capital Monitoring Forum – Minutes of meeting 9 December 2025.

Review of Risks

1. **Capital Resource Limit 2025/26** - Risk due to 66% of programme remaining to be spent in final quarter. If year end spend target is not met, WG funding could be lost; Statutory CRL target could be breached; there could be an adverse impact on 2026/27 DCP.
2. **Major Infrastructure** - NHS Wales Shared Services Partnership (NWSSP) remain closely involved to ensure cost and risk assurance.
3. **Reinforced Autoclaved Aerated Concrete** - The risk of potential catastrophic failure between surveys was raised. It was confirmed this risk was monitored as a site-based risk and updated regularly. Further discussions to be held at CSC and or potentially Executive Team.
4. **Diagnostic Imaging Update** - Equipment continually needed replacing so there was continuing risk. There would be a deep dive on this corporate risk.

Recommendation

The Strategy and Planning Committee is asked to:

- **RESPOND** to the items that they are being alerted to
- **NOTE** the items the Committee is advising them of
- **BE ASSURED** on the items that the Committee is providing assurance on

CAPITAL SUB-COMMITTEE WORK PLAN 2026/27

The Capital Sub-Committee meets on a bi-monthly basis. The following table presents the duties as outlined in the Sub-Committee's Terms of Reference into a basic work program from April 2026 to March 2027.

AGENDA ITEM/ISSUE	LEAD	21 May 2026	23 July 2026	17 Sept 2026	17 Nov 2026	14 Jan 2027	19 March 2027
GOVERNANCE							
Apologies	Chair	✓	✓	✓	✓	✓	✓
Declarations of interests	Chair	✓	✓	✓	✓	✓	✓
Minutes and Actions from previous meeting	Chair	✓	✓	✓	✓	✓	✓
Committee Key Actions	CE	✓	✓	✓	✓	✓	✓
Annual review of Terms of Reference	Chair				✓		
Self-assessment of Sub-Committee Effectiveness	CE						✓
Sub-Committee work plan 2026/27	ER	✓					
RISK & ASSURANCE							
Sub-Committee assurance report to Strategy and Planning Committee	CE	4 Aug 2026	6 Oct 2026	1 Dec 2026	2 Feb 2027	TBC April 2027	TBC June 2027
Sub-Committee annual report to Strategy and Planning Committee	CE						For April 2027
Capital Projects Governance Update	TBC	✓	✓	✓	✓	✓	✓
Audit Recommendation Update Report	ER/TB	✓		✓		✓	
OPERATIONAL & STRATEGIC ISSUES							
DCP & CRL Update	ER & SW	✓	✓	✓	✓	✓	✓
DCP 2027/28	ER					✓	-
WG Dashboard Report	MA	✓	✓	✓	✓	✓	✓
Targeted Estates Fund (TEF) Tracker	SC		✓	✓	✓	✓	✓
Fire Schemes Status Update	RE		✓		✓		✓

Major Infrastructure Update	RE	✓		✓		✓	
Infection Control update - twice yearly update	RR		✓			✓	
CAPITAL PLANNING DEVELOPMENTS							
A Healthier Mid & West Wales Update	PW	✓	✓	✓	✓	✓	✓
Post Project Evaluation & Lessons Learnt	ER	As undertaken					
Medical Devices Annual Update	GR		✓				
Diagnostic Imaging Annual Update	GRD/SP				✓		
Infrastructure Investment Plan	CE, ER, PWi				✓	✓	✓
Digital Update	AT			✓			
Arts and Health update	KL						✓
Regional Capital Plan Update – 3 x a year	KN/AH	✓		✓		✓	
Estates Backlog Update	PWi			✓			
Capital Schemes Annual Review presentation	ER, CE	✓					
FOR INFORMATION							
Capital Review Meeting		✓	✓	✓	✓	✓	✓
Capital Monitoring Forum		✓	✓	✓	✓	✓	✓
Capital Planning Group		✓	✓	✓	✓	✓	✓
Any reports from Board/SPC		As required					
Scrutiny grids		As required					
Business Case Development		As required					
Cross Hands FBC	CE	TBC					
Major Infrastructure	RE	TBC					
Letters of Fire Safety	RE	TBC					
Fishguard	CE	TBC					
Other cases as appropriate		TBC					
ADMINISTRATION							
Agree agenda 3 weeks prior to the meeting	Chair & ER	✓	✓	✓	✓	✓	✓

Chase and collate meeting papers	TB	✓	✓	✓	✓	✓	✓
Quality check agenda and papers prior to circulation	ER	✓	✓	✓	✓	✓	✓
Circulate agenda & papers 7 days prior to the meeting	TB	✓	✓	✓	✓	✓	✓
Prepare annual schedule of meetings	JR & TB					✓	
Prepare annual work plan for the next financial year	ER & PW						✓
CSC SBAR Template – review periodically	ER						✓
Terms of Reference – update following SDODC – Strategy and Planning Committee change	ER, CE		✓				

Initials:

Chair – Chair of CSC
AH – Andrew Hopkins
AT – Anthony Tracey
CE – Clare Emanuel
ER – Eldeg Rosser
GR – Gareth Rees
GRD – Gail Roberts-Davies
JR – Jackie Rees
KL – Kathryn Lambert
KN – Kim Neyland
MA – Maggie Annison
PW – Paul Williams (Planning)
PWi – Paul Williams (Estates)
RE – Rob Elliott
RR - Rebecca Richards
SC – Simon Chiffi
SP – Sarah Procter
SW – Sarah Welsby
TB – Tristan Byrne
TBC – To be confirmed

3.2

10:30, 10 Mins

3.2 - Glangwili Hospital (GGH) Fire Phase 2 Business Justification Case

*Lee Davies (Hywel
Dda UHB - Executive
Director of Strategy
and Planning), Rob
Elliott (Hywel Dda
UHB - Programme
Director Major
Infrastructure
Projects)*

| For approval

Attachments

[3.2.1 SPC SBAR GGH BJC.26 02 26.pdf](#)

[3.2.2 Appendix 1 HDUHB GGH Fire Precaution Works BJC Phase Two v0.5 110226.pdf](#)

[3.2.3 Appendix 2 HDUHB GGH Fire Precaution Works BJC Phase Two Appendices \(draft\).pdf](#)



PWYLLGOR STRATEGAETH A CHYNLLUNIO STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 February 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Business Justification Case (BJC) for Glangwili Hospital (GGH) to support Phase 2 of Fire Enforcement Notice
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies – Executive Director of Strategy & Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Rob Elliott – Programme Director Major Infrastructure Projects

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report sets out the next and final stage in delivering the Strategic Capital investment necessary to comply with the Fire Enforcement Notice in place on the Glangwili Hospital (GGH) site.

The Business Justification Case (BJC) document referred to in this report and attached at Appendix 1 is currently in draft form. The document sets out the Capital Investment required to enable the delivery of the Phase 2 Fire Precaution Upgrade Works within inpatient ward areas, departments and risk rooms at GGH. Final checks are now being made to the capital expenditure required before this report can be considered at Board. Also attached at Appendix 2 are the draft appendices to the BJC.

Cefndir / Background

The Hywel Dda University Health Board (HDdUHB) has worked closely with Mid and West Wales Fire and Rescue Service (MWWFRS) in developing a detailed implementation programme which allows the works to be undertaken in an operational acute hospital. This has resulted in the MWWFRS reissuing their Fire Enforcement Notices (FENs) into the stages reflecting the dates from the HDdUHB implementation plan:

Key Stages

- Advance Works Contract – Vertical escape routes in main hospital core blocks and residential accommodation – now complete.
- Phase 1 – Main horizontal compartmentation in main hospital core block and associated residential accommodation including main plant rooms and underground service ducts – now complete.

The FENs for the above phases of the programme have now been lifted.

The next and final stage of the investment is Phase 2 – All departments/ward areas/risk rooms (FEN KS 890 09)

This report sets out a summary of the current status of the BJC to support the Phase 2 of the work which forms the final stage at GGH. Further work is currently underway to complete the validation checks to the funding requirements prior to this being presented to Board.

Throughout the development of the above, HDdUHB has worked closely with Welsh Government to appraise them of progress.

The MWWFRS is fully involved in regular discussions with HDdUHB on progress and are supportive of actions to date. They remain committed to supporting HDdUHB to complete all of these works.

Asesiad / Assessment

This BJC for Phase 2 has followed a revised procurement route, moving away from Design for Life Building for Wales frameworks. The new approach developed in partnership with NHS Wales Shared Services Partnership (NWSSP) brings greater control to HDdUHB Management.

HDdUHB has now made direct appointments to external Project Managers and a full design team, all of which are directly managed by the HDdUHB Major Capital Projects Team. In addition, we are now using south west Wales Regional Contractors Framework, which will offer far greater grip and control in using locally based contractors rather than national contractors on the Design for Life framework.

The development of the BJC has included extensive involvement of the Operational Clinical Management Team, in order to agree the Programme of Works in line with clinical requirements as far as possible.

The BJC sets out the Capital needs for the Phase 2 works project.

The investment in Phase 2 Fire Enforcement work at GGH can be summarised into two separate components:

- Fire Safety Works and associated Compartmentation Works including Fire Doors etc.
- Civil Engineering Works to include new Fire Escape lift on Block 32 and new High Level Bridge Access to Preseli Ward (Ward Block 2 Second Floor); including enabling works required to provide a Moducel Unit.

The status of the procurement for these two separate elements can be confirmed as:

- Fire Safety Works – full tender return received and has been analysed and cost checked successfully.
- Civil Engineering Works – full tender return received but is still subject to analysis and cost checking to confirm the Contractor has fully complied with the scope and detail of the Tender Invitation. The Health Board will also need to conclude the usual quality assessment on the Contractor's bids (as required within the Procurement process) to determine the optimum tender which the Health Board will accept. This work is currently underway and will be completed in line with the timeline for reports for consideration at Board on 26 March 2026.

It is important to note here that substantial additional complexity and capital cost requirements have been identified in delivering the fire escape lift on Block 32. This is related to the proximity of the Moducel unit which houses critical IT components for the Health Board. The Head of Digital Operations has identified substantial concerns with the proximity of the new fire escape lift to this unit specifically with large scale civil

engineering works causing damage to this highly sensitive equipment. The current recommendation is therefore to re-provide the unit in an alternative location prior to construction commencing on the new fire escape lift. This has increased the costs for this element of the project by circa £2.6m.

The Health Board has discussed this issue with the Deputy Director – NHS Capital, Estates and Facilities and a way forward has been agreed in that the Health Board will submit the BJC as planned. However, the Health Board will confirm within the BJC that further work is necessary to explore what alternative arrangements are possible which will reduce the capital cost for this element of the project. This will be addressed during the scrutiny period of the Business Justification case (BJC).

This approach will allow all other aspects of the Fire Enforcement Notice works to progress as planned without any delay and give the time necessary to further review alternative opportunities.

Noting the above, the current capital cost of the project is a total outturn cost (including contingency) of £22.51m. This is inclusive of VAT.

Note: The normal approach to VAT recovery will be followed with Health Board specialist advisors undertaking a review of this. The Business Case currently includes an initial assessment of this figure.

The total outturn cost outlined above will be reviewed, as noted in this report, during the evaluation of the tender return for the civil engineering element of the project. This review will adjust the figure, however it is currently expected that the evaluation will result in a reduction of the overall outturn cost.

Capital charges associated with depreciation and impairment will be calculated following finalisation of the capital costs. The expectation is that these will be fully funded by Welsh Government.

The Health Board has also included a sum as an allowance for decorative enhancements to refresh Wards/Departments when the Fire Works in these areas is concluded and prior to commissioning for patients. This is in the sum of circa £2.5m inclusive of VAT. This is viewed an important opportunity to utilise decommissioned areas and enhance the quality of patient environments. This can be achieved without extending the period required for Fire Compliance works and therefore avoid any additional preliminary costs and offering good value for money. Whilst we previously secured a similar allowance for the Withybush Hospital (WGH) Phase 2 Fire Enforcement work, this proposal is likely to receive significant scrutiny from Welsh Government, as it is not directly associated with meeting Fire Enforcement Notice requirements.

All work necessary to fully complete the financial assessments and the BJC documentation is now underway and will be completed and available to be presented to the Board on 26 March 2026.

Argymhelliad / Recommendation

The Committee is asked to:

- **SUPPORT** the submission of the Business Justification Case to Board, subject to all final assessments being completed.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.16.Review the Health Board's annual capital allocation and plan, and capital (excluding digital) business cases, prior to Board approval.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 813
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe
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	8 Estates plans
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Extensive site bases survey information and direct input from key operational estate staff
Rhestr Termau: Glossary of Terms:	Contained within the body of the text
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Capital Sub Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian:	Funding sought from Welsh Government

Financial / Service:	
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable
Gweithlu: Workforce:	Delivering a sustainable estate to support Clinical Functions
Risg: Risk:	Business Continuity Management
Cyfreithiol: Legal:	Risk of enforcement from external agencies
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

Hywel Dda University Health Board

Glangwili General Hospital: Fire Precaution Upgrade Works

Phase Two Business Justification Case

Version: 0.5

10 February 2026

Version Control

Version	Date Issued	Notes	Issued To
0.1	30/01/2026	First draft for project team review	J Wood (H DUHB) H Williams (H DUHB) R Coward (Mace) K Parry (L Wakemans)
0.2	06/02/2026	Incorporation of project team feedback	J Wood (H DUHB) H Williams (H DUHB) R Coward (Mace) K Parry (L Wakemans) R Elliott (H DUHB)
0.3	09/02/2026	Incorporation of capital costs	J Wood (H DUHB) H Williams (H DUHB) R Coward (Mace) K Parry (L Wakemans) R Elliott (H DUHB) S Welsby (H DUHB)
0.4	10/02/2026	Final Draft	J Wood (H DUHB) H Williams (H DUHB) R Coward (Mace) K Parry (L Wakemans) R Elliott (H DUHB) S Welsby (H DUHB)
0.5	10/02/2026	Minor amendments	J Wood (H DUHB) H Williams (H DUHB) K Parry (L Wakemans) R Elliott (H DUHB)

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5. MWWFRS Letter of Fire Safety Matters (8 June 2021)
6. MWWFRS Lifting of Phase One Enforcement Notice (19 February 2025)
7. HDUHB Fire Safety Action Plan
8. Cost Report
9. Project Programme
10. Risk Register
11. Risk Potential Assessment
12. Communication Plan
13. Integrated Assurance and Approval Plan

1.0 Executive Summary

Following visits from the Mid and West Wales Fire and Rescue Service (MWWFRS) to Glangwili General Hospital (GGH) in February 2020, Hywel Dda University Health Board (H DUHB) received an enforcement notification in relation to compliance with fire safety regulations.

The Health Board has worked closely with MWWFRS in developing a detailed implementation programme which allows the works to be undertaken in a live hospital environment.

As such, a Programme Business Case (PBC) was submitted to Welsh Government (WG) in October 2020 identifying the significant risk of escalation action by MWWFRS including further enforcement. The PBC detailed the required capital investment and proposed packaging the main works into two phases, each requiring a separate Business Justification Case (BJC).

The Phase One BJC focused on main escape routes / compartmentation lines within the hospital buildings and work completed in February 2025. The outstanding works which address the residual risks within wards and departments, along with any deferred items from Phase One are the subject of this BJC.

The Phase 2 BJC has followed a revised procurement route, moving away from Design for Life Building for Wales frameworks and using Southwest Wales Regional Contractors Framework which will bring greater control to the Health Board in using locally based contractors.

The proposed approach has been endorsed by MWWFRS and enforcement notices aligned with the works delivery programme. The capital costs for the Fire Precaution Upgrade Works outturn at **£19,983,109** including VAT. In addition, a cost estimate of **£2,524,424** has been included to support decorative enhancements to refresh Wards / Departments when the fire works in these areas are concluded and prior to commissioning for patients. This results in a BJC total of **£22,507,533**.

In order to maintain the safety of staff, patients and visitors to the GGH site, the UHB must comply with the MWWFRS fire enforcement notices. Failure to adhere could result in further legally binding enforcement action. Therefore, this BJC seeks formal endorsement from Welsh Government for:

- Approval to proceed with the identified Phase Two works;
- Release of the associated capital funding.

This business case has been structured in line with the Better Business Case Investment Guidance, five case model structure, which is in accordance with HM Treasury best practice and the approach prescribed by Welsh Government.

1.1 Strategic Case

In 2020, the Mid and West Wales Fire and Rescue Service issued the Health Board with an enforcement notice due to failure to comply with provisions of the Regulatory Reform (Fire Safety) Order 2005 because people were unsafe in case of fire. The most urgent recommendations were remedied and the Health Board worked closely with MWWFRS to review progress.

A Programme Business Case (PBC) was submitted in October 2020 with a proposed approach to delivery of the works being to immediately address the most urgent works and to group the main package of works into two phases to remediate the fire compartmentation on the main hospital and associated residential accommodation blocks. The approach was agreed with MWWFRS and enforcement notices were amended to reflect the agreed delivery programme.

- Immediate Works: those works requiring immediate resolution including items of housekeeping, testing of emergency lighting and dry riser systems (works completed);
- Advanced Works: those works against which rapid progress was essential including escape stairwells in the main hospital core block and associated residential accommodation block (works completed);
- Phase One: resolve main horizontal compartmentation lines within the main hospital and associated residential accommodation i.e. escape routes, compartmentation between wards and departments and upgrading and provision of fire and smoke dampers and fire doors including main plant areas and underground service duct (works completed);
- Phase Two: resolve existing horizontal sub-compartments, vertical compartmentation, hazard rooms within departments and ancillary buildings plus additional lobbied approaches to escape stairwells and any works deferred from Phase One (subject of this BJC).

Following approval of the PBC, the Advanced Works commenced on site and completed during September 2021. The Phase One BJC was submitted to WG in July 2021 with works completing in February 2025.

Phase One experienced difficulty in assessing the scope of the work content whilst also keeping the hospital functioning. As a result it was agreed with MWWFRS that works in ITU, theatres, A&E, plant room would be deferred to Phase Two of the project and therefore within the scope of this BJC. Formal confirmation has now been received from MWWFRS that the Enforcement Notice associated with the Phase One scope of works has been lifted (Appendix 6).

Throughout the overall programme, the Health Board has kept MWWFRS informed of progress and ensured their support of the proposed action plans. In December 2025 the Health Board met with MWWFRS to present progress against the fire stopping works on all hospital sites (i.e. BGH, GGH and WGH). MWWFRS were happy with the proposed approach for works and agreed to align the GGH Enforcement Notice with the presented programme i.e. completion of the Phase Two works by July 2029.

The Health Board has undertaken a comprehensive evaluation of its procurement process and following guidance from the Welsh Government (WG) and NHS Wales Shared Services Partnership (NWSSP) has adopted a new procurement methodology was adopted. This revised approach introduced a dedicated Health Board Design Team, enabling a more detailed and collaborative design phase. The process not only improved in efficiency but also delivered significant financial savings.

1.1.1 Required Works

The Health Board has adopted an iterative delivery model, informed by lessons learned during Phase One of the fire stopping works at both WGH and GGH.

The focus of the Phase Two works is to address the outstanding works associated with fire safety matters in patient ward areas and non-ward spaces with patient sleeping risk, along with further works required to comply with the evacuation protocols as agreed with MWWFRS. The phase involves remedial activities in the main hospital, focusing on 30-minute sub-compartment lines in departmental areas such as wards, risk rooms (as required by MWWFRS), and soffit works. These have been split into two separate works packages: the main firestopping works and external civils works.

It is important to note that substantial additional complexity has been identified in delivering the fire escape lift on Block 32. This is related to the proximity of the Moducel unit which houses critical IT components for the Health Board and substantial concerns with the proximity of the new fire escape lift to this unit specifically with large scale civil engineering works causing damage to this highly sensitive equipment. The current recommendation is to re-provide the unit in an alternative location prior to construction commencing on the new fire escape lift, however, this has had a significant impact on the costs for this element of the project.

This has been discussed with the Deputy Director – NHS Capital, Estates & Facilities where it was agreed to proceed with the BJC on this basis to allow all other aspects of the fire escape works to progress as planned without any delay.

The Health Board will need to undertake further work to explore what alternative arrangements are possible which will reduce the capital cost for this element of the project and will form part of the normal scrutiny process.

Included within the capital costs is an allowance for decorative enhancements to refresh Wards / Departments when the fire works in these areas are concluded and prior to commissioning for patients. It is felt this is an important opportunity to take advantage of decommissioned areas and offer some improvements to patient environments without extending the period required for Fire Compliance works.

1.2 Economic Case

The overarching approach to options development and appraisal was agreed with NHS Wales Shares Services Partnership Specialist Estates Services (NWSSP-SES) in January 2021 where there was agreement that there is only one viable option available to the Health Board which is to undertake the works as required by MWWFRS.

The Business as Usual / Do Nothing option risks further enforcement notices being served. As this is not seen as a viable option, in agreement with WG the BAU option has not been taken forward for further economic / financial appraisal.

The proposed solution ensures compliance with the Fire Enforcement requirements and sustains the hospital for the next 7 – 10 years subject to continued fire management and training in the context of the A Healthier Mid and West Wales strategy.

1.3 Commercial Case

1.3.1 Procurement Strategy

The procurement strategy for this phase of the programme represents a significant evolution from the previous methodology. The Health Board has transitioned away from the Design for Life Framework approach (which previously combined both Principal Designer and Principal Contractor roles) towards a traditional design and tender approach via a framework.

Under this revised strategy, the Health Board has procured a dedicated Principal Design Team through an approved framework. This team operates independently on behalf of the Health Board and is led by a third-party Fire Engineer. The team also includes architectural consultants, mechanical design specialists, and a CDM (Construction Design and Management) Co-ordinator, ensuring a comprehensive and compliant design process.

In parallel, the Health Board has undertaken a competitive tender process for the appointment of a Principal Contractor, working in collaboration with Carmarthenshire County Council and utilising the Southwest Wales Regional Contractor Framework. This approach ensures alignment with regional procurement standards and supports local economic development.

The tender process has concluded but marketplace not yet informed. The contractor will be selected by March 2026.

All contractual arrangements will be formalised using the NEC suite of contracts as prescribed under the relevant frameworks. Following detailed design development by the newly appointed design team, and in agreement with WG and NWSSP SES, an Option A (fixed price) NEC Contract was negotiated and was tendered in two separate contracts:

- Contract 1: Fire Protection Upgrade Works
- Contract 2: Civils Works Externally

This revised procurement approach strengthens governance, enhances design quality, and supports the delivery of a compliant and cost-effective solution to meet the fire safety requirements of the estate.

1.3.2 Service Requirements

This BJC states a requirement for the delivery of the Fire Safety Precautions scheme under the NEC4 Engineering & Construction (ECC) Form of Contract (Option A) and Southwest Wales Regional Contractor Framework.

A series of design proposals are available to support the functional content, based on Health survey reports and building notes and latest available guidance. A full copy of the latest version of the design proposals is included as an appendix to the Estates Annex.

This BJC covers the Phase Two works which focuses on areas with a patient sleeping risk potential or proximity (i.e. mainly in ward and department areas).

A phasing methodology and approach to delivering the works has been agreed in principle with the hospital management team and is further detailed within the estates annex.

1.3.3 Contractual Arrangements

There are no key contractual clauses over and above the standard NEC4 Engineering & Construction (ECC) Form of Contract Option A framework clauses (including Right to Work

legislation). The construction contract for the Principal Contractor will be administered through the South West Wales Regional Contractor Framework. Requirements for AEDET, NEAT, BIM and BREEAM in relation to this project have been amended through local contract amendment and are not required.

The Health Board are aware of the forthcoming updates to the Building Safety Act and will review implications on the project accordingly.

The approach has been agreed with NWSSP SES and MWWFRS.

1.3.4 Payment Arrangements

The Health Board have made, and will continue to make, payments to the externally appointed team in respect of products and services as follows:

- Appointments for Project Manager and Cost Advisor appointments have been made in line with NHS SBS and CCS Framework terms and conditions respectively;
- The fire engineer led design team appointment has been made in line with WPA (Welsh Procurement Alliance) Framework terms and conditions with an NEC Professional Services contract;
- The contracts will be managed by Hywel Dda University Health Board under the NEC4 Option A Priced contract with activity schedule with regards to the Principal Contractor appointment in line with South West Wales Regional Contractor Framework terms and conditions.

Following BJC approval, the Project Bank Account will be activated.

1.4 Financial Case

The capital costs of the preferred option outturn at an estimated cost of **£19,983,109** including VAT and the quantified risk contingencies held only by the Health Board. An additional allowance has been included (estimated costs) to support decorative enhancements to the wards / departments following the upgrade works, bringing the BJC total outturn to **£22,507,533**.

It is noted that the Health Board will be undertaking further work to explore alternative arrangements for delivering the fire escape lift and proximity to the Moducel unit (housing critical IT infrastructure). This will be reviewed with WG through the normal scrutiny process with the aim being to reduce the capital costs for this element of the project.

1.4.1 Capital Costs

The capital cost forms supporting the fire protection upgrade works (comprising Fire Stopping, Civils / External Packages and Ward Refresh works) packages are included at Appendix 8 and summarised in Table 1.

Element	Capital Costs
Works Cost – Fire Protection Upgrade Works	£5,143,279
Works Cost – Civils Works Externally	£3,378,116
Recovery of Sunk Costs from BJC 1 FY Years 22/23, 23/24 and 24/25	£918,707
Fees	£2,827,218
Non-works Costs	£2,731,568
Equipment	£30,000
HDUHB Quantified Risk Contingency	£2,462,326
Project Sub Total (excl. VAT)	£17,491,215
VAT	£3,190,570
VAT Reclaim	-£698,676
BJC Total – Excluding Refresh Works	£19,983,109
Refresh Costs – Cost Estimate (incl. VAT and VAT reclaim)	£2,524,424
BJC Total – Including Refresh Works	£22,507,533

Table 1: Capital Costs

An indicative cash flow for the capital expenditure is included in Table 2.

2022/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	Total
£0.93M	£0.98M	£6.18M	£8.34M	£5.06M	£0.88M	£0.14M	£22.51M

Table 2: Cash Flow

1.4.2 Revenue Implications and Affordability

It has been assumed that there will be no additional recurrent pay and non-pay costs, with the exception of capital charges attributable to the delivery of the programme. The Health Board's assumption is that capital charges including increased depreciation and any impairment charges on completion will be fully funded by Welsh Government.

1.4.3 Funding Arrangements

This project requires further funding from the Welsh Government NHS All Wales Capital programme.

1.5 Management Case

1.5.1 Programme Management Arrangements

The programme management structure for this programme is aligned with the Business Continuity (Major Infrastructure) Programme Approach which has been formally constituted and established in line with best practice (Managing Successful Programmes) and will be managed in accordance with PRINCE 2 methodology.

The programme of works identified within this business case will be managed via the Health Boards central capital projects team.

The Health Board Executive Director of Strategy and Planning is the formal Senior Responsible Officer (SRO) and will ensure that the programme meets its overall objectives and delivers its expected benefits. The Programme Director Major Infrastructure Projects is the Programme Director who will be responsible for the successful delivery of all projects within the programme. The Capital Development Manager is the Estates lead overseeing project operational delivery.

1.5.2 Project Milestones

The detailed programme is included in Appendix 9 with the key milestones shown in Table 3:

Programme	Time
Business Justification Case submission to WG	26 March 2026
WG Approval	03 June 2026 (subject to WG election period)
External Civil Works	17 August 2026 – 19 November 2027
Main Firestopping Works Commencement	17 August 2026
Works Completion: Non-fire stopping works	19 November 2027
Works Completion: Non-decant areas	04 May 2029
Works Completion: Decant areas	25 May 2029
Contract Completion (inc. demobilisation and float)	20 July 2029

Table 3: Programme Milestones

1.5.3 Arrangements for Contract Management

These will be administered under the NEC4 Option A contract (priced contract with activity schedule), with Southwest Wales Regional Framework amendments for both the Project Manager and Cost Advisor.

The design and construction contract for the Principal Contractor will be administered under the NEC4 Option A contract (priced contract with activity schedule).

1.5.4 Main Risks

A comprehensive risk register is in place which has been ratified following a workshop including all of the delivery team members, HDUHB estates and operations team and importantly, the key stakeholders representing the hospital nursing / operational teams.

There are significant concerns identified with delivering the fire escape lift and proximity to critical IT infrastructure. The BJC has included costs for relocating the Moducel unit but through the scrutiny process will undertake further work to explore alternative opportunities with the aim of reducing the capital cost for this element of the project.

The detailed risk register is included in Appendix 10, with the key risks (risk score 16 and above) identified in Table 4.

Risk	Mitigation Measure
Strategic / Planning / Programme Risks	
Concerns from the HB regarding the new external lift's proximity to the existing IT container and potential damage.	HB developing costs etc. to relocate
Hospital activities impact on proposed phasing or programme of works. Hospital unable to release non-ward areas in accordance with the programme due to clinical needs of patients. Hospital activities affecting access for designer or contractors.	Early engagement with the Hospital and Management Teams to discuss requirements and expectations as well as define phasing strategy. Ongoing coordination between project team and HB during construction phase. P2 works planned on basis of single internal decant ward. Consideration for expanding decant to 2 wards to support effective programme. Non-Decant areas works based on rolling programme Engagement of seconded estates and nursing team member to project to ease comms.
There is a risk that the project will be impacted by delays in governance/approvals/market interest/tender returns etc.	Health Board to liaise with Boards, NWSSP and WG to mitigate delay risk. Board approval dates contained on current programme.
Limit on decant availability for non-ward areas of the campus (offices, clinic rooms).	Health Board consider alternative accommodation to support programme efficiencies and betterment.

Risk	Mitigation Measure
	Reconsider strategy for supporting 'estates' works during time pressured fire programme.
Timing of BJC submission to Welsh Gov coincides with Purdah period associated with government elections in 2026 and consequential hiatus in approval of business cases. Delay to submission and therefore approval of BJC.	Programme re baselined to accommodate likely delay resultant from Purdah. Consideration of enabling works at risk to prepare for delivery of main works programme, pending BJC approval. Scrutiny comments may be delayed
Design Risks	
Limitations to scope in ITU due to service congestion above ceiling not acceptable to MWWFRS and requires action	Proactive engagement with MWWFRS to ensure scope well accepted and understood. Derogation schedule to reflect. Assumptions made where access not available.
Site and Construction Risks	
There is a risk that unknown hazardous materials (including asbestos) will be discovered in the existing buildings.	Identification of findings to client team and if necessary, execute additional surveys before commencement of works. Time and cost allowance made in BJC. Health Board to release existing Asbestos registers. Unknown scenarios, i.e. area which can't be accessed to survey in advance, to be managed through contract administration.
Live services impeding the Works and inability to isolate or relocate.	Unknown scenarios, i.e. area which can't be accessed to survey in advance, to be managed through contract administration or approved derogation item as done with Phase 1 examples. Service Isolations confirmations to be provided by HB. Pre-works survey to identify areas which may need to be considered for derogation if too difficult.
Lifting and loading operations - risk of materials craned into the courtyard falling or damaging buildings.	Contractor methodology and CPP need to take account for this. Lift operations reviewed with HB prior to lifts
IT hub services removal by HB not in line programme	HB to ensure timescales are clearly understood. Float to be included on programme.

Table 4: Main Risks

1.5.5 Main Benefits

The main benefit from this project will be HDUHB compliance with fire enforcement notices avoiding any further legal action and ensuring delivery of patient services can be sustained. Additional benefits in relation to reduced backlog maintenance and a comprehensive concise fire strategy for the site will also be realised.

1.5.6 Programme Assurance

Due to the nature of this BJC, the Health Board has determined that an Equality and Health Impact is not required. Ensuring that buildings are compliant with fire safety regulations will improve the safety for all patients, staff and visitors to the hospital.

A Risk Potential Assessment has been undertaken by the SRO (Appendix 11). The project has been assessed as low risk.

1.5.7 Post Project Evaluation

The Programme Board will ensure that post project evaluation is undertaken in accordance with Welsh Government requirements. Evaluation will include:

- Evaluation of the project procurement stage;
- Evaluation of the various processes put in place during implementation;
- Evaluation of the project in use shortly after the works are completed.

1.5.8 Contingency Plans

There are no contingency plans should this project fail to achieve approval. The Health Board are at risk of receiving further enforcement notices which would impact on delivery of all hospital services.

1.6 Conclusion and Recommendations

This business case sets the required actions for Hywel Dda University Health Board to be compliant with fire safety regulations and remove the remaining enforcement notices.

The business case has described the proposed approach which aims for completion of the Phase Two works in July 2029, which is dependent on work commencing in August 2026. It is anticipated that MWWFRS will review progress with the Health Board once works have commenced and will align enforcement notices to the contractor programme.

The Health Board must comply within the stipulated timeframe set by the Mid and West Wales Fire and Rescue Service or risk further escalation actions by MWWFRS including further enforcement.

It is requested that Welsh Government approve this business case based on the proposed cost and approach to delivery of work.

2.0 Introduction

2.1 Scope of Document

This Business Justification Case (BJC) has been developed to detail the required investment for Glangwili General Hospital (including residential accommodation blocks) in relation to fire precaution upgrade works.

Following visits from the Mid and West Wales Fire and Rescue Service (MWWFRS) to Glangwili General Hospital (GGH) in February 2020, Hywel Dda University Health Board (HDUHB) received an enforcement notification in relation to compliance with fire safety regulations.

A Programme Business Case was submitted to Welsh Government in March 2020 detailing proposals which ensured that the Health Board would be able to achieve compliance within the stipulated timescales.

The PBC recommended immediate commencement on a programme of Advanced Works (essential works targeted at the buildings where the Health Board had received enforcement notices). These works have been completed.

The remaining works were packaged into two separate phases.

- Phase One of the main works focussed on primary escape routes. Works commenced on site in June 2021 and completed on 14 February 2025.
- Phase Two (this BJC) will address the further works required to comply with sub-compartments and hazard rooms within departments and any works deferred from Phase One.

2.2 Document Structure

This business case has been structured as follows and in line with the Better Business Case Investment Guidance, five case model structure, which is in accordance with HM Treasury best practice and the approach prescribed by Welsh Government (WG):

- **Strategic Case:** This section provides an overview of the context within which the investment will be made. It sets out the background and strategic context outlining the issues faced by Hywel Dda University Health Board and describes how the proposed investment will support organisational objectives;
- **Economic Case:** This section confirms the available options and makes recommendations for the preferred way forward;
- **Commercial Case:** This section sets out the procurement arrangements for the scheme;

- **Financial Case:** This section confirms funding arrangements and affordability and explains any impact on the balance sheet of the organisation;
- **Management Case:** This section details the plans for successful delivery of the project to cost, time and quality including the proposed approach for post project evaluation.

A glossary of abbreviations used is included at Section 9.0.

DRAFT

3.0 Strategic Case

This case describes the context within which this programme has been developed and demonstrates that the programme has been informed by, and will address, the identified drivers for change.

Following visits from the Mid and West Wales Fire and Rescue Service (MWWFRS) to the Hospital, Hywel Dda University Health Board (HDUHB) received letters of Fire Safety matters in relation to compliance with fire safety regulations. The focus of this business case is to ensure that the Health Board undertake the necessary actions to ensure compliance within the stipulated timescales.

3.1 Organisational Overview

Hywel Dda University Health Board (HDUHB) is one of seven health boards in Wales and serves the population of mid and west Wales. HDUHB covers more than a quarter of the landmass of Wales and is the second most sparsely populated Local Health Board area, with roughly 13% of the total population of Wales.

The Health Board provides primary, community, in-hospital, mental health and learning disabilities services to a population of 384,000 taken from the three counties as follows:

- Carmarthenshire 183,936 residents;
- Ceredigion 79,488 residents;
- Pembrokeshire 120,576 residents.

Acute and community services are provided via four main hospital sites as well as a range of community-based services. The geography of the Health Board is challenging with journey times between the health board sites ranging from 45 to 105 minutes. The acute sites are:

- Bronglais General Hospital in Aberystwyth (BGH);
- Glangwili General Hospital in Carmarthen (GGH);
- Prince Philip Hospital in Llanelli (PPH);
- Withybush General Hospital in Haverfordwest (WGH).

3.1.1 Hywel Dda Health and Care Strategy

In 2018, HDUHB published 'A Healthier Mid and West Wales: Our Future Generations living well' (AHMWW), the long-term strategy for transforming health services and delivering quality care closer to home. The focus is on keeping people healthy with a shift to a social model of

health which cannot be separated from our associated workforce, estates, digital and environmental challenges. Hospitals will continue to be a key part of the health and care system, the wider whole system approach will involve the hospitals working much more closely in the community at one end, while forming stronger links to highly specialised services at the other.

The Health Board submitted a Programme Business Case (PBC) to Welsh Government in March 2022 which set out the context and high-level need for the resources to support capital and estates planning for the delivery of the Health and Care Strategy transformation programme.

The PBC is yet to be endorsed and the affordability of the programme in the context of the wider WG capital budget is a concern. As a consequence, WG requested the Health Board to explore an alternative approach to delivering the new Urgent and Planned Care Hospital, Glangwili and Withybush elements of the AHMWW Strategy as described in the PBC. The PBC Addendum has not changed the overall direction of travel for the organisation but has reconsidered the implementation of the strategy and the infrastructure needed. The Addendum is planned for submission to WG in February 2026.

The UHB recognises that a new hospital in the south of Hywel Dda is not likely to be operational for another decade and it is essential that the existing sites continue to be maintained. A separate PBC has been developed to address the business continuity / estates infrastructure issues across all four acute hospitals which was submitted to Welsh Government and received endorsement in July 2021. The strategic context is such that the existing estate will now need to be sustained for a much longer interim period in advance of significant estate transformation and therefore addressing the essential fire precaution works as detailed in this BJC will be essential to maintaining continuity of service in the interim period.

3.1.2 Summary of Financial Standing

The UHB has faced a challenging financial position since its establishment. Since the NHS Finance (Wales) Act came into effect from 1 April 2014 to date the UHB has failed to meet its statutory duties to have an approvable Integrated Medium Term Plan or break even over a 3-year period.

The UHB had seen a stabilisation in its financial position. Improvements in financial control, alongside the financial recognition of the Health Board's demographic challenges in 2018/19 together with additional £10m recurring funding in 2020/21, had contributed to a reduction and then maintenance of the reported in-year deficit position.

Subsequently the Health Board's underlying deficit worsened. WG wrote to the Health Board in September 2022 to advise that the escalation status of the UHB be raised to 'targeted intervention' (level 4) for planning and finance with the organisation as a whole being put into targeted intervention in April 2024. Improvements have been seen with the current (December 2025) escalation level for leadership and governance reduced to Level 1 meaning it is no longer escalated with planned care and cancer being at enhanced monitoring (level 3). However, the Health Board remains at level 4 for areas including finance, strategy and planning and fragile services. Revenue resource performance for the last three years is summarised below.

	2022/23	2023/24	2024/25	Total
Net operating costs for the year	£1,154,992	£1,264,538	£1,355,490	£3,775,020
Less general ophthalmic services and other non-cash limited expenditure	£2,431	£1,831	£1,111	£5,373
Total operating expenses	£1,157,423	£1,266,369	£1,356,601	£3,780,393
Revenue Resource Allocation	£1,098,379	£1,200,554	£1,332,462	£3,631,395
Under/(over) spend against allocation	(£59,044)	(£65,815)	(£24,139)	(£148,998)

Table 5: HDUHB Financial Position

The University Health Board has submitted an annual plan which included a planned deficit of £31.5m. WG has noted that this is neither acceptable or supportable from its perspective and issued the Health Board with a control total of £24.1m in line with the deficit for FY 24/25. The Health Board is forecasting (November 2025) a £22.1m deficit by the end of FY 25/26 after additional funding was made available from WG to cover all Wales cost pressures associated with the Welsh Risk Pool and Band 2 to 3 re-banding.

The Health Board will be submitting a Three-Year Financial Plan for 2026 – 2029, aspiring for a breakeven position for 2027/28 and beyond, aligned to WG criteria associated with £26m of conditionally recurrent funding allocated to the Health Board in FY 24/25. The Plan focuses on achieving financial breakeven over a three year roadmap to 2028/29, with financial breakeven in-month for March 2027, dependent upon the level of funding uplift from Welsh Government, providing long term stabilisation and in line with our clinical priorities. The plan and organisational priorities are focused on delivery of the Ministerial Priorities. The plan is a continuation of the organisation's journey to date, consistent with the strategy and building on the methodology of strategic objectives, planning objectives and our Board Assurance Framework.

3.1.2.1 Infrastructure Investment Plan

The largest strategic capital commitments in the coming years relate to the 'A Healthier Mid and West Wales: Our Future Generations Living Well' clinical strategy and the associated infrastructure requirements.

The Infrastructure Investment Plan will prioritise both capital developments and backlog maintenance in line with the current prioritised position and strategic objectives and be informed by the current risks the organisation holds. A core focus of the capital plan is the delivery of essential quality and safety, business continuity schemes including replacements, issues of compliance and infrastructure maintenance.

This business case is a direct response to the issues of compliance and essential fire safety matters identified by MWWFRS letters of Fire Safety matters and will be reflected in the Infrastructure Investment Plan.

This BJC is a direct response to the issues of compliance and essential fire safety matters identified by the Mid and West Wales Fire and Rescue Service letters of Fire Safety and are reflected in the Infrastructure Investment Plan.

The Capital Investment Plan will prioritise both capital developments and backlog maintenance in line with the current prioritised position and strategic objectives and be informed by the current risks the organisation holds. A core focus of the capital plan is the delivery of essential quality and safety, business continuity schemes including replacements, issues of compliance and infrastructure maintenance.

3.1.2.2 Discretionary Capital Programme

The UHB receives an annual allocation which is allocated annually into the areas of highest investment needs. For these locally controlled funds, this is in the main targeted to support issues of quality and safety, and business continuity and is allocated over the following headings:

- Infrastructure and statutory backlog;
- Estates statutory compliance;
- Replacement of medical and other equipment;
- Essential maintenance of estates infrastructure;
- Standardisation of medical equipment and devices across sites to enable cross site working;
- Capital support posts and business case developments;
- Significant upgrades of IT infrastructure and keeping pace with IT replacements.

The UHB faces very significant backlog pressures in IM&T, estates maintenance and equipment replacement which means that not all risks can be mitigated. Programmes of replacement will need to be the subject of All Wales Capital support.

3.2 Policy Context

The Health Board has a corporate responsibility to deliver an efficient, safe estate that supports clinical services in line with WHBN 00-08: Estatecode Wales. There are also legal responsibilities in the provision of soft and hard FM services requiring adherence to Health Technical Memoranda (HTM). HTMs provide guidance for the design, management and maintenance of healthcare engineering systems including fire safety.

There are a number of regulatory frameworks that the Health Board must comply with in relation to fire safety. Adherence with these regulatory frameworks underpins this BJC where practicably possible and include:

- Building Regulations 2010;
- Regulatory Reform (Fire Safety) Order 2005;
- WHTM 05-01: Firecode Managing Healthcare Fire Safety (2019);
- WHTM 05-02: Fire safety in the design of healthcare premises (2014);
- HTM 05: Fire Safety (2011);
- Fire and Rescue Services Act (2004);
- Forthcoming Building Safety Act Legislation.

The Regulatory Reform (Fire Safety Order) consolidated the fire related legislation. As a result, the Healthcare Firecode suite of documents was revised with mandatory requirements for all NHS bodies. The NHS Wales Fire Safety Policy provides an unambiguous statement applicable to the NHS in Wales and premises where patients receive treatment or care. The aims are to minimise the incidence of fire throughout the NHS estate in Wales and to minimise the impact from fire on life, safety, delivery of service, the environment and property.

3.3 Programme Investment Aims

Within the overall NHS planning context, the Minister for Health and Social Services has determined a series of investment objectives for the NHS Infrastructure Investment Programme including capital and revenue funding delivery models. These objectives have been adopted by HDUHB and interpreted these for the overarching Estates Infrastructure programme as follows:

- Reduce the risk profile on Estate infrastructure;
- Maintain appropriate levels of patient safety and comfort;
- Extend the operating life of the hospitals;
- Support future service planning by ensuring sufficient infrastructure of systems resilience and capacity for future service modelling;
- Reduce essential backlog maintenance requirements;
- Identify and deliver a cost effective and value for money solution, programme timetable and budget.

The investment aims specific to this business case have been developed within the context of the overarching estates infrastructure approach and have a specific focus on ensuring compliance with the NHS Wales Fire Safety Policy on the Glangwili Hospital Site.

The schemes of work included within this BJC are specific to GGH, elements of which are also works packages included in the Estates Infrastructure programme which is the subject of a separate business case.

The programme investment aims for this BJC are to:

- Ensure compliance with core statutory standards namely Fire Code regulations;
- Reduce the risk profile on estate infrastructure;
- Support the delivery of safe, sustainable and accessible services, and facilitate high standards of patient care.

3.4 Existing Arrangements

The largest of the four Hywel Dda University Health Board's hospitals, Glangwili General Hospital is located approximately 2 miles from the centre of Carmarthen. It has a gross floor area of 48,750m² providing approximately 390 beds and a 24-hour Emergency Department. The total site area is approximately 11.3 hectares. The site includes buildings of various ages from over 60 years to buildings completed within the last 15 years, with the core buildings constructed in the 1950/60s (this includes inpatient wards, operating theatres, outpatients, radiology and pathology services).

Figure 1 shows the age profile of the buildings on the site. The age profile of the estate has implications on estate backlog performance and despite capital investment of circa £25M over the past 10 years a significant backlog maintenance liability remains. This was assessed as being £90,131,379 as at February 2025 (Table 7 and 8).

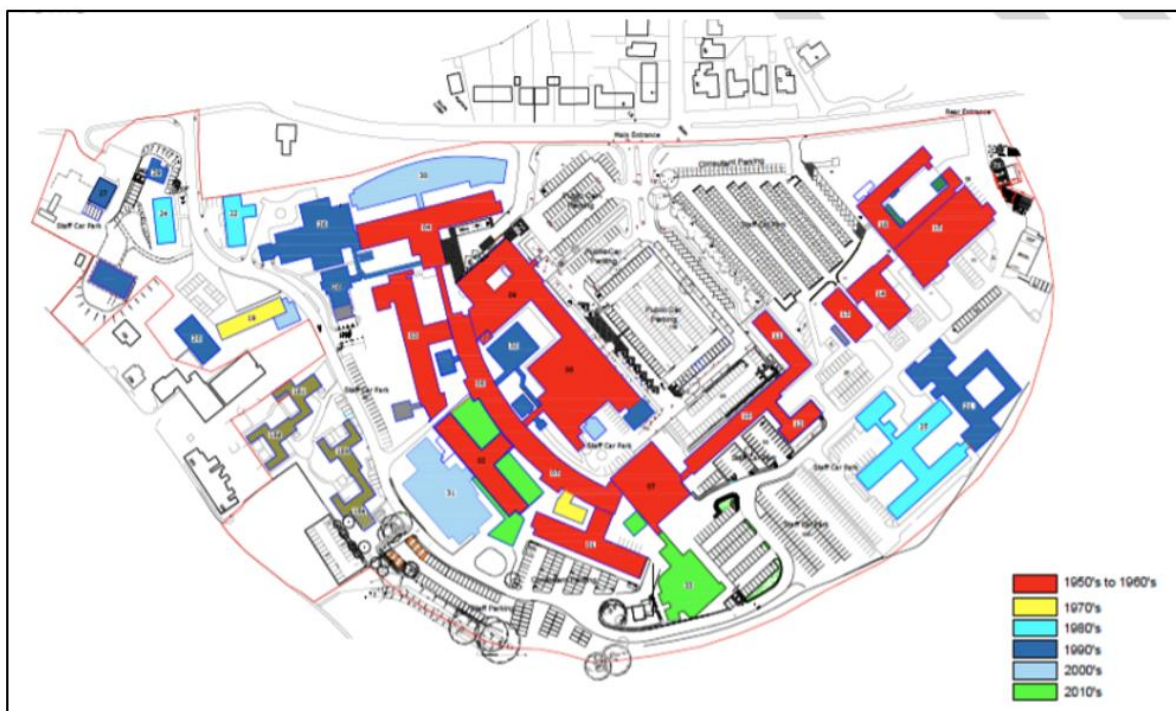


Figure 1: Glangwili Hospital Site - Age profile of the existing estate

Backlog Maintenance Costs by Type as at February 2025				
Physical Condition Costs	Safeguards & Security Costs	Fire Safety Costs	Disability Discrimination Act (DDA) Costs*	Total Backlog Costs
£48,379,011	£3,365,322	£38,387,046	£1,238,977	£90,131,379

*NB DDA costs are included in Safeguards and Security Costs but shown here separately for completeness noting that these figures are not counted again in the totals.

Table 6: Backlog Maintenance Liability by Type

Backlog Maintenance Costs by Risk Category per risk category as at February 2025				
High Risk	Significant Risk	Moderate Risk	Low Risk	Total
£3,630,393	£78,466,781	£3,705,122	£4,329,083	£90,131,379

Table 7: Backlog Maintenance Liability by Risk

The plan below indicates the current condition of the existing estate. Those buildings coloured beige are the core clinical buildings, the majority of which are over 50 years old and category C in terms of condition (Operational but major repair or replacement needed in the short to medium-term). These buildings contain the main inpatient bed stock, imaging, theatres,

outpatients, essential clinical and some non-clinical support services. The other buildings shown in blue are rated as condition category A/B (operationally safe and exhibiting only minor deterioration).

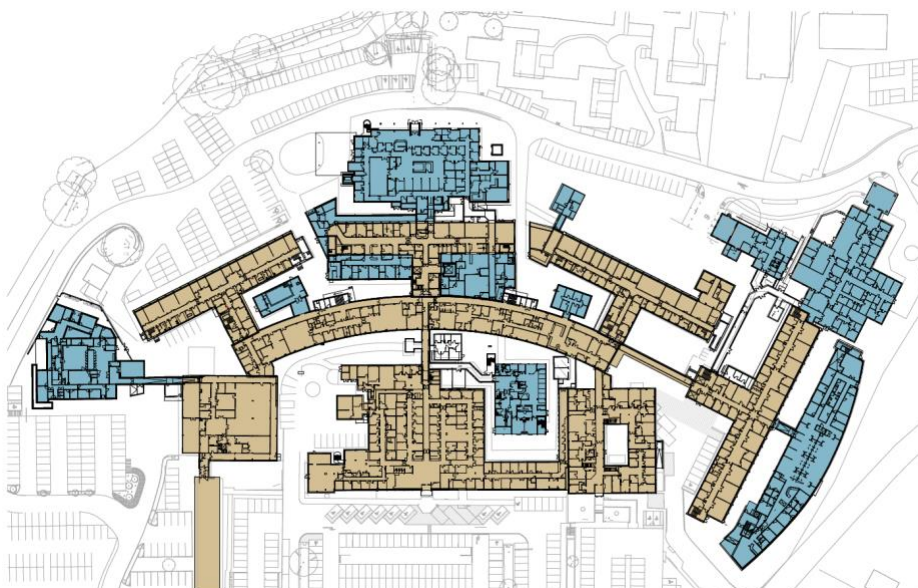


Figure 2: GGH Building Condition Plan

The Health Board has benefited from an uplift in its recurring discretionary capital allocation over the last few years and whilst this has been welcomed and has enabled greater flexibility at a local level to manage competing expenditure priorities, it remains extremely difficult to resolve all risks. HDUHB continues to face very significant backlog pressures in IM&T, estates maintenance and equipment replacement. The resulting impact has been service interruptions, risks to clinical service and business continuity and health and safety concerns. Not all risks can be mitigated and programmes of replacement over a longer timeline are being developed and will need to be the subject of All Wales Capital support. A separate PBC has been developed to address the business continuity / estates infrastructure issues across all four acute hospitals within the context of the AHMWW Strategy.

An overview assessment of the estate was undertaken in 2018 to determine the extent of works required to bring the acute sites in line with statutory compliance regulations. Fire compliance has been assessed against the current version of WHTM 05-02–Firecode (Fire safety in the design of healthcare premises) and it has been concluded that the clinical services blocks do not meet current standards with respect to fire safety. For example:

- Reference to drawings indicates that compartmentation is present, but it was anticipated that some making good works would be required to ensure continuity;

- Fire doors are generally in poor condition, requiring replacement of seals, closers and ironmongery. Whole system replacement is needed to achieve certified performance;
- A number of staircases are accessed direct from inpatient accommodation with no lobbies;
- Staircases are undersized compared to current guidance for mattress evacuation purposes;
- Corridors are below the width recommended for escape.
- The configuration of the wards does not support progressive horizontal evacuation with insufficient space in adjacent wards for patients from other wards;
- There was evidence of waste being stored in corridors and rooms which would typically be classified as 'hazard rooms' in HTM 05-02 and are not fire protected.

The extent and efficacy of fire protection to the structure was unknown, requiring further detailed investigation. The UHB therefore commissioned fire compartmentation surveys to support the development of the Programme Business Case which was submitted in October 2020. The core non-compliance is related to the configuration of the buildings and therefore refurbishment would not fully resolve these issues.

The Phase One BJC focused on primary escape routes / compartmentation lines. Works completed in February 2025 and MWWFRS have confirmed that the associated Enforcement Notice has been lifted (Appendix 6).

This BJC addresses the outstanding works required to comply with the provisions of the Regulatory Reform (Fire Safety) Order 2005.

3.5 The Case for Change

In line with the AHMWW strategy, the Health Board is clear that there is a need to maintain business continuity and a business-as-usual approach whilst the wider strategy is delivered. This requires the UHB to maintain estate and capital requirements to support clinicians to deliver services within the existing model during transition years. The business continuity schemes are crucial to on-going service delivery across the organisation and any deterioration in service delivery within the existing model will impact on clinical care and patient outcomes as well as affecting the ongoing engagement and positive relationship with the local population.

The following sections detail the fire enforcement notices that have been received, the works that have been completed and a detailed assessment of those works that are outstanding and form the subject of the business case.

3.5.1 Fire Enforcement Notices

The Mid and West Wales Fire and Rescue Service (MWWFRS) visited Glangwili General Hospital on 24 February 2020 and issued an enforcement notice (KS/890/06 dated 17 April 2020) requiring the Health Board to remedy a number of specific areas by 16 October 2020. The enforcement notice was issued due to failure to comply with provisions of the Regulatory Reform (Fire Safety) Order 2005 because people were unsafe in case of fire. The letter and accompanying schedule which detail the areas of non-compliance are included as Appendix 1.

A number of issues were immediately actioned as confirmed with MWWFRS (Appendix 7) and included:

- Obstructed escape routes: All housekeeping items removed by a combination of clearance and management process updates;
- Maintenance:
 - Escape lighting testing records in place and shared with MWWFRS;
 - Fire Damper testing and maintenance regime updated and shared with MWWFRS;
 - Escape routes – inappropriate locking mechanisms to Fire Doors replaced;
- Firefighting equipment – replacement of dry power extinguishers;

The PBC stated that the outstanding items (relating to compartmentation, fire resisting doors and fire damper systems) required substantial further investigation, planning of work and financial investment to remedy.

A series of specialist surveys were conducted to enable initial assessments and assumptions of the required works to be made, however, the full extent of works, the impact of asbestos and likely methodology restrictions could not be fully determined at that stage.

The proposed approach to delivery of the works was to immediately address the most urgent works and to group the main package of works into two phases to remediate the fire compartmentation. This was agreed with MWWFRS and the enforcement notice was amended to reflect the agreed delivery programme (Appendix 3).

Enforcement Notice	Work Package	Action
KS/890/07 (Withdrawn)	Advanced Works (Complete)	Compartmentation: All Vertical Escape Routes To undertake whatever works are necessary to ensure that any/all breaches in fire resisting compartmentation that affect the Vertical Escape Routes within Glangwili General Hospital are addressed as agreed in the programme for Advanced works.

Enforcement Notice	Work Package	Action
KS/890/08 (Withdrawn)	Phase One Works (Complete)	Compartmentation: All Horizontal Escape Routes To undertake whatever works are necessary to ensure that any/all breaches in fire resisting compartmentation that affect the Horizontal Escape Routes within Glangwili General Hospital are addressed as agreed in the programme for Phase 1 Works.
		Compartmentation: All Vertical Breaches and / or Penetrations To undertake whatever works are necessary to ensure that any/all breaches in fire resisting compartmentation that affect the intermediate floors between levels within Glangwili Hospital are addressed as agreed in the programme for Phase 1 Works
KS/890/09	Phase Two Works	Compartmentation: All Vertical Escape Routes To undertake whatever works are necessary to ensure that any/all breaches in fire resisting compartmentation that affect the Wards, Theatres, Plant Rooms, Offices, Surgeries, Specialist Units and any other compartmented spaces within Glangwili General Hospital are addressed as agreed in the programme for Phase 2 works.

Table 8: Enforcement Notices

The Advanced Works were those works against which rapid progress was essential. The Fire Service were given assurance that work would be progressed in advance of the formal business justification case approval process.

Welsh Government approved the commencement of the Advanced Works and following financial approvals and a local tender based procurement exercise, works commenced on site in May 2021. These focused on the escape stairwells in the main hospital core block and associated residential accommodation block and completed in September 2021.

A review meeting between HDUHB and MWWFRS took place on the 16 June 2020 to discuss progress against the Enforcement Notices. MWWFRS noted that progress had been made in addressing some of the identified issues and they also acknowledged the delays associated with Covid-19. Consequently, MWWFRS reviewed the Enforcement Notice and adjusted the timeline for compliance to February 2021 on the basis of progress to the planned phased works agreed between the UHB and MWWFRS in the meeting (Appendix 2).

A further meeting was held on 2 October 2020 to review progress and the ongoing impact of the Covid-19 on the works. MWWFRS subsequently issued a letter to the UHB advising that several matters remained outstanding. They withdrew Enforcement Notice KS/890/06 and to rationalise the correspondence associated with the outstanding matters and to provide clarity on the

enforcement expectations issued Enforcement Notices KS/890/07, KS/890/08 and KS/890/09 to align with the agreed approach to works as summarised below and detailed in Appendix 3.

Following a meeting on 6 January 2021 MWWFRS issued a letter confirming the timeline for completion of all works and alignment with the approach proposed in the PBC (detailed in Appendix 4).

MWWFRS visited the site on 1 June 2021 to review fire safety measures and subsequently issued a Letter of Fire Safety Matters dated 8 June 2021 (Appendix 5). This letter confirmed the expectation of compliance with the previously issued enforcement notices but detailed further areas of concern which are shown below. MWWFRS indicated that a review would be scheduled for July 2021 with a risk of a further enforcement should progress not be observed

Area of Non-Compliance		Required Action
1	Compartmentation	Inspected areas to be included within the current compartmentation survey. Holes in ceiling to be repaired in Block 3 FF Rm 36 (IT room) <i>Timeline for completion – in line with the agreed programme of works</i>
2	Fire resisting doors and corridors	Ensure escape routes are kept free from fire and smoke by: 1. Removing key locks and replacing with single action locking device within Blocks 18A and D 2. All missing hammers on Redlam panic bolts on exits within Block 4 FF, SF, TF to be fitted 3. Doors to rooms not accessed by the public / patients to be locked (e.g. bin store on access corridor, undercroft by pharmacy, Parden Ward) 4. Move all recycling bins from escape routes (Block 4) <i>Timeline for completion: within one month of date of letter (July 2021)</i> 5. Ensure fire doors default to closed position on activation of alarm (corridor doors in Block 4 GF) default to open <i>Timeline for completion: in line with the agreed programme of works</i>
3	Alarm and Detention	Fire detection to be updated in accordance with BS 5839 part 1 (outdated detector heads) <i>Timeline for completion – within one month of date of letter</i>
4	Storage of Refuse	Management of waste <i>Timeline for completion – within one month of date of letter</i>

Area of Non-Compliance		Required Action
5	Obstructed Escape Route	Ensure that everyone can evacuate quickly and safely by removing bins from the access room to the plant room within the area of obstetrics department <i>Timeline for completion – within one month of date of letter</i>

Table 9: Letter of Fire Safety Matters

3.5.1.1 Phase One Works

In line with the agreed strategy with MWWFRS, the PBC recommended approaching the main works in two phases to remediate the fire compartmentation on the main hospital and residential blocks.

The Phase One element of the project focused on the main escape routes / compartmentation lines within the hospital buildings. The scope included:

- Removal and replacement of suspended ceilings as necessary;
- Treatment of asbestos if impacted by the works;
- Repairs and replacement of defective fire door sets and furniture;
- Fire compartmentation improvement works as required both horizontally and vertically;
- Mechanical engineering installations including fire / smoke dampers (FDS) and associated ductwork;
- Control panels, temporary diversion of services to facilitate the works and associated builders work in connection (BWIC);
- Electrical installations modifications including door controls, minor alterations, minor fire alarm modifications to align with revised fire strategy.
- Temporary diversions as required including power, lighting, comms, alarms, ductwork and medical gas etc and associated BWIC.

The works completed also included reconfiguration of fire compartment lines alongside fire door replacements on all newly formed compartmentation lines. Repairs have been made to existing doors where deemed repairable. Works have also been undertaken to introduce compartmentation and fire stopping within the sub-terranean.

Phase One experienced difficulty in assessing the scope of the work content whilst also keeping the hospital functioning. As a result, it was agreed with MWWFRS that some of the works would be deferred to Phase Two of the project and therefore within the scope of this BJC (works in ITU, Theatres, A&E, plant rooms). Certain 60-minute fire walls at junctions with the main hospital remained in Phase One for compliance. The key reasons for deferral were:

- **Operational Disruption:** Works in critical clinical areas would severely impact patient care and infection control. Large areas affected include Block 32 (Endoscopy, Day Surgery, Theatre 6), ITU/HDU, Theatres, A&E, and multiple plant rooms;
- **Access Constraints:** Certain works require full decant of wards or plant rooms, which was not feasible during Phase One causing disruption to firestopping, wall reconstruction, door upgrades, expansion joint works, plant room compliance;
- **Technical Limitations:** Presence of asbestos, cables, and complex expansion joints prevented safe completion;
- **Ethos of Phase One:** Focused on compartmentalisation and minimising disruption, so extensive works were postponed.

The Phase One main works commenced on site in June 2021 and completed 14 February 2025. The Enforcement letter KS/890/08 (Phase One works) was withdrawn on 19 February 2025 (Appendix 6). The Health Board met with MWWFRS on 4 December 2025 to present progress against all of the fire stopping works (i.e. BGH, GGH and WGH). MWWFRS were happy with the proposed approach for works and agreed to align the GGH Enforcement Notice with the presented programme i.e. completion of the Phase Two works by July 2029.

3.5.2 Phase Two Works

The focus of the Phase Two works is to address the outstanding works associated with fire safety matters in patient ward areas and non-ward spaces with patient sleeping risk, along with further works required to comply with the evacuation protocols as agreed with MWWFRS.

The phase involves remedial activities in the main hospital, focusing on 30-minute sub-compartment lines in departmental areas such as inpatient ward areas, main plant rooms, risk rooms (as required by MWWFRS), and soffit works along with the works deferred from Phase One. These have been split into two works packages:

- **Fire Protection Upgrade Works**
 - Vertical and horizontal fire stopping works.
 - Door and ironmongery repairs or replacements.
 - Damper replacements and associated works, including power, controls and panel connections.
 - Temporary service diversions, as required.
 - Finishes repairs resulting from fire improvement works.
 - Survey of any asbestos material associated with works to establish the need for notification and licensed removal of asbestos products associated with the works for door linings and SVP/electrical riser pipes as examples.

- External Civils Works
 - Installation of an external CAT ladder.
 - Construction of a new lift (externally) and associated building works.
 - Construction of an external link bridge.
 - Construction of external access ramps
 - Upgrade of existing internal lift to evacuation compliant standard

The Health Board has engaged extensively with NWSSP Fire Officers to ensure the proposed works meet the requirements of the fire enforcement notices while minimising disruption to patient care. While it is acknowledged that there will be a small area of the works that have not been scoped due to access constraints, the proposed approach has been reviewed and endorsed by MWWFRS, who support the prioritisation of fire safety upgrades in areas with direct patient sleeping risk.

3.5.3 Lessons Learned from Phase One Works

The Health Board has adopted an iterative delivery model, informed by lessons learned during Phase One. This includes refined specifications for fire-stopping, improved access strategies and expediting the appointment of key advisors to speed up problem solving and reducing associated preliminary costs.

In response to the limitations of the initial survey-based approach in Phase One, the Health Board adopted a more detailed design strategy, delivered by a procured, Fire Engineer-led Design Team. This multidisciplinary team comprising architects, mechanical designers, a CDM coordinator, and an independent fire engineering consultant, has developed comprehensive design documentation to inform the construction phase. This shift has enabled a more robust understanding of the required interventions and has improved the accuracy of cost and programme forecasting.

- Appointing a designer that can be available on site for a minimum of two days per week to ensure that any issues are captured and managed quickly. Whilst this could be seen as wasted time, it will reduce the potential for Prelims in an extended build timeline;
- Directly appointing a Fire Engineer with the correct level of PI to aid with non-tested design detail solutions quickly thus mitigating against any potential delays;
- Procurement strategy has changed from NEC3 option E Cost reimbursable to NEC4 option A Priced contract and activity schedule.
- Allocation of AP resource to the scheme and inclusion of non-works costs in BJC for service isolations/works as needed to progress fire stopping works

- Maximising the opportunity for decanting spaces and reducing the opportunity for delay due to completing works while health care services remain in situ - for example, all ward spaces decanted and handover to the contractor. Theatres and ITU also decanted.
- PM has requested specific inclusion of commentary within the Estates Annex for the SCP to more effectively implement the EWN process associated with findings differing from those expected during works and incorporate for record as part of any change of scope review / reconciliation.

3.5.4 Changes to Scope since PBC

It is acknowledged, that due to the nature of the works the programme will need to be responsive to findings as works progress. Specific changes to scope since PBC are detailed below:

- Inclusion of works deferred from Phase One relating to works in ITU, theatres, A&E and plant rooms;
- Prioritisation of fire safety upgrades in areas with direct patient sleeping risk.

Included within the capital costs is an allowance for decorative enhancements to refresh Wards / Departments when the fire works in these areas are concluded and prior to commissioning for patients. It is felt this is an important opportunity to take advantage of decommissioned areas and offer some improvements to patient environments without extending the period required for Fire Compliance works (avoiding any additional preliminary costs and therefore offering value for money).

3.6 Business Needs

This BJC demonstrates that HDUHB is at risk of further escalation actions by MWWFRS including further enforcement for non-compliance with fire enforcement notices. In order to maintain the safety of all staff, patients and visitors at GGH, HDUHB must address all of the areas of concern. The BJC describes the actions that have already been undertaken by the UHB and sets out the required action and associated investment plan to ensure compliance with all fire safety matters as identified by the MWWFRS.

In line with the AHMWW strategy and direction of travel for future hospital services, the Health Board is clear that there is a need to maintain business continuity and a business-as-usual approach whilst the wider strategy is delivered. This requires the UHB to maintain estate and capital requirements to support clinicians to deliver services within the existing model during transition years. The business continuity schemes are crucial to on-going service delivery across the organisation and any deterioration in service delivery within the existing model will impact

on clinical care and patient outcomes as well as affecting the ongoing engagement and positive relationship with the local population.

The strategic drivers underpinning this Business Case are aligned with the organisational strategy:

- Supporting the transformation programme, planning priorities and strategic objectives;
- Ensuring the estate is functionally suitable for purpose;
- Ensuring the estate is compliant with statutory requirements and latest estate standards and guidance where it is possible to do so and those articulated within the Business Continuity (Major Infrastructure) Programme Business Case submitted to Welsh Government.

In order to maintain the safety of staff, patients and visitors to the GGH site, the UHB must comply with the MWWFRS fire enforcement notice. Failure to adhere could result in further legally binding enforcement action.

3.7 Potential Scope and Service Requirements

The scope of this business case is the programme of works required to ensure all buildings on the Glangwili site are compliant with fire safety regulations with the focus of this phase of works being to address fire safety matters in areas with a patient sleeping risk potential or proximity.

Whilst the proposed delivery strategy has taken into consideration the need to minimise the impact on operational service delivery, the nature of the works makes it impossible to avoid a degree of disruption. A stakeholder engagement and liaison strategy will be in place for the duration of the works to ensure that there is a robust approach to maintaining all essential service requirements.

3.8 Main Benefits

There are two main benefits associated with this project. It is unlikely that these will be fully realised until the end of Phase Two works:

- Removal of the fire enforcement notices;
- Improved safety of patients, staff and visitors in the event of a fire.

3.9 Main Risks

The main risk associated with this BJC is the failure to comply with the fire enforcement notices leading to risk of further legally binding enforcement action

A detailed risk register has been developed for the project which considers strategic, financial, design and construction risks (see section 7.5.2).

3.10 Constraints

There are a number of constraints to the delivery of the Phase Two project requiring management:

- Availability of capital funding;
- A need to comply with the timeframes stipulated by MWWFRS;
- A need to minimise disruption to services during the construction phases.

3.11 Dependencies

The project is dependent on the following considerations:

- MWWFRS support to the proposed approach;
- MWWFRS continued support to the proposed approach;
- WG and NWSSP SES support to proposed approach;
- Availability of capital funding, noting that WG have already funded the Advanced Works and Phase One Works Package.

4.0 Economic Case

The purpose of the economic case is to identify the preferred programme that optimises value for money.

4.1 Critical Success Factors

The critical success factors associated with this BJC are:

- Strategic Fit:
 - Compliance with MWWFRS fire enforcement notices.
- Achievability:
 - Timescales for delivery;
 - Deliverability with minimal site constraints or challenges;
 - Potential affordability (capital).
- Supplier Capacity and Capability:
 - Ability of potential suppliers to deliver the required services;
 - How attractive the option is to the supply side.
- Potential Value For Money:

4.2 Main Options

Given the nature of this business case there are limited choices available to the Health Board i.e. compliance with fire safety requirements is mandatory. The overarching approach to options development and appraisal was reviewed and agreed with NHS Wales Shared Services Partnership Specialist Estates Services (NWSSP SES) in January 2021.

A Business as Usual / Do Nothing option is not a viable approach as there is no mitigation against the identified fire risks leaving patients, visitors and staff at risk of harm. Failure to comply with enforcement notices is likely to result in MWWFRS taking further action including the potential for further enforcement.

It was therefore agreed that the only viable option available to the Health Board is to undertake the works as required by MWWFRS. In agreement with WG, the BAU option has not been taken forward for further economic / financial appraisal.

Iterative options of work scope have been reviewed between the Health Board and NHS Wales Shared Services Partnership Fire Officers since the commencement of the Phase Two business case, in order to establish a solution which improves the fire safety of the building and meets the requirements associated with the enforcement notice, while managing the impact and effect to patient care during the delivery of the works.

The reviewed options started with a full building review in order to make an assessment of the likely scale of works. In discussion with MWWFRS this has been rationalised to focus on the higher risk departments and patient sleeping risk areas. The resulting proposed scope of works and associated delivery programme has been endorsed by MWWFRS. Confirmation of their support has been received, providing the identified works are completed by July 2029. Based on discussions with MWWFRS, it is anticipated that the Enforcement Notices will be aligned with the proposed works programme.

4.3 Preferred Way Forward

The UHB must comply with the requirements of the fire enforcement notices resulting in only one viable option (i.e. the Do Minimum option). The Phase Two scope of works has been endorsed by MWWFRS and represents an option which ensures compliance with the Fire Enforcement requirements and sustains the hospital for the next 7 – 10 years subject to appropriate fire management and training to allow for the HDUHB Healthy Mid and West Wales strategy to come to fruition without the new hospital build.

The scope of fire safety upgrade works is described in detail within the Estates Annexe which accompanies this BJC and addresses the risks in the following areas;

- A&E
- Theatres
- ITU
- Non-ward areas with a direct relationship to patient sleeping risk, for example departments located below ward areas (with works taking place out of hours where practicable possible)

The capital and revenue implications of the preferred way forward are described in Section 6.0 (Financial Case) and the timescales are as described in Section 7.0 (Management Case).

5.0 Commercial Case

5.1 Procurement Strategy

The Phase One BJC was delivered via the Building for Wales framework which provided both project / cost managers as well as the main contractor / supply chain partner. Following the initial cost estimates and delivery experience from the previous supply chain partner, the Health Board requires a more agile and efficient model for procurement and construction delivery for works of this nature and scale and has therefore revised its procurement strategy for Phase Two

At the time of initiating Phase One, the works were of an emergency nature, and access for defining the works adequately was not possible. Initial approaches to market via the NHS Wales Building for Wales framework using the standard option C approach resulted in rejection by contractors / supply chain partners and the only route to market at that time was via the Building for Wales framework, with contract forms amended to NEC option E (cost reimbursable).

Whilst significant programme and cost increases were directly attributable to lack of scope and disruption due to access / working methods, reviews of Phase One have concluded that the significant increases in cost and programme could be bettered, and cost / time predictability improved, if an alternative route is pursued. The procurement approach therefore adopts a Design and Build model, offering greater control over design quality, programme certainty, and cost management.

Existing frameworks have been reviewed and the Southwest Regional Contractors Framework hosted by Carmarthen Council lot 4a (£4m - £7m) would appear to be appropriate for the value of the works. The framework lot contains local, medium sized contractors who are used to working for Hywel Dda in the live environment. The size of their organisations should also afford lower on costs than those on the National Building for Wales framework.

It is proposed that a dual tender process is followed with competitive tenders being received for inclusion within the BJC. One process will address the further fire stopping works not picked up during Phase One within the ward and non-ward spaces with patient sleeping risk and the second will include the external civils works required to comply with evacuation protocols.

The construction element of Phase Two will be procured through the Southwest Wales Regional Contractor Framework, ensuring compliance with public sector procurement standards and access to a pre-qualified, regionally focused supply chain. Under this revised model, the Health Board has separately procured a Fire Engineer-led Design Team to develop detailed designs

on its behalf. This team includes architectural, mechanical, and CDM co-ordination expertise. Part B has been separately appointed as the Fire Engineer-led Design Team.

The appointed contractor(s) will assume the role of Principal Contractor. The role of Principal Designer under the Construction (Design and Management) Regulations 2015 (CDM 2015) will be undertaken by the lead designer / team appointed directly by the Health Board. The contractor and its specialist subcontractors will work collaboratively with the Health Board's design team to finalise the design and deliver the works.

The revised procurement strategy is intended to:

- Enhance design quality through early engagement of a specialist-led design team
- Improve cost and programme certainty through a fixed-price contract structure
- Reduce delivery risk by aligning responsibilities and accountability
- Streamline delivery through integrated design and construction planning

To support this approach, the Health Board has moved from the previously used NEC Option E (cost reimbursable) contract – which was necessary during Phase One due to the high level of unknowns, to an NEC4 Option A (priced contract with activity schedule) for Phase Two. This contract form provides a clear pricing structure and incentivises efficient delivery, while maintaining flexibility to manage change through defined processes.

This change in strategy was informed by lessons learned during Phase One, where the inability to fully define the scope of works due to the extent of surveys required and the operational sensitivity of the hospital environment, necessitated a more flexible contract. With a more developed design and clearer scope now in place, the NEC4 Option A contract, combined with a Design and Build approach, provides a more robust and deliverable solution for Phase Two.

The tender process has concluded but marketplace not yet informed. The contractor will be selected by March 2026.

5.1.1 Contract Type

Contractual arrangements with all parties have been entered into using the NEC contract as prescribed under the Framework. Following a review of lessons learnt from Phase One, and the nature and accessibility of the works, an NEC Option A form has been selected. This aims to allow greater cost certainty over that provided under Phase One which was procured via Option E.

There are no key contractual clauses over and above the standard framework clauses (including Right to Work legislation), although requirements for AEDET, NEAT, BIM and BREEAM in relation to this project have been amended through local contract amendment and are not required.

The Health Board are aware of the forthcoming updates to the Building Safety Act and will review implications on the project accordingly.

The approach has been agreed with NWSSP SES and MWWFRS.

5.2 Service Requirements and Outputs

This BJC states a requirement for the delivery of the Fire Safety Precautions scheme under the NEC3 Engineering & Construction (ECC) Form of Contract (Option A) and the Southwest Wales Regional Contractor Framework.

A series of design proposals are available to support the functional content, based on Health survey reports and building notes and latest available guidance. A full copy of the latest version of the design proposals is included as an appendix to the Estates Annex.

The Phase Two works focus on the fire safety matters identified by MWWFRS in areas with a patient sleeping risk potential or proximity (i.e. mainly in ward and department areas).

A phasing methodology and approach to delivering the works has been agreed with the hospital management team and is further detailed within the Estates Annex. Works will progress in Ward, ITU and Theatre environments with spaces decanted to maintain effective hospital operations. Construction works will be completed on an area-by-area basis maintaining patient services.

5.3 Commercial Arrangements

This section details the proposed procurement approach and gives detailed consideration to the specific commercial arrangements required. The preferred funding option for the investment is via Welsh Government Funding as public funding is considered the only viable option for this scheme.

5.3.1 Contractual Arrangements

Following consultation with NWSSP SES, the Health Board has elected to adopt the NEC4 Option A contract (priced contract with activity schedule) for the delivery of the Phase Two works.

This contract type provides a clear and structured pricing mechanism, offering greater cost certainty and incentivising efficient delivery through a defined activity schedule. It is particularly suited to projects where the scope of works is sufficiently developed to allow for a fixed-price approach, as is now the case following the completion of detailed design work by the procured Fire Engineer-led Design Team.

This represents a strategic shift from the NEC Option E (cost reimbursable) contract used during Phase One. Option E was previously selected due to the high level of uncertainty and the inability to fully define the scope of works at the outset. While Option E allowed flexibility in managing unknowns, it also placed greater financial risk on the Health Board, as the contractor was reimbursed for actual costs incurred, plus a fee.

With the scope of Phase Two now better understood and defined, the move to Option A reflects a more balanced allocation of risk and a commitment to delivering the programme within a controlled financial framework. This approach supports the Health Board's objectives of achieving value for money, improving delivery assurance, and maintaining compliance with public sector procurement best practice.

5.3.2 Payment Arrangements

The Health Board have made, and will continue to make, payments to the externally appointed team in respect of products and services as follows:

- Appointments for Project Manager and Cost Advisor appointments have been made in line with NHS SBS and CCS Framework terms and conditions respectively;
- The fire engineer led design team appointment has been made in line with WPA (Welsh Procurement Alliance) Framework terms and conditions with an NEC Professional Services contract;
- The contracts will be managed by Hywel Dda University Health Board under the NEC4 Option A Priced contract with activity schedule with regards to the Principal Contractor appointment in line with South West Wales Regional Contractor Framework terms and conditions.

Following BJC approval the Project Bank Account will be activated.

5.3.3 Proposed Charging Mechanisms

At the completion of the projects there will be no ongoing service arrangements provided by the Procurement partner and therefore no recurring charges associated with project.

5.4 Quality Assurance / Standards Compliance

Upgrade works will be designed and installed in line with WHTM 05-02 where reasonably practicable. Where total compliance cannot be achieved, engineered judgement from competent fire safety specialists will be drawn upon to ensure compliance with the functional requirements of the regulations can be achieved. A full derogations schedule is included within the Estates Annex accompanying this BJC.

Due to the nature of the project, the existing building, and project scope of works, BIM level 2 will not be provided. A Common Data Environment and naming conventions of which the client team will be involved with, will be in place.

Following completion of the works, there will be a comprehensive fire and evacuation strategy for the Glangwili General Hospital.

Planning permission is not required due to the nature of the works. AEDET, NEAT and BREEAM are also not relevant to this scheme.

5.5 Personnel Implications

As this procurement is for construction only there are no Transfer of Undertakings (Protection of Employment) (TUPE) and Retention of Employment (RoE) implications.

The internal project management arrangements and requirements for specialist advice to support the design, procurement and delivery of the projects will be reviewed on an ongoing basis to ensure that adequate resources are available to deliver projects to the quality, cost and timelines required. The resource implications for the work packages are identified in the cost forms.

5.6 Potential for Risk Transfer

The general principle is that risks should be passed to “the party best able to manage them”, subject to value for money (VFM). The following table indicates where the responsibility for risk lies between public and private sector:

Risk category	Potential Allocation		
	Public	Private	Shared
Design Risk	✓		
Construction and development risk	✓		
Transition and implementation risk	✓		
Availability and performance risk	✓		
Operating risk	✓		
Variability of revenue risks	✓		
Termination risks	✓		
Technology and obsolescence risks	✓		
Control risks	✓		
Residual value risks	✓		
Financing risks	✓		
Legislative risks	✓		
Other project risks	✓		

Table 10: Risk Allocation Matrix

5.7 Accountancy Treatment

It is estimated that the impact on the Balance Sheet of the Health Board will be an increase in the value of fixed assets by £TBC.

6.0 Financial Case

6.1 Capital Costs

The purpose of this section is to set out the financial implications of the preferred option identified in the Economic Case and the proposed deal as described in the Commercial Case.

The capital cost forms supporting the fire protection upgrade works (comprising Fire Stopping, Civils / External Packages and Ward Refresh works) packages are included at Appendix 8 and summarised in the table below:

There is additional complexity and capital cost requirements associated with delivering the fire escape lift and proximity to the Moducel unit (housing critical IT infrastructure). The current recommendation is to reprovide the unit in an alternative location prior to construction commencing on the new fire escape lift which has increased the costs for this element of the project by circa £2.65M.

Through the scrutiny process the Health Board will be undertaking further work to explore whether alternative arrangements are possible to reduce the capital costs for this element of the project. It has been agreed with NHS Capital, Estates & Facilities (Deputy Director) to proceed with the approach as planned to allow all other aspects of the fire escape works to progress without any delay and give the time necessary to further review alternative opportunities.

Noting the above, the capital costs outturn at an estimated cost of **£19,983,109** including VAT.

The brief, scope, design and costs for the ward refresh works will be developed in conjunction with the appointed contractor for the Fire Precaution Upgrade Works during March and April 2026. Therefore an estimate of costs of £2,524,424 (including VAT and VAT reclaim) has been included resulting in a BJC total of **£22,507,533** (Table 12).

The cash flow is included in Table 11. Capital cost forms are included at Appendix 8. The quantified risk register is included at Appendix 10.

2022/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	Total
£0.93M	£0.98M	£6.18M	£8.34M	£5.06M	£0.88M	£0.14M	£22.51M

Table 11: Cash Flow

Element	Capital Costs
Works Cost – Fire Protection Upgrade Works	£5,143,279
Works Cost – Civils Works Externally	£3,378,116
Recovery of Sunk Costs from BJC 1 FY Years 22/23, 23/24 and 24/25	£918,707
Fees	£2,827,218
Non-works Costs	£2,731,568
Equipment	£30,000
HUHB Quantified Risk Contingency	£2,462,326
Project Sub Total (excl. VAT)	£17,491,215
VAT	£3,190,570
VAT Reclaim	-£698,676
BJC Total – Excluding Refresh Works	£19,983,109
Refresh Costs – Cost Estimate (incl. VAT and VAT reclaim)	£2,524,424
BJC Total – Including Refresh Works	£22,507,533

Table 12: Capital Costs

6.1.1 Capital Cost Assumptions

The following assumptions have been made in developing the capital costs for the PBC:

- Capital costs – costs are escalated with published and assessed inflation for the duration of the project;
- Location Factor – 0.97 (all costs indexed to site location);
- Works Cost:
 - Fire Protection Upgrade Works: based on tenders received, currently being evaluated, it is anticipated the accepted tender will be notified by mid-March.
 - Civils Works Externally: based on tenders received, currently being evaluated, it is anticipated the accepted tender will be notified by mid-March.
- Professional Fees – based on returned tenders and best estimates for smaller consultant's services;
- The internal project management costs associated with the development of this business case have been included in the professional fees.
- Project Risk Contingency – based on quantified risk register (Appendix 10) equating to 17.45% of combined works, fees and non-works costs;
- VAT recovery. An assessment will be made of potential VAT recovery with the Health Board's VAT advisors with opportunities for VAT recovery maximised as follows;
 - Fees: 100%

- Fire Protection Upgrade Works: 25%
- Civils Works Externally: 0%
- Refresh Works:
 - Works cost based on an indicative scope produced by HDUHB and an estimate of costs based on WGH Phase 2.
 - An assessment will be made of potential VAT recovery with the Health Board's VAT advisors with opportunities for VAT recovery maximised as follows;
 - Fees: 100%
 - Works Cost: 40%

6.1.2 Changes in Capital Cost Assumptions from PBC

At PBC stage, a series of technical surveys were undertaken to allow initial assessments and assumptions of the required works to be made. It was acknowledged that the full extent of works could not be fully determined at that stage and that more detailed analysis of requirements at BJC stage would refine the assumptions.

As described in section 3.5.3 there have been changes in the Phase Two scope of works which have reflected lessons learnt during the Phase One programme, therefore, a direct comparison in cost assumptions from PBC has not been included.

6.2 Revenue Implications and Affordability

For the purposes of this business case it has been assumed that there will be no additional recurrent pay and non-pay costs, with the exception of capital charges attributable to the delivery of the programme. The Health Board's assumption is that capital charges including increased depreciation and any impairment charges on completion will be fully funded by Welsh Government.

The estimated Annually Managed Expenditure (AME) Impairment charge is £TBC and annual Departmental Expenditure Limit (DEL) depreciation charge is £TBC.

6.3 Funding Arrangements

This project requires further funding from the Welsh Government NHS All Wales Capital programme.

7.0 Management Case

This section of the BJC demonstrates the approach that HDUHB will take to support the delivery of the programme in accordance with best practice. The programme management arrangements are aligned with those described in the Estates Infrastructure Programme Business Case ensuring that the Health Board are able to make progress against the identified key priority areas but also have sufficient flexibility to respond to changing requirements.

7.1 Programme Management Arrangements

The programme management structure within which this project sits, is aligned with the Business Continuity (Major Infrastructure) Programme Approach which has been formally constituted and established in line with best practice (Managing Successful Programmes) and will be managed in accordance with PRINCE 2 methodology.

The programme of works identified within this business case will be managed via the Health Boards central capital projects team

The Estates Infrastructure Programme Board will provide strategic direction in order to develop the specific capital investment proposals within this Business Justification Case and ensure that these are aligned with the Business Continuity (Major Infrastructure) PBC. Progress will be reported to the Health Board via the Capital Sub-committee.

7.1.1 Programme Roles and Responsibilities

The Health Board Executive Director of Strategy and Planning is the formal Senior Responsible Officer (SRO) and will ensure that the programme meets its overall objectives and delivers its expected benefits. The Programme Director Major Infrastructure Projects is the Programme Director who will be responsible for the successful delivery of all projects within the programme. The Capital Development Manager is the Estates lead overseeing operational delivery of the project.

Role	Responsibility
Project Board	Responsible for successful delivery of the Programme to meet requirements of MWWFRS • Monitor programme / project plan for completion at key stages in capital investment process and monitor on a monthly or as required basis; • Provide strategic leadership and direction to the Delivery Team; • Approve project plan for completion of key stages and monitor on behalf of HDUHB;

Role	Responsibility
	• Provide a challenge mechanism for the project; • Receive project reports and outputs ensuring sufficient detail is provided; • Progress strategic specific issues and monitor the associated work programmes; • Support the development of technical briefs and outline design in conjunction with the Delivery Team; • Ensure that there are adequate project management arrangements in place; • Brief WG / MWWFRS on a regular basis to ensure good communication and understanding of project; • Monitor capital costs; • Support and guide the development of the technical documentation for the BJC in support of the delivery team and approval of the Health Board.
Delivery Team	Responsible for delivering the projects • Develop programme / project plan for completion at key stages in capital investment process and monitor on a monthly or as required basis; • Implementation of project plan activities on a daily basis; • Develop and monitor project planning, phasing and sequencing programme; • Manage associated work programme; • Provide operational and technical lead for the site; • Communicate with the site operational managers and master planning team; • Ensure suitable project management arrangements are in place; • Implement project systems and controls e.g. risk, change management; • Issue regular progress reports to the Programme Board; • Develop capital costs; • Develop BJCs; • Participate in internal and external audit processes.

Table 13: Programme Roles and Responsibilities

7.1.2 Use of Special Advisors

The following team of specialist advisors has been appointed by the Health Board.

Advisor	Responsibility
Mace	Project Management
Lee Wakemans Management	Quantity Surveyors / Cost Advisors
Strategic Healthcare Planning	Business Case Authors
Part B	Lead Designer & Fire Engineer
RIO	Architect
McCann	Building Services and M&E

Advisor	Responsibility
Cambria	Civils and Structures
Green Hat	CDM Consultant
TBC	Main Contractor
TBC	Principal M&E Installer
TBC	NEC Supervisor

Table 14: Specialist Advisors

7.2 Programme Milestones

Given the locations and concealed nature of the works, full exposure of the as-built arrangements and conditions will be required to fully assess the scope of works and establish accurate timescales for their execution. Temporary or permanent diversions to existing services may also be required to facilitate access to the works. Indicative allowances and assumptions have therefore been made for certain elements.

The programme takes account of these assumptions and is built up using quantitative analysis of surveyed information for representative work sections and relative allowances for other sections based on size and complexity.

A detailed programme is included in Appendix 9 with key milestones summarised in Table 15:

Milestone	Time
Business Justification Case submission to WG	26 March 2026
WG Approval	03 June 2026 subject to WG election period
Phase 2 Delivery Programme	
External Civil Works	17 August 2026 – 19 November 2027
Main Firestopping Works Commencement	17 August 2026
Works Completion: Decant areas	25 May 2029
Works Completion: Non-decant areas	04 May 2029
Works Completion: Non-fire stopping works	19 November 2027
Contract Completion (including demobilisation and float)	20 July 2029

Table 15: Programme Milestones

7.2.1 Phasing Strategy

The programme has been discussed with hospital stakeholders and a detailed approach to the works has been developed following feedback. Engagement will continue throughout the construction phase with monthly updates and the preparation of lookahead programmes that will clearly identify current and forthcoming works in the short term.

For the main hospital building, each of the areas for required works are divided into manageable works sections. Dedicated teams will carry out the works moving progressively from one section to the next in a focused and efficient manner. Ward works have been phased to follow the completion of works to the decanted wards to maintain patient flow where possible and to minimise disruption to the operation of the hospital.

Using this process in conjunction with the proposed phasing strategy, the following construction timescales have been developed to ensure minimum disruption and congestion wherever possible:

Phase	Duration	Indicative Dates
External Civil Works		
Block 4 Lift	66 weeks	17/08/2026 – 19/11/2027
External Lift	64 weeks	17/08/2026 – 05/11/2027
Cat Ladder	16 weeks	12/10/2026 – 29/01/2027
Bridge	26 weeks	09/11/2026 – 07/05/2027
Main Firestopping Works		
Decant Areas (Lolfa, Steffan, Dewi, Cadog, Towy Wards, CCU, Gwenllian, Pardarn, Dinefwr, Antenatal, Cilgerran Wards, PACU), iddau, Merlin, Derwen, Picton, Teifi, Wards)	145 weeks	17/08/2025 – 25/05/2029
Non-Decant Areas (A&E, CDU, Tysul, Corridor 1, 2, & 3, Endoscopy, Theatre 6, ITU, DSU, CSSD/HSDU, Preili, Aberglasney, Cleddau Wards, Block 10/11 Resi/Office,	142 weeks	17/08/2025 – 04/05/2029

Table 16: Phasing Plans

7.3 Arrangements for Contract Management

This will be administered under the NEC4 Option A contract (priced contract with activity schedule), with Southwest Wales Regional Framework amendments for both the Project Manager and Cost Advisor.

The design and construction contract for the Principal Contractor will be administered under the NEC4 Option A contract (priced contract with activity schedule).

7.4 Arrangements for Change Management

The Health Board recognises the challenges associated with delivery of these works whilst maintaining an operational site.

The works will be implemented in a systematic way that causes the least disruption to services. The project structure has been established to implement the necessary changes and ensure operational management leadership remains central to this.

To take this process forward working groups have been established during the development of the BJC involving the key hospital managers and nursing heads, or delegated leads. These groups will be fully consulted with regards to any changes to the works that may impact the provision of health services on the Glangwili site. Any fundamental changes to the project scope or timeline will be authorised in advance by the Project Director and established Project Board.

7.5 Risk Management

There are a number of objectives from the implementation of a robust risk management process. The key objectives are as follows:

- Secure predictability: by analysing the risks, greater insight can be gained into the likelihood of successfully delivering the project within budget, on programme and to the required quality;
- Manage the risk exposure proactively: a clear understanding of the threats and opportunities will ensure that robust mitigation strategies can be put in place and opportunities are realised. This significantly reduces the chance of failure through a constant reassessment of the project's risk profile;
- Define mitigation strategies: provide clear mitigation strategies and action plans which are to be addressed by the appropriate owners;
- Ensure opportunities are both identified and realised;

- Address contingency management: ensure that the contingency of both client and contractor allowances are managed, providing adequate cover for identified risks. If the opportunity arises to release contingency back in to working capital this should be addressed in line with the requirements of the project.

Risk management helps with matters of cost control and with overall project delivery by assessing potential problems and formulating mitigation measures through the implementation of a structural approach so that:

- Potential risks to a project are identified;
- Management action plans are drafted as a response to the risks;
- Contingencies can be allocated to reflect identified risks;
- An audit trail is produced for the decisions taken;
- There is increased team understanding of the project and of the implications of certain courses of action;
- Risk events are responded to more swiftly and effectively.

Risk management will be an ongoing project control measure that encourages all participants to be proactive in identifying areas of concern and potential risk that can, when identified at an early enough stage, be managed to reduce / eradicate the impact on the programme.

A comprehensive risk register is in place which has been ratified following a workshop including all of the delivery team members, HDUHB estates and operations team and importantly, the key stakeholders representing the hospital nursing / operational teams.

7.5.1 Risk Register

The risk register is a management tool that logs potential risks to the programme, primarily driven by health and safety, cost, programmes delays or any other risks that may be relevant to its successful completion.

The register is a live document and will be updated at regular intervals in Project Team and Board meetings as appropriate. The Project Manager will manage and retain ownership of the risk register throughout the programme. The risk register will be updated by both adding newly identified risks and reallocating risk funds where activities no longer pose risk. The risk register records and logs details of any item or event which is considered by the project team to put the objectives of the programme at risk (Appendix 10).

7.5.2 Main Risks

The main risks were reviewed at a workshop with clinical and operational service representation. The main risks (risk score 16 and above) are identified in the following table:

Risk	Mitigation Measure
Strategic / Planning / Programme Risks	
Hospital activities impact on proposed phasing or programme of works. Hospital unable to release non-ward areas in accordance with the programme due to clinical needs of patients. Hospital activities affecting access for designer or contractors.	Early engagement with the Hospital and Management Teams to discuss requirements and expectations as well as define phasing strategy. Ongoing coordination between project team and HB during construction phase. P2 works planned on basis of single internal decant ward. Consideration for expanding decant to 2 wards to support effective programme. Non-Decant areas works to planned based on rolling programme Engagement of seconded estates and nursing team member to project to ease comms.
There is a risk that the project will be impacted by delays in governance/approvals/market interest/tender returns etc.	Health Board to liaise with Boards, NWSSP and WG to mitigate delay risk. Board approval dates contained on current programme.
Limit on decant availability for non-ward areas of the campus (offices, clinic rooms).	Health Board consider alternative accommodation to support programme efficiencies and betterment. Reconsider strategy for supporting 'estates' works during time pressured fire programme.
Timing of BJC submission to Welsh Gov coincides with Purdah period associated with government elections in 2026 and consequential hiatus in approval of business cases. Delay to submission and therefore approval of BJC.	Programme re baselined to accommodate likely delay resultant from Purdah. Consideration of enabling works at risk to prepare for delivery of main works programme, pending BJC approval. Scrutiny comments may be delayed - consider early submission.
Design Risks	
Limitations to scope in ITU due to service congestion above ceiling not acceptable to MWWFRS and requires action	Proactive engagement with MWWFRS to ensure scope well accepted and understood. Derogation schedule to reflect. Assumptions made where access not available.
Site and Construction Risks	
There is a risk that unknown hazardous materials (including asbestos) will be discovered in the existing buildings.	Identification of findings to client team and if necessary execute additional Asbestos etc surveys before commencement of works. Time and cost allowance to be made in BJC. Health Board to release existing Asbestos registers.

Risk	Mitigation Measure
	Unknown scenarios, i.e. area which cant be accessed to survey in advance, to be managed through contract administration.
Live services impeding the Works and inability to isolate or relocate.	Unknown scenarios, i.e. area which cant be accessed to survey in advance, to be managed through contract administration or approved derogation item as done with Phase 1 examples. Service Isolations confirmations to be provided by HB. Pre-works survey to identify areas which may need to be considered for derogation if too difficult.
Concerns from the HB regarding the new external lift's proximity to the existing IT container and potential damage.	HB developing costs etc. to relocate
Lifting and loading operations - risk of materials craned into the courtyard falling or damaging buildings.	Contractor methodology and CPP need to take account for this. Lift operations reviewed with HB prior to lifts
IT hub services removal by HB not in line programme	HB to ensure timescales are clearly understood. Float to be included on programme.

Table 17: Main Risks

7.6 Benefits Realisation

The main benefit from this project will be HDUHB compliance with fire enforcement notices avoiding any further legal action and ensuring delivery of patient services can be sustained. Additional benefits in relation to reduced backlog maintenance and a comprehensive concise fire strategy for the site will also be realised.

7.7 Programme Assurance

7.7.1 Risk Potential Assessment

The impact of the programme has been scored against the risk potential assessment (RPA) model (Appendix 10). The project has been assessed as low risk which will continue to be monitored via the Project Board and escalated as required.

7.7.2 Equality and Health Impact Assessment

Due to the nature of this BJC, the Health Board has determined that an Equality and Health Impact is not required. Ensuring that buildings are compliant with fire safety regulations will improve the safety for all patients, staff and visitors to the hospital.

7.7.3 Integrated Impact Assessment

Due to the nature of this BJC, the Health Board has determined that an Integrated Impact Assessment (IIA) is not required.

As an infrastructure upgrade project there are no long-term impacts anticipated, however there will be disruption to services during the delivery phase of the works. The aim is to minimise this impact and a communications plan is being developed to keep staff informed throughout the duration of the works.

7.7.4 Integrated Assurance and Approval Plan

Capital audit will be undertaking audits of the scheme in accordance with the HB Audit and Risk and Assurance Committee requirements. This will provide assurance on the effectiveness of governance and risk management arrangements and will maintain an appropriate financial focus (Appendix 13).

7.8 Post Project Evaluation

The Programme Board will ensure that post project evaluation will be undertaken in accordance with Welsh Government requirements.

The Health Board is committed to ensuring that a thorough and robust post-project evaluation (PPE) is undertaken to ensure that positive lessons can be learnt from the project. The lessons learnt will be of benefit to:

- HDUHB – in using this knowledge for future projects including capital schemes;
- Other key local stakeholders – to inform their approaches to future major projects;
- The NHS more widely – to test whether the policies and procedures which have been used in this procurement are effective.

PPE also sets in place a framework within which the benefits realisation plan can be tested to identify which benefits have been achieved and which have not. NHS guidance on PPE has been published and the key stages which are applicable for this project are:

- Evaluation of the project procurement stage;
- Evaluation of the various processes put in place during implementation;
- Evaluation of the project in use shortly after the works are completed.

7.8.1 Stage 1 Evaluation: Project Procurement

The evaluation at this stage will examine:

- The effectiveness of the project management of the scheme;
- The quality of the documentation prepared by HDUHB;
- Communications and involvement during procurement;
- The effectiveness of advisers utilised on the scheme;
- The efficacy of NHS guidance in delivering the scheme;
- Perceptions of advice, guidance and support from:
 - Welsh Government;
 - NWSSP – Estates.

It is planned that this evaluation will be undertaken within four months of BJC approval.

7.8.2 Stage 2 Evaluation: Implementation

The evaluation at this stage will examine:

- The effectiveness of HDUHB project management of the scheme;
- The effectiveness of the PSCP project management of the scheme;
- Communications and involvement during commissioning;
- The effectiveness of the joint working arrangements established by the project partner and the project team;
- Support during this stage from other stakeholder organisations – Welsh Government, Welsh Health Estates and any others as appropriate;

It is planned that this evaluation will be undertaken six months following works completion.

7.9 Contingency Plans

There are no contingency plans should this project fail to achieve approval. The Health Board are at risk of receiving further enforcement notices which would impact on delivery of all hospital services.

8.0 Conclusion and Recommendations

This business case sets out the required actions for Hywel Dda University Health Board to be compliant with fire safety regulations and remove the remaining enforcement notices.

The business case has described the proposed approach to the works which aims for completion of the Phase Two works by July 2029 (dependent on works commencing in August 2026).

The Health Board must comply within the stipulated timeframe set by the Mid and West Wales Fire and Rescue Service or risk further legally binding enforcement action. It is noted that the delivery programme extends the timelines stipulated within the Enforcement Notices, however it is anticipated that MWWFRS will align the notices with the proposed programme of works.

It is requested that Welsh Government approve this business case based on the proposed cost and approach to delivery of work.

9.0 Glossary of Abbreviations

Abbreviation	Definition
AHMWW	A Healthier Mid and West Wales: Our Future Generations living well
AME	Annually Managed Expenditure
BGH	Bronglais General Hospital
BJC	Business Justification Case
BRE	Building Research Establishment
BWIC	Builders Work in Connection
CDM	Construction (Design and Management)
CEIMTS	Capital, Estates, Information Management and Technology sub-committee
CSF	Critical Success Factor
DEL	Departmental Expenditure Limit
ECC	Engineering and Construction
FDS	Fire/Smoke Dampers
FM	Facilities Management
GEM	Generic Economic Model
GGH	Glangwili General Hospital
GIFA	Gross Internal Floor Area
HUHB	Hywel Dda University Health Board
IHP	Integrated Health Projects
IIA	Integrated Impact Assessment
IM&T	Information Management and Technology
MWWFRS	Mid and West Wales Fire and Rescue Service
NEC	New Engineering Contract
NHS	National Health Service
NWSSP SES	NHS Wales Shares Services Partnership Specialist Estates Services
PBC	Programme Business Case
PPE	Post Project Evaluation
PPH	Prince Philip Hospital
PSCP	Principle Supply Chain Partner

RoE	Retention of Employment
RPA	Risk Potential Assessment
SCP	Supply Chain Partner
SES	Specialist Estates Services
SRO	Senior Responsible Officer
TBC	To Be Confirmed
TUPE	Transfer of Undertakings (Protection of Employment)
UHB	University Health Board
VAT	Value Added Tax
VFM	Value for Money
WGH	Withybush General Hospital
WG	Welsh Government
WHBN	Welsh Health Building Note
WHTM	Welsh Health Technical Memoranda

Glangwili General Hospital: Fire Precaution Upgrade Works

Phase Two Business Justification Case Appendices

Appendices

1. MWWFRS Enforcement Notice (17 April 2020)
2. MWWFRS Correspondence (24 August 2020)
3. MWWFRS Enforcement Notices KS/890/07,08,09 (4 November 2020)
4. MWWFRS Correspondence (12 January 2021)
5. MWWFRS Letter of Fire Safety Matters (8 June 2021)
6. MMWFRS Lifting of Phase One Enforcement Notice (19 February 2025)
7. HDUHB Fire Safety Action Plan
8. Cost Report
9. Project Programme
10. Risk Register
11. Risk Potential Assessment
12. Communication Plan
13. Integrated Assurance and Approval Plan

Appendix 1

Chief Executive
Corporate offices
Hywel Dda Health Board
Hafan Derwen
Ystwyth Building
Jobs well road
Carmarthen
SA31 3BB

Gofynner am/
Please ask for: Watch Manager K Steele

Ext No: 3367

E-bost/E-mail: k.steele@mawwfire.gov.uk

Fy Nghyf/My Ref: BFS/KS/SJM/00107739

Dyddiad/Date: 17 April 2020



Gwasanaeth Tân ac Achub
Canolbarth a Gorllewin Cymru

Mid and West Wales
Fire and Rescue Service

URGENT – ACTION REQUIRED

Dear Sir (*as Responsible Person or Duty Holder*),

Enforcement Notice

The Regulatory Reform (Fire Safety) Order 2005: Article 30

**Premises: WEST WALES GENERAL HOSPITAL, GLANGWILI, DOLGWILI ROAD,
CARMARTHEN, CARMARTHENSHIRE, SA31 2AF**

An authorised inspector visited your premises on various dates from 24 February 2020 and evaluated the fire safety provided. The Mid & West Wales Fire and Rescue Authority is of the opinion that you have failed to comply with a provision / provisions of the Regulatory Reform (Fire Safety) Order 2005 because people were unsafe in case of fire. The schedule to this Notice further explains the provision(s), with which you have not complied.

The serving of this Notice dated **17 April 2020** and numbered **KS/890/06** is necessary to ensure that you adequately protect people in case of fire. This authority has to make sure that you provide safety. The attached schedule sets out what you must do.

Timescale for Completion

You are required to take steps to remedy the matters in the schedule by **16 October 2020**. My inspector will contact you prior to this date to arrange a further visit. You may apply for an extension to the period of time within which you need to remedy the failure(s). The Authority will grant or deny additional time according to the efforts you make. Consideration will again be given to any ongoing factors relating to the incidence of COVID-19 if appropriate.

Prif Swyddog Tân
Chief Fire Officer
Chris Davies QFSM MBA

Y Pencadlys,
Heol Llwyn Pisgwydd,
Caerfyrddin,
Sir Gâr,
SA31 1SP
post@tancgc.gov.uk

Headquarters,
Lime Grove Avenue,
Carmarthen,
Carmarthenshire,
SA31 1SP
mail@mawwfire.gov.uk

Facs | Fax:

01267 220562

Ffôn | Tel:

0370 60 60 699

HOFFI DILYN RHANNU | Ein Negeseuon
Diogelwch
You Tube f t i s | Our Safety
LIKE FOLLOW SHARE | Messages

Rydym yn croesawu gohebiaeth yn
y Gymraeg a'r Saesneg - byddwn yn
ymateb yn gyfartal i'r ddau ac yn ateb yn
eich dewis iaith heb oedi.

Rydym yn croesawu galwadau yn y
Gymraeg a'r Saesneg.

We welcome correspondence in Welsh
and English - we will respond equally to
both and will reply in your language of
choice without delay.

We welcome calls in Welsh and English.



www.tancgc.gov.uk
www.mawwfire.gov.uk

Penalty for Non-compliance

If you do not comply with this Notice, you will have committed an offence and this authority will consider a prosecution against you. A prosecution could lead to you being liable to a fine, imprisonment or both, subject to the Courts.

Route to Appeal

You can legally appeal this Notice. To do so, you must appeal 'by way of complaint for an order to the Clerk to the Magistrates' Court in the area in which the premises are situated', within 21 days from the day on which this notice was served.

The bringing of an appeal has the effect of suspending the operation of this Enforcement Notice until the appeal is finally disposed of or (if the appeal is withdrawn), until the withdrawal of the appeal.

You can clarify or challenge what you need to do. If you have any feedback you wish to share, please access the Complaints and Compliments section found on our website:

<http://www.mawwfire.gov.uk/English/Contacts/Pages/Complaints-and-Compliments.aspx>

Alternative Solutions

If you prefer to use a different solution to bring about safety from fire please contact my officer. If your solution is agreed, this Notice will be withdrawn, and another Notice served in its stead. An alternative approach might enable you to apply an equally appropriate safety solution to better meet your needs. Any alternative you propose must meet the 'outcome(s)' stated in the schedule.

Further Recommendations

We recommend that a survey of the fire dampers, fire doors and structural compartmentation within the whole site is undertaken. This will give you a full appraisal of the condition of the structural fire safety of the building, it will also assist to complete the schedule of works set out below.

Yours faithfully



Watch Manager K Steele
Authorised Fire Safety Inspecting Officer
On behalf of the Mid and West Wales Fire and Rescue Authority

cc Steve.moore2@walesnhs.uk
hiw@gov.wales
Rob.elliott@walesnhs.uk
Gareth.Lloyd10@wales.nhs.uk
Richard.Jupp2@wales.nhs.uk
Sarah.perry3@wales.nhs.uk
Anthony.pitcher@wales.nhs.uk

Important Information – schedule referred to in Enforcement Notice

Notes to this schedule:

The government guidance most suitable to your premises is "**Guide to Risk Assessment in Healthcare Premises**" ISBN-13: 978 1 85112 824 2 which can be found at <http://www.cfoa.org.uk/19512>

Before you make certain changes to the premises, you may have to apply for approval from statutory bodies and/or others having interest in them. If you have doubt about the need for approval, you should ask the relevant body. For example, you may have to apply for approval from a Building Control Body <http://www.legislation.gov.uk/uksi/2010/2214/regulation/3/made>. You might also need to apply for the property owners' permission http://cadw.gov.wales/docs/cadw/publications/ListedBuildingConsentBooklet_EN.pdf among others.

The Schedule Has 14 Items plus a Note

Item Number 1 Compartmentation - All Horizontal and Vertical Breaches and / or Penetrations	
Outcome	This work is necessary to reduce the risk of fire and smoke spread.
Action	- To undertake whatever works are necessary to ensure that any / all breaches in fire resisting compartmentation that affect the wards, theatres, plant rooms, offices, surgeries, specialist units and any other compartmented spaces within the Glangwili Hospital site are addressed. - Any contractual work undertaken to install services through a fire resisting barrier should be quality assured to ensure that the fire resistance is reinstated on completion. - Any room that is made into a hazard room / area should comply with WHTM 0502 5.40 & Table 6
Reason	It was noted that breaches in the compartmentation were present mainly due to services being installed into/through the structure of the building and works not being finished to an adequate standard. Fire resisting structures are to continue to slab / upper floor level / roof level and pass through any false ceiling provided. This is contrary to Articles 8 and 14.
Time for Completion	16 October 2020.

Item Number 2 Fire Damper Systems	
Outcome	There is no evidence that the testing regime for fire damper systems throughout the hospital is being adhered to. These systems need to be tested in accordance with British Standard 5588-9 Codes of Practice- Fire Precautions in the Design and Construction and Use of Buildings - Code of Practice for Ventilation.

Action	Ensure that the fire damper systems are properly tested and maintained. Following completion of testing of these systems, documentation needs to be sent to my office confirming this. Fire damper systems should be tested as per British Standard 5588-9, with a maximum testing interval of two years.
Reason	There is no evidence that the fire dampers throughout the Glangwili site are properly tested and maintained. This means that they could fail without warning or at the moment they are needed most, and that people would be at risk in case of fire. This is contrary to Articles 8 and 14.
Time for Completion	16 October 2020.

Item Number 3 Fire Resisting Corridors and Doors	
Outcome	This work is necessary to provide sufficient escape routes (corridors, stairs and doors) for people.
Action	Ensure that the escape routes are kept free from fire and smoke by making sure all fire doors are fit for purpose and protect the means of escape as they are intended to do so. 1. A number of fire resisting doors throughout the premises were found to have defects. All fire resisting doors throughout the premises are to be examined and repaired or replaced to ensure that they are effectively self-closing onto their rebates. Gaps between door edge and frame are to be no more than 3 mm. Any damaged fire resisting glazing needs to be replaced. 2. It is important to ensure that self-closing fire resisting doors are not propped or wedged in the open position, if this is a requirement then the doors should be linked into the fire alarm system to allow them to positively close fully into their frame on the activation of the fire alarm. 3. Ensure that all doors on exit routes are available and can be easily and immediately opened, without the use of a key, by anyone who might need to use them in an emergency. 4. Doors to rooms that have no public access should be locked when not in use. 5. All fire doors should have identification showing the fire-rating of the door. 6. All transom lights above all doors and enclosures within the hospital should have the same fire resistance as the structure it is part of.
Reason	1. Whilst conducting the audit it was noted that there were a number of defective fire doors. 2. There were a considerable number of doors in most departments that were wedged or held open whilst the inspection was being undertaken. 3. a) Exit door in Block 5 FF library area had a key lock at the time of the inspection it had not been confirmed if this door was used as an escape route, this requires confirmation and the lock needs to be replaced with a

	device which complies with BS EN 179 (for emergency exit devices) or BS EN 1125 (for panic hardware), if it is used as a final Exit. b) Both Doors within the Medical Records Rooms (80 & 81 of the plan) require to be marked up as fire exits 4. A number of hazard rooms and other rooms were unlocked and accessible by the public. 5. A number of Fire doors throughout the hospital site did not have the identification tag stating the rating of the fire door as required in Appendix C - WHTM 0502. 6. It was noticed that the transom lights in a number of areas within the hospital were constructed of material that could not be evidenced to have an equal fire resistance to the structure it is a part of. Due to the items listed above, people may be affected by a fire whilst evacuating from the building. This means that people may not be able to reach a place of safety before being affected by fire and / or smoke. This is contrary to Articles 8 and 14.
Time for Completion	16 October 2020.

Item Number 4 Fire Risk Assessment	
Outcome	This work is necessary to reduce the risk of fire.
Action	• Ownership needs to be taken of the significant findings of the Fire Risk Assessment. Those items highlighted within the fire risk assessments need to be completed within the identified time scales. • Departments within the hospital that are not operated by the Hywel Dda University Health Board also have a duty to comply with this item and all other items relevant to them within this enforcement notice.
Reason	• It is clear that there is no ownership, of the significant findings of the fire risk assessment, being taken by the responsible persons of each department. The completion of the works identified within the fire risk assessment are required to protect people within your premises from the effects if fire. This is contrary to Article 9.
Time for Completion	16 October 2020.

Item Number 5 Add Device to and Update the Fire Alarm	
Outcome	This work is necessary to detect fire and raise an alarm.
Action	1. Extend the smoke detection within the corridor of the Tyssul ward (adjacent to the Laser treatment room) and link it to the existing fire alarm system. 2. Exchange the smoke detection for a heat detection within the staff room Block 32FF. 3. A large number of Detector heads were seen to be outdated, this was also noted within the risk assessments, the fire detection needs to be updated in accordance with BS 5839 part 1. 4. There needs to be fire alarm repeater panels available for both wards within Block 2 FF. All of the above points should comply with WHTM 05 03, part B and BS 5839 Part 1 The changes should be carried out and commissioned by a competent person.
Reason	People within the premises may be at risk unless the requirements within the items listed above, are addressed. This is contrary to Articles 8, 13, 15.
Time for Completion	16 October 2020.

Item Number 6 Escape Lighting	
Outcome	This work is necessary to make sure that escape routes (corridors, stairs and doors) can be safely used whenever they are needed.
Action	Ensure that the emergency lighting is tested and in good working order so that it will operate if the local lighting circuit fails. The system should conform to BS 5266.
Reason	There was no evidence of the testing of the emergency lighting system at the time of the inspection. People may not be able to find their way out in an emergency if the emergency lighting system fails to operate. This is contrary to Articles 8 and 14.
Time for Completion	16 October 2020.

Item Number 7 Training for Own Staff	
Outcome	This work is necessary to help people understand what to do if fire breaks out.
Action	Provide your employees with instruction and training, so that they know the fire precautions you have put in place. They must also be familiar with what they need to do in case of fire to ensure that they are safe and can keep other people safe.
Reason	Some employees were unaware of their responsibilities and of the fire safety measures in the premises, which you have taken to keep them and others safe, including the use of the AVSU systems and all site emergency procedures. This is contrary to Articles 8 19 and 21.
Time for Completion	16 October 2020.

Item Number 8 Cooperation/Coordination	
Outcome	This work is necessary to reduce the risk of fire.
Action	Effective systems of communication must be established with those who are responsible for all departments to ensure all relevant persons are provided with suitable and sufficient information in respect of the fire safety measures implemented. The cooperation must ensure that the shared fire safety measure(s) protect you all.
Reason	There are areas of the hospital that share some fire safety measures with you, all areas of the site must comply with all the fire safety measures that have been put in place to protect everyone. This is contrary to Articles 8,9,10,11 and 22.
Time for Completion	16 October 2020.

Item Number 9 Alternative Escape Route (Distance)	
Outcome	This work is necessary to provide sufficient escape routes (corridors, stairs and doors) for people.
Action	Do not allow the adjoining door within Room 32 X-Ray Department GF Block 6 and room 26 to be locked with a key. A push pad or similar device should be installed to the door which complies with BS EN 179 (for emergency exit devices) or BS EN 1125 (for panic hardware). Signage indicating the need to use this door as a fire exit should also be displayed on both sides of the door from room 26 to room 32.
Reason	Staff using the office in room 32 were locking the access door. The distance from the door adjoining room 32 to room 26 to the entrance to room 26 from the reception is so great that fire and smoke can overtake people before they reach the exit. This is contrary to Articles 8 and 14.

Time for Completion	16 October 2020.

Item Number 10 Obstruction of Escape Routes	
Outcome	This work is necessary to provide sufficient escape routes (corridors, stairs and doors) for people.
Action	Ensure that everyone can evacuate quickly and safely. 1. Cabinets and lockers should be stored in areas that do not impede escape in the event of an emergency these items should be removed from the corridors. 2. Remove fridge stored within staircase Block 8 FF. 3. Remove items stored in lift lobby 2/B within CCU. 4. Remove Bins Store within staircase Block 32 GF. 5. Remove Bins Stored at the entrance to SCBU
Reason	1. This was observed in the corridor between the kitchen to kitchen office corridor, within the X-Ray department office corridor and within the Merlin Ward by the escape stairs. 2. A fridge was being stored within the stairs of the blood Store in Block 8 FF. 3. Files and paper stored narrowing the route to lift 2/B In CCU. 4. Bins were being store within the staircase Block 32 GF. 5. Bins were being stored and used within this location. This would delay or prevent people escaping quickly and safely from fire. This is contrary to Articles 8, 14, 19 and 21.
Time for Completion	16 October 2020.

Item Number 11 Fire Fighting Equipment	
Outcome	This work is necessary to enable nominated employees to safely fight outbreaks of fire.
Action	Remove the existing Dry Powder Extinguishers from within all of the departments of the hospital site.
Reason	Dry Powder Extinguishers are not recommended for use in enclosed spaces. These extinguishers need to be replaced with a class of extinguisher that is suitable for the items within the compartment area they are covering. A small fire would be able to grow to a size that could put people at risk This is contrary to Article 13.
Time for Completion	16 October 2020.

Item Number 12 Storage of Refuse	
Outcome	This work is necessary to reduce the risk of fire.
Action	Manage all waste on site responsibly. Your refuse bins sited at the rear of the Renal unit are overflowing and combustible material is accumulating around this area. This is also the case in the courtyard of Block 32 and within the maintenance yard. If not carefully managed and controlled, rubbish stacked in a haphazard fashion in unsightly piles outside premises can lead to more rubbish being dumped or fly tipped. Graffiti, vandalism and arson may then follow in quick succession. When there is no segregated bin storage, wheeled bins should be chained together and to an immobile object, such as a metal stake, at least 10 metres away from any building.
Reason	Fire can rapidly spread to the building because of the accumulation of this waste. A fire could spread rapidly and make the escape route unsafe for people to use. This is contrary to Article 8.
Time for Completion	16 October 2020.

Item Number 13 Flammables Storage	
Outcome	This work is necessary to reduce the risk of fire.
Action	Remove unnecessary items stored within the site's plant rooms
Reason	1. It was noted that there were combustibles stored within the hydro pool plant room. 2. There were items also stored within the MRI plant room (R76). A fire could occur within these rooms due to the fuel being stored, this could cause damage to vital systems supported by the plant within these rooms This is contrary to Article 12.
Time for Completion	16 October 2020.

Item Number 14 Access	
	Particular attention needs to be taken regarding the access for fire service vehicles in the event of a fire at the Glangwili site. Whilst visiting the site to conduct the inspections over a week period, it was noted that the car parks were heavily overcrowded with vehicles parking in unauthorised areas, as a result the attending fire appliances would not be able to access all parts of the hospital. Access to all parts of the building should be available for the fire service at all times as mentioned in WHTM - 0502 Chapter 7 and Part B of Schedule 1 of the Building Regulations 2010.

Note

I also remind you of the email regarding the escape from the operating theatre and Preseli ward.

- You will need to agree with the other departments within the trust, in writing, that the Preseli ward and theatre are not used by 'non-ambulant bariatric persons', this is due to the inability of staff to safely evacuate non-ambulant bariatric patients down the narrow escape stairs provided at each end of the floor.
- This should be enforced until a time that you are able to safely evacuate non-ambulant bariatric patients from the theatre and ward area, by providing an alternative safe escape route or making the existing escape route suitable for all dependencies.
- You will also need to prove that all persons can be safely evacuated from this area of the hospital

Appendix 2

Chief Executive
Corporate offices
Hywel Dda Health Board
Hafan Derwen
Ystwyth Building
Jobs Well Road
Carmarthen
SA31 3BB

Gofynner am/
Please ask for:

Watch Manager K Steele

Rhif Est/Extn. No.

3367

E-bost/E-mail:

k.steele@mawwfire.gov.uk

Fy Nghyf/My Ref:

BFS/KS/SJM/00114719/00113
573/00107739

Eich Cyf/Your Ref:

Dyddiad/Date:

24 August 2020



Gwasanaeth Tân ac Achub
Canolbarth a Gorllewin Cymru

Mid and West Wales
Fire and Rescue Service

Dear Sir

RE: - ENFORCEMENT NOTICES / Meeting 06 June 2020

I refer to a recent letter sent to you by GM D Hancock regarding the meeting, on the 06 June 2020 with representatives from HDdUHB to discuss progress against the Enforcement Notices issued against the premises at the Withybush Hospital, Bro Cerwyn and St Caradogs sites, Fishguard Road, Haverfordwest.

Within his letter it was noted that progress has been made in addressing some of the highlighted issues, though it is also acknowledged that the impact of the Coronavirus pandemic on the operations of the Health Board has unduly prevented the desired progress to be made in some areas.

It was also mentioned that as you have encountered delays in works due to the pandemic, we have reviewed the current Enforcement Notices and adjusted the previous deadlines, for the completion of works to accommodate the unavoidable delays encountered, by adding an extension of time to each, in alignment with your new projections for the completion of these works.

Revisions to the previously issued Enforcement Notices, KS/890/02, KS/890/03, KS/890/05 and letter of fire safety matters dated 07 January 2020 and as agreed by GM Hancock and myself, each notice has been extended by the following timescale:

KS/890/02 from the 30 SEPT 2020 to the **30 JAN 2021**.

KS/890/03 from the 28 AUG 2021 to the **21 DEC 2021**.

KS/890/04 will remain as **2022** and will be revised closer to the deadline date.

We agreed in the meeting also to align the date of **EN KS / 890 / 05** to coincide with the timescale of **KS / 890 / 03 - 21 DEC 2021** (Phase 1 of the WGH works) therefore I will reissue this EN to reflect this.

The letter of fire safety matters dated 07 January 2020 will be extended from the initial timescale issued to coincide with the timescale the stage 2 works (phase 1) revised to Dec 2021 agreed within the outcome of the meeting on the 06 June 2020 and again agreed as in meeting on the 20 August 2020.

Prif Swyddog Tân
Chief Fire Officer
Chris Davies QFSM MBA

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Heol Llwyn Pisgwydd,
Caerfyrddin,
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Rydym yn croesawu gohebiaeth yn
y Gymraeg a'r Saesneg - byddwn yn
ymateb yn gyfartal i'r ddau ac yn ateb yn
eich dewis iaith heb oedi.

Rydym yn croesawu galwadau yn y
Gymraeg a'r Saesneg.

We welcome correspondence in Welsh
and English - we will respond equally to
both and will reply in your language of
choice without delay.

We welcome calls in Welsh and English.



The EN Numbered **KS / 890 / 06** Glangwili General Hospital will granted extensions to the date mentioned within the notice (Feb 2021) on evidence of progress to the planned phased works agreed by HDdUHB and the fire authority also in the meeting held on the 06 June 2020.

Where works have been completed these have been removed from the relevant schedules on review.

As always, we will continue to work collaboratively and supportively with your representatives to ensure that the outstanding matters are resolved as sympathetically and expeditiously as possible, so the required level of fire safety is achieved.

Yours faithfully



Watch Manager K Steele
Authorised Fire Safety Inspecting Officer
On behalf of the Mid and West Wales Fire and Rescue Authority

Cc's

Steve.moore2@wales.nhs.uk

HIW@gov.wales

Rob.elliott@wales.nhs.uk

Janice.cole-williams@wales.nhs.uk

Bethan.andrews@wales.nhs.uk

Gareth.Lloyd10@wales.nhs.uk

Daniel.Dyer@wales.nhs.uk

Anthony.Pitcher@wales.nhs.uk

Richard.Jupp2@wales.nhs.uk

Sarah.perry3@wales.nhs.uk

Appendix 3

The Chief Executive
Corporate Offices
Hywel Dda University Health Board
Hafan Derwen
Ystwyth Building
Jobs Well Road
Carmarthen
SA31 3BB

Gofynner am/
Please ask for: Watch Manager K Steele
Ext No: 3367
E-bost/E-mail: k.steele@mawwfire.gov.uk
Fy Nghyf/My Ref: BFS/KS/AMD/00107739
Dyddiad/Date: 05 November 2020



Gwasanaeth Tân ac Achub
Canolbarth a Gorllewin Cymru

Mid and West Wales
Fire and Rescue Service

Dear Sir (as Responsible Person)

The Regulatory Reform (Fire Safety) Order 2005 Withdrawal of Enforcement Notice

**Premises: HYWEL DDA UNIVERSITY HEALTH BOARD, WEST WALES GENERAL HOSPITAL,
GLANGWILI, DOGWILI ROAD, CARMARTHEN, CARMARTHENSHIRE, SA31 2AF**

Please be advised that the Enforcement Notice, dated 08 August 2020 and/ numbered **KS/890/06** is withdrawn.

There are however outstanding matters contained within the Enforcement Notice indicated above that still need to be addressed.

To rationalise the correspondence associated with these outstanding matters and to provide clarity on the enforcement expectations in relation them, further Enforcement Notices **KS/890/07, KS/890/08, KS/890/09 dated 04 November 2020** have been issued.

Fire Safety Management

You should review the risks to people in case of fire regularly especially if:

- There is reason to suspect that people are not safe in case of fire, or
- There has been a significant change to the preventive and protective measures you have taken in case of fire.

Where, in consequence of a review, changes to your safety measures are required; you should make those changes.

Yours faithfully,

Watch Manager K Steele
Authorised Fire Safety Inspecting Officer
On behalf of the Mid and West Wales Fire and Rescue Authority

Prif Swyddog Tân
Chief Fire Officer
Chris Davies QFSM MBA

Y Pencadlys,
Heol Llwyn Pisgwydd,
Caerfyrddin,
Sir Gâr,
SA31 1SP
post@tancgc.gov.uk

Headquarters,
Lime Grove Avenue,
Carmarthen,
Carmarthenshire,
SA31 1SP
mail@mawwfire.gov.uk

Facs | Fax:

01267 220562

Ffôn | Tel:

0370 60 60 699

HOFFI DILYN RHANNU | Ein Negeseuon
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Rydym yn croesawu gohebiaeth yn
y Gymraeg a'r Saesneg - byddwn yn
ymateb yn gyfartal i'r ddau ac yn ateb yn
eich dewis iaith heb oedi.

Rydym yn croesawu galwadau yn y
Gymraeg a'r Saesneg.

We welcome correspondence in Welsh
and English - we will respond equally to
both and will reply in your language of
choice without delay.

We welcome calls in Welsh and English.



www.tancgc.gov.uk
www.mawwfire.gov.uk

CC: Steve.moore2@walesnhs.uk

hiw@gov.wales

Rob.elliott@walesnhs.uk

Gareth.Lloyd10@wales.nhs.uk

Richard.Jupp2@wales.nhs.ukSarah.perry3@wales.nhs.uk

Anthony.Pitcher@wales.nhs.uk

The Chief Executive
Corporate Offices
Hywel Dda Health Board
Hafan Derwen
Ystwyth Building
Jobs Well Road
Carmarthen
SA31 3BB

Gofynner am/
Please ask for: Watch Manager K. Steele

Ext No: 3367

E-bost/E-mail: k.Steele@mawwfire.gov.uk

Fy Nghyf/My Ref: BFS/KS/AMD/00107739

Dyddiad/Date: 04 November 2020



Gwasanaeth Tân ac Achub
Canolbarth a Gorllewin Cymru

Mid and West Wales
Fire and Rescue Service

URGENT – ACTION REQUIRED

Dear Sir (as Responsible Person or Duty Holder)

Enforcement Notice

The Regulatory Reform (Fire Safety) Order 2005: Article 30

**Premises: WEST WALES, GENERAL HOSPITAL, GLANGWILI, DOGWILI ROAD,
CARMARTHEN, CARMARTHENSHIRE, SA31 2AF**

An authorised inspector visited your premises on 24 February 2020 and evaluated the fire safety provided. The Mid & West Wales Fire and Rescue Authority is of the opinion that you have failed to comply with a provision / provisions of the Regulatory Reform (Fire Safety) Order 2005 because people were unsafe in case of fire. The schedule to this Notice further explains the provision(s), with which you have not complied.

The serving of this Notice dated **04 November 2020 and numbered KS/890/07** necessary to ensure that you adequately protect people in case of fire. This authority has to make sure that you provide safety. The attached schedule sets out what you must do.

Timescale for Completion

You are required to take steps to remedy the matters in the schedule by **31 August 2021, as agreed in the programme for Advanced Works (presented to us on the 02 October 2020)**. My officer will contact you prior to this date to arrange a further visit.

You may apply for an extension to the period of time within which you need to remedy the failure(s). The authority will grant/deny additional time according to the efforts you have made. If you require additional time, please contact my officer at your earliest opportunity.

Penalty for Non-compliance

FSO 04

Prif Swyddog Tân
Chief Fire Officer
Chris Davies QFSM MBA

Y Pencadlys,
Heol Llwyn Pisgwydd,
Caerfyrddin,
Sir Gâr,
SA31 1SP
post@tancgc.gov.uk

Headquarters,
Lime Grove Avenue,
Carmarthen,
Carmarthenshire,
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Facs | Fax:

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Ffôn | Tel:

0370 60 60 699

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y Gymraeg a'r Saesneg - byddwn yn
ymateb yn gyfartal i'r ddau ac yn ateb yn
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Rydym yn croesawu galwadau yn y
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We welcome correspondence in Welsh
and English - we will respond equally to
both and will reply in your language of
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We welcome calls in Welsh and English.



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If you do not comply with this Notice, you will have committed an offence and this authority will consider a prosecution against you. A prosecution could lead to you being liable to a fine, imprisonment or both, subject to the Courts.

Route to Appeal

You can legally appeal this Notice. To do so, you must appeal 'by way of complaint for an order to the Clerk to the Magistrates' Court in the area in which the premises are situated', within 21 days from the day on which this notice was served.

The bringing of an appeal has the effect of suspending the operation of this Enforcement Notice until the appeal is finally disposed of or (if the appeal is withdrawn), until the withdrawal of the appeal.

You can clarify or challenge what you need to do. If you have any feedback you wish to share, please access the Complaints and Compliments section found on our website: <https://www.mawwfire.gov.uk/eng/about-us/access-to-information/compliments-comments-and-complaints/>

Alternative Solutions

If you prefer to use a different solution to bring about safety from fire please contact my officer. If your solution is agreed, this Notice will be withdrawn, and another Notice served in its stead. An alternative approach might enable you to apply an equally appropriate safety solution to better meet your needs. Any alternative you propose must meet the 'outcome(s)' stated in the schedule.

Yours faithfully,



Watch Manager K Steele
Authorised Fire Safety Inspecting Officer
On behalf of the Mid and West Wales Fire and Rescue Authority

CC: Steve.moore2@walesnhs.uk

hiw@gov.wales

Rob.elliott@walesnhs.uk

Gareth.Lloyd10@wales.nhs.uk

Richard.Jupp2@wales.nhs.uk

Sarah.perry3@wales.nhs.uk

Anthony.Pitcher@wales.nhs.uk

Important Information – schedule referred to in Enforcement Notice

Notes to this schedule:

The government guidance most suitable to your premises is "Guide to Risk Assessment in Healthcare Premises" ISBN-13: 978 1 85112 824 2, which can be found at <http://www.cfoa.org.uk/19512>

Before you make certain changes to the premises, you may have to apply for approval from statutory bodies and/or others having interest in them. If you have doubt about the need for approval, you should ask the relevant body. For example, you may have to apply for approval from a Building Control Body <http://www.legislation.gov.uk/uksi/2010/2214/regulation/3/made>. You might also need to apply for the property owners' permission http://cadw.gov.wales/docs/cadw/publications/ListedBuildingConsentBooklet_EN.pdf among others.

Item Number 1 - Compartmentation – All Vertical Escape Routes. (Agreed Advanced works)	
Outcome	This work is necessary to reduce the risk of spread of fire
Required Action	To undertake whatever works are necessary to ensure that any/all breaches in fire resisting compartmentation that affect the Vertical Escape Routes within Glangwili General Hospital are addressed as agreed in the programme for Advanced works (presented to us on the 02 October 2020). Fire resisting structures are to continue to slab/upper floor level/roof level and pass through any false ceiling provided.
Reason	It has been identified during inspection that there is a lack of or incomplete compartmentation in these areas. Compartmentation was not providing sufficient protection in case of fire and would affect relevant people before they could escape. This is contrary to Articles 8(1) and 14 (2) (b).
Time for Completion	31 August 2021

The Chief Executive
Corporate Offices
Hywel Dda Health Board
Hafan Derwen
Ystwyth Building
Jobs Well Road
Carmarthen
SA31 3BB

Gofynner am/
Please ask for: Watch Manager K. Steele

Ext No: 3367

E-bost/E-mail: k.Steele@mawwfire.gov.uk

Fy Nghyf/My Ref: BFS/KS/AMD/00107739

Dyddiad/Date: 04 November 2020



Gwasanaeth Tân ac Achub
Canolbarth a Gorllewin Cymru

Mid and West Wales
Fire and Rescue Service

URGENT – ACTION REQUIRED

Dear Sir (as Responsible Person or Duty Holder)

Enforcement Notice

The Regulatory Reform (Fire Safety) Order 2005: Article 30

**Premises: WEST WALES, GENERAL HOSPITAL, GLANGWILI, DOGWILI ROAD,
CARMARTHEN, CARMARTHENSHIRE, SA31 2AF**

An authorised inspector visited your premises on 24 February 2020 and evaluated the fire safety provided. The Mid & West Wales Fire and Rescue Authority is of the opinion that you have failed to comply with a provision / provisions of the Regulatory Reform (Fire Safety) Order 2005 because people were unsafe in case of fire. The schedule to this Notice further explains the provision(s), with which you have not complied.

The serving of this Notice dated **04 November 2020 and numbered KS/890/09** necessary to ensure that you adequately protect people in case of fire. This authority has to make sure that you provide safety. The attached schedule sets out what you must do.

Timescale for Completion

You are required to take steps to remedy the matters in the schedule by **31 August 2024, as agreed in the programme for Phase 2 Works (presented to us on the 02 October 2020)**. My officer will contact you prior to this date to arrange a further visit.

You may apply for an extension to the period of time within which you need to remedy the failure(s). The authority will grant/deny additional time according to the efforts you have made. If you require additional time, please contact my officer at your earliest opportunity.

Penalty for Non-compliance

FSO 04

Prif Swyddog Tân
Chief Fire Officer
Chris Davies QFSM MBA

Y Pencadlys,
Heol Llwyn Pisgwydd,
Caerfyrddin,
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y Gymraeg a'r Saesneg - byddwn yn
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eich dewis iaith heb oedi.

Rydym yn croesawu galwadau yn y
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Route to Appeal

You can legally appeal this Notice. To do so, you must appeal 'by way of complaint for an order to the Clerk to the Magistrates' Court in the area in which the premises are situated', within 21 days from the day on which this notice was served.

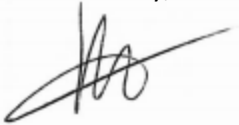
The bringing of an appeal has the effect of suspending the operation of this Enforcement Notice until the appeal is finally disposed of or (if the appeal is withdrawn), until the withdrawal of the appeal.

You can clarify or challenge what you need to do. If you have any feedback you wish to share, please access the Complaints and Compliments section found on our website: <https://www.mawwfire.gov.uk/eng/about-us/access-to-information/compliments-comments-and-complaints/>

Alternative Solutions

If you prefer to use a different solution to bring about safety from fire please contact my officer. If your solution is agreed, this Notice will be withdrawn, and another Notice served in its stead. An alternative approach might enable you to apply an equally appropriate safety solution to better meet your needs. Any alternative you propose must meet the 'outcome(s)' stated in the schedule.

Yours faithfully,



Watch Manager K Steele
Authorised Fire Safety Inspecting Officer
On behalf of the Mid and West Wales Fire and Rescue Authority

CC: Steve.moore2@walesnhs.uk

hiw@gov.wales

Rob.elliott@walesnhs.uk

Gareth.Lloyd10@wales.nhs.uk

Richard.Jupp2@wales.nhs.uk

Sarah.perry3@wales.nhs.uk

Anthony.Pitcher@wales.nhs.uk

Important Information – schedule referred to in Enforcement Notice

Notes to this schedule:

The government guidance most suitable to your premises is "**Guide to Risk Assessment in Healthcare Premises**" ISBN-13: 978 1 85112 824 2, which can be found at <http://www.cfoa.org.uk/19512>

Before you make certain changes to the premises, you may have to apply for approval from statutory bodies and/or others having interest in them. If you have doubt about the need for approval, you should ask the relevant body. For example, you may have to apply for approval from a Building Control Body <http://www.legislation.gov.uk/uksi/2010/2214/regulation/3/made>. You might also need to apply for the property owners' permission http://cadw.gov.wales/docs/cadw/publications/ListedBuildingConsentBooklet_EN.pdf among others.

Item Number 1 - Compartmentation – All Vertical Escape Routes. (Agreed Phase 2 works)	
Outcome	This work is necessary to reduce the risk of spread of fire
Required Action	To undertake whatever works are necessary to ensure that any/all breaches in fire resisting compartmentation that affect the Wards, Theatres, Plant Rooms, Offices, Surgeries, Specialist Units and any other compartmented spaces within Glangwili General Hospital are addressed as agreed in the programme for Phase 2 works (presented to us on the 02 October 2020). Fire resisting structures are to continue to slab/upper floor level/roof level and pass through any false ceiling provided.
Reason	It has been identified during inspection that there is a lack of or incomplete compartmentation in these areas. Compartmentation was not providing sufficient protection in case of fire and would affect relevant people before they could escape. This is contrary to Articles 8(1) and 14 (2) (b).
Time for Completion	31 August 2024

The Chief Executive
Corporate Offices
Hywel Dda Health Board
Hafan Derwen
Ystwyth Building
Jobs Well Road
Carmarthen
SA31 3BB

Gofynner am/
Please ask for: Watch Manager K. Steele

Ext No: 3367

E-bost/E-mail: k.Steele@mawwfire.gov.uk

Fy Nghyf/My Ref: BFS/KS/AMD/00107739

Dyddiad/Date: 04 November 2020



Gwasanaeth Tân ac Achub
Canolbarth a Gorllewin Cymru

Mid and West Wales
Fire and Rescue Service

URGENT – ACTION REQUIRED

Dear Sir (as Responsible Person or Duty Holder)

Enforcement Notice

The Regulatory Reform (Fire Safety) Order 2005: Article 30

**Premises: WEST WALES, GENERAL HOSPITAL, GLANGWILI, DOGWILI ROAD,
CARMARTHEN, CARMARTHENSHIRE, SA31 2AF**

An authorised inspector visited your premises on 24 February 2020 and evaluated the fire safety provided. The Mid & West Wales Fire and Rescue Authority is of the opinion that you have failed to comply with a provision / provisions of the Regulatory Reform (Fire Safety) Order 2005 because people were unsafe in case of fire. The schedule to this Notice further explains the provision(s), with which you have not complied.

The serving of this Notice dated **04 November 2020 and numbered KS/890/08** necessary to ensure that you adequately protect people in case of fire. This authority has to make sure that you provide safety. The attached schedule sets out what you must do.

Timescale for Completion

You are required to take steps to remedy the matters in the schedule by **31 July 2022, as agreed in the programme for Phase 1 Works (presented to us on the 02 October 2020)**. My officer will contact you prior to this date to arrange a further visit.

You may apply for an extension to the period of time within which you need to remedy the failure(s). The authority will grant/deny additional time according to the efforts you have made. If you require additional time, please contact my officer at your earliest opportunity.

Penalty for Non-compliance

FSO 04

Prif Swyddog Tân
Chief Fire Officer
Chris Davies QFSM MBA

Y Pencadlys,
Heol Llwyn Pisgwydd,
Caerfyrddin,
Sir Gâr,
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Headquarters,
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Facs | Fax:

01267 220562

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y Gymraeg a'r Saesneg - byddwn yn
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eich dewis iaith heb oedi.

Rydym yn croesawu galwadau yn y
Gymraeg a'r Saesneg.

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and English - we will respond equally to
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Route to Appeal

You can legally appeal this Notice. To do so, you must appeal 'by way of complaint for an order to the Clerk to the Magistrates' Court in the area in which the premises are situated', within 21 days from the day on which this notice was served.

The bringing of an appeal has the effect of suspending the operation of this Enforcement Notice until the appeal is finally disposed of or (if the appeal is withdrawn), until the withdrawal of the appeal.

You can clarify or challenge what you need to do. If you have any feedback you wish to share, please access the Complaints and Compliments section found on our website: <https://www.mawwfire.gov.uk/eng/about-us/access-to-information/compliments-comments-and-complaints/>

Alternative Solutions

If you prefer to use a different solution to bring about safety from fire please contact my officer. If your solution is agreed, this Notice will be withdrawn, and another Notice served in its stead. An alternative approach might enable you to apply an equally appropriate safety solution to better meet your needs. Any alternative you propose must meet the 'outcome(s)' stated in the schedule.

Yours faithfully,



Watch Manager K Steele
Authorised Fire Safety Inspecting Officer
On behalf of the Mid and West Wales Fire and Rescue Authority

CC: Steve.moore2@walesnhs.uk

hiw@gov.wales

Rob.elliott@walesnhs.uk

Gareth.Lloyd10@wales.nhs.uk

Richard.Jupp2@wales.nhs.uk

Sarah.perry3@wales.nhs.uk

Anthony.Pitcher@wales.nhs.uk

Important Information – schedule referred to in Enforcement Notice

Notes to this schedule:

The government guidance most suitable to your premises is "Guide to Risk Assessment in Healthcare Premises" ISBN-13: 978 1 85112 824 2, which can be found at <http://www.cfoa.org.uk/19512>

Before you make certain changes to the premises, you may have to apply for approval from statutory bodies and/or others having interest in them. If you have doubt about the need for approval, you should ask the relevant body. For example, you may have to apply for approval from a Building Control Body <http://www.legislation.gov.uk/uksi/2010/2214/regulation/3/made>. You might also need to apply for the property owners' permission http://cadw.gov.wales/docs/cadw/publications/ListedBuildingConsentBooklet_EN.pdf among others.

Item Number 1 - Compartmentation – All Horizontal Corridor Escape Routes (Agreed Phase 1 Works)	
Outcome	This work is necessary to reduce the risk of spread of fire.
Required Action	To undertake whatever works are necessary to ensure that any/all breaches in fire resisting compartmentation that affect the Horizontal Escape Routes within Glangwili General Hospital are addressed as agreed in the programme for Phase 1 Works (presented to us on the 02 October 2020). Fire resisting structures are to continue to slab/upper floor level/roof level and pass through any false ceiling provided.
Reason	It has been identified during inspection that there is a lack of or incomplete compartmentation in these areas. Compartmentation was not providing sufficient protection in case of fire and would affect relevant people before they could escape. This is contrary to Articles 8(1) and 14 (2) (b).
Time for Completion	31 July 2022

Item Number 2 - Compartmentation – All Vertical Breaches and / or Penetrations	
Outcome	This work is necessary to reduce the risk of spread of fire
Required Action	To undertake whatever works are necessary to ensure that any/all breaches in fire resisting compartmentation that affect the intermediate floors between levels within Glangwili Hospital are addressed as agreed in the programme for Phase 1 Works (presented to us on the 2nd Oct 2020). Fire resisting structures are to continue to slab/ upper floor level/roof level and pass through any false ceiling provided.
Reason	It has been identified during inspection that there is a lack of or incomplete compartmentation in these areas. Compartmentation was not providing sufficient protection in case of fire and would affect relevant people before they could escape.

	This is contrary to Articles 8(1) and 14 (2) (b).
Time for Completion	31 July 2022

Appendix 4

The Chief Executive
Corporate Offices
Hywel Dda Health Board
Hafan Derwen
Ystwyth Building
Jobs Well Road
Carmarthen
SA31 3BB

Gofynner am/
Please ask for: Watch Manager K Steele

Ext No: 3367

E-bost/E-mail: k.steele@mawwfire.gov.uk

Fy Nghyf/My
Ref: BFS/KS/SJM/00107739

Dyddiad/Date: 12 January 2021

Steve.Moore2@wales.nhs.uk

Dear Sir

The Regulatory Reform (Fire Safety) Order 2005

Letter of Fire Safety Matters

Premises: GLANGWILI GENERAL HOSPITAL, DOLGWILI ROAD, CARMARTHEN, SA31 2AF

I visited your premises over a number of occasions from 22 June 2020 onwards and evaluated the fire safety provided. I am of the opinion that some people are at risk in case of fire. **I have issued this letter to confirm the agreed outcome of the meeting on 06 January 2021. The schedule of works has been aligned with all stages of the document named: Fire Precaution Upgrade Works Glangwili General Hospital.**

Timescale for Completion

As mentioned within the:

Fire Precaution Upgrade Works Glangwili General Hospital document,

Stage 1 / Advanced works relate to Vertical Escape routes by end **August 2021.**

Stage 2 / Phase 1 works relate to all remaining escape routes at GGH to be completed by end **July 2022.**

Stage 3 / Phase 2 works relate to all department / ward areas including any sub compartmentation and risk room area. To be completed by end **August 2024.**

Consequence for Non-compliance

If you do not do the work in the schedule before my next visit (or I find that safety provisions have worsened), the authority may serve an enforcement notice on you. An enforcement notice would legally bind you to do the work.

Route to Appeal

You can clarify or challenge what you need to do. If you have any feedback you wish to share, please access the Complaints and Compliments section found on our website:

<http://www.mawwfire.gov.uk/English/Contacts/Pages/Complaints-and-Compliments.aspx>.

Alternative Solutions

If you want to use a different solution to bring about safety from fire, please contact me to discuss an action plan. An action plan might enable you to apply an equally



Gwasanaeth Tân ac Achub
Canolbarth a Gorllewin Cymru

Mid and West Wales
Fire and Rescue Service

Prif Swyddog Tân
Chief Fire Officer
Chris Davies QFSM MBA

Y Pencadlys,
Heol Llwyn Pisgwydd,
Caerfyrddin,
Sir Gâr,
SA31 1SP
post@tancgc.gov.uk

Headquarters,
Lime Grove Avenue,
Carmarthen,
Carmarthenshire,
SA31 1SP
mail@mawwfire.gov.uk

Facs | Fax:

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Rydym yn croesawu gohebiaeth yn
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eich dewis iaith heb oedi.

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Gymraeg a'r Saesneg.

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and English - we will respond equally to
both and will reply in your language of
choice without delay.

We welcome calls in Welsh and English.



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www.mawwfire.gov.uk

appropriate safety solution to better meet your needs. Any alternative solution you propose must meet the 'outcome(s)' stated in the schedule.

Locations inspected and relating to this letter and the below schedule:

Block 1 GF 00324599, FF 00324600, SF 00324601.

Block 3 GF 00324602, FF 00324603, SF 00324604.

Block 4 Basement 00324528, GF Offices 00324529, GF Wards 00324531, FF Wards 00324532, SF Wards 00324533, TF Wards 00324534.

Block 18a 00135301, 18b 00194585, 18c 00194584, 18d 00194586.

Block 19 00135375.

Block 20 00108186.

Block 22 00135382.

Block 24 00130242.

Block 26 00135383.

Block 27 00130244.

Block 28 00136475.

Yours faithfully



Watch Manager K Steele

Authorised Fire Safety Inspecting Officer

On behalf of the Mid and West Wales Fire and Rescue Authority

cc's Steve.moore2@walesnhs.uk
hiw@gov.wales
Rob.elliott@walesnhs.uk
Gareth.Lloyd10@wales.nhs.uk
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Sarah.perry3@wales.nhs.uk
Anthony.Pitcher@wales.nhs.uk

Simon.Chiffi@wales.nhs.uk

Claire.Bird@wales.nhs.uk

Jason.Wood@wales.nhs.uk

Important Information – schedule referred to in letter

Notes to this schedule:

The government guidance most suitable to your premises is "**Guide to Risk Assessment in Sleeping Accommodation**" ISBN-13: 978 1 85112 817 4 and "**Guide to Risk Assessment in Offices and Shops**" ISBN-13: 978 1 85112 815 0 which can be found at <http://www.cfoa.org.uk/19512>

Before you make certain changes to the premises, you may have to apply for approval from statutory bodies and/or others having interest in them. If you have doubt about the need for approval, you should ask the relevant body. For example, you may have to apply for approval from a Building Control Body <http://www.legislation.gov.uk/ukxi/2010/2214/regulation/3/made>. You might also need to apply for the property owners' permission http://cadw.gov.wales/docs/cadw/publications/ListedBuildingConsentBooklet_EN.pdf among others.

The Schedule Contains 9 Items

Item number 1 Compartment	
Outcome	This work is necessary to reduce the risk of the spread of fire.
Required Action	1. The areas visited in this inspection should be included into the current Compartmentation survey (areas listed at end of schedule) 2. Ensure the holes in the ceiling within the area mentioned are repaired to reinstate the fire resistance of this room, Block 3 FF RM 36 IT room. TIME FOR COMPLETION: To be completed in line with the agreed advanced, first and second phase works as mentioned within the document: Fire Precaution Upgrade Works Glangwili General Hospital, presented to us on the 6th Jan 2021.
Reason	The fire resistance cannot be confirmed and needs to provide the sufficient protection in case of fire. Without the correct compartmentation fire and smoke could spread unhindered and would affect people before they could escape.

Item number 2 Fire Resisting Corridors and Doors	
Outcome	This work is necessary to provide sufficient escape routes (corridors, stairs and doors) for people.
Required Action	Ensure that the means of escape is kept free from fire and smoke for a minimum period of 30 minutes by ensuring that: 1. All fire doors within all of the blocks listed in this letter are included in the ongoing fire door survey 2. The management of fire doors needs to be addressed due to a number of doors noted on inspection that were wedged open and room left unattended namely within Block 1FF, Block 3SF, Block 4GF-FF, Block 18b-D, Block 20, Block 24, Block 26, Block 27, Block 28. 3. The fire doors within the Junior Doctors Residence were being held open by bins wedges and other items, these doors should have hold open devices

	fitted and be linked into the detection system to stop the residents engaging in this dangerous activity, further education regarding the seriousness of this action needs to be passed on to the tenants within this block. - Remove the key locks and replace with a single action locking device within Blocks 18A & D. - Padlocks / slide bolts should be removed from gates that are part of exit from Blocks 18B & A. - All Redlam panic bolts fitted to exits should have the hammer fitted in case of emergency on inspection these were missing within Block 4 FF, SF, TF. - Doors to rooms not accessed by the public / patients should always be kept locked shut to reduce the risk of Arson, it was noted that the following fire doors were open at the time of the inspection. Block 1 bin store on access corridor, Block 3 RM 36, Block 4 TF RM 40, SF RM 39, 46 & 30, FF RM 37, Block 26 exit from ward block 4 RM 59. - It was noted that there were items stored within the escape route (Laundry trolleys, unused electrical items, wheelchairs etc) within the following areas: Block 4 TF RM 39, FF RM 36, Block 26 (area outside escape from block 4 RM 59) Block 19. - Move all recycling bins to an accessible area not in the means of escape, noted in the following areas: Block 1 GF & FF and in any other area not accessed if located in the means of escape. - Move the photocopiers located on the means of escape within Blocks 24 & 26. - Ensure that fire doors default to a closed position on the activation of an alarm, the corridor doors in Block 4 GF Wards access area default to an open position. - Ensure that the hold open device and door both work as one unit, within Ceri ward the sub compartment doors by rm s 11 & 20 had to be pushed further passed its 1st held open position to attach to the magnetic hold open device, meaning that in position 1 if the alarm activates this door will not close automatically. - Green Box release switches that require a key within Block 26 should be replaced with ones that don't require a key ,not all of the staff may have access to a key to open these devices this is mainly aimed at the out of hours DR service provided from this Block. TIME FOR COMPLETION: To be completed in line with the agreed advanced, first and second phase works as mentioned within the document: Fire Precaution Upgrade Works Glangwili General Hospital, presented to us on the 6th Jan 2021.
Reason	People using the above-mentioned locations may be affected by a fire in one of the adjoining rooms. This means that people may not be able to reach safety before being affected by fire and / or smoke.

Item number 3 Training for Own Staff	
Outcome	This work is necessary to help people understand what to do if fire breaks out

Required Action	Provide your employees with instruction and training, so that they know the fire precautions you have put in place. They must also be familiar with what they need to do in case of fire to ensure that they are safe and can keep other people safe. TIME FOR COMPLETION: To be completed in line with the agreed advanced, first and second phase works as mentioned within the document: Fire Precaution Upgrade Works Glangwili General Hospital, presented to us on the 6th Jan 2021.
Reason	Some employees were unaware of their responsibilities and of the fire safety measures in the premises, which you have taken to keep them and others safe. including the use of the AVSU systems and all site emergency procedures.

Item number 4 Fire Fighting Equipment	
Outcome	This work is necessary to enable nominated employees to safely fight outbreaks of fire.
Required Action	Remove the existing Dry Powder Extinguishers from within all of the departments of the hospital site. It was noted in this inspection that these were available within Block 3 FF, Block 4 basement - FF-TF, Blocks 24 ,27, 18D. TIME FOR COMPLETION: To be completed in line with the agreed advanced, first and second phase works as mentioned within the document: Fire Precaution Upgrade Works Glangwili General Hospital, presented to us on the 6th Jan 2021.
Reason	Dry powder extinguishers are not recommended for use in enclosed spaces. These extinguishers need to be replaced with a class of extinguisher that is suitable for the items within the compartment area they are covering. A small fire would be able to grow to a size that could put people at risk

Item number 5 Wall and Ceiling Spread of Flame	
Outcome	This work is necessary to reduce the risk of the spread of fire.
Required Action	Remove the items (postcards and paper) attached to the wall within RM 44 Block 4 T1. Ensure that wall linings do not support the spread of fire. TIME FOR COMPLETION: To be completed in line with the agreed advanced, first and second phase works as mentioned within the document: Fire Precaution Upgrade Works Glangwili General Hospital, presented to us on the 6th Jan 2021.
Reason	Fire can rapidly spread to other areas of the building because of these items. A fire could spread rapidly and make the escape route unsafe for people to use.

Item number 6 Alarm and Detection	
Outcome	This work is necessary to detect fire and raise an alarm.
Required Action	Provide a device complying with BS 5839 part 1 and linked to the existing fire alarm system in the following locations: 1. Add a Manual call point in Block 24 Rm 18 by final exit. 2. Move Manual call point in corridor within Block 28 as it is hidden by a held open door. 3. Extend the detection to cover Rm 48 Block 4 TF as it is now a Hazard room. As mentioned in the previous EN letter a number of Detector heads were seen to be outdated, this was also noted within the risk assessments, the fire detection needs to be updated in accordance with BS 5839 part 1. This was noted in: Block 1, Block 3, Block 18 a, b, d. The changes should be carried out and commissioned by a competent person. TIME FOR COMPLETION: To be completed in line with the agreed advanced, first and second phase works as mentioned within the document: Fire Precaution Upgrade Works Glangwili General Hospital, presented to us on the 6th Jan 2021
Reason	People within the premises may not be able to hear the fire alarm sounding because reason delaying their escape from fire.

Item number 7 Storage of Refuge	
Outcome	This work is necessary to reduce the risk of fire.
Required Action	Manage all waste on site responsibly. Block 18B the storage of bins is in an area that is not enclosed or at a safe distance from the building. The bins can remain in the area as long as a locked structure is erected around them. If not carefully managed and controlled, rubbish stacked in a haphazard fashion in unsightly piles outside premises can lead to more rubbish being dumped or fly tipped Graffiti, vandalism and arson may then follow in quick succession. When there is no segregated bin storage, wheeled bins should be chained together and to an immobile object, such as a metal stake, at least 10 metres away from any building. TIME FOR COMPLETION: To be completed in line with the agreed advanced, first and second phase works as mentioned within the document: Fire Precaution Upgrade Works Glangwili General Hospital, presented to us on the 6th Jan 2021.

Reason	Fire can rapidly spread to the building because of the accumulation of this waste. A fire could spread rapidly and make the escape route unsafe for people to use.

Item number 8 Storage of Combustibles	
Outcome	This work is necessary to reduce the risk of fire.
Required Action	Medical Gas Cylinders must be stored in appropriate racks within marked locations throughout the hospital site. TIME FOR COMPLETION: To be completed in line with the agreed advanced, first and second phase works as mentioned within the document: Fire Precaution Upgrade Works Glangwili General Hospital, presented to us on the 6th Jan 2021
Reason	Medical Gas Cylinders were stored on the floor in a number of locations within the Hospital namely: Block 1 GF, SF, Block 3 GF, FF, SF Block 4 GF, FF, SF, TF, Block 18B, Block 20, Block 26 This means that fire could easily break out, which would be a risk to everyone.

Item number 9 Reduce Risk of Fire Spread	
Outcome	This work is necessary to reduce the risk of the spread of fire.
Required Action	Reduce the quantity of combustible materials: 1. There are files stored in close proximity to the Electrical intake within RM 34 Block 1 SF either remove these items to another area or construct a fire resisting structure to protect these combustible items in the event of a fire. 2. Reduce the number of boxes stored in RM 42 Block 1 SF as at the time of the inspection they were stored to the ceiling close to the light fitting. 3. Staff room in Block 4 GF had a considerable amount of storage, IT server room Block 18D and 18b also had unnecessary storage. TIME FOR COMPLETION: To be completed in line with the agreed advanced, first and second phase works as mentioned within the document: Fire Precaution Upgrade Works Glangwili General Hospital, presented to us on the 6th Jan 2021
Reason	A fire would grow unhindered in the areas mentioned and People would be exposed to a significant fire.

Appendix 5

The Chief Executive
Corporate Offices
Hywel Dda Health Board
Hafan Derwen
Ystwyth Building
Jobs Well Road
Carmarthen
SA31 3BB

Gofynner am/
Please ask for: Watch Manager K Steele

Ext No: 3367

E-bost/E-mail: k.steele@mawwfire.gov.uk

Fy Nghyf/My
Ref: BFS/KS/SJM/00107739

Dyddiad/Date: 08 June 2021

Steve.Moore2@wales.nhs.uk

Dear Sir

The Regulatory Reform (Fire Safety) Order 2005

Letter of Fire Safety Matters

Premises: GLANGWILI GENERAL HOSPITAL, DOLGWILI ROAD, CARMARTHEN, SA31 2AF

I visited your premises on 01 June 2021 and evaluated the fire safety provided. I am of the opinion that some people are at risk in case of fire. You have an ongoing duty to ensure the safety of people. The attached schedule sets out what you need to do.

Timescale for Completion

You should complete the work outlined by the times mentioned in the schedule in the schedule below as soon as possible, balancing the need for safety against the demands on your business or undertaking. I will visit again and will contact you in approximately **1 month** (from the date of this letter) to arrange my next visit. You should complete the actions and outcomes before that visit.

Certain items mentioned within the schedule below will still be as per:

Fire Precaution Upgrade Works Glangwili General Hospital document,
Stage 1 / Advanced works relate to Vertical Escape routes by end August 2021.
Stage 2 / Phase 1 works relate to all remaining escape routes at GGH to be completed by end July 2022.
Stage 3 / Phase 2 works relate to all department / ward areas including any sub compartmentation and risk room area. To be completed by end August 2024.

Consequence for Non-compliance

If you do not do the work in the schedule before my next visit (or I find that safety provisions have worsened), the authority may serve an enforcement notice on you. An enforcement notice would legally bind you to do the work.

Route to Appeal

You can clarify or challenge what you need to do. If you have any feedback you wish to share, please access the Complaints and Compliments section found on our website: <https://www.mawwfire.gov.uk/eng/about-us/access-to-information/compliments-comments-and-complaints/>.



Gwasanaeth Tân ac Achub
Canolbarth a Gorllewin Cymru

Mid and West Wales
Fire and Rescue Service

Prif Swyddog Tân
Chief Fire Officer
Chris Davies QFSM MBA

Y Pencadlys,
Heol Llwyn Pisgwydd,
Caerfyrddin,
Sir Gâr,
SA31 1SP
post@tancgc.gov.uk

Headquarters,
Lime Grove Avenue,
Carmarthen,
Carmarthenshire,
SA31 1SP
mail@mawwfire.gov.uk

Facs | Fax:

01267 220562

Ffôn | Tel:

0370 60 60 699

HOFFI DILYN RHANNU
You Tube f t i
LIKE FOLLOW SHARE
Ein Negeseuon
Diogelwch
Our Safety
Messages

Rydym yn croesawu gohebiaeth yn
y Gymraeg a'r Saesneg - byddwn yn
ymateb yn gyfartal i'r ddau ac yn ateb yn
eich dewis iaith heb oedi.

Rydym yn croesawu galwadau yn y
Gymraeg a'r Saesneg.

We welcome correspondence in Welsh
and English - we will respond equally to
both and will reply in your language of
choice without delay.

We welcome calls in Welsh and English.



www.tancgc.gov.uk
www.mawwfire.gov.uk

Alternative Solutions

If you want to use a different solution to bring about safety from fire, please contact me to discuss an action plan. An action plan might enable you to apply an equally appropriate safety solution to better meet your needs. Any alternative solution you propose must meet the 'outcome(s)' stated in the schedule.

Locations inspected and relating to this letter and the below schedule:

As per Inspection in 2020:

Block 1 GF 00324599, FF 00324600, SF 00324601.

Block 3 GF 00324602, FF 00324603, SF 00324604.

Block 4 Basement 00324528, GF Offices 00324529, GF Wards 00324531, FF Wards 00324532, SF Wards 00324533, TF Wards 00324534.

Block 18a 00135301, 18b 00194585, 18c 00194584, 18d 00194586.

Block 19 00135375.

Block 20 00108186.

Block 22 00135382.

Block 24 00130242.

Block 26 00135383.

Block 27 00130244.

Block 28 00136475.

Further to the schedule below

- Could you update us on the status of the proposed bridge link between Preseli Ward Theatre and Main Theatres?
- You have a no smoking policy on site. Whilst conducting my inspection it was noted that several areas on site had a considerable number of discarded cigarette ends, namely the JDR and by the bins outside Block 4 by the Ambulance drop off.
- Could you confirm that the external office WB4 courtyard roof is part of the phased works?

Yours faithfully



Watch Manager K Steele

Authorised Fire Safety Inspecting Officer

On behalf of the Mid and West Wales Fire and Rescue Authority

cc's Steve.moore2@walesnhs.uk
Simon.Chiffi@wales.nhs.uk

Rob.elliott@walesnhs.uk
Jason.Wood@wales.nhs.uk
Richard.Jupp2@wales.nhs.uk

Anthony.Pitcher@wales.nhs.uk
hiw@gov.wales

Claire.Bird@wales.nhs.uk
Sarah.perry3@wales.nhs.uk

Important Information – schedule referred to in letter

Notes to this schedule:

The government guidance most suitable to your premises is "**Guide to Risk Assessment in Transport Premises and Facilities**" ISBN-13: 978 1 85112 825 9 which can be found at

<http://www.cfoa.org.uk/19512>

Before you make certain changes to the premises, you may have to apply for approval from statutory bodies and/or others having interest in them. If you have doubt about the need for approval, you should ask the relevant body. For example, you may have to apply for approval from a Building Control Body

<http://www.legislation.gov.uk/ukxi/2010/2214/regulation/3/made>. You might also need to apply for the property owners' permission

http://cadw.gov.wales/docs/cadw/publications/ListedBuildingConsentBooklet_EN.pdf among others.

The Schedule Contains 5 Items

Item number 1 Compartment	
Outcome	This work is necessary to reduce the risk of the spread of fire.
Required Action	1. The areas visited in this inspection should be included into the current Compartmentation survey (areas listed at end of schedule) 2. Ensure the holes in the ceiling within the area mentioned are repaired to reinstate the fire resistance of this room, Block 3 FF RM 36 IT room. TIME FOR COMPLETION: To be completed in line with the agreed advanced, first and second phase works as mentioned within the document: Fire Precaution Upgrade Works Glangwili General Hospital, presented to us on the 6th Jan 2021
Reason	The fire resistance cannot be confirmed and needs to provide the sufficient protection in case of fire. Without the correct compartmentation fire and smoke could spread unhindered and would affect people before they could escape.

Item number 2 Fire Resisting Corridors and Doors	
Outcome	This work is necessary to provide sufficient escape routes (corridors, stairs and doors) for people.
Required Action	Ensure that the means of escape is kept free from fire and smoke for a minimum period of 30 minutes by ensuring that: 1. Remove the key locks and replace with a single action locking device within Blocks 18A & D. 2. All Redlam panic bolts fitted to exits should have the hammer fitted in case of emergency on inspection these were missing within Block 4 FF, SF, TF.

	3. A. Doors to rooms not accessed by the public / patients should always be kept locked shut to reduce the risk of arson. It was noted that the following fire doors were open at the time of the inspection. Bin store on access corridors and other rooms not accessible by the public. B. The undercroft by the pharmacy was fully accessible by the public. This area contains plant and other sensitive electrical systems, also items of combustibility which could encourage vandalism or arson to occur. This door should be locked at all material times. C. The Old Parden Ward currently used for storage should also be kept locked and inaccessible to the public. 4. Move all recycling bins to an accessible area not in the means of escape, noted in the following areas: Namely Block 4, but this is still a trend throughout the site these receptacles need to be relocated if located within the means of escape. 5. Ensure that fire doors default to a closed position on the activation of an alarm, the corridor doors in Block 4 GF Wards access area default to an open position. TIME FOR COMPLETION: ITEMS 1, 2, 3 & 4 To be Completed within 1 Month. Item 5 To be completed in line with the agreed advanced, first and second phase works as mentioned within the document: Fire Precaution Upgrade Works Glangwili General Hospital, presented to us on the 06 January 2021.
Reason	People using the above-mentioned locations may be affected by a fire in one of the adjoining rooms. This means that people may not be able to reach safety before being affected by fire and / or smoke.

Item number 3 Alarm and Detection	
Outcome	This work is necessary to detect fire and raise an alarm.
Required Action	As mentioned in the previous EN letter, a number of Detector heads were seen to be outdated. This was also noted within the risk assessments. The fire detection needs to be updated in accordance with BS 5839 part 1. This was noted in: Block 1, Block 3, Block 18 a,b,d. The changes should be carried out and commissioned by a competent person. TIME FOR COMPLETION: 1 Month
Reason	People within the premises may not be able to hear the fire alarm sounding because reason delaying their escape from fire.

Item number 4 Storage of Refuge	
Outcome	This work is necessary to reduce the risk of fire.
Required Action	Manage all waste on site responsibly. Block 4 the storage of bins and broken furniture is in an area that is not enclosed or at a safe distance from the building. If not carefully managed and controlled, rubbish stacked in a haphazard fashion in unsightly piles outside premises can lead to more rubbish being dumped or fly tipped. Graffiti, vandalism and arson may then follow in quick succession. When there is no segregated bin storage, wheeled bins should be chained together and to an immobile object, such as a metal stake, at least 10 metres away from any building. TIME FOR COMPLETION: 1 Month
Reason	Bins and condemned furniture were stored close to the building by open windows with discarded smoking materials scattered around the base of the receptacles. Fire can rapidly spread to the building because of the accumulation of this waste. A fire could spread rapidly and make the escape route unsafe for people to use.

Item number 5 Obstructed Escape Route	
Outcome	This work is necessary to provide sufficient escape routes (corridors, stairs and doors) for people.
Required Action	Ensure that everyone can evacuate quickly and safely by removing the bins from the access room to the plant room within the area of obstetrics department.
Reason	Bins blocking this exit would delay or prevent people escaping quickly and safely from fire. TIME FOR COMPLETION: 1 Month.

Appendix 6



Gwasanaeth Tân ac Achub
Canolbarth a Gorllewin Cymru
Mid and West Wales
Fire and Rescue Service

Prif Swyddog Tân | Chief Fire Officer

R.S. Thomas *KFSM BA(Hons) MSc*

Y Pencadlys, Heol Llwyn Pisgwydd,
Caerfyrddin, Sir Gâr, SA31 1SP
post@tancgc.gov.uk | tancgc.gov.uk

Headquarters, Lime Grove Avenue,
Carmarthen, Carmarthenshire, SA31 1SP
mail@mawwfire.gov.uk | mawwfire.gov.uk

0370 60 60 699

The Chief Executive
Corporate Offices
Hywel Dda Health Board
Hafan Derwen
Ystwyth Building
Jobs Well Road
Carmarthen
SA31 3BB

*Gofynner am/
Please ask for:*

Watch Manager K Steele

Ext No:

9831

E-bost/E-mail:

fireprotection.western@mawwfire.gov.uk

Fy Nghyf/My Ref:

BFS/KS/SJM/00107739

Dyddiad/Date:

19 February 2025

Dear Sir

The Regulatory Reform (Fire Safety) Order 2005

Withdrawal of Enforcement Notice

Premises: WEST WALES, GENERAL HOSPITAL, GLANGWILI, DOLGWILI ROAD, CARMARTHEN, CARMARTHENSIRE, SA31 2AF

Please be advised that the Enforcement Notice, dated 04 November 2020 and numbered KS/890/08 (Phase 1 works) is withdrawn.

Fire Safety Management

You have an ongoing duty to review your Fire Risk Assessment and Fire Safety Measures on an annual basis, or when any of the following apply:

- (a) There is reason to suspect that it is no longer valid, or
- (b) There has been a significant change to the matter to which it relates.

If you employ someone to do this for you, we recommend that they are competent to do so.

Where a review identifies that changes to your safety measures are required; you should make those changes.

To stop your fire safety falling below an acceptable standard again, you should put in place a system of planning, organising, controlling, monitoring and reviewing the performance of each of the fire safety measures you have in place.

Rydym yn croesawu gohebiaeth yn y Gymraeg a'r Saesneg
- byddwn yn ymateb yn gyfartal i'r ddau ac yn ateb yn eich
dewis iaith heb oedi.

Rydym yn croesawu galwadau yn y Gymraeg a'r Saesneg.

We welcome correspondence in Welsh and English -
we will respond equally to both and will reply in your
language of choice without delay.

We welcome calls in Welsh and English.



Yours faithfully,



Watch Manager K Steele
Authorised Fire Safety Inspector
On behalf of the Mid and West Wales Fire and Rescue Authority

Philip Kloer – Via Royal Mail

CC's

Philip.kloer@wales.nhs.uk

Andrew.A.Carruthers@wales.nhs.uk

HIW@gov.wales

Simon.Chiffi@wales.nhs.uk

Rob.elliott@wales.nhs.uk

Richard.Jupp2@wales.nhs.uk

Sarah.perry3@wales.nhs.uk

Stuart.bancoft@wales.nhs.uk

Keith.jenkins@wales.nhs.uk

Appendix 7

ACTION PLAN

GGH Letter of Fire Safety Matters - BFS/KS/SJM/00107739


 00107739 Glangwili
Hospital.pdf

Ref	Brief Description	Fire Authority Concern	Proposal	Budget		Contract Appointment Programme					Lead Person
				Funds already allocated	Capital Bids	Work in Progress		Proposed Completion Date	Revised Completion Date	Final Completion Date	
1	Compartmentation - This work is necessary to reduce the risk of the spread of fire.	1. The areas visited in this inspection should be included into the current Compartmentation survey such as: Block 1 GF, FF, SF Block 3 GF, FF, SF Block 4 Basement, GF Offices, GF Wards, FF Wards, SF Wards, TF Wards. Block 18a, 18b, 18c & 18d Block 19 Block 20 Block 22 Block 24 Block 26 Block 27 Block 28 2. Ensure the holes in the ceiling within the area mentioned are repaired to reinstate the fire resistance of this room, Block 3 FF RM 36 IT room.	1 Appoint specialist surveyors to undertake this work and assess the areas listed. Some of these areas already been surveyed. However, we will now be revisiting these areas to assess horizontal compartmentation.	Yes	N/A	Multi Quote already issued to procurement works to commence on site by Nov 20		End Nov 20		17 th Feb 2021	GL
								End Nov 20			GL
2	Fire Resisting Corridors and Doors - This work is necessary to provide sufficient escape routes (corridors, stairs and doors) for people.	Ensure that the means of escape is kept free from fire and smoke for a minimum period of 30 minutes by ensuring that:				This will form part of the Phase II works .				17 th Feb 2021	

2.1		All fire doors within all of the blocks listed in this letter are included in the ongoing fire door survey				These are already included in the fire door survey		Completed GL to confirm		17 th Feb 2021	
2.2		The management of fire doors needs to be addressed due to a number of doors noted on inspection that were wedged open and room left unattended namely within Block 1FF, Block 3SF, Block 4GF-FF, Block 18b-D, Block 20, Block 24, Block 26, Block 27, Block 28.				This will feature as part of our monthly walkabouts with GM and Estates staff. This is a Management issue and will need continued vigilance. Dates to be agreed by next FSG		17 Nov 20		17 th Feb 2021	Fire Walkabout Team
2.3		The fire doors within the Junior Doctors Residence were being held open by bins wedges and other items, these doors should have hold open devices fitted and be linked into the detection system to stop the residents engaging in this dangerous activity, further education regarding the seriousness of this action needs to be passed on to the tenants within this block				Engage contractors to install hold open devices to these doors		Dec 20		17 th Feb 2021	PH
2.4		Remove the key locks and replace with a single action locking device within Blocks 18A & D.				Replace key locks		Dec 20		17 th Feb 2021	ND
2.6		Padlocks / slide bolts should be removed from gates that are part of exit from Blocks 18B & A.				Remove pad locks		Dec 20		17 th Feb 2021	ND
2.7		All Redlam panic bolts fitted to exits should have the hammer fitted in case of emergency on inspection these were missing within Block 4 FF, SF, TF				Hammer to be replaced		Dec 20		17 th Feb 2021	ND
2.8		Doors to rooms not accessed by the public / patients should always be kept locked shut to reduce the risk of Arson, it was noted that the following fire doors were open at the time of the inspection. Block 1 bin store on access corridor, Block 3 RM 36, Block 4 TF RM 40, SF RM 39, 46 & 30, FF RM 37, Block 26 exit from ward block 4 RM 59.				Management issue - to be monitored constantly and noted during walkabouts To be discussed at next FSG		17 th Nov 20		17 th Feb 2021	Fire Walkabout Team
2.9		It was noted that there were items stored within the escape route (Laundry trolleys, unused electrical items, wheelchairs etc) within the following areas: Block 4 TF RM 39, FF RM 36, Block 26 (area outside escape from block 4 RM 59) Block 19.				Management issue for monitoring during walkabouts To be discussed at next FSG		17 Nov 20		17 th Feb 2021	Fire Walkabout Team
		Move all recycling bins to an accessible area not in the means of escape, noted in				Discuss with Environmental Team regarding relocation.		Dec 20		17 th Feb 2021	Terri Shaw

		the following areas: Block 1 GF & FF and in any other area not accessed if located in the means of escape.									
		Move the photocopiers located on the means of escape within Blocks 24 & 26.				Locate service users and discuss relocation		Date to be agreed following discussions with Service users		17 th Feb 2021	ND/Service users
		Ensure that fire doors default to a closed position on the activation of an alarm, the corridor doors in Block 4 GF Wards access area default to an open position				PH to check with Merlin Fire		Dec 20		17 th Feb 2021	PH
		Ensure that the hold open device and door both work as one unit, within Ceri ward the sub compartment doors by rm s 11 & 20 had to be pushed further passed its 1st held open position to attach to the magnetic hold open device, meaning that in position 1 if the alarm activates this door will not close automatically.				PH to check with Fire Team		Dec 20		17 th Feb 2021	PH/ND
		Green Box release switches that require a key within Block 26 should be replaced with ones that don't require a key ,not all of the staff may have access to a key to open these devices this is mainly aimed at the out of hours DR service provided from this Block.				Installation required of alternative system, discuss with service users what is required		Dec 20		17 th Feb 2021	PH/Service Users
3.0	Training for our own staff -This work is necessary to help people understand what to do if fire breaks out	Provide your employees with instruction and training, so that they know the fire precautions you have put in place. They must also be familiar with what they need to do in case of fire to ensure that they are safe and can keep other people safe. Including the use of the AVSU systems and all site emergency procedures.				Additional DNO training will be provided to staff across the site. To be discussed with clinical leads to nominate DNOs		Dec 20		17 th Feb 2021	PE
4.0	Fire Fighting Equipment - This work is necessary to enable nominated employees to safely fight outbreaks of fire.	Remove the existing Dry Powder Extinguishers from within all of the departments of the hospital site. It was noted in this inspection that these were available within Block 3 FF, Block 4 basement - FF-TF, Blocks 24 ,27, 18D				Contractors to check for any existing Dry powder extinguishers for replacement		Dec 20		17 th Feb 2021	KJ/Fire Safety Direct

5.0	Wall and Ceiling Spread of Flame - This work is necessary to reduce the risk of the spread of fire.	Remove the items (postcards and paper) attached to the wall within RM 44 Block 4 TF Ensure that wall linings do not support the spread of fire.				GL to discuss with the service user to remove all items from walls		Nov 20		17 th Feb 2021	GL
6.0	Alarm and Detection - This work is necessary to detect fire and raise an alarm.	Provide a device complying with BS 5839 part 1 and linked to the existing fire alarm system in the following locations: 1. Add a Manual call point in Block 24 Rm 18 by final exit. 2. Move Manual call point in corridor within Block 28 as it is hidden by a held open door. 3. Extend the detection to cover Rm 48 Block 4 TF as it is now a Hazard room. As mentioned in the previous EN letter a number of Detector heads were seen to be outdated, this was also noted within the risk assessments, the fire detection needs to be updated in accordance with BS 5839 part 1. This was noted in: Block 1, Block 3, Block 18 a,b,d. The changes should be carried out and commissioned by a competent person.				PH to inspect these areas individually and agree resolution with Merlin Fire Detector heads being upgraded across the site currently		Dec 20 GL to confirm date		17 th Feb 2021	PH/Merlin GL
7.0	Storage and Refuge - This work is necessary to reduce the risk of fire.	Manage all waste on site responsibly. Block 18B the storage of bins is in an area that is not enclosed or at a safe distance from the building. The bins can remain in the area as long as a locked structure is erected around them. If not carefully managed and controlled, rubbish stacked in a haphazard fashion in unsightly piles outside premises can lead to more rubbish being dumped or fly tipped. Graffiti, vandalism and arson may then follow in quick succession. When there is no segregated bin storage, wheeled bins should be chained together and to an immobile object, such as a metal stake, at least 10 metres away from any building.				Construction of permanent dedicated bin store needed. Costing to be provided.		Dec 20		17 th Feb 2021	ND
8.0	Storage of Combustibles - This work is necessary to	Medical Gas Cylinders must be stored in appropriate racks within marked locations throughout the hospital site. Block 1 GF, SF, Block 3 GF, FF, SF Block 4 GF, FF, SF, TF, Block 18B, Block 20, Block 26				Service users and AS to establish locations and numbers and provide costing		Dec 20		17 th Feb 2021	AS

	reduce the risk of fire.	This means that fire could easily break out, which would be a risk to everyone.										
9.0	Reduce risk of fire spread - This work is necessary to reduce the risk of the spread of fire.	Reduce the quantity of combustible materials: 1. There are files stored in close proximity to the Electrical intake within RM 34 Block 1 SF either remove these items to another area or construct a fire resisting structure to protect these combustible items in the event of a fire. 2. Reduce the number of boxes stored in RM 42 Block 1 SF as at the time of the inspection they were stored to the ceiling close to the light fitting. 3. Staff room in Block 4 GF had a considerable amount of storage, IT server room Block 18D and 18b also had unnecessary storage.				Alternative storage to be located for all areas PH to investigate			Dec 20		17 th Feb 2021	PH

ACTION PLAN

GGH Fire Enforcement Notice dtd 15 May 20
Updated 7 Oct 20 v15

Ref	Brief Description	Fire Authority Concern	Proposal	Budget		Contract Appointment Programme					Lead Person
				Funds already allocated	Capital Bids	Work in Progress		Proposed Completion Date	Revised Completion Date	Final Completion Date	
1	Compartmentation –All Horizontal and Vertical Breaches and/or Penetrations. This work is necessary to reduce the risk of fire and smoke spread.	It was noted that breaches in the compartmentation were present mainly due to services being installed into/through the structure of the building and works not being finished to an adequate standard. Fire resisting structures are to continue to slab / upper floor level / roof level and pass through any false ceiling provided. This is contrary to Articles 8 and 14.	- To undertake whatever works are necessary to ensure that any / all breaches in fire resisting compartmentation that affect the wards, theatres, plant rooms, offices, surgeries, specialist units and any other compartmented spaces within the Glangwili Hospital site are addressed. - Any contractual work undertaken to install services through a fire-resisting barrier should be quality assured to ensure that the fire resistance is reinstated on completion. - Any room that is made into a hazard room / area should comply with WHTM 0502 5.40 & Table 6		£3,325.00 Advanced Work £3,668.00 Phase 1 £1,398.60 VAT @ 20% <u>£8,391.60 Total Cost</u> Commencing 25 Jun 20	All survey work now complete GL now resolving some issue to release to the teams. Timeline for completion of horizontal interfaces at both WGH and GGH Timeline from PE Quotations received for the R&D Asbestos Survey/Reports: Works commenced on site due to complete 3 Jul 20 Overall programme has now been developed and submitted to MWWFRS for approval. (see separate document).		Mid Jul 20 Multi-quote exercise for additional fire compartmentation surveys now arranged with procurement. Quotes will be received by end of October from 4 companies, commencement on site anticipated for November. Jul 20 20 May 20			GL JWJ/JW JW
2	Fire Damper System There is no evidence that the testing regime for fire damper systems throughout the hospital is being adhered to. These systems need to be tested in accordance with British Standard 5588-9 Codes of Practice- Fire Precautions in the Design and Construction and Use of Buildings - Code of Practice for Ventilation.	There is no evidence that the fire dampers throughout the Glangwili site are properly tested and maintained. This means that they could fail without warning or at the moment they are needed most, and that people would be at risk in case of fire.	Ensure that the fire damper systems are properly tested and maintained. Following completion of testing of these systems, documentation needs to be sent to my office confirming this. Fire damper systems should be tested as per British Standard 5588-9, with a maximum testing interval of two years.			Need to confirm testing and maintenance regime as requested. KJ to provide full evidence of maintenance to confirm action taken in line with the British Standard noted. Dossier from Prime Clean received with all dampers completed. Complete info post drop tests From Kris Steele, MWWFRS:		20 May 20 26 May 20 3 Aug 20			HW/KJ

		This is contrary to Articles 8 and 14				I can confirm that the evidence provided for the Damper testing satisfies the requirements of Item 2 within the EN for Ward Blocks 5 and 6. For the remaining parts of the site, further information to be provided to this Control Group by 3 Aug which will then complete Item 2 on the EN.		W5/6 Complete 3 Aug 20		2 Jun 20	
3	Fire Resisting Corridors and Doors This work is necessary to provide sufficient escape routes (corridors, stairs and doors) for people.		Ensure that the escape routes are kept free from fire and smoke by making sure all fire doors are fit for purpose and protect the means of escape as they are intended to do so.			All contained within proposed programme.		As No. 1 above			As No. 1 above
3.1		1. Whilst conducting the audit it was noted that there were a number of defective fire doors	1. A number of fire resisting doors throughout the premises were found to have defects. All fire resisting doors throughout the premises are to be examined and repaired or replaced to ensure that they are effectively self closing onto their rebates. Gaps between door edge and frame are to be no more than 3 mm. Any damaged fire resisting glazing needs to be replaced.								
3.2		2. There were a considerable number of doors in most departments that were wedged or held open whilst the inspection was being undertaken.	2. It is important to ensure that self-closing fire resisting doors are not propped or wedged in the open position, if this is a requirement then the doors should be linked into the fire alarm system to allow them to positively close fully into their frame on the activation of the fire alarm.		£6000?	Need to remove any wedges to fire doors and prioritise any automated fire doors needed. Specific locations which require door wedges to be removed, to be confirmed by: To be completed by: Only two reports from Cardio Respiratory do not need automatic doors.		22 May 20 29 May 20 8 Jun 20 26 Jun 20 3 Jul 20 8 Jul 20 18 Jul 20			SP SP/RJ HW/PH/SP

					Locks on Cleaning cupboards and Store Rooms	Installation of hold open devices for doors which require this completed by: 6x hold open doors being fitted by Trinity Requested by SP. Now all complete: 2 x Cardiology 1x Me Recs 3x Priory Day		24/25 Jul 20			
3.3		3. a) Exit door in Block 5 FF library area had a key lock at the time of the inspection it had not been confirmed if this door was used as an escape route, this requires confirmation and the lock needs to be replaced with a device which complies with BS EN 179 (for emergency exit devices) or BS EN 1125 (for panic hardware), if it is used as a final Exit. b) Both Doors within the Medical Records Rooms (80 & 81 of the plan) require to be marked up as fire exits	3. Ensure that all doors on exit routes are available and can be easily and immediately opened, without the use of a key, by anyone who might need to use them in an emergency.			This is an operational maintenance item The exit door in the library has been replaced with a thumb turn lock and a fire exit sign fitted (Job Number 227908) This door can now be used as an escape route. Both doors in Medical Records rooms 80 & 81 have been fitted with a fire exit sign (Job Number 227909).		Completed			HW/KJ
3.4		4. A number of hazard rooms and other rooms were unlocked and accessible by the public.	4. Doors to rooms that have no public access should be locked when not in use			This is an operational maintenance item. Any door to a storage or operational room in a public area (corridors or stairways) to be fitted with an appropriate lock and remain locked.		26 Jun 20 Action complete 29 May 20			HW/KJ

						Global has been issued due to different members of staff using these doors.						
3.5		5. A number of Fire doors throughout the hospital site did not have the identification tag stating the rating of the fire door as required in Appendix C - WHTM 0502.	5. All fire doors should have identification showing the fire-rating of the door.			Part of the Fire door survey		As No.1 above				As No. 1 above
3.6		6. It was noticed that the transom lights in a number of areas within the hospital were constructed of material that could not be evidenced to have an equal fire resistance to the structure it is a part of. Due to the items listed above, people may be affected by a fire whilst evacuating from the building. This means that people may not be able to reach a place of safety before being affected by fire and / or smoke. This is contrary to Articles 8 and 14.	6. All transom lights above all doors and enclosures within the hospital should have the same fire resistance as the structure it is part of.			As No. 1 above		As No. 1 above				As No. 1 above
4	Fire Risk Assessment This work is necessary to reduce the risk of fire.	It is clear that there is no ownership, of the significant findings of the fire risk assessment, being taken by the responsible persons of each department. The completion of the works identified within the fire risk	- Ownership needs to be taken of the significant findings of the Fire Risk Assessment. Those items highlighted within the fire risk assessments need to be completed within the identified time scales. - Departments within the hospital that are not operated by the Hywel Dda University Health Board also			Site ownership needs to be taken of the fire risk assessments and where necessary appropriate support is to be requested from Estates / Capital. All work identified in risk assessments to be allocated to individual leads.		End May 20 End Jun 20				SP GL

		assessment are required to protect people within your premises from the effects of fire. This is contrary to Article 9.	have a duty to comply with this item and all other items relevant to them within this enforcement notice.			action contained within the FRA to both Estates and GMS June 20 GL/PE need a further month to confirm A delivery programme for each of these items to be developed for consideration by: Within the delivery plan shared with the FRS all of the Capital element is included in this plan SP will coordinate General Manager's inputs but will rely on individuals for appropriate action to be undertaken. SP to escalate appropriately, where progression is not being taken. HW/PH/KJ to action FRAs with PE/GL and develop plans if needed Current FRA from Apr 1 will be managed on a capital system		Completed ~~End Jun 20~~ Completed ~~End Jun 20~~ Completed Futuer managemt of fire risk assessment action HB wide will be first quarter 21/22			SP SP PE
5	Add Device to and Update the Fire Alarm This work is necessary to detect fire and raise an alarm.	People within the premises may be at risk unless the requirements within the items listed above, are addressed. This is contrary to Articles 8, 13, 15.	- Extend the smoke detection within the corridor of the Tyssul ward (adjacent to the Laser treatment room) and link it to the existing fire alarm system. - Exchange the smoke detection for a heat detection within the staff room Block 32FF. - There needs to be fire alarm repeater panels available for both wards within Block 2 FF.		£4814.63 inc VAT	Contractor has visited site and quote below Quotation from Phase 3 to undertake the following work: - Installation of 2no new fire alarm repeater panels along with 240V power supplies - Installation of 1no new smoke detector within the corridor area - Replacement of an existing detector to a new heat detector - Electrical Testing, Fire Alarm Commissioning		~~29 May 20~~ 12 Jul 20 Completed			HW/KJ PH

			A large number of Detector heads were seen to be outdated, this was also noted within the risk assessments, the fire detection needs to be updated in accordance with BS 5839 part 1. All of the above points should comply with WHTM 05 03, part B and BS 5839 Part 1. The changes should be carried out and commissioned by a competent person.			& Fire Alarm Winmag alterations. A plan to deliver all of this work and a timeline and costings to be completed by (Note: COVID could impact on this) Survey by Merlin Completed urgent priority replacements to be fitted by Orders placed and start date imminent Discussion with the FRS indicate that we urgently need to replace significant numbers of detector heads- budget cost £200k. This will need to be considered as part of our overall investment in discretionary programme			~~Mid Sep 20~~ End Nov 20 End Oct 20			PH
6	Escape Lighting This work is necessary to make sure that escape routes (corridors, stairs and doors) can be safely used whenever they are needed.	There was no evidence of the testing of the emergency lighting system at the time of the inspection. People may not be able to find their way out in an emergency if the emergency lighting system fails to operate. This is contrary to Articles 8 and 14.	Ensure that the emergency lighting is tested and in good working order so that it will operate if the local lighting circuit fails. The system should conform to BS 5266.			This is an Operational Maintenance Item Operation to provide evidence of the emergency lighting test system to comply with the BS reference The records show that our conventional system has been tested in accordance with BS 5266, consisting of a monthly functional test and an annual full discharge test. The records cover a period of 2 years. All old system evidence on RAM. New system on website – HW to send snapshot of evidence to						

						MWWFRS, then if they require then can visit site. Kris Steele, MWWFRS confirmed: The evidence provided for the Emergency lighting has satisfied the requirements of Item 6 of the EN therefore this will be removed once we review the Notice.			Completed		2 Jun 20	
7	Training for Own Staff This work is necessary to help people understand what to do if fire breaks out.	Some employees were unaware of their responsibilities and of the fire safety measures in the premises, which you have taken to keep them and others safe, including the use of the AVSU systems and all site emergency procedures. This is contrary to Articles 8 19 and 21.	Provide your employees with instruction and training, so that they know the fire precautions you have put in place. They must also be familiar with what they need to do in case of fire to ensure that they are safe and can keep other people safe.			Need to increase the performance of higher training to assure all are aware of their responsibility Level 1 and 2 now available online HB target is to achieve 85% staff training by end Dec 20 (Note: COVID impact potential)			End Dec 20			GL
8	Cooperation/Coordination This work is necessary to reduce the risk of fire.	There are areas of the hospital that share some fire safety measures with you, all areas of the site must comply with all the fire safety measures that have been put in place to protect everyone. This is contrary to Articles 8,9,10,11 and 22.	Effective systems of communication must be established with those who are responsible for all departments to ensure all relevant persons are provided with suitable and sufficient information in respect of the fire safety measures implemented. The cooperation must ensure that the shared fire safety measure(s) protect you all.			Not sure what this is referring to? GL to check with FRS This item is captured in No 4 above.			Completed			
9	Alternative Escape Route (Distance) This work is necessary to provide sufficient escape routes (corridors, stairs and doors) for people.	Staff using the office in room 32 were locking the access door. The distance from the door adjoining room 32 to room 26 to the entrance to room	Do not allow the adjoining door within Room 32 X-Ray Department GF Block 6 and room 26 to be locked with a key. A push pad or similar device should be installed to the door which complies with BS EN 179 (for emergency exit devices) or BS EN 1125 (for panic hardware). Signage indicating the need to use this door as a fire exit			This is an Operational Maintenance Item The door in room R26 X-ray has been replaced with a thumb turn lock mechanism, and a fire exit sign fitted (Job Number 227980) This door can now be used as an escape route.			Completed			HW/KJ

		26 from the reception is so great that fire and smoke can overtake people before they reach the exit. This is contrary to Articles 8 and 14.	should also be displayed on both sides of the door from room 26 to room 32.								
10	Obstruction of Escape Routes This work is necessary to provide sufficient escape routes (corridors, stairs and doors) for people.	1. This was observed in the corridor between the kitchen to kitchen office corridor, within the X-Ray department office corridor and within the Merlin Ward by the escape stairs.	Ensure that everyone can evacuate quickly and safely. 1. Cabinets and lockers should be stored in areas that do not impede escape in the event of an emergency these items should be removed from the corridors.			Site ownership responsibility to avoid storage in escape routes SP to confirm arrangements to remove the item identified. RJ contact with x-ray, he as visited department and advised what is necessary. New solution to be found Corridor now locked own an approval given by MWWFRS to store in locked cabinets.		19 Jun 20 Completed final solution found			SP
		2. A fridge was being stored within the stairs of the blood Store in Block 8 FF.	2. Remove fridge stored within staircase Block 8 FF.			Site ownership responsibility to avoid storage in escape routes SP to confirm arrangements to remove the item identified.		19 Jun 20 26 Jun 20 Completed			SP
		3. Files and paper stored narrowing the route to lift 2/B In CCU.	3. Remove items stored in lift lobby 2/B within CCU.			Site ownership responsibility to avoid storage in escape routes SP to confirm arrangements to remove the item identified..		10 Jul 20			SP
		4. Bins were being store within the staircase Block 32 GF.	4. Remove Bins Stored within staircase Block 32 GF.		Works Cost £33,845 Capital Cost £45,146 Works Cost £29,100 Capital Cost £46,256  DAF COST FORMS GGH_Bins_Endoscoi	Fully resolved Long term permanent plan being developed for new bin store High level of assurance that this date will be achieved. Scheme in place.		Completed 30 Oct 20			JWJ/PA
		5. Bins were being stored and used within this location.	5. Remove Bins Stored at the entrance to SCBU.			This is an Operational Maintenance Item					

		This would delay or prevent people escaping quickly and safely from fire. This is contrary to Articles 8, 14, 19 and 21.				Only authorised personal have access, door locked and SCBU is currently being relocated A sort term managed solution but final solution as part of major project planned and underway		Completed			HW/KJ
11	Fire Fighting Equipment This work is necessary to enable nominated employees to safely fight outbreaks of fire	Dry Powder Extinguishers are not recommended for use in enclosed spaces. These extinguishers need to be replaced with a class of extinguisher that is suitable for the items within the compartment area they are covering. A small fire would be able to grow to a size that could put people at risk. This is contrary to Article 13.	Remove the existing Dry Powder Extinguishers from within all of the departments of the hospital site.			Fire Safety Team Action underway and will be completed in advance of target date: Job No: 228388		26 Jun 20 Completed			GL/RJ
12	Storage of Refuse This work is necessary to reduce the risk of fire.	Fire can rapidly spread to the building because of the accumulation of this waste. A fire could spread rapidly and make the escape route unsafe for people to use. This is contrary to Article 8.	Manage all waste on site responsibly. Your refuse bins sited at the rear of the Renal unit are overflowing and combustible material is accumulating around this area. This is also the case in the courtyard of Block 32 and within the maintenance yard. If not carefully managed and controlled, rubbish stacked in a haphazard fashion in unsightly piles outside premises can lead to more rubbish being dumped or fly tipped. Graffiti, vandalism and arson may then follow in quick succession. When there is no segregated bin storage, wheeled bins should be chained together and to an immobile object, such as a metal stake, at least 10 metres away from any building.		Works Cost £46,530 Capital Cost £60,820 Works Cost £17,700 Capital Cost £29,327  DAF COST FORMS GGH_Bins_Renal_V2	This is an Operational Maintenance Item This issue has been raised with Renal to manage accordingly. This matter needs to be continually monitored and the situation requires appropriate management Urgent long term plan being developed for new bin store completed by: High level of assurance that this date will be achieved. Scheme in place.		Continual assurance needed ~~30 Oct 20~~ Renal Complete by 23 Oct 20 Endoscopy (Bld32) complete by 30 Oct 20			HW/KJ PA
13	Flammables Storage This work is necessary to reduce the risk of fire.	1. It was noted that there were combustibles stored	Remove unnecessary items stored within the site's plant rooms			This is an Operational Maintenance Item					

		within the hydro pool plant room. 2. There were items also stored within the MRI plant room (R76). A fire could occur within these rooms due to the fuel being stored, this could cause damage to vital systems supported by the plant within these rooms. This is contrary to Article 12.				The chemicals stored within the hydro pool plant room are essential for the daily maintenance of the pool. A job card has been raised to remove the cardboard rubbish from the hydro pool plant room (Job number 228086). A job has been raised to remove the items from the MRI plant room (Job number 228087).		Completed			HW/KJ
14	Access	Particular attention needs to be taken regarding the access for fire service vehicles in the event of a fire at the Glangwili site. Whilst visiting the site to conduct the inspections over a week period, it was noted that the car parks were heavily overcrowded with vehicles parking in unauthorised areas, as a result the attending fire appliances would not be able to access all parts of the hospital. Access to all parts of the building should be available for the fire service at all times as mentioned in WHTM - 0502 Chapter 7 and Part B of Schedule 1 of the Building Regulations 2010.				This is a responsibility of the car park management leads with Gareth Rees and Gareth Skye Car Park fire safety walk about completed on 14/05/2020 to identify those locations presenting a risk to fire safety. GS to liaise with CP Plus to ensure that all areas where inappropriate parking presents a fire safety risk are enforced on a zero tolerance basis. • Global been issued • CP Plus to issue warnings for 3 weeks then enforcement notices after that. RJ to arrange the installation of fire escape signs at those locations where inappropriate parking has been frequently observed: - Fire escape stairwell at rear of Ty Nant; - Fire escape path between consultant car park and block 1 GS to assess the potential for installing parking control measures at those locations that present the greatest level of risk.		Completed			GR/GS
								Completed			GS
								Completed			GS
								Completed			RJ
					Works cost £17,415 Capital cost £26,603			Completed			

					 DAF COST FORMS GGH_Traffic_Control	Facilitate installation of parking control measures identified as part of the assessment undertaken in the action above High level of assurance that this date will be achieved. Scheme in place. Source alternative methods of deterrent maintaining wheelchair access SP suggests that a Task and Finish Group should be established for the long term solution and should be escalated to Exec level for advise and support especially once COVID restrictions are lifted		Installation of water bollards to commence 19 Oct 20 (delay in obtaining as CCC buying them all due to Covid) Completion 30 Oct 20			GS PA/GS
							31 Jul 20				
			Note: I also remind you of the email regarding the escape from the operating theatre and Preseli ward. - You will need to agree with the other departments within the trust, in writing, that the Preseli ward and theatre are not used by 'non-ambulant bariatric persons', this is due to the inability of staff to safely evacuate non-ambulant bariatric patients down the narrow escape stairs provided at each end of the floor. - This should be enforced until a time that you are able to safely evacuate non-ambulant bariatric patients from the theatre and ward area, by providing an alternative safe escape route or making the existing escape route suitable for all dependencies. - You will also need to prove that all persons can be safely evacuated from this area of the hospital.			GL to provide current agreed Risk Assessment for this area. Confirmatory emails from department confirming compliance with the agreed protocol Specific correspondence/ protocols have now been confirmed with the department concerned and are available if required.		Already completed prior to assessment 5 Jun 20			GL SH/SP GL

Appendix 8

Business Justification Case

Health Board: Hywel Dda Vale University Health Board

Hospital/Site: Glangwili General Hospital, Carmarthen

Project Title: Fire Precaution Upgrade Works Phase 2, Glangwili General Hospital, Carmarthen

Project No: To be confirmed

Option No: To be confirmed

Option Title: To be confirmed

Prepared by: Lee Wakemans Ltd.

Date: 10 February 2026

Version: V1

Project Title: Fire Precaution Upgrade Works Phase 2, Glangwilli General Hospital, Carmarthen
Project No: To be confirmed
Option No: To be confirmed

BASIS OF ESTIMATING

Stage 4 BJC

BCIS PubSec Index Level	:	N/A	FP - Costs escalated with published and assessed inflation for the duration of the project
Equipment cost level	:	N/a	EPI
Location factor	:	0.97	Note, all rates based on costs for the Carmarthen location
Proposed start on site	:	Aug-26	Based on PM Mace's 'GGH Ph 2 - draft programme
Proposed completion date	:	May-29	28.10.25'

Capital Cost Summary

Ref	Cost Centre			Net £	VAT £	Gross £
1	Departmental Cost (BJC2)			£0.00	£0.00	£0.00
2.1	On costs (BJC3 A.1) - Fire Protection Upgrade Works	N/A	of (1)	£5,143,278.85	£1,028,655.77	£6,171,934.62
2.2	On costs (BJC3 A.2) - Civils Works Externally	N/A	of (1)	£3,378,116.47	£675,623.29	£4,053,739.77
Version Sub-total V1				£8,521,395.32	£1,704,279.06	£10,225,674.39
4	Provisional location adjustment - costs based on the site's regional location	0.97		£0.00	£0.00	£0.00
5	Works Cost			£8,521,395.32	£1,704,279.06	£10,225,674.39
6.1	Recovery of Sunk Costs from BJC 1 FY Years, 22/23, 23/24 and 24/25 (BJC4)			£918,707.00	£0.00	£918,707.00
6.2	Fees (BJC4)	33.18%	of (5)	£2,827,218.23	£441,512.38	£3,268,730.60
7	Non-works Costs (BJC4)			£2,731,568.00	£546,313.60	£3,277,881.60
8	Equipment Costs (BJC2)	0.35%	of (5)	£30,000.00	£6,000.00	£36,000.00
9	Quantified Risk Contingency:			£2,462,326.16	£492,465.23	£2,954,791.39
	Health Board	£2,462,326.16				
	Preferred Contractor	£	- Held by Preferred Contractor @ 0%			
	Welsh Government	£	- Held by Welsh Government @ 0%			
		£2,462,326.16	(17.45% of 5, 6.2, 7 & 8)			
10	VAT Reclaim			-	-£698,676.32	-£698,676.32
11	Optimism Bias - Excluded			-	-	-
12	BJC Project Cost (at FBC equivalent stage) - Forecast Project Outturn Cost (for approval purposes) including recovery of Sunk Costs from BJC 1 FY Years, 22/23 and 23/24 (BJC4) - excluding refresh costs			£17,491,214.70	£2,491,893.95	£19,983,108.66
13	Refresh costs - Rough Order of Cost - brief, scope, design and costs to be developed in conjunction with appointed contract for Fire Protection Upgrade Works in period March to April 2026 (includes VAT & VAT reclaim)			£2,230,422.54	£294,001.37	£2,524,423.91
14	BJC Project Cost (at FBC equivalent stage) - Forecast Project Outturn Cost (for approval purposes) including recovery of Sunk Costs from BJC 1 FY Years, 22/23 and 23/24 (BJC4)			£19,721,637.24	£2,785,895.32	£22,507,532.56

Project Title: Fire Precaution Upgrade Works Phase 2, Glangwilli General Hospital, Carmarthen
Project No: To be confirmed
Option No: To be confirmed

CAPITAL COSTS: DEPARTMENTAL AND EQUIPMENT COSTS

Accommodation	Functional Size	Space allowance		N/A/C	Departmental Allowance £	Equipment Allowance £
		m2	£/m2			

Based on PM Mace's 'GGH Ph 2 - draft programme 28.10.25'

None	N/A	C	£	-	£	-
minor equipment - provisional allowance as advised by HNIHR					£	30,000.00

Version

Total floor area (Nett Area)	N/A	£	30,000.00
Less: Abatement for transferred equipment		£	-
Departmental Cost - to BJC1 Summary		£	-
Equipment Cost - to BJC1 Summary		£	30,000.00

Project Title: Fire Precaution Upgrade Works Phase 2, Glangwilli General Hospital, Carmarthen

Project No: To be confirmed

Option No: To be confirmed

CAPITAL COSTS: ON-COSTS

		Net Cost	% of DCA
Version:	1 Communications - GIFA:	Based on PM Mace's 'GGH Ph 2 - draft programme'	
	a Space	£0.00	N/A
	b Medical Gases	£0.00	N/A
	c Lifts	£0.00	N/A
	2 "External" Building Work		
	a Drainage	£0.00	N/A
	b Roads, paths, parking	£0.00	N/A
	c Site layout, walls, fencing, gates	£0.00	N/A
	d BWIC with "External" engineering work	£0.00	N/A
	3 "External" Engineering Work		
	a V1	£0.00	N/A
	b Cold water mains and storage	£0.00	N/A
	c Electricity mains, sub-stations, standby generating plant	£0.00	N/A
	d Calorifiers and associated plant	£0.00	N/A
	e Miscellaneous services	£0.00	N/A
	4 Auxiliary Buildings	£0.00	N/A
	5 Other on-costs and abnormals		
	a.1 Building abnormals (See Annex A.1 - Fire Protection Upgrade Works)	£5,143,278.85	N/A
	a.2 Building abnormals (See Annex A.2 - Civils Works Externally)	£3,378,116.47	N/A
	b Engineering (See Annex B)	£0.00	N/A
	c Other on-costs (See Annex C)	£0.00	N/A
	Total On-costs - to BJC1 Summary	£ 8,521,395.32	0.00%

Project Title: Fire Precaution Upgrade Works Phase 2, Glangwili General Hospital, Carmarthen

Project No: To be confirmed

Option No: To be confirmed

CAPITAL COSTS: FEES AND NON-WORKS COSTS

£	% of Works Cost

1	Sunk Costs:	Based on PM Mace's 'GGH Ph 2 - draft programme 28.10.2
	Recovery of Sunk Costs from BJC 1 FY Years, 22/23 and 23/24.	£918,707.00 N/A
	Includes VAT @ 20%	

2.1 Health Board Fees - Workstages 2 & 3:

	a. Project Manager (Mace)	£104,576.00	1.23%
	b. Cost Advisor -(Lee Wakemans)	£80,399.00	0.94%
	c. Multi-Disciplinary Design Team led by Fire Engineer:		
	c.1 Fire Engineer (PartB)	£239,680.00	2.81%
	c.2 Architect (Rio - sub-consultant to Fire Engineer)	£106,312.50	1.25%
	c.3 Building Services (McCanns - sub-consultant to Fire Engineer)	£125,800.00	1.48%
Version:	c.4 Structural Engineer (Cambria - sub-consultant to Fire	£24,682.00	0.29%
	c.5 Principal Designer (Greenhat - sub-consultant to Fire Engineer)	£17,436.00	0.20%
	d. Internal Supervision (H DUHB)	£107,626.59	1.26%
	e. Business case writer (Strategic Healthcare Planning)	£15,000.00	0.18%
	f. Capital audit	£0.00	0.00%
	g. Tax Specialist Consultant for VAT Recovery and Capital Allowances	£20,000.00	0.23%

2.2 Health Board Fees - Workstages 4 - 8:

	a. Project Manager (Mace)	£314,400.00	3.69%
	b. Cost Advisor -(Lee Wakemans)	£206,355.71	2.42%
	c. Multi-Disciplinary Design Team led by Fire Engineer:		
	c.1 Fire Engineer (PartB)	£249,108.46	2.92%
	c.2 Architect (Rio - sub-consultant to Fire Engineer)	£339,934.40	3.99%
	c.3 Building Services (McCanns - sub-consultant to Fire	£53,779.02	0.63%
	c.4 Structural Engineer (Cambria - sub-consultant to Fire	£34,242.22	0.40%
	c.5 Principal Designer (Greenhat - sub-consultant to Fire	£22,154.57	0.26%
	d. Other Consultants ((confirmed by H DUHB - none required)	£0.00	0.00%
	e. External Supervisor (to be appointed)	£175,000.00	2.05%
	f. Internal Supervision (H DUHB)	£512,029.75	6.01%
	g. Capital audit	£78,702.00	0.92%
	h. Specialist Advisors (confirmed by H DUHB - none required)	£0.00	0.00%

Total Fees to BJC1 Summary

£2,827,218.23

33.18%

2 Non-Works Costs

a. Land purchase costs and associated legal fees

£0.00

b. Statutory and Local Authority charges

£0.00

c. Planning and Building Control fees

£38,000.00

d. Other

£2,693,568.00

Total Non-Works Costs to BJC1 Summary

£2,731,568.00

Project Title: Fire Precaution Upgrade Works Phase 2, Glangwill General Hospital, Carmarthen
Project No: To be confirmed
Option No: To be confirmed

PROJECT CASHFLOW FORECAST

Proposed start on site: Aug/26
 Proposed completion date: May/29

Based on PM Mace's 'GGH Ph 2 - draft programme 28.10.25'

Year	0	1	2	3	4	5	6	7	8	Totals
Financial year	2022/2023	2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030	2030/2031	
Works Cost - Fire Protection Upgrade Works	£0.00	£0.00	£0.00	£0.00	£1,132,000.00	£1,816,000.00	£1,816,000.00	£305,000.00	£74,278.85	£5,143,278.85
Works Cost - Civils Works Externally	£0.00	£0.00	£0.00	£0.00	£1,534,000.00	£1,793,000.00	£51,116.47	£0.00	£0.00	£3,378,116.47
Recovery of Sunk Costs from BJC 1 FY Years, 22/23 and 23/24. Includes VAT @ 20%	£ 593,367.00	£ 259,322.00	£ 66,018.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£918,707.00
Fees	£0.00	£0.00	£12,601.32	£813,000.00	£569,000.00	£677,000.00	£642,000.00	£102,000.00	£11,616.90	£2,827,218.22
Non-works Costs	£0.00	£0.00	£0.00	£0.00	£847,000.00	£1,161,000.00	£601,000.00	£122,568.00	£0.00	£2,731,568.00
Equipment Costs	£0.00	£0.00	£0.00	£0.00	£30,000.00	£0.00	£0.00	£0.00	£0.00	£30,000.00
Quantified Risk Provision - Held by Health Board	£0.00	£0.00	£0.00	£142,000.00	£718,000.00	£951,000.00	£543,000.00	£108,326.16	£0.00	£2,462,326.16
Total for Economic Appraisal	£593,367.00	£259,322.00	£78,619.32	£955,000.00	£4,830,000.00	£6,398,000.00	£3,653,116.47	£637,894.16	£85,895.75	£17,491,214.70
Gross VAT	£0.00	£0.00	£0.00	£171,994.95	£940,137.86	£1,244,846.92	£694,827.62	£121,583.78	£17,179.15	£3,190,570.27
Vers Less: Reclaimable VAT	V1	£0.00	£0.00	-£143,594.95	-£144,537.86	-£191,446.92	-£183,404.32	-£29,654.95	-£6,037.32	-£698,676.32
Net VAT	£0.00	£0.00	£0.00	£28,400.00	£795,600.00	£1,053,400.00	£511,423.29	£91,928.83	£11,141.83	£2,491,893.95
Total for Financial Case (excluding Refresh Works costs)	£593,367.00	£259,322.00	£78,619.32	£983,400.00	£5,625,600.00	£7,451,400.00	£4,164,539.76	£729,822.99	£97,037.58	£19,983,108.66
Refresh costs - Rough Order of Cost - brief, scope, design and costs to be developed in conjunction with appointed contract for Fire Protection Upgrade Works in period March to April 2026 (includes VAT & VAT reclaim)	£0.00	£0.00	£0.00	£0.00	£555,852.90	£891,323.59	£891,323.59	£148,057.46	£37,866.36	£2,524,423.91
Total for Financial Case (Including Refresh Works costs)	£593,367.00	£259,322.00	£78,619.32	£983,400.00	£6,181,452.90	£8,342,723.59	£5,055,863.35	£877,880.45	£134,903.94	£22,507,532.56
Inflation (escalation for full project escalation included by HDUHB and Preferred Framework Contractor)	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Total for Financial Case (Including Refresh Works costs)	£593,367.00	£259,322.00	£78,619.32	£983,400.00	£6,181,452.90	£8,342,723.59	£5,055,863.35	£877,880.45	£134,903.94	£22,507,532.56

Project Title: Fire Precaution Upgrade Works Phase 2, Glangwill General Hospital, Carmarthen
Project No: To be confirmed
Option No: To be confirmed

PROJECT CASHFLOW FORECAST

Proposed start on site: Aug:26
Proposed completion date: May:29

Funding source: Department for Health and Social Services: Welsh Assembly Government Based on PM Mace's 'GGH Ph 2 - draft programme 28.10.25'

Year	0	1	2	3	4	5	6	7	8	Totals
Financial year	2022/2023	2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030	2030/2031	
Works Cost - Fire Protection Upgrade	£0.00	£0.00	£0.00	£0.00	£1,132,000.00	£1,816,000.00	£1,816,000.00	£305,000.00	£74,278.85	£5,143,278.85
Works Cost - Civils Works Externally	£0.00	£0.00	£0.00	£0.00	£1,534,000.00	£1,793,000.00	£51,116.47	£0.00	£0.00	£3,378,116.47
Recovery of Sunk Costs from BJC 1 FY Years, 22/23 and 23/24. Includes VAT @ 20%	£593,367.00	£259,322.00	£66,018.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£918,707.00
Fees	£0.00	£0.00	£12,601.32	£813,000.00	£569,000.00	£677,000.00	£642,000.00	£102,000.00	£11,616.90	£2,827,218.22
Non-works Costs	£0.00	£0.00	£0.00	£0.00	£847,000.00	£1,161,000.00	£601,000.00	£122,568.00	£0.00	£2,731,568.00
Equipment Costs	£0.00	£0.00	£0.00	£0.00	£30,000.00	£0.00	£0.00	£0.00	£0.00	£30,000.00
Quantified Risk Provision - Held by Health Board	£0.00	£0.00	£0.00	£142,000.00	£718,000.00	£951,000.00	£543,000.00	£108,326.16	£0.00	£2,462,326.16
Total for Economic Appraisal	£593,367.00	£259,322.00	£78,619.32	£955,000.00	£4,830,000.00	£6,398,000.00	£3,653,116.47	£637,894.16	£85,895.75	£17,491,214.70
Vers Gross VAT	V1	£0.00	£0.00	£171,994.95	£940,137.86	£1,244,846.92	£694,827.62	£121,583.78	£17,179.15	£3,190,570.27
Less: Reclaimable VAT	V1	£0.00	£0.00	-£143,594.95	-£144,537.86	-£191,446.92	-£183,404.32	-£29,654.95	-£6,037.32	-£698,676.32
Net VAT		£0.00	£0.00	£28,400.00	£795,600.00	£1,053,400.00	£511,423.29	£91,928.83	£11,141.83	£2,491,893.95
Total for Financial Case (excluding Refresh Works costs)	£593,367.00	£259,322.00	£78,619.32	£983,400.00	£5,625,600.00	£7,451,400.00	£4,164,539.76	£729,822.99	£97,037.58	£19,983,108.66
Refresh costs - Rough Order of Cost - brief, scope, design and costs to be developed in conjunction with appointed contract for Fire Protection Upgrade Works in period March to April 2026 (includes VAT & VAT reclaim)	£0.00	£0.00	£0.00	£0.00	£555,852.90	£891,323.59	£891,323.59	£148,057.46	£37,866.36	£2,524,423.91
Total for Financial Case (Including Refresh Works costs)	£593,367.00	£259,322.00	£78,619.32	£983,400.00	£6,181,452.90	£8,342,723.59	£5,055,863.35	£877,880.45	£134,903.94	£22,507,532.56
Inflation (escalation for full project escalation included by HDUHB and Preferred Framework Contractor)	£0.00		£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Total for Financial Case (Including Refresh Works costs)	£593,367.00	£259,322.00	£78,619.32	£983,400.00	£6,181,452.90	£8,342,723.59	£5,055,863.35	£877,880.45	£134,903.94	£22,507,532.56

Funding source:

Year	0	1	2	3	4	5	6	7	8	Total
Financial year	2022/2023	2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030	2030/2031	
Works Cost										£ -
Fees										£ -
Non-works Costs										£ -
Equipment Costs										£ -
Quantified Risk Contingency										£ -
Sub-Total	£ -	£ -	£ -						£ -	£ -
Gross VAT										£ -
Less: Reclaimable VAT										£ -
Net VAT	£ -	£ -	£ -						£ -	£ -
Inflation	£ -	£ -	£ -						£ -	£ -
Total	£ -	£ -	£ -						£ -	£ -

Project Title:	Fire Precaution Upgrade Works Phase 2, Glangwill General Hospital, Carmarthen
Project No:	To be confirmed
Option No:	To be confirmed

KEY PROGRAMME DATES

	Planned @ BJC	Actual
Submission of SOC to Regional Office	N/a	
Regional Office Approval	N/a	
Submission of OBC to WAG	N/a	
	Forecast @ BJC	Forecast @ BJC
Draft Submission of BJC to WAG for	March 2026	
Final Submission of BJC to WAG	April 2026	
WAG Approval *	June 2026	
Agreement of BJC Costs	June 2025	
Start on Site	August 2026	
Completion	May 2029	
Opening of Facility	N/A	
Project Closure	TBC	

Version: V1

* Assumes BJC programme overlap during WG scrutiny

Project Title:	Fire Precaution Upgrade Works Phase 2, Glangwili General Hospital, Carmarthen
Project No:	To be confirmed
Option No:	To be confirmed

RECOVERABLE VAT CALCULATION

	a	b	c	d
	Cost Net of VAT	VAT at 20% (i.e. prior to recovery)	Percentage recoverable (% of col b)	Recoverable VAT (col b x col c)
Works Cost - Fire Protection Upgrade Works	£5,143,278.85	£1,028,655.77	25.00%	£257,163.94
Works Cost - Civils Works Externally	£3,378,116.47	£675,623.29	0.00%	Based on PM Mace's
Fees (recoverable VAT)	£2,207,561.89	£441,512.38	100.00%	£441,512.38
Fees (non-recoverable VAT)	£619,656.34	£0.00	0.00%	£0.00
Non-works Costs	£2,731,568.00	£546,313.60	0.00%	£0.00
Equipment Costs	£30,000.00	£6,000.00	0.00%	£0.00
Contingencies	£2,462,326.16	£492,465.23	0.00%	£0.00
Totals		£3,190,570.27		£698,676.32

Recoverable VAT advised by VAT Advisor Ernst Young

Version:

V1

Project Title: Fire Precaution Upgrade Works Phase 2, Glangwill General Hospital, Carmarthen
Project No: To be confirmed
Option No: To be confirmed

CAPITAL COSTS: ON-COSTS - Annex A: Building Abnormals - Fire Protection Upgrade Works

	Item	Qty	Unit	Rate	Net Cost	Comments

Works Cost:

Works cost as preferred tender received

Based on PM
Mace's 'GGH Ph
2 - draft
programme
28.10.25'

Preliminaries	1	Item	£1,134,174.24	£1,134,174.24
Contractor's Design and Consultant's Fees	1	Item	£18,400.00	£18,400.00
Provisional Sums	1	Item	£642,620.00	£642,620.00
Horizontal Firestopping	1	Item	£691,975.11	£691,975.11
Horizontal Firestopping - Provisional Quantities for Inaccessible Areas	1	Item	£13,934.77	£13,934.77
Vertical Firestopping	1	Item	£291,363.40	£291,363.40
Vertical Firestopping - Provisional Quantities for Inaccessible Areas	1	Item	£26,962.70	£26,962.70
Internal Doors and Associated Partition Works	1	Item	£782,571.86	£782,571.86
Fire / Smoke Dampers	1	Item	£670,396.34	£670,396.34
Internal Works Associated with the Bridge Link	1	Item	£6,967.13	£6,967.13
Internal Works Associated with the Evacuation Lift	1	Item	£38,828.60	£38,828.60
V1	1	Item	£585,216.00	£585,216.00

Version
:

Sub-Total (excluding Contractor's Fee, SWWRCF Framework fee and Value Added Tax) £4,903,410.15

Contractor's fee as Lot 4a of the SWWRCF Framework 4.50% £220,653.46

Sub-Total (excluding SWWRCF Framework fee and Value Added Tax) £5,124,063.61

SWWRCF Framework levy for Lot 4a 0.375% £19,215.24

Total Annex A.1 Fire Protection Upgrade Works - to BJC3 Building Abnormals

£5,143,278.85

Equivalent to £/m2

N/A

Project Title: Fire Precaution Upgrade Works Phase 2, Glangwilli General Hospital, Carmarthen
 Project No: To be confirmed
 Option No: To be confirmed

CAPITAL COSTS: ON-COSTS - Annex A: Building Abnormals - Civils Works Externally

	Item	Qty	Unit	Rate	Net Cost	Comments

Works Cost:

Works cost as highest tender returned on 6-

Based on PM
Mace's 'GGH Ph
2 - draft
programme
28.10.25'

Preliminaries	1	Item	£1,385,890.00	£1,385,890.00
Contractor's Design and Consultant's Fees	1	Item	£0.00	£0.00
Provisional Sums	1	Item	£77,000.00	£77,000.00
Link Bridge	1	Item	£273,600.55	£273,600.55
Evacuation Lift Block 32	1	Item	£889,778.29	£889,778.29
Replacement Evacuation Lift Block 4	1	Item	£273,557.80	£273,557.80
Plant Room Escape Ladder	1	Item	£92,995.99	£92,995.99
Ramps	1	Item	£72,292.00	£72,292.00

Sub-Total (excluding Contractor's Fee, SWWRCF Framework fee and Value Added Tax) £3,065,114.63

Version : V1 9.80% £300,381.23

Sub-Total (excluding SWWRCF Framework fee and Value Added Tax) £3,365,495.86

SWWRCF Framework levy for Lot 4a 0.375% £12,620.61

**Total Annex A.2 Civils Works Externally
- to BJC3 Building Abnormals**

£3,378,116.47

Equivalent to £/m2

N/A

Project Title: Fire Precaution Upgrade Works Phase 2, Glangwili General Hospital, Carmarthen
Project No: To be confirmed
Option No: To be confirmed

CAPITAL COSTS: ON-COSTS - Annex B: Engineering Abnormals

Item	Qty	Unit	Rate	Net Cost	Comments
None	1	Item	£0	£	-
Based on PM Mace's 'GGH Ph 2 - draft programme 28.10.25'					

Version: V1

Total Annex B - to BJC3 Engineering Abnormals £ -

Equivalent to £/m2	N/A

Project Title: Fire Precaution Upgrade Works Phase 2, Glangwilli General Hospital, Carmarthen
Project No: To be confirmed
Option No: To be confirmed

CAPITAL COSTS: ON-COSTS - Annex C: Other On-Cost Abnormals

Item	Qty	Unit	Rate	Net Cost	Comments
None	1	Item	£0	£ -	Based on PM Mace's 'GGH Ph 2 - draft programme 28.10.25'

Version: V1

Total Annex C - to BJC3 Engineering Abnormals

£ -

Equivalent to £/m2 N/A

Non-Works Costs (NWC)

Qty	Unit	Rate	Total

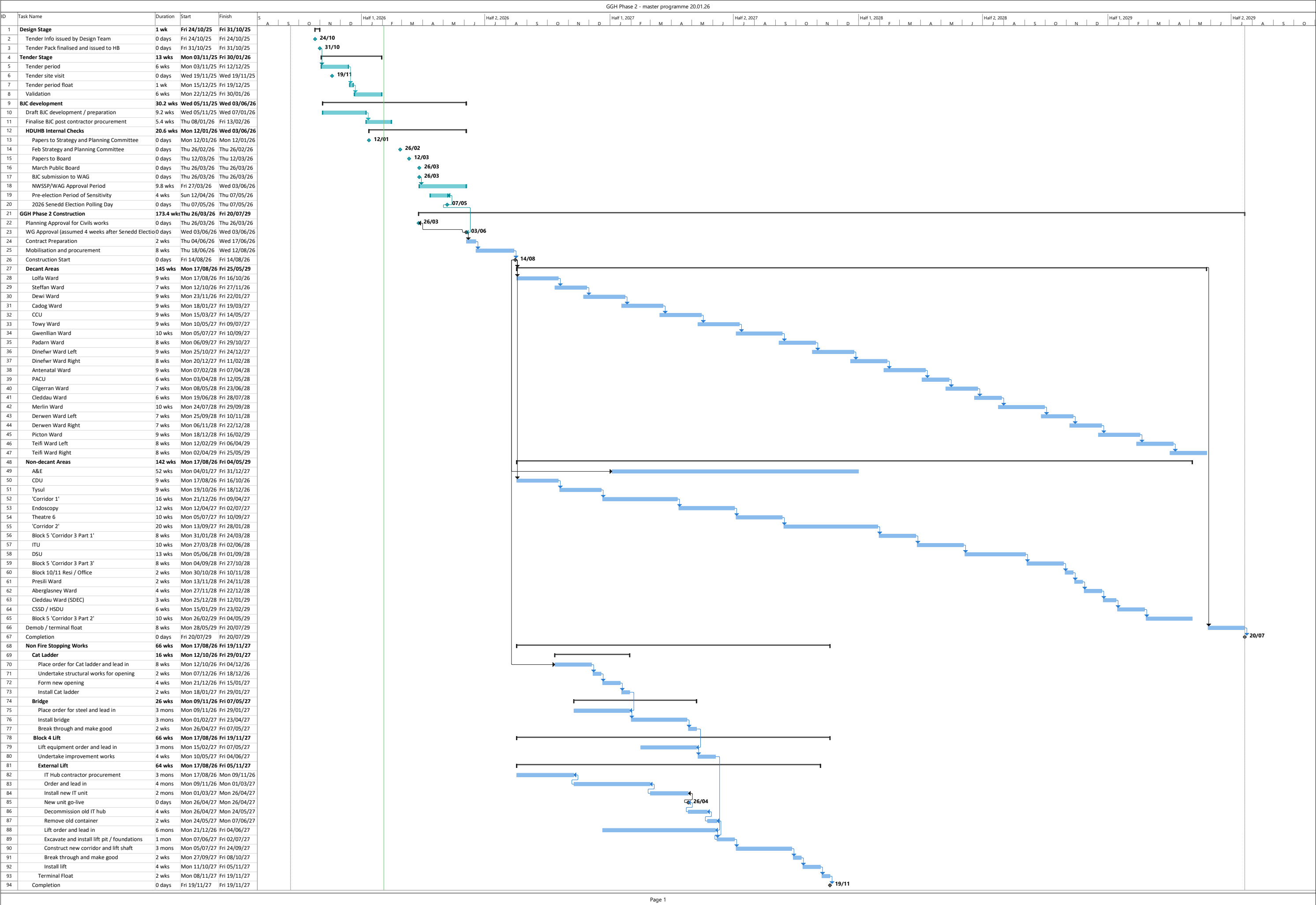
Cost allowances based on Glangwili General Hospital Phase 1 FPUW and meeting with HDUHB (JW/HW/KP) 28-Jan-2026:

Hywel Dda University Health Board:

Phases Theatres - decant stores	1	Item	£25,000.00	£25,000.00
Offsite storage of equipment	1	Item	£25,000.00	£25,000.00
Ad hoc attendance from HDUHB's fire alarm commissioning	1	Item	£200,000.00	£200,000.00
Ad hoc attendance from HDUHB's medical gas contractors	1	Item	£75,000.00	£75,000.00
IT support for de-commissioning and re-commissioning	1	Item	£15,000.00	£15,000.00
Moving patients, medical records, equipment etc and clinical clean - moving furniture and builder's cleaning included by contractor	1	Item	£75,000.00	£75,000.00
District Valuer fee	1	Item	£6,000.00	£6,000.00
Other fees & miscellaneous costs - to be confirmed	1	Item	£50,000.00	£50,000.00
Asbestos Consultant and additional surveys	1	Item	£150,000.00	£150,000.00
Minor works associated with shutdowns, operational estates support requirements and attendance on project	1	Item	£125,000.00	£125,000.00
Acoustics Consultant including survey	1	Item	£20,000.00	£20,000.00
Project shared drive software	1	Item	£25,000.00	£25,000.00
Contract Management software	1	Item	£25,000.00	£25,000.00
IT Hub Replacement	1	Item	£1,877,568.00	£1,877,568.00
Version:		V1		

Total Carried to BJC 1 £2,693,568.00

Appendix 9



Appendix 10

Project: Glangwili General Hospital Fire Enforcement Works - Phase 2 Main Works

Risk Register - Version 6 - Health Board - Risk Register Dec 2022										Assessment		Quantification		Management		Risk Quantification Calculation							
N	£14,110,187.55	Risk Consequence Time Cost Quality Availability	Risk Owner	Probability	Impact	Score	Risk Allocation	Category	Qualified/Unqualified	Estimated cost impact £	Management Actions	Action Owner	Review Date	Comments	Cost if happens (£)	Lead/Support	Expected Value (£)	Notes					
STRATEGIC PLANNING/PROGRAMME RISKS																							
51		The Contractor's ability to deliver the works (or part thereof) is directly affected by a COVID-19 pandemic. There is a risk for disruption, close down, delays and loss of workforce in the entire site due to actions taken by Government, Local Authorities, the Hospital Management, the Contractor or the Contractor's subcontractors. COVID-19 pandemic risk information shared by Business, consumer and fulfilment staff restricting supply of materials, equipment and services, reduced workforce due to illness, compliance with the Construction Leadership Council's Site Operating Procedures.	Health Board	3	5	15	Programme	Qualified	Unqualified	As applicable. Works on site to be constantly reviewed to ensure compliance with the Construction Leadership Council's Site Operating Procedures, as well as Health Board Management Plan and Travel Closures as to be updated regularly on the impact to programme and costs on the project. COVID-19 pandemic risk information shared by Business, consumer and fulfilment staff restricting supply of materials, equipment and services, reduced workforce due to illness, compliance with the Construction Leadership Council's Site Operating Procedures.	Health Board	Ongoing			£90,000	0.72	£63,000	Based on a 5 week construction delay of £10,000 a week for contractor profits and additional direct fees of £5,000 a week.					
52		Scope of works not fully anticipated/incomplete works during BJC stage to inform the design, programme and cost due to lack of access to some locations.	Health Board	3	5	15	Programme	Qualified	Unqualified	Full survey carried out of all areas accessible, only a limited number of locations not accessed with these to be identified as part of further assessments. Works on site to be constantly reviewed to ensure compliance with the Construction Leadership Council's Site Operating Procedures, as well as Health Board Management Plan and Travel Closures to be updated regularly on the impact to programme and costs on the project. COVID-19 pandemic risk information shared by Business, consumer and fulfilment staff restricting supply of materials, equipment and services, reduced workforce due to illness, compliance with the Construction Leadership Council's Site Operating Procedures.	Health Board	Ongoing			£150,000	0.72	£108,000	Based on a 5 week construction delay of £10,000 a week for contractor profits and additional direct fees of £5,000 a week.					
53		Contracted delivery of MED Cytel A16 contractor project.	Health Board	0	0	0	Strategic	Unqualified	Unqualified	Contractor to be engaged to deliver the project. COVID-19 pandemic risk information shared by Business, consumer and fulfilment staff restricting supply of materials, equipment and services, reduced workforce due to illness, compliance with the Construction Leadership Council's Site Operating Procedures.	Health Board	2-Feb-28	Contractor tender received 19-Dec-2023										
54		Risk regarding delivering the BJC and works within the MWFRS Structures and this risk is associated with further assessment action. Various causes of delay as in the hospital resulting in delay of delivery of works.	Health Board	3	4	12	Programme	Qualified	Unqualified	HB engaging and event delivery with MWFRS regarding programme and programme. Event programme is actively monitored regarding extension period and extension.	Health Board	Ongoing			£26,000	0.96	£207,760	Based on a 8 week design delay, £5,000 a week for contractor and direct fees.					
55		Hospital activities impact on proposed planning or programme	Health Board	4	5	20	Strategic	Qualified	Unqualified	Contractor to be engaged to deliver the project. COVID-19 pandemic risk information shared by Business, consumer and fulfilment staff restricting supply of materials, equipment and services, reduced workforce due to illness, compliance with the Construction Leadership Council's Site Operating Procedures.	Health Board	Ongoing			£150,000	0.96	£143,000	Based on a 10 week construction delay of £10,000 a week for contractor profits and additional direct fees of £5,000 a week.					
56		Impact of early mobilisation on delivery of materials.	Health Board	2	4	8	Programme	Qualified	Unqualified	Contractor to be engaged to deliver the project. COVID-19 pandemic risk information shared by Business, consumer and fulfilment staff restricting supply of materials, equipment and services, reduced workforce due to illness, compliance with the Construction Leadership Council's Site Operating Procedures.	Health Board	Ongoing			£150,000	0.96	£143,000	Based on a 10 week construction delay of £10,000 a week for contractor profits and additional direct fees of £5,000 a week.					
57		There is a risk that elements of the existing infrastructure outside of project scope impacts on the project scope requires remedial work e.g. repairs, duct damage.	Health Board	3	4	12	Programme	Qualified	Unqualified	Contractor to be engaged to deliver the project. COVID-19 pandemic risk information shared by Business, consumer and fulfilment staff restricting supply of materials, equipment and services, reduced workforce due to illness, compliance with the Construction Leadership Council's Site Operating Procedures.	Contractors	Ongoing			£75,000	0.43	£32,625	Based on a 4 week construction delay of £10,000 a week for contractor profits and additional direct fees of £5,000 a week.					
58		There is a risk that the project will be impacted by delays in governance/organisational/contractual/contractor related delays.	Health Board	4	5	20	Strategic	Unqualified	Unqualified	HB to liaise with Board, MWFRS and WDO to mitigate delay risk. Board approval dates cannot be guaranteed currently.	Health Board	Ongoing			£90,000	0.96	£86,400	Based on a 8 week construction delay of £10,000 a week for contractor profits and additional direct fees of £5,000 a week.					
59		Changes to project by personnel - A key person from any of the project team working practices and relationships not yet established.	Health Board	4	3	12	Strategic	Qualified	Unqualified	Communication with all stakeholders currently throughout the project.	Health Board	Ongoing			£90,000	0.96	£87,180	Based on a 8 week design delay, £5,000 a week for contractor and direct fees.					
60		One hospital works concurrent with all developments not works.	Health Board	3	4	12	Strategic	Qualified	Unqualified	Early engagement with the Hospital Management.	Health Board	Ongoing			£75,000	0.96	£72,000	Based on a 8 week construction delay of £10,000 a week for contractor profits and additional direct fees of £5,000 a week.					
61		One hospital works concurrent with all developments not works.	Health Board	3	4	12	Strategic	Qualified	Unqualified	Programme implications not yet identified by Health Board, especially for tendering contractors to demonstrate the benefits. Lessons learnt from Phase 1 and WDO. Programme alignment to be made in development/occupation time not to be at risk.	Health Board/PM Contractor	Ongoing			£75,000	0.96	£72,000	Based on a 8 week construction delay of £10,000 a week for contractor profits and additional direct fees of £5,000 a week.					
62		Change of MWFRS Fire Officer and potential additional requirements from replacement. One Based currently in place.	Health Board	3	4	12	Programme	Qualified	Unqualified	Ongoing liaison/communication.	Health Board	Ongoing			£75,000	0.96	£72,000	Based on a 8 week construction delay of £10,000 a week for contractor profits and additional direct fees of £5,000 a week.					
63		Limit on direct availability for non-ward areas of the campus (office, clinic rooms).	Health Board	4	5	20	Strategic	Qualified	Unqualified	HB consider alternative accommodation to support programme effectiveness and behaviour. Reassessing the need for supporting visitors' works during time pressured for delivery.	Health Board	Ongoing			£150,000	0.96	£144,000	Based on a 10 week construction delay of £10,000 a week for contractor profits and additional direct fees of £5,000 a week.					
64		Tiering of BJC submission to WDO contracts with Purush project associated with government elections in 2023 and environmental factors in approval of business cases. Delay to submission and therefore approval of works.	Health Board	5	4	20	Strategic	Unqualified	Unqualified	Programme reviewed to accommodate daily delay resultant from Purush. Consideration of existing works to risk to prevent for delivery of main works programme, avoiding BJC approval. Security concerns may be delayed - consider early submission.	Health Board	Ongoing			£60,000	0.96	£57,600	Based on a 10 week programme delay of £5,000 a week for contractor and direct fees.					
65		ENR-OS early warning has been raised following notification of BJC. The BJC project has been notified that the project has been stopped for 3 weeks. Approved Project Programme to be finalised highlighting this. Note the project has been based on a Construction Period of 36 weeks (22 months).	Health Board	0	0	0	Programme	Qualified	Unqualified	Request fees from contractor team to account for additional programme time once contractor on board. Fees to be included in BJC.	Health Board / Design Team	Ongoing		Contractor tender based on programme of 160 weeks									
FINANCIAL RISKS																							
F1		Capital costs underestimated.	Health Board	3	4	12	Financial	Qualified	Unqualified	Review as part of BJC development, including survey, design, programme, all influencing cost.	Health Board	Ongoing			£31,433	0.96	£28,920	Assume cost if it happens 1.0% of Works Cost.					
F2		Y1	Health Board	2	3	6	Financial	Qualified	Unqualified	Subsistence and accommodation costs and other costs to be included in BJC.	Health Board	Ongoing			£31,433	0.96	£28,920	Assume cost if it happens 1.0% of Works Cost.					
F3		Risk of other subcontractor failure or supplier bankruptcy.	Health Board	2	5	10	Financial	Qualified	Unqualified	Contractors to be provided with three Regional contractors. Bankruptcy.	Health Board	Ongoing			£31,433	0.40	£12,573	Assume cost if it happens 1.0% of Works Cost.					
F4		There is a risk that the rate for VAT will change.	Health Board	1	3	3	Financial	Qualified	Unqualified	Government policy to be monitored.	Contractor	Ongoing			£31,433	0.14	£4,401	Assume cost if it happens 1.0% of Works Cost.					
F5		Significant changes in inflation of key materials or shortages	Health Board	3	3	9	Financial	Qualified	Unqualified	Contractor to ensure financial viability of subcontractors and supplier as part of tendering process.	Health Board	Ongoing			£31,433	0.43	£13,717	Assume cost if it happens 1.0% of Works Cost.					
F6		Increased costs due to statutory changes during the works.	Health Board	2	4	8	Financial	Qualified	Unqualified	Monitor statutory changes during the works.	Health Board	Ongoing			£31,433	0.38	£12,000	Assume cost if it happens 1.0% of Works Cost.					
F7		Additional non works costs incurred for unforeseen circumstances, i.e. additional decant requirements, performance issues etc.	Health Board	2	5	10	Financial	Qualified	Unqualified	Non works allowance to be included within the BJC. CA to liaise with HB.	Health Board	Ongoing			£31,433	0.48	£24,804	Assume cost if it happens 1.0% of Works Cost.					
F8		Impact of global trade on material costs and supplier above an inflationary rate allowed for in the contract.	Health Board	3	3	9	Financial	Qualified	Unqualified	Ongoing monitoring of geo-political environment.	Health Board	Ongoing			£128,582	0.43	£55,347	Assume cost if it happens 2.5% of Works Cost.					
DESIGN RISKS at BJC or Construction Phase																							
D1		MWFRS/HB Fire Officer Requirements - Unforeseen items required to meet the fire officer's requirements.	Health Board/ Designer	2	5	10	Design	Qualified	Unqualified	Definitive Fire Strategy proposed for endorsement by MWFRS. HB engaged with the MWFRS Fire Officer and MWFRS set out so that the requirements can be agreed and incorporated in a timely manner. Fire Strategy required etc.	Health Board	Ongoing			£45,000	0.48	£21,600	Based on a 3 week construction delay of £10,000 a week for contractor profits and additional direct fees of £5,000 a week.					
D2		Scope of works changing arising from Hospital request, but early engagement in the offloading contract, general offloading changes.	Health Board/ Designer	2	4	8	Design	Qualified	Unqualified	Ongoing management by HB client team. Building Control input required if any, repair and replace as HBs input required. Inform by WDO.	Health Board	Ongoing			£25,716	0.36	£9,393	Assume cost if it happens 0.5% of Works Cost.					
D3		Risk that there will be changes in Building Regs. General advisory changes and changes in Building Regs. Directors after design proposals.	Health Board/ Designer	2	4	8	Design	Qualified	Unqualified	Additional changes prior to tender and informed. Additional changes, if any, to be managed as part of contract admin.	Health Board	Ongoing		Additional work on Principal Design and Pre-Design Contract for Building Safety Act Building Regulations being implemented from 1 July 2023. Building Regulations update submitted until 1 July 2023.	£31,433	0.29	£14,870	Assume cost if it happens 1.0% of Works Cost.					
D4		Existing building structural defects not apparent at time of infection control sign off of details is designed or not acceptable.	Health Board/ Designer	2	3	6	Design	Qualified	Unqualified	Designer/Contractor to verify any findings to HB. Works to be explained any programme as they become apparent, with contract administration process.	Health Board/ Designer	Ongoing			£25,716	0.20	£5,143	Assume cost if it happens 0.5% of Works Cost.					
D5		Compliance with HTM/18/6.	Health Board/ Designer	2	3	6	Design	Qualified	Unqualified	Include as key milestones on programme to manage expectations. Meeting to be arranged with key stakeholders as necessary - infection control.	Health Board	Ongoing			£45,000	0.20	£9,000	Based on a 3 week construction delay of £10,000 a week for contractor profits and additional direct fees of £5,000 a week.					
D6		Compliance with HTM/18/6.	Health Board/ Designer	2	3	6	Design	Qualified	Unqualified	To be managed through contract administration process as required. Conceptual improvements as a result of the upgrade works not expected.	Health Board/ Designer	Ongoing			£45,000	0.20	£9,000	Based on a 3 week construction delay of £10,000 a week for contractor profits and additional direct fees of £5,000 a week.					
D7		Consequential improvements regarding building control approval.	Health Board/ Designer	1	3	3	Design	Qualified	Unqualified	Full survey carried out by the designers to inform and design requirements. Liaison with HB to ensure that the design is in accordance with the HTM/18/6 compliance.	Health Board	Ongoing			£128,582	0.18	£23,145	Assume cost if it happens 2.5% of Works Cost.					
D8		Existing performance in post-occupancy structural condition or not meeting fire and smoke ventilation requirements and existing requirements.	Health Board/ Designer	3	4	12	Design	Qualified	Unqualified	Full survey carried out by the designers to inform and design requirements. Liaison with HB to ensure that the design is in accordance with the HTM/18/6 compliance.	Health Board	Ongoing			£128,582	0.18	£23,145	Assume cost if it happens 2.5% of Works Cost.					
D9		Aesthetic outcomes of the BJC - increase decorations etc.	Health Board/ Designer	2	3	6	Design	Qualified	Unqualified	Stakeholder engagement - manage expectations as if it coming out of scope. If not, it will be increased and reduced. Works to be explained any programme as they become apparent, with contract administration process.	Health Board/ Designer	Ongoing			£25,716	0.20	£5,143	Assume cost if it happens 0.5% of Works Cost.					
D10		Additional site alterations/increase management from design team over anticipated input, offloading scope at tender.	Health Board/ Designer	2	3	6	Design	Qualified	Unqualified	Stakeholder engagement - manage expectations as if it coming out of scope. If not, it will be increased and reduced. Works to be explained any programme as they become apparent, with contract administration process.	Health Board/ Designer	Ongoing			£25,716	0.18	£4,628	Assume cost if it happens 0.5% of Works Cost.					
D11		Certification of existing fire stopping works.	Health Board/ Designer	3	4	12	Design	Qualified	Unqualified	To be reviewed on site. Design team to manage the time and resources and advice of architect contract as 'additional'.	Health Board	Ongoing			£25,716	0.18	£4,628	Assume cost if it happens 0.5% of Works Cost.					
D12		Limitations to scope of fit all areas other than ITU due to service limitations and other constraints.	Health Board/ Designer	2	4	8	Design	Qualified	Unqualified	Proactive engagement with MWFRS to ensure scope well accepted and understood. Designing solution to be implemented. Assessors make where access not available.	Health Board	Ongoing			£31,433	0.38	£12,000	Assume cost if it happens 1.0% of Works Cost.					
D13		Limitations to scope of fit all areas due to service congestion above ceiling and accessible to MWFRS and response action.	Health Board/ Designer	4	4	16	Design	Qualified	Unqualified	Proactive engagement with MWFRS to ensure scope well accepted and understood. Designing solution to be implemented. Assessors make where access not available.	Health Board	Ongoing			£31,433	0.77	£24,200	Assume cost if it happens 1.0% of Works Cost.					
SAFE & CONSTRUCTION RISKS																							
C1		Control of dust - noise levels during construction not acceptable to hospital existing works to stop.	Health Board	2	4	8	Construction	Qualified	Unqualified	Contractor Safety Systems of Work (SSOW) in place. Hospital to advise on a specific, detailed works where specific activities apply during any planning. Ongoing communication with Estates lead and clinical lead on works stopping etc. Implementation of stop work powers to ensure suitable controls in place for controlling of works or to stop work.	Contractor	Ongoing			£45,000	0.36	£16,200	Based on a 3 week construction delay of £10,000 a week for contractor profits and additional direct fees of £5,000 a week.					
C2		Control of dust - both internally and externally - not managed appropriately causing works to stop. Non-managed areas most impacted.	Contractor	2	4	8	Construction	Qualified	Unqualified	Contractor SSOW in place, a extraction, drying, vacuum. SSOW to be developed in coordination with HB IPC and in accordance with HENR-OS Risk Assessment developed previously. Ongoing Communication with Estates lead and clinical lead on works stopping etc. Calling action location to be agreed with HB.	Contractor	Ongoing			£45,000	0.36	£16,200	Based on a 3 week construction delay of £10,000 a week for contractor profits and additional direct fees of £5,000 a week.					
C3		There is a risk that the weather above a 10 year event will impact on site access.	Health Board	1	3	3	Construction	Qualified	Unqualified	Contractor to ensure effective mitigation measures in place including protection. Majority of works internal but deliveries and access / ingress could be impacted.	SCP	Ongoing			£45,000	0.14	£6,300	Based on a 3 week construction delay of £10,000 a week for contractor profits and additional direct fees of £5,000 a week.					
C4		Discovery of vermin - Specialist removal required, delay to works.	Health Board	2	5	10	Construction	Qualified	Unqualified	Issue Data for commission survey as needed. Unforeseen scenarios, i.e. areas which can be accessed to survey in advance, to be managed through contract administration.	Health Board	Ongoing			£45,000	0.48	£21,600	Based on a 3 week construction delay of £10,000 a week for contractor profits and additional direct fees of £5,000 a week.					
C5		Reactions to movement of materials and out of the work area - Abandon site to the delay to works.	Contractor	2	3	6	Construction	Qualified	Unqualified	Ongoing Contractor coordination informing HB of plans in a timely manner during construction. Quicker times for assessments.	Health Board/ Contractor	Ongoing			£45,000	0.20	£9,000	Based on a 3 week construction delay of £10,000 a week for contractor profits and additional direct fees of £5,000 a week.					
C6		Long lead in items.	Contractor	3	4	12	Construction	Qualified	Unqualified	Early engagement of the Supply Chain, for example for materials.	Contractor	Ongoing			£45,000	0.36	£16,200	Based on a 3 week construction delay of £10,000 a week for contractor profits and additional direct fees of £5,000 a week.					
C7		Working from heights.	HB	Contractor	2	4	8	Construction	Unqualified	Unqualified	SCP Safe System of Works.	Contractor	Ongoing			£45,000	0.36	£16,200	Based on a 3 week construction delay of £10,000 a week for contractor profits and additional direct fees of £5,000 a week.				
C8		Working in confined spaces.	HB	Contractor	2	4	8	Construction	Unqualified	Unqualified	SCP Safe System of Works.	Contractor	Ongoing			£45,000	0.36	£16,200	Based on a 3 week construction delay of £10,000 a week for contractor profits and additional direct fees of £5,000 a week.				
C9		Contractors inadequate expertise.	Health Board	2	3	6	Construction	Qualified	Unqualified	Follow project brief and have appropriate design team for technical guidance. Experience identified and understood during tender and form part of assessment criteria. Ongoing communication and coordination with HB and WESP.	Contractor	Ongoing			£45,000	0.20	£9,000	Based on a 3 week construction delay of £10,000 a week for contractor profits and additional direct fees of £5,000 a week.					
C10		There is a risk that the contractor has inadequate resources (including subcontractors) to deliver the existing buildings.	Health Board	4	5	20	Construction	Qualified	Unqualified	Identification of findings to client team and necessary measures additional advice etc survey before commencement of works. Time and cost allowance to be made in BJC. HB to liaise with Estates lead and clinical lead on works stopping etc. Implementation of stop work powers to ensure suitable controls in place for controlling of works or to stop work.	Health Board	Ongoing			£45,000	0.96	£42,120	Based on a 3 week construction delay of £10,000 a week for contractor profits and additional direct fees of £5,000 a week.					
C11		Sequence, timing and maintenance as planned in BJC and restrictions of the Works.	Health Board	3	3	9	Construction	Qualified	Unqualified	Proactive engagement with MWFRS to ensure scope well accepted and understood. Designing solution to be implemented. Assessors make where access not available.	Health Board/ Contractor	Ongoing			£45,000	0.43	£19,800	Based on a 3 week construction delay of £10,000 a week for contractor profits and additional direct fees of £5,000 a week.					
C12		Use services impacting the Works and inability to isolate or relocate.	Health Board	4	4	16	Construction	Qualified	Unqualified	Unknown scenario, i.e. area which can be accessed to survey in advance, to be managed through contract administration or approved designations as done with Phase 1 examples. Service isolation coordination to be provided by HB.	Health Board/ Contractor	Ongoing			£45,000	0.77	£34,650	Based on a 3 week construction delay of £10,000 a week for contractor profits and additional direct fees of £5,000 a week.					
C13		Site access and welfare arrangements. Coordination of separate contractors for different elements.	Health Board	2	3	6	Construction	Qualified	Unqualified	HB to issue specific work areas for comparison with the preferred contractors for the Fraxipening and Cello works to ensure enough space is provided.	Health Board/ Contractor	Ongoing			£45,000	0.20	£9,000	Based on a 3 week construction delay of £10,000 a week for contractor profits and additional direct fees of £5,000 a week.					
C14		Damage to completed areas post tenders in the Health Board needing to be dealt with this contract.	Health Board	3	3	9	Construction	Qualified	Unqualified	The tenderer condition survey undertaken by contractor.	Contractor	Ongoing			£45,000	0.43	£19,800	Based on a 3 week construction delay of £10,000 a week for contractor profits and additional direct fees of £5,000 a week.					
Total E:															0								

Project: Victoria E. Health Board - CHS 2024																				
Risk Description		Risk Consequence		Risk Exposure		Risk Assessment		Management		Risk Evaluation		Comments								
#	Risk Description	Time	Cost	Quality	Health	Prob	Impact	Score	Risk Allocation	Category	Qualified	Estimated cost impact £	Management Actions	Action Owner	Review Date	Comments	Cost if happens (£)	Likelihood Factor	Expected Value (£)	Notes
STRATEGIC PROGRAMME RISKS																				
S1	Health Board will be directly affected by a COVID-19 pandemic type event which will be disruptive, slow down delivery and put pressure on the contractor to ensure delivery of services of excellence or the site will be in extreme danger by Government, Local Authorities, the Hospital Management, the Client and the Contractor that are due to the risk of a COVID-19 pandemic type event. Business closures and furloughed staff restricting supply of materials and services, social distancing measures, reduced workforce due to illness, compliance with the Construction Leadership Board's Site Operating Procedures. Or HB emergency events disrupting / suspending / ceasing the works.	Time, Cost, Operational	Health Board	3	5	10	10	10	Programme	Qualified	Qualified	As applicable. Works on site to be completely reviewed to ensure compliance with the Construction Leadership Board's Site Operating Procedures, as well as Health Board Management Plan and Covid-19 are to be updated regularly on the impact to programme and risks on the project. Contractor to provide a COVID-19 Pandemic Management Plan. Contractor to provide a framework for any impact assessment for each COVID-19 Management Plan, which needs to include mitigating actions. Any financial consequences for the Authority must include any project element and be prepared on an open book and transparent basis. Contractor to seek approvals in a timely manner and applications deemed late will be dismissed.	Health Board	Ongoing	Contractor tenders due to be received 8 Feb 2026	£34,500	0.72	£24,810	Based on a 3 week construction delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
S2	Contract strategy of NEC Option A limits contractor project element.	Time, Cost, Quality	Health Board	3	5	15	10	10	Strategic	Qualified	Qualified	ECI issued and market interest level with initial positive feedback from several contractors.	Health Board	Ongoing		£40,000	0.72	£28,800	Based on a 8 week delay in the BUC programme, additional direct fees of £1,000 per week.	
S3	Hospital activities impact on proposed planning or programme works.	Time, cost	Health Board	4	5	10	10	10	Strategic	Qualified	Qualified	Early engagement with the Hospital and Management Teams to coordinate programmes and responsibilities as well as delivery planning.	Health Board/ Contractor	Ongoing		£37,500	0.58	£21,675	Based on a 5 weeks construction delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
S4	Impact of volatile market conditions on labour, plant and materials.	Time, cost	Health Board	2	4	10	10	10	Programme	Qualified	Qualified	Ongoing monitoring of the market and costs to ensure delivery.	Contractor	Ongoing		£34,463	0.38	£13,096	Assume cost if it happens 2.5% of Works Cost.	
S5	There is a risk that the project will be impacted by delays in the delivery of materials and services, local distancing measures, reduced workforce due to illness, compliance with the Construction Leadership Board's Site Operating Procedures.	Time, Quality, Operational	Health Board	3	3	12	10	10	Strategic	Qualified	Qualified	HB to liaise with Health, MWSPS and WGL to mitigate delivery risk.	Health Board	Ongoing		£34,500	0.43	£14,843	Based on a 3 week construction delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
S6	Changes to project key personnel - A key person from any team leaves and new working practices and procedures need to be established.	Time, Quality, Operational	Health Board	4	3	12	10	10	Strategic	Qualified	Qualified	Communication with all stakeholders regularly throughout the project.	Health Board	Ongoing		£34,500	0.58	£19,890	Based on a 3 week construction delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
S7	Other hospital works concurrent with and disrupting our works.	Time, cost	Health Board	3	4	12	10	10	Strategic	Qualified	Qualified	Early engagement with the Hospital to determine potential HB construction impacting impact of potential other hospital projects and update to other project updates.	Health Board	Ongoing		£34,500	0.58	£19,890	Based on a 3 week construction delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
S8	Reduced programme for the main construction phase with allowances/provisions for access challenges agreed with Health Board and to learn.	Time, Quality, Operational	Health Board	3	4	12	10	10	Programme	Qualified	Qualified	Programme approvals sent out by Health Board, opportunity for tendering contractors to demonstrate benefits. Lessons learnt from Phase 1. Programme approvals to be made for deactivation/stoppage time period by HB of areas. Contractor made for OOH working, phased working approach, needs of works.	Health Board/PM	Ongoing		£34,500	0.58	£19,890	Based on a 3 week construction delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
S9	Change of MWSPS Fire Officer and potential additional requirements from Government, Local Authorities in place.	Time, Cost, Quality	Health Board	3	4	12	10	10	Programme	Qualified	Qualified	Ongoing liaison/communication.	Health Board	Ongoing		£23,000	0.58	£13,340	Based on a 2 week construction delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
S10	Tuning of BUC submission to WGL in accordance with Purball.	Time, Cost	Health Board	5	4	10	10	10	Programme	Qualified	Qualified	Programme to be revised level to accommodate timely delivery.	Health Board	Ongoing		£60,000	0.38	£22,800	Based on a 1 week programme delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
FINANCIAL RISKS																				
F1	Cost risk not anticipated.	Cost, time	Health Board	3	4	12	10	10	Financial	Qualified	Qualified	Review as part of BUC development, including review, design, programming of all influencing cost. Supported by robust project risk contingency fund similar to Phase 1 to be agreed with HB.	Health Board	Ongoing		£121,781	0.58	£116,836	Assume cost if it happens 1.0% of Works Cost.	
F2	Risk that the main contractor could fail.	Time, cost	Health Board	2	3	10	10	10	Financial	Qualified	Qualified	Contractors to be provided on their Regional construction framework. Health Board to undertake financial checks prior to appointment.	Health Board	Ongoing		£33,781	0.29	£27,759	Assume cost if it happens 1.0% of Works Cost.	
F3	Risk of other subcontractor failure or supplier bankruptcy.	Time, cost	Contractor	2	5	10	10	10	Financial	Qualified	Qualified	Contractor to ensure financial stability of subcontractors and suppliers and undertake financial checks prior to appointment.	Contractor	Ongoing		£33,781	0.48	£16,214	Assume cost if it happens 1.0% of Works Cost.	
F4	There is a risk that the rate for VAT will change.	Cost	Health Board	1	3	10	10	10	Financial	Qualified	Qualified	Government policy to be monitored.	Health Board	Ongoing		£33,781	0.14	£4,729	Assume cost if it happens 1.0% of Works Cost.	
F5	Significant changes in inflation of key materials or shortages.	Time, cost, quality	Health Board	3	3	9	10	10	Financial	Qualified	Qualified	Contractor to procure the materials in a timely manner. Option A contract proposed as fixed price for delivery.	Health Board/ Contractor	Ongoing		£33,781	0.43	£14,540	Assume cost if it happens 1.0% of Works Cost.	
F6	Increased costs due to statutory changes during the works.	Time, cost, quality	Health Board	3	4	12	10	10	Financial	Qualified	Qualified	Monitor statutory changes during the works.	Health Board	Ongoing		£33,781	0.58	£19,840	Assume cost if it happens 1.0% of Works Cost.	
F7	Impact of global trends on material costs and supplies.	Cost	Health Board	2	5	10	10	10	Financial	Qualified	Qualified	No works approved to be initiated within the BUC. CH to liaise with HB.	Health Board	Ongoing		£33,781	0.48	£16,214	Assume cost if it happens 1.0% of Works Cost.	
F8	Unsettled of global trends on material costs and supplies.	Cost	Health Board	3	3	9	10	10	Financial	Qualified	Qualified	Ongoing monitoring of geo-political environment.	Health Board	Ongoing		£34,463	0.43	£13,861	Assume cost if it happens 2.5% of Works Cost.	
DESIGN RISKS AND BUC Construction Phase																				
D1	MWSPS Fire Officer Requirements - Differences from requirements to meet the Fire Officer's requirements.	Time, Cost	Health Board/ Designer	2	5	1	10	10	Design	Qualified	Qualified	Defined Fire Strategy proposed for endorsement by MWSPS. HB will engage with the MWSPS Fire Officers and MWSPS (at an early stage) to test the requirements can be agreed and incorporated in a timely manner. Fire Strategy approved.	Health Board	Ongoing		£23,000	0.48	£11,140	Based on a 2 week construction delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
D2	Scope of works changing arising from Hospital request, but key requirements (e.g. fire engineering control, general building changes and changes to Health Board Standards after design proposals.	Time, cost	Health Board/ Designer	2	4	1	10	10	Design	Qualified	Qualified	Ongoing management by HB client team.	Health Board	Ongoing		£16,881	0.38	£8,646	Assume cost if it happens 0.5% of Works Cost.	
D3	Risk that there will be changes in Building Regs, general building changes and changes to Health Board Standards after design proposals.	Cost, time	Health Board/ Designer	2	3	1	10	10	Design	Qualified	Qualified	Ensure all changes prior to tender are identified. Additional changes, if any, to be managed as part of contract admin.	Health Board	Ongoing	Additional risk on Proposed Design and Building Regulations arising from Building Safety Act Building Regulations issued September 2023. Phase 1 July 2023 - no Building Regulations updates submitted until 1 June 2024.	£33,781	0.29	£9,777	Assume cost if it happens 1.0% of Works Cost.	
D4	Existing non project specific survey or recent information is inaccurate or obsolete.	Time, Cost	Health Board/ Designer	5	3	10	10	10	Design	Qualified	Qualified	Designer to check information as part of the design process and incorporate additional information from HB as appropriate.	Health Board/ Designer	Ongoing		£16,881	0.72	£12,156	Assume cost if it happens 0.5% of Works Cost.	
D5	Existing structural details or agreement time of submitting design proposals (e.g. after surveys completed).	Time, Cost	Health Board/ Designer	3	3	10	10	10	Design	Qualified	Qualified	Designer/Contractor to notify any findings or design issues. HB to be explained early on so they become accepted, with contract administration process.	Health Board/ Designer	Ongoing		£16,881	0.43	£7,279	Assume cost if it happens 0.5% of Works Cost.	
D6	Design (scope) is not compliant with practical changes to Hospital Fire Strategy & Escalation strategy.	Time, Cost, Quality, Operational	Health Board/ Designer	1	5	10	10	10	Design	Qualified	Qualified	Fire strategy for phase 2 developed as part of the BUC and approved by MWSPS Fire team and endorsed by MWSPS.	Health Board	Ongoing		£16,881	0.34	£5,781	Assume cost if it happens 0.5% of Works Cost.	
D7	Infection control sign-off of details is delayed or not completed.	Time, Operational	Health Board/ Designer	2	3	1	10	10	Design	Qualified	Qualified	Includes any key milestones on programme to include infection control. Details to be managed with key stakeholders as necessary i.e. infection control.	Health Board	Ongoing		£23,006	0.29	£6,653	Based on a 2 week construction delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
D8	Compliance with HTRBs / HTRs.	Time, Cost, Quality	Health Board/ Designer	3	3	1	10	10	Design	Qualified	Qualified	Design/Design/Construction details to be developed by Designer/Contractor and approved by HB.	Health Board/ Designer/ Contractor	Ongoing		£23,006	0.43	£9,906	Based on a 2 week construction delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
D9	Building control approval delay.	Time, Cost, Quality	Health Board/ Designer	1	3	10	10	10	Design	Qualified	Qualified	To be managed through contract administration process as required. Conceptual/interim approvals as a result of the aggregate works to be agreed. Review design/development schedule to be approved. Review design/development schedule to be approved. Review design/development schedule to be approved.	Health Board	Ongoing		£23,000	0.14	£3,220	Based on a 2 week construction delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
D10	Additional site attendance/design management from design team once anticipated trip, Health Board approval.	Cost, time	Health Board/ Designer	4	3	12	10	10	Design	Qualified	Qualified	Request fees from contractor team to design for additional site visits once construction is in place. Fees to be included in BUC.	Health Board	Ongoing	LR redesign fees included in BUC design for Phase 1.	£16,881	0.58	£9,776	Assume cost if it happens 0.5% of Works Cost.	
D11	Planning constraints arising requiring increased approval etc.	Cost, time	Health Board/ Designer	3	4	10	10	10	Design	Qualified	Qualified	Planning Approval required prior to BUC approval.	Health Board	Ongoing		£16,881	0.58	£9,776	Assume cost if it happens 0.5% of Works Cost.	
SITE & CONSTRUCTION RISKS																				
C1	Control of access - noise levels during construction not acceptable to hospital causing works to stop.	Time, Cost, Operational	Health Board/ Contractor	2	4	10	10	10	Construction	Qualified	Qualified	Contractor Required system of work in place. Review to arrive on a specific threshold when specific restrictions apply during early mornings. Ongoing communication with Estates, local and clinical care to ensure activities etc. Implementation of noise procedures in place. Contractor Safety System of Work in place, i.e. activities, safety zones, secure. SSOE to be implemented in consultation with the IPC and in accordance with HSE/BSI Risk Assessment developed pre construction. Ongoing Communication with Estates local and clinical care to ensure activities etc. Implementation of noise procedures in place.	Contractor	Ongoing		£23,000	0.38	£8,820	Based on a 2 week construction delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
C2	Control of dust - both internally and externally - not managed appropriately causing works to stop.	Time, Cost, Operational	Health Board/ Contractor	2	4	10	10	10	Construction	Qualified	Qualified	Contractor Required system of work in place. Review to arrive on a specific threshold when specific restrictions apply during early mornings. Ongoing communication with Estates, local and clinical care to ensure activities etc. Implementation of noise procedures in place. Contractor Safety System of Work in place, i.e. activities, safety zones, secure. SSOE to be implemented in consultation with the IPC and in accordance with HSE/BSI Risk Assessment developed pre construction. Ongoing Communication with Estates local and clinical care to ensure activities etc. Implementation of noise procedures in place.	Contractor	Ongoing		£23,000	0.38	£8,820	Based on a 2 week construction delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
C3	There is a risk that the weather above a 10 year event will result in site delays.	Time, Cost, Quality	Health Board	1	3	10	10	10	Construction	Qualified	Qualified	Contractor to ensure effective mitigation measures in place to reduce impact of weather.	SCP	Ongoing		£23,000	0.14	£3,220	Based on a 2 week construction delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
C4	Discovery of water - specialist removal required, delay to works due to requirement of specialist removal of water from work areas - Aborted visits to site, delayed removal.	Time	Health Board	3	5	10	10	10	Construction	Qualified	Qualified	Water due to construction survey. Immediate scenario - to ensure water is contained in a specific threshold when specific restrictions apply during early mornings. Ongoing communication with Estates, local and clinical care to ensure activities etc. Implementation of noise procedures in place. Contractor Safety System of Work in place, i.e. activities, safety zones, secure. SSOE to be implemented in consultation with the IPC and in accordance with HSE/BSI Risk Assessment developed pre construction. Ongoing Communication with Estates local and clinical care to ensure activities etc. Implementation of noise procedures in place.	Health Board/ Contractor	Ongoing		£23,000	0.72	£16,881	Based on a 2 week construction delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
C5	Water - Aborted visits to site, delayed removal.	Time	Health Board	3	5	10	10	10	Construction	Qualified	Qualified	Water due to construction survey. Immediate scenario - to ensure water is contained in a specific threshold when specific restrictions apply during early mornings. Ongoing communication with Estates, local and clinical care to ensure activities etc. Implementation of noise procedures in place. Contractor Safety System of Work in place, i.e. activities, safety zones, secure. SSOE to be implemented in consultation with the IPC and in accordance with HSE/BSI Risk Assessment developed pre construction. Ongoing Communication with Estates local and clinical care to ensure activities etc. Implementation of noise procedures in place.	Health Board/ Contractor	Ongoing		£23,000	0.72	£16,881	Based on a 2 week construction delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
C6	Long lead in items.	Time	Contractor	3	4	10	10	10	Construction	Qualified	Qualified	Early engagement of the Supply Chain, for example fix dampers/frames.	Contractor	Ongoing		£23,000	0.58	£13,340	Based on a 2 week construction delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
C7	Working from height.	H&S	Contractor	2	4	10	10	10	Construction	Unqualified	Unqualified	SCP Safe System of Work.	Contractor	Ongoing		£23,000	0.38	£8,820	Based on a 2 week construction delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
C8	Working in confined spaces.	H&S	Contractor	2	4	10	10	10	Construction	Unqualified	Unqualified	SCP Safe System of Work.	Contractor	Ongoing		£23,000	0.38	£8,820	Based on a 2 week construction delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
C9	Contractors inadequate expertise.	Time, Cost, Quality	Health Board	2	3	10	10	10	Construction	Qualified	Qualified	Public project brief and latest approved design team for technical proposals. Evidence identified and understood during tender and prior to award. Ongoing communication and coordination with key HB and NWSPS.	Contractor	Ongoing		£23,000	0.29	£6,653	Based on a 2 week construction delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
C10	There is a risk that unforeseen historical materials (i.e. asbestos) will be discovered.	Time, cost	Health Board	3	5	10	10	10	Construction	Qualified	Qualified	Identification of findings of client team and if necessary ensure additional asbestos etc surveys before commencement of works. Time and cost allowance to be made in BUC. HB to ensure asbestos mitigation measures.	Health Board/ Contractor	Ongoing		£23,000	0.72	£16,881	Based on a 2 week construction delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
C11	Use services impacting the Works and inability to isolate or relocate.	Time, cost	Health Board	4	4	10	10	10	Construction	Qualified	Qualified	Allowance to be made within tender duration to capture removal of essential services. HB cost to relocate IT cables included in network.	Health Board/ Contractor	Ongoing		£89,000	0.77	£67,930	Based on a 8 week construction delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
C12	Concerns from the HB regarding the new external ITs proximity to the existing IT container and potential damage.	Time, cost, operational	Health Board	5	4	10	10	10	Construction	Qualified	Qualified	HB developing costs to be incurred.	Health Board	Ongoing		£89,000	0.58	£86,240	Based on a 8 week construction delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
C13	Lifting and loading operations - risk of materials moved into the roofed falling or damaging buildings.	Time, cost, operational	Contractor	5	3	10	10	10	Construction	Qualified	Qualified	Contractor methods and CWP need to be taken into account for this. LR operations reviewed with HB prior to lifts.	Contractor	Ongoing		£16,881	1.20	£20,257	Assume cost if it happens 0.5% of Works Cost.	
C14	Break through into clinical area - damage to clinical areas with patient records.	Time, cost, operational	Contractor	5	3	10	10	10	Construction	Qualified	Qualified	Contractor methods and CWP need to be taken into account for this. LR operations reviewed with HB prior to lifts.	Health Board/ Contractor	Ongoing		£23,000	0.43	£9,906	Based on a 2 week construction delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
C15	Fire escape strategy needing to be revised to include temporary closure of corridor.	Operational	Health Board	2	5	10	10	10	Construction	Qualified	Qualified	Canvass review with Contractor and HB prior to agreement of CWP and corridor strategy. Temporary closure fire escape strategy needs to account for this.	Health Board/ Contractor	Ongoing		£23,000	0.48	£11,140	Based on a 2 week construction delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
C16	Live bridge construction over existing building beneath. Lifting and lowering of bridge.	Operational	Health Board	2	5	10	10	10	Construction	Qualified	Qualified	Canvass review with Contractor and HB prior to agreement of CWP and corridor strategy. Temporary closure fire escape strategy needs to account for this.	Health Board/ Contractor	Ongoing		£23,000	0.48	£11,140	Based on a 2 week construction delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
C17	Unforeseen ground conditions.	Time, cost	Health Board	3	4	12	10	10	Construction	Qualified	Qualified	Survey undertaken to reduce risk of anything unforeseen. Review with design team regarding areas beneath IT container if removed.	Health Board/ Contractor	Closed		£16,881	0.58	£9,776	Assume cost if it happens 0.5% of Works Cost.	
C18	IT hub services removed by HB not in the programme.	Time, cost, operational	Health Board	4	4	10	10	10	Construction	Qualified	Qualified	HB to ensure Information is clearly understood. Final to be included on programme.	Health Board	Ongoing		£23,000	0.77	£17,790	Based on a 2 week construction delay of £7,500 a week for contractor profiles and additional direct fees of £4,000 a week.	
C20	Ground contamination - asbestos included.	Time, cost	Health Board	2	5	10	10	10	Construction	Unqualified	Unqualified	Survey undertaken.	Health Board	Ongoing		£16,881	0.48	£8,152	Assume cost if it happens 0.5% of Works Cost.	
C21	Structural surveys for bridge requiring increased fixing details.	Time, cost	Health Board	3	3	9	10	10	Construction	Qualified	Qualified	Information put out to beds immediately to confirm structural design.	Health Board/ Designer	Ongoing		£16,881	0.43	£7,279	Assume cost if it happens 0.5% of Works Cost.	
C22	Risk of existing building construction being unknown.	Time, cost	Health Board	2	4	10	10	10	Construction	Qualified	Qualified	Information shared with design team on the buildings and reviewed.	Health Board/ Designer	Ongoing		£16,881	0.38	£6,453	Assume cost if it happens 0.5% of Works Cost.	
Total £:												8								
																	Contingency Total:	£842,856		
																	Project indicative % of contingency	14,110,182		
																		5.97%		

Appendix 11

Appendix 12

Communication Plan – GGH Fire Precaution Upgrade Works (Phase Two)

Stakeholder	Information Needs	Method	Frequency	Owner
MWWFRS	Enforcement alignment	Formal meetings	Monthly	Fire Safety Adviser
Welsh Government	BJC & scrutiny updates	Reports	As required	PM / Cost Advisor
Exec Team	Risks, costs, programme	Dashboards	Monthly	Programme Director
Hospital Ops	Decant & service impacts	Briefings	Weekly	Ops Manager
Wards/Theatres	Phasing, safety, access	Daily updates	Daily during works	Estates / Ops
Public	Access changes & reassurance	Notices / Signage	As required	Comms

Appendix 13

3.3

10:40, 10 Mins

3.3 - Property Lease Arrangements Update

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Paul Williams (Hywel Dda UHB - Head of Property Performance)

| For information

Attachments

[3.3 SBAR Property Lease arrangements update Feb 2026.pdf](#)



PWYLLGOR STRATEGAETH A CHYNLLUNIO STRATEGY & PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 February 2026
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

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

Hywel Dda University Health Board (HDdUHB) has developed a Property Asset Strategic Plan (the Strategy) which provides an overview of the existing and planned changes to the baseline estate portfolio for all freehold and leasehold sites across the three counties, Pembrokeshire, Ceredigion and Carmarthenshire.

The Strategy submitted to Board was endorsed on 25 May 2023 for the period 2023 – 2026. The Strategy will be updated in 2026/27 and will be aligned to the Health Board's refreshed clinical and estate strategic plans, reflecting the period 2026 – 2030. An update was provided to this Committee on 1 July 2025.

This report updates the Committee on the property lease arrangements being planned in the current financial year, the progression of each lease subject to Public Board approval planned in March 2026, these arrangements all subject to legal contract agreement.

The report will update the Committee on the current status of each lease arrangement, noting that these agreements continue to be developed and agreed. Further updates to be reported to the Executive Team and Strategic Property and Environmental Task Force Group prior to seeking Board approval.

Cefndir / Background

A report providing an update on the status of the property arrangements was presented, 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.

At the Board meeting held on 27 November 2025 the following arrangements were recommended and approved to progress:

- Llys Aur premises and car park leases - Approval to complete the agreements following agreement of the legal documentation.
- Rheidol premises lease – Approval to complete the lease following agreement of the legal documentation.
- Compass Group contracts – Approval to complete the Deed of Variation agreements for the five facilities.
- Sexual Assault Referral Centre (SARC) lease – Approval to complete the Deed of Variation agreement.

Asesiad / Assessment

This section sets out the background, current position, and the details of each proposed lease arrangement:

Unit 4, Stradey Business Park, Llangennech - lease end / Unit 2a Heol Cropin, Dafen – new lease

- **Background** –HDdUHB medical records storage facilities are located at two main sites within on the eastern outskirts of Llanelli area including Unit 4 Stradey Business Park, Llangennech and Unit 3 Heol Cropin, Dafen. HDdUHB also leases Unit 2 at Llangennech for storage of records for other Health Boards.
Unit 4 Stradey Business Park – The service first occupied Unit 4 in February 2010 and has been established as the central 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 greater capacity and the space to progress in-house digitisation of the medical records. The service has been in occupation through a ten-year lease arrangement which commenced on 28 March 2022.
- **Unit 2A Dafen - draft lease terms and arrangements:**
 - **Term** – 10-year from 1 April 2026 (currently holding over until 31 March 2026). No break option requested by the service.
 - **Rent** - £94k plus VAT (previous £68.42k per annum excluding VAT which was negotiated during COVID-19 period at reduced low rate). No rent review during the term.
 - **Lease liabilities** – this is an internal repairing lease.
 - **Service Charges** – being negotiated.
 - **Incentives** - Landlord will grant a rent-free period up to a maximum of one month to cover the tenants costs relating to the fire compartmentation works around the boiler/ Monitoring and Evaluation (M&E). This to be further negotiated once full works costs are known.
 - **Dilapidations** – to be agreed at end of lease.

Current position: A future premises options paper which included details of how a move from Unit 4 Llangennech into Unit 2a Dafen was presented and endorsed by the Executive team on an in-principle basis in July 2025.

- The Medical Records team assumng responsibility for unit 2A Dafen from 1 April 2026 is being proposed (new lease to be agreed / subject to Board approval in March 2026).

- Six months' termination notice to be served on Unit 4 Llangennech in early April to vacate and relocate to Unit 2A Dafen by early October 2026 (six months costs to be incurred in 2026/27).
- Medical Records to be relocated from Llangennech Unit 4 and Prince Philip Hospital (PPH) Medical Records between April – September 2026. Unit 2 lease at Llangennech will also be reviewed but subject to separate approval process.
- Existing Unit 2A Dafen occupant's to be relocated:
 - Public Health Wales (PHW) – option to relocate to Dura Park or Llys Aur is being explored (Dura Park subject to Clinical Innovation and TriTech moving to Swansea University space at Pentre Awel).
 - Resuscitation Training – option to relocate to Unit 3, Medical Records scanning unit being explored.
 - Phlebotomy – Option to relocate to Swansea University space at Pentre Awel being explored.
- Medical Records service to explore the following options to maximise the benefits of this scheme:
 - Extend the lease term for Unit 3, Dafen to align to the planned Unit 2A Dafen unit 10-year lease.
 - Increase number of scanners as part of a joint occupation of Units 2A and 3.
 - Relocate the Contact Centre team into the medical records vacated space at PPH site (subject to scheme agreement and funding approval) – release their current space for alternative site office use (12 desks).
 - Provide a base at Unit 2A Dafen to accommodate a new Waiting List team based on the ambition to arrange a centralised Waiting List team that manages the patient from point of referral, all the way through to the inpatient episode.
- Financial overview – From 1 April 2026 the Landlord requires HDdUHB to enter into a new lease. At this point the Medical Records service will be liable for the existing costs at Unit 4, Llangennech and the new lease costs at Unit 2A, Dafen, these costs will double run for a 6-month period while the notice is worked through. These cost impacts can be summarised as:
 - Unit 4 Llangennech – circa £113k per annum. Dilapidation costs may also be incurred at end of lease - provision has been made in the budget.
 - Unit 2A Dafen – circa £190k per annum – an increase in rental as previous arrangement benefited from COVID reduced costs.

Total annual cost (2026/2027) – circa £246.5k per annum.

- **Risk overview** – Moderate risk as due diligence checks are continuing that may impact on lease agreement and financial costs. Whilst budgets are being reported and planned for by the service the duplication of costs plus the dilapidation liability at end of lease at Llangennech remains subject to negotiation and agreement.
- **Next Steps** – Finalise the due diligence checks to confirm the extent of fire safety works so that the works and financial liability between landlord and HDdUHB is agreed and reflected within the finalised lease and financial agreement for the scheme.

Pentre Awel project – Swansea University demise option:

- **Background** - HDdUHB has been offered the option to occupy the Swansea University demise within the Pentre Awel building from 1 April 2026, that includes an offer of financial support from the Local Authority (LA) towards any capital costs to adapt the

facility - circa £140k works estimate, and revenue costs with a rent and service charge free period for an initial term of up to 12 months. The timeframe of this support is yet to be agreed but should align to the relocation of the services to the Healthcare wings upon completion of this project i.e. occupation in January 2027. Further discussions are ongoing with the LA and Swansea University to confirm the detail of this arrangement including when HDdUHB will need to review opportunities beyond this initial period and within six months decide to remain at the facility or vacate. This offer and plan was approved in principle at Formal Executive Team on 21 January 2026, subject to due diligence, financial arrangements and legal contract being acceptable and agreed. The accommodation proposal for the short and beyond the initial 9- to 12-months is summarised below:

- **Short term** opportunity for Swansea University space to accommodate:
 - Phlebotomy moving from Unit 2A Dafen.
 - Research and Innovation / Trittech moving (currently based at Dura Park, Bynea).
 - Diabetic Prevention clinic who work with the National Exercise Referral Scheme (NERS) team currently looking for accommodation as they have been displaced from the old leisure centre in Llanelli.
 - Liver Disease Clinic currently looking for additional space outside of PPH.
- **Medium/Long term** opportunity for Swansea University and other space:
 - Relocation of other community services would enable HDdUHB to consolidate services from premises currently delivered in other locations in Llanelli.
 - Opportunity to look and explore the options to occupy further space in Pentre Awel.
- **Financial overview** - Based on recent discussions, the LA have offered to cover rental and service charge costs, for a period. The detail of this arrangement is subject to agreement including the liability of additional costs i.e. rates, cleaning, maintenance etc. If the same estimated costs of occupation for the agreed Health Board lease were applied to the University demise the following cost would be incurred:
 - Rental - £62.258k plus VAT (this is similar to the Health Board rental costs for the health occupation) - £74.710k
 - Service Charge (demised and common areas) - £62.295k plus VAT - £74.754k
 - Rates – estimated at circa £33k (subject to valuation office assessment).
 - Costs for clinical waste, enhanced cleaning in clinical areas, internal maintenance - estimated at £7k. Plus, legal costs, removal costs, fit out costs, dilapidation claim.

Total annual cost (without LA financial support)– circa £190k per annum.

- **Risk overview** – Moderate risk as due diligence checks are continuing which will confirm what the offer will amount to regarding the legal agreement, financial costs, and the timeframe of any occupation. Also, where the liability of dilapidation costs will sit.
- **Next Steps** – Undertake all required due diligence and review and agree occupancy arrangements and contract terms with LA and Swansea University.

Canolfan Rheidol Building, LA lease for Therapies Services:

- **Background** – The original occupation of the accommodation was arranged in May 2023 for an initial 2-year period based on the terms outlined below. This relocation of

Therapies Physiotherapy services from Bronglais General Hospital (BGH) was to support the delivery of the Chemotherapy Day Unit project. The previously agreed terms are outlined as follows:

- **Term** - Two years commencing on 19 May 2023 and ending on 18 May 2025, we are currently holding over on this agreement and remain in occupation.
- **Break Option** - Either party can break the lease at six, 12 or 18 months giving at least three months prior written notice.
- **Rent** - £20.740k per annum, The Council have opted not to apply VAT.
- **Service Charges** - The Health Board is liable for utilities, business rates, cleaning and maintenance etc., this applies to the shared areas, refer to demise plan (apportionment 5.3%) which for 2024/25 equated to £35.991k.

This lease is currently holding over, based on the current lease terms.

- **Proposal** - The plan being developed by the Therapies team is to maintain Physiotherapy services but also accommodate Musculoskeletal (MSK)/ Orthotic service mainly within existing space, merging the office space, clinic and storage to one location. This would improve service delivery and staff working conditions. Co-locating this service would enhance team efficiency, reduce time to travel between sites and support improved patient outcomes. It also aligns with strategic workforce planning to create a sustainable and supportive environment to improve retention and workforce wellbeing. The plan involves the release of one of room and occupation of a different room. The Accommodation group has approved the move in principle pending further approvals.
- **Financial overview:**
 - Works costs - There is a one-off cost of £13k for remedial work which is managed via the Clinical Care Group but delivered via additional rental costs.
 - Revenue costs – The LA have indicated a circa £0.9k increase on rental costs. These costs to be agreed with LA as part of the new lease agreement, again being managed within the Therapies team.

The Therapies Team has approved the ongoing costs via their Clinical Care Group and financial budgets.

- **Risk overview** – Low risk as this arrangement is a small change of demised space, subject to the small contract terms and small impact on costs.
- **Next Steps** – A new lease will need to be arranged with the LA, to reflect current terms and confirm costs of occupation and arrangement of the minor works.

Omincell Lease with the Welsh Ambulance Services NHS Trust:

HDdUHB previously arranged a lease to cover accommodation of Omincell automated medicine dispensing cabinets and associated medical gas equipment at each Acute Hospital site. The current lease was established in September 2019 and ends in September 2026. This arrangement is in place with all Health Boards in Wales with no costs exchanging between parties but with the agreement to locate these cabinets on hospital sites at agreed locations.

- **Risk overview** – Low risk as this is a renewal of a lease agreement with no financial impact to the HDdUHB.

- **Next Steps** – The lease agreement to be extended for a further term. This to be agreed with the Ambulance Trust but likely to be a further six years beyond September 2026.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** from the progress and current status of the estate lease arrangements.
- **NOTE** that these agreements continue to be developed and agreed with further updates to be received at Executive Team and Strategy Property and Environmental Task Force Group prior to Board approval.
- **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:	3.1.12. Seek assurance on the development and delivery of implementation plans for the Estates Strategy, including environmental sustainability, agreeing corrective actions where necessary and monitoring its effectiveness.
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 Termiau: Glossary of Terms:	Contained in the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategy and Planning Committee:	Executive team 16 Jul-25 (Unit 2a Dafen only)

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.

4 - BREAK

5 - Strategy, Planning and Partnerships

5.1 - Annual Plan Update

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

| For information

Attachments

[5.1.1 SPC SBAR Annual Plan Update February 2026.pdf](#)

[5.1.2 Annex 1 Cabinet Secretary for Health and Social Care Letter - NHS Wales Planning Framework 2026-29.pdf](#)

[5.1.3 Annex 2 Jacqueline Totterdell Letter to NHS Chief Executives - NHS Wales Planning Framework 2026-29 - Supporting Governance Arr.pdf](#)

[5.1.4 Annex 3 Planning Framework 2026-29 Annex 1 - Delivery Expectations.pdf](#)

[5.1.5 Annex 4 Planning Framework 2026-29 Annex 2 - Enabling Actions.pdf](#)

[5.1.6 Annex 5 NHS Wales Planning Technical Guidance 2026-29.pdf](#)

[5.1.7 Annex 6 Planning Objective Highlight Report Q3 2025-26.pdf](#)

[5.1.8 Annex 7 Q3 Enabling Actions.pdf](#)



PWYLLGOR STRATEGAETH A CHYNLLUNIO STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 February 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Annual Plan Update
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 has issued further communications that have modified financial targets, performance requirements and accountability conditions. This paper provides the Strategy and Planning Committee (SPC) with an update on progress against the Plan. Additionally, an update is also provided on the continued development of the 2026/27 Planning Process and Plan.

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 (D&C) 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.

Planning Cycle for the development of the 2026/27 Plan

As previously indicated to the Committee, 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.

With respect to the Plan for 2026/27, Welsh Government released the NHS Wales Planning Framework on 19 December 2025, along with the financial allocations. The Planning

Framework, in the form of two letters, one from the Cabinet Secretary to Chairs (Annex 1); and one from the Chief Executive of NHS Wales to Chief Executive Officers (Annex 2); form the basis of the expectations of what plans must deliver through Ministerial priorities; delivery expectations (Annex 3); and enabling actions (Annex 4). Within the Framework it is noted that if a financially balanced three-year plan is not achievable, then an Accountable Officer letter MUST be submitted to Welsh Government by 13 February 2026.

A technical guidance document which provides further background information on the policy context to support the NHS Wales Planning Framework (Annex 5) along with the Ministerial Priority template and the Minimum Dataset were then issued by Welsh Government 20 January 2026.

Asesiad / Assessment

Progress against the 2025/26 Annual Plan

Planning Objectives

A key element of the Annual Plan remains our 10 Planning Objectives, four of which are aligned to this Committee. Their current status is:

Planning Objective	Executive Lead	Status
PO6: Clinical Services Plan (CSP)	Executive Director of Strategy and Planning	On Track
PO7: Primary and community strategic plan	Chief Operating Officer	On Track
PO8: Estates plan	Executive Director of Strategy and Planning	On Track
PO10: Population health	Executive Director of Public Health	On Track

Highlight reports for Planning Objectives not on the agenda (deep-dives) are provided in Annex 6 (PO6-CSP, PO7-Primary Care and PO10-Population Health).

Enabling Actions

A further key element of the Plan were the enabling actions set by the Cabinet Secretary – these were reported on a quarterly basis. As at the end of December 2025 (Quarter 3) of 37 enabling actions:

- In October 2025, four actions were rated Red (i.e. would not be completed by the end of 2025/26), seven Amber (delayed although will be achieved in year) and twenty-six Green (on-track to be completed by the end of 2025/26).
- By January 2026, whilst three actions remained Red and nine were Amber, 25 actions are on track to be completed (Green).
- One Maximising Value for Money action declined from Green to Red due to Continuing Healthcare (CHC) packages of care requiring further definition work at national and Health Board level. One Workforce Productivity action declined from Green to Amber due to increasing agency costs. Timely access to care improved with two Red actions moving to one Amber and one Green.
- The majority of activity is focused on planned care improvement (15 actions) and Urgent and Emergency Care (UEC) (six actions), with robust governance arrangements in place through Board Committees, Clinical Care Group (CCG) meetings, and regular engagement with Welsh Government through Integrated Quality, Planning and Delivery (IQPD) and Integrated Quality, Finance and Performance Delivery (IQFPD) fora.

- Smaller programmes of work are progressing around value optimisation (six actions), workforce productivity (five actions), maximising value for money (four actions), and population health and prevention (one action).

A full update of the enabling actions and their RAG rating can be found in Annex 7

2026/27 Planning Cycle Development

A full update on the process and proposed structure of the Plan was presented to Board at its January 2026 meeting.

At its core the Plan continues to aim at building through a deliberately sequenced approach, moving the Health Board from separate strands of activity to a single, structured planning system.

A full update on the process and proposed structure of the Plan was presented to Board at its January 2026 meeting. The planning approach is deliberately moving the organisation from separate strands of activity to a single, structured planning system.

The agreed plan architecture links strategy to annual delivery and Board assurance, creating a clear hierarchy: Strategic Objectives (chapters), Planning Goals (in-year intent), Priority Bundles (deliverable programmes), Enabling Actions (conditions for delivery), and Measures/Assurance Points (evidence of progress). Critically, the architecture commits to one integrated story: quality, performance, workforce and finance are considered together rather than as separate narratives. This is intended to prevent parallel plans developing and to provide clear line-of-sight from strategic intent through to delivery commitments and assurance.

Emerging integrated priorities for 2026/27 (subject to Board approval)

Work undertaken through the planning architecture and workshop process indicates that a small number of interdependent programmes are likely to dominate 2026/27 delivery focus, because they unlock performance, quality and financial sustainability across multiple pathways. These are being treated as an integrated portfolio, rather than independent workstreams:

- Flow and frailty: focused on unlocking bed capacity and improving system flow (including reducing delayed pathways of care), with the intention of relieving pressure across urgent and emergency care and improving overall operational resilience. Indicative system impact described in the architecture includes the scale of Delayed Transfers of Care (DToC) cost exposure (c. £27–£28m annually) and multiple linked high-impact risks.
- Cancer diagnostics and capacity: focused on addressing diagnostic bottlenecks that drive pathway failures and hidden backlog risk. The architecture highlights structural capacity constraints, including an estimated 6.4 WTE deficit in ultrasound and consequential waits in other diagnostics.
- Urgent and scheduled care configuration and sustainability: focused on sustainable service delivery given workforce and estate constraints, including the viability of core rotas and foundational infrastructure dependencies.

This emerging focus is aligned to the Board's requirement for realism and disciplined prioritisation, ensuring that the plan is explicit about what will be prioritised for delivery and assurance in-year.

What must be in place to submit an approvable plan (and what remains to be finalised)

Between now and Board consideration and submission, the minimum requirement is to ensure consistency across CCG submissions; triangulate performance, finance and workforce; review interdependencies; and ensure savings are explicitly integrated into delivery bundles. The narrative must include:

- (i) A short narrative for each chapter including baseline, intended change by March 2026, delivery actions, dependencies and key risks;
- (ii) Trajectories where national measures apply (or a clear, time-bound plan to validate baselines and set trajectories);
- (iii) Savings schemes explicitly linked to delivery actions, owners, milestones and impact measures (cash releasing versus cost avoidance); and (iv) an integrated risk view showing what is being treated now versus what is being accepted (with rationale).

Key risks to production of the 2026/27 plan (and mitigations)

The following are the principal plan-production risks that the organisation is actively managing, presented in a way that supports Committee assurance:

- Variable maturity of returns across services, risking inconsistency of trajectories, dependencies and quantification. Mitigation: standard template discipline, central check-and-challenge, and escalation of unresolved gaps through Executives.
- Triangulation risk (workforce, finance and activity assumptions not yet fully reconciled), risking non-deliverable commitments. Mitigation: structured reconciliation steps and defined checkpoints so baselines, WTE assumptions and financial envelopes align before Board submission.
- Savings integration risk, where savings schemes are not consistently linked to delivery actions, milestones and measurable impact (cash versus (vs) cost avoidance). Mitigation: explicit mapping of savings to delivery bundles with ownership, profiling and impact measures.
- Partner dependency and Long Term Agreement (LTA) risk, particularly where service changes and pathways rely on cross-system agreement. Mitigation: meeting the national requirement for LTA confirmation by 27 February 2026, with risks and mitigations documented transparently in the plan.

Overall assessment and outlook (at the point of writing)

The national timetable is now very tight, with a requirement to submit the final Board-approved Plan, Ministerial templates and Minimum Dataset by 31 March 2026, alongside confirmation by 27 February 2026 that plans can be agreed with supported LTAs.

At the point of writing, there remains a significant volume of work to complete to ensure the 2026/27 submission is integrated, internally consistent and approvable. This includes: ensuring consistency across CCG submissions; capturing and triangulating performance, workforce and

finance; reviewing interdependencies; integrating savings into delivery bundles; and completing the minimum narrative content (baseline, intended change by March 2026, delivery actions, dependencies, key risks, and trajectories where national measures apply).

Management judgement is that the 2026/27 plan is currently at a less mature stage of integration and quantification than the Health Board was at the equivalent point in the 2025/26 planning cycle. This does not change the intention to meet Welsh Government timescales, however it does increase the risk of late convergence unless pace, standardisation and decision-making are accelerated over the remaining period.

Accordingly, the critical assurance focus for the next period is that:

- (i) Baselines and trajectories are validated and agreed;
- (ii) Savings schemes are explicitly linked to delivery actions, milestones and measurable impact (cash releasing vs cost avoidance);
- (iii) Workforce assumptions are reconciled to deliverability; and
- (iv) Partner dependencies (including LTAs) are confirmed with risks transparently set out.

Next Steps

Over the next few weeks and prior to Board consideration, further work is needed to ensure there is a consistency to the submissions from the respective CCGs; capture and triangulate performance, finance and workforce; review interdependencies; and ensure savings are integrated into delivery bundles.

At a minimum the following is needed for the narrative document:

- A short narrative for each chapter: baseline, intended change by March 2026, delivery actions, dependencies and key risks.
- Trajectories where national measures apply (or a clear plan to validate baseline and set trajectories quickly).
- Savings schemes explicitly linked to delivery actions, owners, milestones and impact measures (cash vs cost avoidance).
- An integrated risk view showing what we are treating now vs what we are accepting (inclusive of the logic model).

Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** the update on the 2025/26 Annual Plan
- **SCRUTINISE** and **NOTE** the overall assessment and update on the progress against 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:	Risk 2212 - There is a risk that the Health Board will not have an approvable Integrated Medium-Term Plan (IMTP) by March 2028.(Current Risk Score: 12, Target Risk Score: 4)
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, September and November 2025; January 2026
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, September and November 2025; January 2026 Board Seminar October, November and December 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:	Any issues are identified in the report

Reputational:	
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable



Eich cyf/Your ref
Ein cyf/Our ref

NHS Chairs

19 December 2025

Dear colleagues,

Transforming Services to Deliver Better Health and Care - NHS Wales Planning Framework 2026-2029

We issue every year a new Planning Framework for the NHS. It's a crucial point in our annual calendar, setting our next priorities. These priorities are Ministerial choices, designed to make services better, and help steer the NHS towards a more sustainable future. And they build upon a fundamental requirement for all health bodies in Wales, which are non-negotiable and never change: to provide safe and high-quality care for all those who need it, within given resources, and sustainably.

I know the context this year is really challenging. I am asking the NHS to keep services safe and make improvements, when financial pressures are significant, demand is increasing, and staff already deliver more every year. But I have great confidence that the NHS will rise to this challenge. Your ambition for improvement is as great as mine, your innovation and creativity are undimmed, and we all know that standing still will not deliver an NHS fit for the future. I am also clear in my expectation that your plans will need to make hard choices and not include many improvements which would otherwise be desirable, outside the six areas of focus set out below.

We have seen some good progress over the past twelve months, and I would like to thank everyone in NHS Wales for their huge efforts and commitment during a challenging time. For example, we have seen a reduction in number of patients waiting over 2 years for planned care treatment and an improvement in cancer waiting times, reduced ambulance handover delays and fewer delays in hospital discharges. It is also good to see that all health boards have plans in place to establish pathfinder Women's Health Hubs by the end of the financial year and that work is underway to deliver a national lung cancer screening programme.

It is important that we build rapidly on this progress to improve people's health and well-being, and ensure patients can access the care they need, where and when they need it.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

We must tackle the challenges of today, whilst at the same time driving forward speedily the transformation which will lead over the longer-term to a more effective and sustainable service, and better health outcomes.

To give you clear and consistent direction for the period ahead, the NHS Wales Planning Framework for 2026-2029 echoes and builds on the previous Framework, and is aligned with the commitments made by the First Minister in relation to planned care, delayed pathways of care and women's health.

We must build on the progress made this year, to deliver the recommendations of the [Ministerial Advisory Group on Performance and Productivity](#) and the priorities I set out in my letter of 3 July 2025, *Improving Performance Together*. This Planning Framework reiterates those expectations, and I expect NHS organisations to ensure these are embedded in your planning arrangements.

I am aligning this Framework to financial allocations to health boards. These will help mitigate the impact of unavoidable inflationary and demand pressures on frontline services, but it is a challenging financial settlement, with no discretionary funding for investment I expect health boards to do more to address waste, harm, and variation, in addition to increasing productivity and efficiency.

I am expecting all health bodies to develop and submit plans that achieve financial balance.

My 3-Year Strategic Priorities for NHS Wales

This Framework sets out the strategic priorities that must be delivered by all health boards, and (where relevant) other NHS organisations over the next three years.

The areas on which you must focus are:

- **Timely Access to Care**
- **Population Health and Prevention**
- **Community by Design**
- **Mental Health Access**
- **Women's Health**
- **Quality and Safety**

The minimum delivery expectations under each of these strategic priority areas have been refreshed for 2026-27 and are set out in Annex 1.

The areas of focus remain broadly the same, to provide continuity, though I have chosen to bring together our priorities on quality and safety and to highlight them in this Planning Framework.

Timely Access to Care

We have refreshed our referral to treatment guidance and provided faster access to tests and scans. This means we are reducing the time patients wait for diagnostics, reducing hospital treatment waiting times, especially for those who have been waiting longest and reducing the overall total waiting list. But there is much further to go.

I expect NHS organisations to explore opportunities to strengthen the way in which they communicate with their patients on waiting lists to enable patients to be better informed about their likely waiting times. It can be an anxious and difficult time for patients, and I believe it is important that they are fully engaged in their care, so they know what to expect.

Whilst focusing on those already waiting for treatment, we must also take the opportunity to think differently about how we deliver care in the future by utilising the opportunity we have of integrated health boards and maximising what can be done in primary and community care via Community by Design.

We know there continue to be pressures on our emergency departments and that long ambulance handover waits present significant and avoidable risk of harm to patients. I welcomed the MAG recommendation setting out the need to plan to deliver all handovers within 45 minutes. We have seen progress this year, but I expect health boards to improve patient flow rapidly, so that this expectation is met as standard practice, across all parts of Wales.

Population Health and Prevention

We know we need to improve people's long-term health and reduce health inequalities to improve life expectancy and the well-being of our population. Wales has higher rates of preventable deaths than similar countries. This requires a focus on prevention and earlier intervention in your plans including support for people to quit smoking, live healthier lives and to reduce obesity rates, especially amongst our children and managing chronic diseases such as diabetes. Your plans should also drive an uptake in vaccinations, including childhood immunisation, building on catch up programmes over the last year and reducing vaccine inequity.

In line with Community by Design, the commissioning and provision of health and care services in your area must be based on your population's health needs. I am keen to see population health management approaches reflected in the integrated planning of your services especially at a community level, which will be supported by a national population segmentation and risk stratification tool.

At the population level, Wales will become a Marmot nation to support our work in reducing health inequalities by working locally and nationally in applying the Marmot principles - from early childhood and education to employment, preventing ill-health, housing, and community wellbeing. I am keen to see how you will work with other partners outside the NHS to take forward these approaches,

Community by Design

As well as placing prevention and population health at the core of NHS Wales we must make greater progress with the delivery of integrated services in the community, moving from a hospital by default approach to one of community by design, in particular supporting people with long-term conditions or frailty remain well and receive care in their communities. I expect to see how you plan to co-design these service models with your communities, working with GP practices, other key partners and stakeholders, to deliver integrated services in the community and how you will increase the proportionate spend on primary and community-based services over the course of 2026-29.

We must recognise that rising demand for services and increasing costs mean our social care system remains under pressure. I expect NHS organisations to continue working closely with their key partners to help ensure the care provided is person-centred, compassionate and flexible enough to adapt to an individual's changing needs and it is important that your plans support a collective effort with social care services to avoid unnecessary hospital admission and a further improvement in timely hospital discharge. Alignment with and commitment to delivering Regional Partnership Board plans will be key.

Mental Health Access

We are committed to ensuring there are seamless mental health services, that are person centred and needs-led. Earlier this year the NHS Wales Performance & Improvement Strategic Programme for Mental Health developed guidance, 'Transforming our system to open access mental health support – Supporting Information', setting clear expectations for the remainder of 2025-26. This is aligned to a 'Community by Design' approach and vital in order to continue to improve quality, safety, experience and outcomes, and driving this agenda at pace will place our mental health services in a stronger position to deliver the sustainable services we need to deliver through collaboration. I expect your plans for 2026-29 to build on this and ensure mental health services are shaped in alignment with the [Mental Health and Wellbeing Strategy 2025-35](#).

Women's Health

Progress over the last year in strengthening women's health services has been encouraging, but we need to do more to address the health inequalities women continue to face. We know there are serious challenges in accessing healthcare, including taboo, stigma and a lack of understanding by others when discussing their health and wellbeing - which can be a barrier to receiving the right help. The Women's Health Plan sets out the improvements required across Wales. I am encouraged by the commitment shown by health boards to establish a pathfinder women's health hub by March 2026. We must build on this to provide women with the care and support they need, as locally as possible and to deliver better outcomes. I am keen to see this reflected in your plans.

Quality and Safety

Addressing harm, waste and unwarranted variation in clinical services must be at the forefront of organisational planning and operational delivery. Your organisations are subject to the [Duty of Quality](#) and the [Health and Care Standards](#) - and this should shape your decision making. I would like to see this more strongly reflected in your planning and, as a minimum, I would like to see how your organisations are planning to work towards the expectations set out in the [Quality Statements](#), including those for cancer, circulatory diseases, diabetes, and Palliative and End of Life Care.

You should also identify and plan to address clinical services that meet the principles for fragility described in the [National Clinical Framework](#). The variation reported in [Quality and Outcomes Framework](#) and [National Clinical Audit and Outcome Review Programme](#) should be routinely used, and improvement actions regularly considered as part of your quality assurance and governance arrangements.

Year 1 Delivery Expectations for 2026-27

The minimum delivery expectations set out in Annex 1 highlight those areas of greatest priority and should therefore be the focus of your year-1 plans (2026-2027).

Securing these outcomes should be at the centre of how you use your resources and capacity to speed up delivery within existing resources. Progress in some of these areas will require you to prioritise partnerships with social care. Meeting these expectations will help achieve the improvements in performance and outcomes that we would all wish to see in year 1 of your plans (2026-27). I expect to see continual and consistent improvement towards delivery across all the strategic priority areas over the three years.

Enabling Actions

To support you to deliver against these expectations, I am also setting out a refreshed set of enabling actions (attached as Annex 2) which I am again mandating on the basis of “adopt or justify”.

These have been updated to reflect the progress made over the last twelve months and aim to drive forward improvements on a consistent basis and reduce variation. Each has an evidence base to demonstrate improved efficiency and/or outcomes, without driving additional cost. They are the product of work undertaken by the National Strategic Programmes and the Value and Sustainability Board. Several of the enabling actions relate to activity which must be deprioritised and stopped where there is evidence of waste, harm or variation resulting in no (or low) clinical value or effectiveness. Delivering the mandated enabling actions, along with an assessment of the associated productivity, efficiency and/or financial gains must also be reflected in your plans.

I am disappointed that not all the enabling actions for 2025-26 will have been achieved by year end. These are “just do it” actions, and, acknowledging the progress which has been made over the last year, much more must be done to ensure implementation during 2026-27. **I am expecting a clear organisational assessment of the baseline position, and the improvements that you will deliver, by enabling action, to feature as an annex to your plan.**

Your plans must also include an assessment of your progress in delivering the MAG recommendations on performance and productivity and the priorities set out in Improving Performance Together, as well as your commitment to deliver these during 2026-27.

Although this Framework is clear about the national priorities that your plans need to focus on most, I recognise of course that NHS organisations need to commission and/or provide a wide range of services to improve the health of your populations and to meet the strategic objectives of *A Healthier Wales*, within the resources available to you. I trust that your Boards will keep this balance in mind when making decisions and choices in other areas.

As NHS organisations, you are best placed to identify the needs of your local populations, so whilst setting out my expectations for delivery against the 3-year national strategic priorities, Year 1 delivery expectations and enabling actions, I recognise that this means greater flexibility in delivering on other areas. As you develop your plans, it would be helpful to have an open dialogue with you as you consider the options and choices open to you.

Financial Framework

The expectations set out in this Planning Framework should be achieved within existing resources. Delivering the progress required in 2025/26 on enabling actions, as well as cutting the waiting list will improve the effectiveness and sustainability of services on an

ongoing basis. However, we must go further within existing resources to appropriately reduce cost, increase productivity and address variation, whilst improving outcomes.

I expect all health bodies to develop and submit plans that achieve financial balance.

In developing your plans, I emphasise the following:

- New additional funding provided in the allocation letter is to support inescapable demand and unavoidable inflation, in supporting front line services. **It is to be utilised for this purpose only.** I expect plans to be free of discretionary investment.
- My officials have undertaken work to baseline as much funding as possible into core allocations and in return expect health boards to plan on living within that resource.
- I expect a step change in the achievement and consistent delivery of all enabling actions.
- Health bodies will need to ensure clarity and visibility for significant savings in non-core areas and overheads to prioritise front-line services, to ensure that savings and mitigations delivered in 2025/26 are maintained in full on a recurrent basis, and to deliver the savings and cost mitigations that are required to achieve financial balance. No area of expenditure can be exempted from this and the need to increase productivity. The first draft of the NHS Wales total factor productivity model will be provided to health boards over coming months, and I expect all boards to develop clear quantified plans showing how their actions will deliver a quantified productivity gain in 2026/27.
- I expect health bodies to proactively reach agreement on commissioning and providing services across organisational boundaries and strengthened collaboration on a regional basis.
- Your organisations must continue to have the highest levels of strong and effective financial management, that support cost control.
- Given the scale of investment in 2025/26 to address treatment backlogs, with the action on enabling actions, and productivity, a number of areas will have sustainable solutions on a recurrent basis. I am retaining £20m of funding to support a reduction in waiting times in areas of residual challenge. This will be used on a directive basis, only when all opportunities to deliver sustainability and productivity have demonstrably been exhausted. This position will be assessed through the planning process.
- I have taken a decision to invest in GMS services to proactively increase capacity and activity in primary care, closer to home, in support of the expected focus and development of the Community by Design programme. I expect your plans to show how you will shift activity and resource from a secondary care setting into primary and community care.
- There will be an increase in discretionary capital allocations, which is a 12% uplift on the baseline allocation, to support local plans and resilience.

System Leadership and Transparency

This is my second Planning Framework as Cabinet Secretary for Health and Social Care, and I am still amazed by the dedication of our NHS workforce. They are at the heart of all we do for our patients. We must continue to focus, in social partnership, on ways to engage and empower our people to deliver safely, effectively and flexibly.

We must continue to lead with compassion at all levels across the NHS and this involves engaging the workforce. They are the key to delivering the transformation and improvements we all wish to see. I expect to hear how organisations continue to develop their leadership and culture to ensure the safety, health and well-being of their workforce to enable them to deliver, optimise their team effectiveness and improve their services. Clinical leadership is critical to this, directing the NHS to improvement in patients' interest. I have been pleased to see real improvements already in this area, nationally, regionally and locally, and look forward to seeing even more in coming months.

There is more for us to do together to streamline the relationship between the Welsh Government and NHS organisations, so that we can ensure that our data reporting, accountability and other systems are transparent, proportionate and reduce duplication. We have already taken action in some areas, for example the new Public Accountability Meetings, but there is more to do. I think that by engaging more – and more effectively - with our patients and staff, showing transparently what we are doing and welcoming accountability and honest reflection, we embed improvement in our working lives.

I am keen to ensure all parts of our NHS seek continuously to learn from best practice both from within the NHS in Wales and beyond, proactively working together to identify successful innovation – applying a principle of “adapt, adopt or justify”. This includes the need to make far greater use of digital innovation. The rewards for patients are huge. We will continue to work with you to ensure a strong national digital architecture.

Regional solutions will be necessary in order to deliver quality, access and levels of care that often cannot be delivered by one organisation alone. Where such challenges exist, I expect your plans to set out tangible regional proposals, showing how your organisations will work together to strengthen services, and maximise the skills and facilities available in your regions to improve patient outcomes.

All organisational planning and delivery must be built upon the domains of improving quality, safety, outcomes and value, supported in turn by robust enabling plans for capital, digital, collaborative working, the NHS workforce, and within available resources.

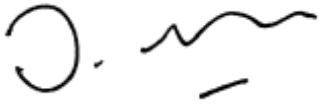
We must not lose sight of the cross-Government priorities such as the refreshed NHS Wales Decarbonisation Strategic Delivery Plan, Anti-Racism Wales Action Plan, Welsh Language and the delivery of priorities in Mwy na geiriau / More than just words to name but a few. In addition, I would naturally expect you to work within the context and principles of the Wellbeing of Future Generations (Wales) Act 2015 and embrace Value Based Health Care to deliver the care we all aspire to on a sustainable basis.

Outcomes that matter to people

We must continue to balance better long-term outcomes with addressing the here and now issues that face our communities, our patients, our workforce and our health and social care system. I am struck by the commitment of your staff working on the front line and delivering care in our communities, and how much making a difference for patients and their families

means to them. Working together I am confident that we can make the improvements we all want to see, and the people of Wales deserve.

Yours sincerely,

A handwritten signature in black ink, consisting of a large 'J' followed by a series of loops and a horizontal line.

Jeremy Miles AS/MS

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

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



Llywodraeth Cymru
Welsh Government

NHS Wales Chief Executives

Our Ref: JT/BS

19 December 2025

Dear Colleagues

NHS Wales Planning Framework 2026-29: Supporting Governance Arrangements

You will be aware that the Cabinet Secretary for Health and Social Care has written to your organisation's Chair setting out the NHS Wales Planning Framework for 2026-29: Transforming Services to Deliver Better Health and Care.

Before I set out the supporting governance arrangements and my own expectations, I would like to express how proud I am to have been appointed as NHS Wales Chief Executive and Director General for the Health, Social Care and Early Years Group, Welsh Government. It is truly an honour and privilege to work with you all to deliver the improvements we all want to see across our health and care system. I have been hugely impressed with the professionalism and commitment I have seen in my role thus far and I am keen that we continue our joint efforts at pace during what remains a hugely challenging time.

I have been impressed with the integrated planning approach taken here in Wales and I am firmly committed to this way of working as we aim to strengthen the delivery of sustainable, quality health and care services to our communities. I am therefore pleased to issue this as my first letter on the back of the recently published NHS Wales Planning Framework 2026-29, which sets out the Cabinet Secretary's priorities for the next planning cycle.

Supporting Governance Arrangements

You will know that the refreshed *A Healthier Wales* actions were published last year, and were supplemented by the Ministerial Advisory Group recommendations on performance and productivity as well as the expectations the Cabinet Secretary set out in *Improving Performance Together*. It is important these continue to be reflected in your planning going forward, including the need to demonstrate prevention throughout organisations' plans. The Well-being of Future Generations (Wales) Act 2015 continues to set the context and requirements, including prevention, within which organisations make decisions.

Integrated Medium-Term Plans (IMTP) must set out how your organisations will secure compliance with their break-even duty over a rolling three-year accounting period, while improving the health of the people for whom they are responsible and the provision of

healthcare to such people. Organisations must also continue to plan for the longer term and to support delivery in line with strategic objectives and clinical services/organisational strategies. The Cabinet Secretary sets out his expectation very clearly on receiving plans that deliver financial balance.

IMTPs will need to follow the familiar formula for the three-year plans with 'Firm, Indicative and Outline' levels of detail and a clear progression over time. Submissions should therefore include a narrative three-year plan, and completion of the Ministerial templates. This must align to the Minimum Data Set (MDS) which also underpins the development of plans.

The narrative three-year plan should set out what has been delivered, what has been progressed and what was unable to be delivered from the previous submission. Year one of your plans must contain firm delivery commitments that provide clarity on milestones, actions and projections that set the ambition for operational delivery and management of risk for the year ahead, along with financial sustainability. In doing so, you must set out clearly the delivery of financial balance.

You will have seen the key three-year strategic priorities set out by the Cabinet Secretary for Health and Social Care for 2026-29 are broadly similar to the previous Framework, with Quality and Safety being added. This is important in terms of ensuring consistency and stability during what is a challenging and complex planning environment. These priorities are supported by a number of delivery expectations and mandated enabling actions for year 1 of your plans, as directed by the Cabinet Secretary. These priorities, expectations, performance improvements and actions must be central to year one plans with resources clearly identified and committed. In approving your plan for submission to Welsh Government, your Board will be confirming and signing up to the delivery commitments to be made by your organisation.

The Framework is clear that these are the top priorities plans need to focus on, but do not exclude the wider range of services NHS organisations still need to commission and/or provide to improve the health of their populations within the resources available.

For clarity, I expect Boards to ensure all opportunities are fully explored to enable organisations to deliver the priorities in line with allocated resources and in a sustainable way going forward. Boards must fully understand and set out any risks to delivery of the plans and have mitigations identified prior to submission of plans. This will help us with the assessment of plans, together with supporting the Cabinet Secretary in making early decisions about plan approvals.

As in previous years, quality, safety and the reduction of health inequalities within and across communities must continue to underpin NHS planning. Evidencing the approaches being taken across these areas need to be set out in the narrative three-year plans. Quality and equity are important threads running through all service and care provision that organisations will want to demonstrate. Your Anti Racism Wales Action Plans should continue to address employment and service delivery as a specific part of your wider approach to equality, inclusion and diversity. The Duty of Quality in particular places a requirement on all of us, as individuals and organisations, and we must take into account the 12 Health and Care Quality Standards when making decisions and planning services. This framing will also be used in the assessment of plans. I am aware that this will be familiar to you, but I want to emphasise the importance I give to quality and outcomes and this is what the Cabinet Secretary and I want to see driving your plans.

Financial Planning

I recognise the significant pressures the NHS in Wales is experiencing, pressures which are not just being seen here in Wales of course. However, this necessitates an even greater focus from NHS organisations to deliver improvements in financial terms, and delivering sustainable financial positions is a priority for NHS bodies. The Cabinet Secretary has been clear on the expectation on where funding is provided, what it is intended to support, expectation on improving use of existing resources, and an expectation of financial balance. Delivering this will involve changing the 'status quo' and exploring a range of innovative ways to reshape and transform your services.

I therefore fully expect to see plans to show an improvement in terms of the delivery and efficiency of services within available resources, and for those plans to be set on a firm base. I want to see greater financial improvement at pace, alongside other priorities, as you work to achieving financial balance.

Continued scrutiny, nationally and locally, on financial management is central to ensuring that progress continues to be made by organisations in driving down financial risk. Please ensure that there are mechanisms in place to consistently align and understand the impact of any financial or workforce decisions on the delivery of plans.

The continued challenges of the financial environment are well understood and therefore maximising all opportunities for transformation, utilising new technologies that create efficiency, productivity and improved patient experience and outcomes must be delivered. The rollout of digital solutions continues to be a part of our future service provision and must be accelerated where it is possible to do so within available resources. The priority focus areas are captured as the enabling actions that must be implemented as outlined in the Planning Framework. Some good progress has been made against a range of the enabling actions set last year, but the opportunities they present have not yet been fully optimised across all organisations. I will be ensuring the Value & Sustainability Board continues to build on this agenda nationally continues as we work together to deliver the key priorities and expectations set out by the Cabinet Secretary. Organisations must develop plans locally that deliver on these requirements.

The NHS Allocation Welsh Health Circular (WHC (2025) 055) and supporting allocation tables are included for your information as follows:

- WHC Cover Letter
- 2026-27 Health Board Allocation Circular
- 2026-27 Health Board Allocation Final Tables
- 2026-27 Health Board Allocation Explanatory Notes

As we continue to strengthen our approach to national and regional working, I am keen to ensure that health bodies who commission and provide services from each other have robust agreements and mechanisms to do so. I will require your confirmation by 27 February that you will be able to agree your respective plans with supported Long-Term Agreements (LTA's) for 2026/27.

Integrated arrangements

The new Performance Framework, which will be issued shortly, reflects the range of key performance information and complements the Minimum Data Set (MDS) that you will provide alongside your narrative three-year plans.

The Cabinet Secretary will require Ministerial templates setting out the delivery of year 1 commitments against each of the key strategic priorities, aligned to your plans to accompany the submission.

NHS plans must continue to be underpinned by collaboration across health board and public sector boundaries and for example ensure they are aligned to Cluster, Pan Cluster Planning Group (PCPG), Regional Partnership Board (RPB) and Public Service Board (PSB) plans. Regional planning between health boards is also a key requirement. We expect to see firm and tangible commitments to regional delivery in your plans.

There are legislative requirements that need to be considered in your planning. These being:

The Well-being of Future Generations (Wales) Act 2015 provides Wales with groundbreaking legislation that places a statutory duty on public services to ensure that we make the best decisions that address the here and now as well as the future. It provides the overarching context for *A Healthier Wales* (including the refreshed actions) and the driver for better health outcomes going forward. To give current and future generations a good quality of life we need to think about the long-term impact of the decisions we make. While this provides clear challenges, the opportunities are immense. Using the sustainable development principle and the five ways of working, as part of our governance and decision making, we can create the environment in which populations can thrive.

Social Partnership and Public Procurement (Wales) Act 2023 – complements the Wellbeing of Future Generations (Wales) Act 2015 and will require NHS bodies to consider the new social partnership requirements when taking specified actions, including the setting or revising of their wellbeing objectives in light of the new requirements. The NHS is already a leader in social partnership and procurement and much of the legislation will already be familiar. The link to key information is attached [Social Partnership and Public Procurement \(Wales\) Act | GOV.WALES](#)

The Health Services (Provider Selection Regime) (Wales) Regulations 2025 were agreed earlier this year and commenced on 24 February 2025. This has given the NHS Wales and local authorities in Wales the ability to implement more flexible procurement practices when sourcing services provided as part of the health service in Wales.

The Duty of Quality and Duty of Candour came into effect in April 2023. It is incumbent on all of us to ensure we are delivering safe quality services. We need to keep in mind the 12 'Health and Care Quality Standards'. Similarly, the series of Quality Statements that have been issued by Welsh Government, offer strong guiding principles on what 'good services' should aspire to, and boards must satisfy themselves that they have achieved the right balance in their planning.

Timetable for submission

The submission of final plans is due by 31 March 2026. Welsh Government will support early assessment of plans to help ensure that there is no pause in the delivery of key priority areas. However, decisions on plan approvals will come after the Senedd elections. In the meantime, accountability conditions and escalation status already in place will remain extant until any further communication is made.

You will be required to submit an Accountable Officer letter to me by 13 February 2026 if your organisation is unable to produce a balanced IMTP. It will be clear at this point whether the organisation will have breached its statutory duty which may lead to further required actions and potentially escalation. For clarity, I would not expect your submission in March to deteriorate from the position described in your AO letter and, if anything, would like to see how mitigation has been put in place to improve on that position.

The escalation status of your organisation and specifically alignment with any de-escalation criteria (where applicable) will need to be reflected in your plans. Colleagues within the NHS Wales Performance & Improvement should support your actions where appropriate.

By 13 February 2026 - Accountable Officer letter (if appropriate)

By 27 February 2026 – confirmation of ability to agree LTAs and plans for commissioned and provider services.

By 31 March 2026 – Final Board approved Plan, Ministerial templates and MDS submission, including the financial templates. Earlier submissions will be welcomed.

Please note the Ministerial template and MDS template will be circulated to your Directors of Planning in due course.

In addition to publishing your Board approved plans, each organisation is asked to develop a short video summarising what your plan will deliver, which can be shared with your stakeholders on your websites and social media channels.

Thank you for your leadership and support for these crucial strategic and operational planning arrangements. A secure and planned system is essential to deliver the improvements we all want to see, and I look forward to receiving your plans in March.

The HSCEY Planning Team will share technical guidance on the development of plans with NHS planners in due course and will engage with your organisations as you finalise your plans.

If you have any questions, please contact Samia Edmonds, Director of Strategic Planning who will provide further details if required and will continue to liaise with NHS Directors of Planning.

Finally, I want to reiterate my thanks to you and your teams, not just for the progress you have made this year, but also for your unwavering focus on improving the health of our nation.

Yours sincerely



Jacqueline Totterdell

Annex 1 – Key Delivery Expectations for 2026-27

Strategic Priorities for 2026-29	Ministerial Delivery Expectations for 2026-27 (where applicable)
Timely Access to Care	• Ensure no ambulance patient handover waits over 45 minutes • Ensure no patient spend spends 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge. • No patients waiting more than 104 weeks for referral to treatment. • Number of patients waiting more than 8 weeks for a specified diagnostic – target zero • Health boards to achieve the suspected cancer pathway target of 75% through implementing the nationally agreed pathways, while reducing the backlog of patients waiting more than 62 days by end of March 2027.
Population Health & Prevention	• Increase the proportion of children in Wales who are a healthy weight by halting the rise, and contributing to a year-on-year decrease in the levels of overweight and of obesity as measured and reported through the National Child Measurement Programme, focusing on those most disadvantaged. • Reduce inequity in the uptake in the most and least deprived areas in preventing ill-health especially in relation to vaccination, screening and diabetes prevention and care. • At least 90% of individuals identified via the Audit Plus Frailty Tool (or its replacement) to receive proactive care in line with their agreed care plans.

	• Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes.
Community by Design	• Deliver a 12-month reduction trend in both the number of people who are delayed in hospital and the total days delayed for these patients, as measured by the Delayed Pathways of Care dashboard. • Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible. (National requirements and expectations will be specified by the Community by Design Transformation Programme Board)
Mental Health Access	• Implement and evaluate Open Access Mental Health Support by March 2027. • Improve safety in Secondary Care Mental Health services (measured through agreed mental health safety matrix and PROM ReQuol) by March 2027. • Improve Physical Health of People with long term MH problems by carrying out mortality reviews and implementing improvement plans from the learning by March 2027.
Women's Health	• Further expansion of the Women's Health Hub model in each health board area by March 2027 (aligned to the Women's Health Plan) • Improving the quality of our maternity services by reducing perinatal mortality rates.

Quality and Safety	• Downward trend in 12-month rolling average crude mortality while maintaining a flat 7-day readmission rate. • Days of safe care delivered since the last never event, monitored using SPC T-Chart • Percentage proportion of complaints dealt with via early resolution - target 40% by March 2027 • The clinical coding service must ensure that at least 95% of inpatient and day-case episodes are fully coded within one reporting month of discharge, in line with Welsh Government delivery measures. In addition, 90% of all identified coding errors must be corrected within 35 days of identification, ensuring timely and accurate data quality improvements across all health boards. There must be a focus on quality of coding with an emphasis on specificity, and comorbidity capture demonstrated by an increase in depth index by 10% year-on-year.

Annex 2- Enabling Actions for Delivery in 2026/27

New Actions for 2026/27

Strategic Priority	Enabling Action
Productivity	Health boards to ensure utilisation of the total factor productivity model, and set out the actions and quantified productivity impact that will increase total productivity in 2026/27 from the baseline position.
Mental Health	Health boards to implement actions to deliver a material reduction in the number of out of area placements in 2026/27, and associated costs.

Actions to be rolled over to 2026/27 using the existing definition

Strategic Priority	Enabling Action
Timely Access to Care	Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on - Cataract 90% of lists to have 7 Cataracts per list by end of Q2, Arthroplasty 90% of lists to have 4 Primary joints per day and 90% of time achieve at least 6 HVLC General Surgery procedures on an all-day list made up of hernias/gallbladders by end of Q2
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.
Maximising Value for Money	Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.
	Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the programme areas.
	Estate - ensure strengthened actions are taken to improve estate utilisation including the appropriate repurposing & disposal of under-utilised estate.
	CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care.
Improving Value, Optimising Outcomes, &	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health

minimising Variation	
Workforce Productivity	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 2026 and aligned to service demand and capacity plans.
	Continue to deliver a further and sustained reduction in agency expenditure, with a target 30% reduction in 2026/27 from 2025/26 outturn and ensuring no off-contract expenditure.
	Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular
	Organisations who have achieved a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to maintain that position. Organisations yet to deliver that position to deliver zero by 30th September 2026.
	Ensure a reduction in sickness absence in 2026/27 in comparison to 2025/26, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels.

Actions to be rolled over to 2026/27 with re-defined action definition

Strategic Priority	Newly defined action for 26/27
Timely Access to Care	Ensuring the full implementation of the National Optimal Pathway (NOPs) in Cancer
	Theatre session utilisation is improved to achieve GiRFT standard of 85%- late starts (>15 mins), early finishes (>60 minutes) and overall utilisation are reported as key KPIs to underpin the 85% standard
	Consistent clerical and clinical validation should be in place using the national SOP - any patient waiting greater than 26 weeks should be validated. Volumes of non-admitted closed pathways will be monitored as proxy supported by National Programme team visits
	Each Health Board should see a referral return rate of 20+% and/or a reduced referral rate per 100,000 population by December 2026 - utilising Health Pathways optimally.
	Through effective streaming of patients on arrival at the front door allied to a focus on safe, efficient and early discharges, deliver all ambulance patient handovers within a maximum of 45 minutes, aiming for achievement of >90% in 15 minutes by the end of 2026/2027.

	Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme Optimal Hospital Flow Framework with a focus on 7-day working with leaner acute hospital processes and more efficient discharge transport services to facilitate earlier discharges and increasing weekend discharges.
	Deliver medical same day emergency care (SDEC) and acute frailty services at the front door of hospitals in line with all principles set out in national SDEC policy and strategy documents, and the six goals for urgent and emergency care programme <i>Front Door Acute Frailty Service (AFS) Framework for Acute Hospitals</i> .
	Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme community-based falls response framework and, in support, implement a focus on prevention and early intervention in line with the policy statement on population health management.
	Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme single point of access (SPOA) framework to ensure people with urgent care needs receive timely and appropriate support, minimising unnecessary escalation to emergency ambulance conveyance or hospital admission. Prioritise tailored interventions for frail and older adults, scaling up “call before convey” as a business-as-usual model and referrals to community nursing services enabling urgent response. Strengthen integration with key system partners, including WAST and Local Authorities, to deliver coordinated and effective care across the urgent care pathway.
Population Health & Prevention	Ensure progress of the focused Diabetes High Value High Impact pathway
Improving Value, Optimising Outcomes, & minimising Variation	Eradicate unsupported systems and devices and ensure a clear cyber response plan for the organisation.

Appendix 1

Actions not rolled forward from 2025/26

Strategic Priority	Enabling Action	Note
Timely Access to Care	Implementation of CIN follow up criteria both prospectively and retrospectively to established Follow-up waiting lists.	Action completed
	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.	Action completed – should now be considered as business as usual
	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.	Action completed – should now be considered as business as usual
	Implement national guidelines with thresholds by Clinical Implementation Network (CIN) and procedure. This includes delivery of effective outpatients through See on Symptom (SOS) and Patient Initiated Follow-up (PIFU) by default. Individual CINs will establish PIFU / SOS targets by specialty & sub-specialty on an ongoing basis by March 2025.	The action should become BAU but should continue to be monitored through programme and performance meetings
	Deliver improvements in day surgery rates, with an expectation to achieving a BACDS day case rate of 70% from April 2025, moving to 80% by the end of June 2025.	Action completed – should now be considered as business as usual
	Maintaining the actions within the 50 Day challenge that can be delivered consistently with minimal additional resource, within organisations and as a priority within regional partnership arrangements.	Action will be taken forward under OHFF under UEC.
	All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage by the end of Q2.	Action completed – should now be considered as business as usual
	Progress implementation of the national approach to Interventions not normally undertaken (INNU) Deliver the 8 priority procedures determined for implementation as part of Phase 1.	Remove and propose performance management via optimisation framework
	Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26.	Remove and propose performance management via optimisation framework

	Ensuring full compliance with straight to test guidance	Remove as included in the rolled over Cancer National Optimal Pathway (NOPs in Cancer action
Improving Value, Optimising Outcomes, & minimising Variation	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee).	Remove and propose performance management via optimisation framework

NHS Wales

Technical Planning Guidance 2026-29



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Foreword by the Welsh Government Director for Strategic Planning

I am pleased to confirm that the Cabinet Secretary for Health and Social Care issued the NHS Planning Framework on 19 December. The Cabinet Secretary set out his 3-year strategic priorities for NHS Wales, alongside the delivery expectations for each priority. The strategic priorities will be familiar to planners and are:

- Timely Access to Care
- Population Health and Prevention
- Community by Design
- Mental Health Access
- Women's Health
- Quality and Safety

You will note there has been a slight change from last year's 'Building Community Capacity' priority, moving to 'Community by Design'. For clarity, this reinforces the priority placed on the Welsh Government policy of integrated service redesign and delivery of whole system pathways, and the recent establishment of the Community by Design Transformation Programme. This sets out the need for strengthening the provision of care outside the hospital setting, wherever appropriate and redefining what is required in secondary care. The Cabinet Secretary is keen to see greater progress at pace. As you develop your plans, it would be very helpful if your plans clearly describe how your organisation is transforming its health and care services in line with this agenda, including the specific changes you intend on making and, importantly, by when.

Quality has always been a core requirement of plans and planning, and this should be at the heart of everything we do, but you will see that this year the Cabinet Secretary has added Quality and Safety as a strategic priority in its own right. I believe this is the right thing to do, with a clear focus on improving safety and outcomes and emphasising the importance of focussing on quality in all of the decisions we need to make.

Similar to last year, clear delivery expectations against each of the priorities have been set out in the Planning Framework and it is worth noting that there may be some national requirements and expectations, which will be specified by the recently established Community by Design Transformation Programme Board. Professor Isabel Oliver, Chief Medical Officer for Wales, is leading this work and I know she will be working in partnership with NHS Chief Executives and wider NHS colleagues as this programme develops.

A set of evidence based enabling actions have again been issued. These have been amended accordingly based on progress against last year's actions and aim to drive forward further improvements on a consistent basis to reduce variation. The expectation is that organisations 'adopt or justify' these actions to reduce the variation that currently exists across organisations.

Last year the Planning Framework and the NHS Financial Allocation letters were issued on the same day and I know this was welcomed by the planning community as this alignment

supported your planning arrangements. This year, for the first time, we issued the Planning Framework and allocation as one document, which I trust is helpful and provides clarity.

The NHS Planning Framework, Ministerial Templates and the MDS continue to provide a suite of documents to help organisations produce coherent plans within the resources available that deliver safe, equitable services for their populations and to meet the requirements of Welsh Ministers.

The planning environment remains hugely complex and I want to recognise the ongoing challenges the NHS in Wales continues to face as we work together to help ensure patients in Wales receive the high quality, safe and sustainable health and care services they have the right to expect.

This technical document is intended to help planners by providing supplementary policy information alongside the statutory NHS Wales Planning Framework 2026-29.

The policy areas covered are not new and this document is not exhaustive but is intended to provide further supporting guidance on the areas set out in the Planning Framework and support service delivery.

As always, thank you for your ongoing support to further develop both planning and the planning profession. I look forward to seeing your plan submissions in March.

Samia Edmonds MBE

Director for Strategic Planning

Health, Social Care & Early Years, Welsh Government/ NHS Wales

NHS WALES TECHNICAL PLANNING GUIDANCE

1. CONTEXT

The strategic landscape for NHS Wales has built strongly on the world leading Well-being of Future Generations (Wales) Act 2015 and the complementary A Healthier Wales strategy as a 10-year for health and care. Following the refresh of A Healthier Wales actions in 2024, the focus remains on delivering a whole system approach that is equitable for all. Our services and support should deliver safe high-quality care, which is equal for everyone in Wales and looks to ensure our services are sustainable both now and in the future. There is a core emphasis on taking a preventive, person centred approach to delivering high quality safe services which reduce health inequalities and delivering value in health. These elements are the core principles of an effective health and care system and set the overarching context that must shape how the Welsh NHS operates and delivers.

Well-being of Future Generations

The Well-being of Future Generations (Wales) Act 2015 provides Wales with groundbreaking legislation that places a statutory duty on public services to ensure that we make the best decisions that address both the here and now and the future. It provides the overarching template for A Healthier Wales and the driver for better health outcomes going forward. To give current and future generations a good quality of life we need to think about the long-term impact of all the decisions we make. While this provides clear challenges, the opportunities are immense. Using the sustainable development principle and the five ways of working, as part of our governance and decision making, we can create the environment in which populations can thrive.

Wales faces wider challenges now, and in the future, such as climate change, poverty, health and well-being, the ongoing legacy of Covid-19, access to good quality housing, education, jobs and economic activity. Our citizens and the NHS are impacted by all these factors and to tackle these we need to work together.

The specific challenges facing the NHS are complex and many of them will only be addressed by embracing integrated, collective and engaging approaches that focus on prevention and create sustainable foundations in the long term. **Therefore, plans must include evidence of how your work is further embedding the principles and actions consistent with the Well-being Act. This is closely linked to Value in Health.**

Plans must include a review of the organisations' Well-being objectives in line with the Social Partnership and Public Procurement (Wales) Act 2023 (SPPP Act). Ideally these will be the same as the organisation's overarching Strategic Objectives and align to the organisation's Value in Health work, organisational strategies, delivery plans and be embedded in your governance structures.



The SPPP Act places a duty on the NHS and other listed public bodies in Wales, in so far as is reasonable, to seek compromise or consensus with their recognised trade unions when setting well-being objectives under the Well-being of Future Generations (Wales) Act 2015, and when making decisions of a strategic nature about the reasonable steps they intend to take to deliver those objectives.

Public bodies listed in section 6(1) of the Well-being of Future Generations (Wales) Act 2015 organisations are subject to the social partnership duty which commenced on 1 April 2024, and will need to be satisfied as to how those requirements are being or will be met. The social partnership duty and reporting requirements are set out in sections 15, 16 and 18 of the SPPP Act¹. Under section 18, public bodies must prepare a social partnership report in respect of each financial year on what they have done to comply with the social partnership duty. The report must be agreed with the public body's recognised trade unions or contain a statement explaining why it was not agreed. The report must also be published and submitted to the Social Partnership Council (SPC) as soon as reasonably practicable after the end of the financial year.

¹ <https://www.legislation.gov.uk/asc/2023/1/contents/enacted>

A Healthier Wales

A Healthier Wales² (AHW) remains the strategic, long-term plan for health and social care in Wales. It sets out the long-term future vision of a 'whole system approach' which is focused on keeping people well by anticipating health needs, preventing illness, and reducing the impacts of poor health (inequalities).

Our ambition in AHW is to ensure that services deliver high quality of care, and achieve more equal health outcomes, for everyone in Wales by addressing health inequalities. We want to improve the physical and mental well-being of everyone. Our ambition is also for people to be able to access a range of seamless services based on their unique needs and what matters to them, and that there will be a shift in resources to the community, with more care being delivered closer to home, meaning people will only go to hospital when they need to.

To support delivering this ambition, the actions under AHW were refreshed in 2024. This refresh reaffirmed the relevance of AHW as the right overall approach whilst ensuring that the refreshed 35 policy actions are designed to address the future demands and challenges our health and care system in Wales face and will continue to face.

The refresh of AHW confirmed the key themes to describe what is needed to deliver an effective health and care system and the enablers needed to support delivery. AHW continues to recognise the importance of prevention and early intervention to support health and well-being, and to supporting people to live longer and healthier lives. Our approach will be person-centred so that people can receive the right care, at the right time and in the right place; with high quality care delivered in a safe environment. To support delivering a whole system approach we will also focus on digital and data to improving patient health and services especially within the community; research, development and innovation to ensure our health and care system and services will be able to take forward transformational change and enhance patient care from adopting new technologies and research; there will be an emphasis on enhancing our workforce to support building and growing a flexible and multi professional health and care workforce; and a key focus on integration and partnership to reflect our commitment to ensuring people are able to receive care as close to home as possible and our commitment to delivering "Once for Wales".

Delivery of AHW must be reflected in organisational plans.

Quality Statements

In line with the commitments in A Healthier Wales, the National Clinical Framework published in 2021, set out how clinical services should develop as part of a learning health and care system. This included the introduction of Quality Statements that set out service planning expectations, nationally agreed pathways, and national service measures. NHS organisations should be able to demonstrate how they plan to work towards delivering the expectations set out in quality statements through their Integrated Medium Term Plans.

² [A healthier Wales: long term plan for health and social care | GOV.WALES](#)

NHS Performance & Improvement has an important role in enabling the delivery of the Quality Statements by facilitating clinical consensus in the form of national pathways or service specifications and identifying variation through the development of national datasets and use of peer review approaches.

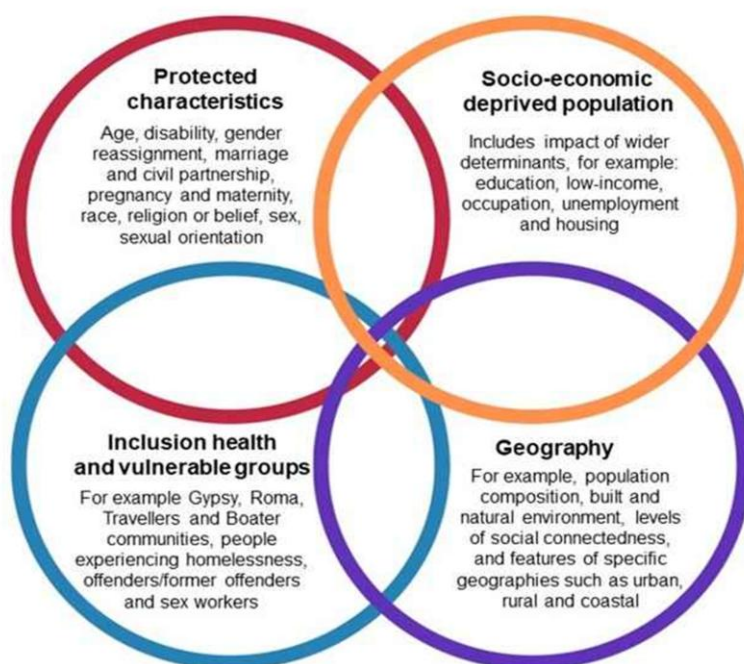
Reducing Health Inequalities

Health inequalities are the measurable differences between groups within a population. **Health inequities** are when these measured differences are preventable or avoidable – we can do something about them.

Health inequalities can be differences in:

- health status e.g. rates of diabetes or depression, deaths from cancer, healthy life expectancy;
- access to and experience of care e.g. time on waiting lists, distance to appointments
- behavioural risks to health e.g. smoking;
- wider determinants of health/building blocks of health e.g. safe homes, fair work, good quality education and thriving communities.

Differences may be measured by:



To fully understand health inequalities within a population it is important to measure these differences by disaggregating key metrics.

Consequences of Health Inequalities

The [Wellbeing of Wales: 2025 | GOV.WALES](#) showed that at that point in time, limited progress has been achieved towards a healthier Wales, with many national indicators deteriorating and the COVID-19 pandemic significantly affecting trends, with inequalities in

life expectancy and mortality remaining wide. [The NHS in 10+ years: An examination of the projected impact of Long-Term Conditions and Risk Factors in Wales](#) report supported this view.

Between 2013 to 2015 and 2020 to 2022, the gap in healthy life expectancy between most and least deprived areas increased for females and for males, initially decreasing up until 2018 to 2020, but subsequently increasing again until 2020 to 2022.

The life expectancy gap is smaller than the gap in healthy life expectancy for males and females but has also been increasing for both, indicating growing inequality.

Healthy life expectancy has declined for both males and females since 2011 to 2013. The gap between most and least deprived areas has also widened for females, while initially narrowing for males up until 2018 to 2020 before widening again until 2020 to 2022.

The national milestone on healthy life expectancy is to increase the healthy life expectancy of adults and narrow the gap in healthy life expectancy between the least and the most deprived by at least 15% by 2050. If we are to meet this milestone, bold and immediate action is required.

Along with the overriding social justice imperative that action should be taken to close these gaps, there is also an economic argument which supports action on health inequalities. PHW estimated the total annual cost to the Welsh NHS associated with inequality in hospital service utilisation was £322 million in 2018/19, driven largely by higher service use among people living in the more deprived areas compared to those living in the least deprived areas

Role of NHS Wales in tackling health inequalities

All public bodies have a role to play in improving equity as set out in legislation such as the Well-being of Future Generations (Wales) Act 2015 and the Socio-Economic Duty, so it is crucial that NHS organisations play their part in reducing health inequalities within their populations.

Health boards need to provide and implement equitable care and services in a way that supports individuals and communities as part of normal business, with the work to reduce inequities closely linked to prevention – *the earlier we support people and communities and put prevention place in the pathway the easier it is to close the gap.*

How organisations are responding to health inequities must feature in all considerations of service planning and delivery so that resources are properly weighted towards population need. Data from national dashboards and national clinical audits should be used to identify inequitable provision and guide service change.

The NHS has a triple role – two under direct control and one through influence:

- **Service Delivery (Direct Control):** Strategic planning using population approaches, including co-design, to deliver Universal Proportionality, prioritising prevention, universal services, tailoring resources dependent on need which reverse the current

position of ‘the inverse care law’—where those who most need care receive the least.

- **Anchor Institution (*Direct Control*)**: as the largest employer and procurer in Wales, the NHS can influence local economies by promoting inclusive employment practices and fair procurement and by taking positive action to address the climate emergency.
- **Partnership Working (*Influence*)**: Collaborating with local authorities, housing, education, communities and third-sector organisations enables the NHS to further address the building blocks of health.
-

Examples of practical actions include:

- ✓ **Leadership** - Appoint Executive **leaders** to commit and drive forward actions as a system leader and include corporate objective on prevention and the reduction of inequities
- ✓ Use **population health approaches** and needs assessments in planning to enable equitable distribution of resources and proportionate universalism approach to services
- ✓ **Data – through disaggregation** of all outcomes and activity starting with deprivation and gender, and improved **capture** of ethnicity and inclusion health for further insights and improve data **flow**
- ✓ **Person centred - Include experts by experience** surveys, testimony and co-production in planning and delivery
- ✓ **Lead a workforce culture of compassion, which** tackles stigma and does not discriminate
- ✓ As an **employer** improve **equitable recruitment and employment** across all domains of inequity, as well as gender and protected characteristics, normalising higher level apprenticeships to enable this
- ✓ **Collaboration and Co-delivery** – Prioritise work with key partners, being an influential leader with local authorities and third sector partners at Regional, Area and Public Sector Boards, articulating the importance and co-delivering services to strengthen the building blocks of health
- ✓ **Co-design and co-produce with people and communities** and move towards community outcomes and asset-based approaches
- ✓ Implement **Quality Care** which is community by default and embeds and invests in prevention and early intervention across the life course, prioritising early years, mental health and chronic disease

Health Impact Assessments and Equality Impact Assessments are essential to understanding variation in delivery in terms of who can access, and how people access health and care services is key to ensuring equitable delivery. Vulnerable groups, poverty, areas of deprivation and the level of quality and timeliness of services will all be factors that organisations must take into account while planning services.

Boards will need to be assured that decisions of a strategic nature about how to exercise its function are in line with the Health Impact Assessment (Wales) Regulations 2025, which will come into force on 6 April 2027, and that Equality Impact Assessments and Welsh Language Impact Assessments are informing necessary actions and are set out in the plan to tackle and eliminate inequalities.

[What are health inequalities? | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk)

[Health and wealth: why tackling health inequalities is so important \(senedd.wales\)](https://www.senedd.wales)

[Coronavirus \(COVID-19\) and Health Inequalities \(gov.wales\)](https://www.gov.wales)

[Public Health Wales, 2021: Cost of Health Inequality to the NHS in Wales](#)

2. Cabinet Secretary's Key Strategic Priorities

The Six Key Strategic Priorities set out in the NHS Wales Planning Framework for 2026-29 are:

- Timely Access to Care
- Population Health and Prevention
- Community by Design
- Mental Health Access
- Women's Health
- Quality and Safety

Plans must be aligned with the Health and Care Quality Standards, National Strategic Programmes, Quality Statements and Value in Health, as well as identifying opportunities to build on them such as through digital innovation and transformation.

The Cabinet Secretary has recognised the significant challenges the NHS in Wales is facing, as are other parts of the UK, and has therefore intentionally issued the Planning Framework as a refresh of the previous Planning Framework to provide clarity and stability. **As part of this, your 2026-29 plans must baseline and build on the progress made to date in delivering the recommendations of the [Ministerial Advisory Group on Performance and Productivity](#) and the priorities set out in the Cabinet Secretary's letter of 3 July 2025, *Improving Performance Together*.**

The areas of focus for this year's Planning Framework remain broadly the same, though Quality and Safety has been confirmed as a strategic priority. The strategic priorities aim to strengthen NHS services and help the NHS in Wales deliver more sustainable services in future.

There remains a clear emphasis on improving access, reducing waiting times and working with partners in social care to unlock delays in pathways of care. There is also a greater emphasis on prevention and population health and strengthening services in the community and closer to home in line with the "Community by Design" Transformation Programme. **We expect plans to clearly articulate the transformational changes to strengthen integrated services in the community and move away from the acute hospital setting where it is appropriate to do so.**

The National Strategic Programmes set out the operational and delivery expectations for the NHS in Wales. The National Programme Directors lead the programmes from the NHS Performance and Improvement (P&I) and provide assurance on progress to Welsh Government as part of P&I's Remit. **NHS Boards must ensure compliance with the National Strategic Programmes' requirements, methodologies and guidance to optimise the opportunities for improvement and efficiency.** Expert advice, support and

challenge are provided through the programmes and organisations must build in programme delivery as part of strategic and operational planning.

The Planning Framework sets out priorities, requirements and delivery expectations; these must be central to every integrated plan submission, supported by the Minimum Data Set and Ministerial Templates. The overarching expectation is that plans will demonstrate delivery against the year 1 delivery expectations and enabling actions and will be financially balanced.

2.1 TIMELY ACCESS TO CARE

Key Delivery Expectations for 2026-27:
• Ensure no ambulance patient handover waits over 45 minutes • Ensure no patient spend spends 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge. • No patients waiting more than 104 weeks for referral to treatment. • Number of patients waiting more than 8 weeks for a specified diagnostic – target zero • Health boards to achieve the suspected cancer pathway target of 75% through implementing the nationally agreed pathways, while reducing the backlog of patients waiting more than 62 days by end of March 2027.

The public expects the NHS to meet access targets. These targets are the most visible point of contact people have with the NHS, often at moments of greatest need. NHS organisations must therefore deliver measurable, timely and safe access to care across all pathways. This is not optional. It is a fundamental requirement of public service and a core expectation of Ministers.

Health boards must deliver consistent, safe, efficient and equitable care across primary and community services, mental health, planned care, cancer care, and urgent and emergency care. Reducing waiting times and improving the quality and timeliness of care is a mandated objective.

Local and regional redesign is not an option but integral to deliver the sustainable service models we need. While health boards have a duty to their local population, they also have a key role in determining regional models to serve their community. For patients who travel for services, they don't want artificial boundaries of care, they expect and should receive consistency of provision with timeliness and quality the key drivers of service redesign.

Progress in planned care waiting times must continue at pace. However, the requirement is broader: NHS organisations must improve access across the whole system, whether that is ambulance response times, emergency department waits, access to mental health support or community packages of care. The system must be unlocked to deliver for all patients, based strictly on clinical need. Diagnostics must be delivered rapidly, including direct-access models for frontline clinicians to accelerate decision making and reduce delays.

Through an assessment of local and regional population urgent and emergency care need/demand, and planning the available capacity to meet that demand, focus must also be directed to significantly improve efficiencies related to acute (and community) hospital patient flow to unlock vital emergency ambulance capacity, decongest emergency

departments and enable people to get to the speciality services they need as soon as possible before returning home when ready.

Delivery approaches by local, regional and national teams should be guided by reducing the risk of avoidable harm to local populations in the community **and** acute and community hospital sites. A data rich approach should support effective management of people living with frailty and experiencing health inequalities (including those in areas of high deprivation) who are more likely to face barriers to accessing urgent care in the community and instead default to 999 or emergency departments. Health boards must consider how integrated service models should be refined to better meet this demand and support improved outcomes and experiences.

Models of care need to reflect pathways of care with partners knowing their roles and responsibility and supporting patients to be at the right place for their clinical need at any one time. Part of that role is empowering patients to manage their health and to know the consequences of their health and wellbeing choices. Prevention at all stages being the primary driver.

To achieve this, health boards must:

- Fully implement the Waiting Well / Prehabilitation (3Ps) policy and ensure patients are directed to the right treatment at the right time. This includes robust waiting list validation and drawing on multidisciplinary models proven through the Bevan Exemplar Planned Care Improvement Programme.
- Eliminate over 8 week waits for specific diagnostics where a zero-wait target has been set. This is a core delivery metric and must be achieved.
- Prioritise planned care closer to home, with clear and detailed actions and trajectories that give confidence to Boards, Ministers and the public. Plans must demonstrate full compliance with national programme requirements and set out any remedial actions necessary to achieve that compliance.
- Maximise pathway redesign, including strengthened joint working between primary and secondary care (e.g. pathway alliances, advice and guidance, new optometry contract, embedding gluten free food supply scheme to clinical pathways). Plans must demonstrate full use of all professional groups in pathway design, including Allied Health Professionals.

Reducing long waits and ensuring timely access to safe care is the primary concern for people in Wales and remains the top NHS delivery priority. The detailed expectations are set out in the Planning Framework and must be met. These specific delivery expectations are also set out above and throughout the remainder of this document for ease of reference.

The 3Ps policy (Promote, Prevent, Prepare) must be fully embedded. The role of 3Ps was clarified in the revised RTT guidance issued April 2025. Health boards are expected to work with the third sector to ensure support is in place for patients waiting for treatment and for their carers. This plays an integral part in supporting self-management and reinforcing the patient's role in their care pathway.

National digital data requirements are a priority to drive transformation. Health boards and DHCW are required to work with NHS Performance and Improvement (P&I) strategic

clinical networks to re-procure, on a once-for-Wales basis. Priorities for 2026-27 are the cardiac PACS and systemic anti-cancer therapy prescribing systems.

NHS organisations must act on the Cabinet Secretary's direction to improve communication with patients on waiting lists. Patients must receive clearer, more timely information about their likely waiting times so they can plan their lives, understand expectations, and feel supported throughout their pathway. People should be active partners in their care and only with timely information can this be achieved, both digital and non-digital options need to be available.

Planned Care and Cancer

Planned care and cancer remain some of the core areas for improvement across the health system and impact on so many other areas of people's health well-being economic and social lives. The priority for cancer is to achieve the access recovery target of 75% while reducing the backlog and implement the nationally optimised pathways ([Written Statement: Update on cancer care in Wales \(19 August 2025\) | GOV.WALES](#)). The National Cancer Leadership Board, now led by the Deputy Chief Medical Officer, has been established and a workplan agreed.

The current performance in planned care is not acceptable, and the level of variation across Wales must be addressed. This will need effective commissioning arrangements and prioritisation of support from primary care, community services, third sector and hospital services, to deliver the standards that we all want to see.

Modernising pathways for outpatients including 'follow ups', 'see on symptoms' and 'patient initiated follow ups' underpin the improvements for planned care. Maximise the use of interventions by the allied health professions to reduce waiting times by implementing and expanding proven models such as Bevan exemplars in the Planned Care Improvement Programme. The Planned Care Programme provides the expert and practical support including resources and guidance.

Health boards are expected to develop plans demonstrating:

Key areas of focus will be the implementation of:

- Regional models
- Ensuring effective theatre utilisation and the implementation of productivity measures - based on GiRFT findings
- Implementation of referral redesign
- Modernise outpatient redesign (new to follow-up care) - including role of SoS and PIFU, and active discharge, virtual reviews, exploring use of high-volume clinic model
- Plans to fully implement the optimal cancer pathways

Urgent and emergency care - six goals policy priorities - 2026-2027

UEC enabling action 1: Community-Based Falls Response Services

Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme community-based falls response framework and, in support, implement a focus

on prevention and early intervention in line with the policy statement on population health management.

Outcomes: By the end of 2026/2027:

- Reduce ambulance conveyance of level 1 and level 2 fallers to emergency departments by 10-15% on the 2025/2026 baseline; and
- Reduce emergency admissions of level 1 and level 2 fallers by 10-15% on the 2025/2026 baseline.

UEC enabling action 2: Single Point of Access (SPOA)

Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme to ensure people with urgent care needs receive timely and appropriate support, minimising unnecessary escalation to emergency ambulance conveyance or hospital admission.

Prioritise tailored interventions for frail and older adults, scaling up “call before convey” as a business-as-usual model and referrals to community nursing services enabling urgent response. Strengthen integration with key system partners, including WAST and local authorities, to deliver coordinated and effective care across the urgent care pathway.

Outcomes:

- ≥80% patients referred to health board SPOAs will safely avoid direction to major emergency departments following the Clinical Consultation before Conveyance pathway (CCBC), with progress measured by achieving at least a 10% reduction in the number of conveyances from the 2025/2026 baseline
- Increase the number of community referrals of >75s by 10-15% on the 2025/2026 baseline by the end of December 2026, sustained until the end of March 2027
- Increase direct referral pathways from SPOAs into community services including but not limited to UPCCs, UTCs, SDUC by 10-15% on the 2025/2026 baseline by the end of December 2026, sustained until the end of March 2027
- All health boards must have in place referral pathways from SPOA into wider community by design work supported by 7-day community nursing, supported by robust data collection of response times by Q4 2026/27

UEC enabling action 3: Acute Hospital ‘Front Door’ Flow

Through effective streaming of patients on arrival at the front door allied to a focus on safe, efficient and early discharges, deliver all ambulance patient handovers within a maximum of 45 minutes, aiming for achievement of >90% in 15 minutes by the end of 2026/2027.

Outcomes:

- 100% of ambulance patient handovers at hospital are completed within 45 minutes, >90% in 15 minutes by the end of 2026/2027

From 1 April 2026, all NHS health boards must achieve:

- Zero Ambulance Handover Delays Over 45 Minutes
 - Ambulance arrivals must be handed over to Emergency Department teams within 45 minutes without exception.
 - Any handover exceeding 45 minutes will be treated as a performance failure, requiring immediate escalation, investigation, and corrective action.
 - Health boards must ensure that site-level leadership, patient flow systems, and operational processes are designed and staffed to prevent any handover delay beyond this threshold.
- From 1 April 2026, all NHS health boards must achieve:
 - Zero 12-Hour waits in Emergency Departments
 - No patient must wait more than 12 hours from arrival to admission, transfer, or discharge without exception.
 - A breach of the 12-hour standard from April 2026 onwards is unacceptable and will be subject to:
 - Immediate operational review
 - Formal reporting to the Executive Team
 - Rapid recovery actions at site and board level
 - Health boards must ensure that capacity, staffing, decision-making processes and escalation frameworks are robust enough to eliminate all 12-hour waits.

UEC enabling action 4: Same Day Emergency Care and Acute Frailty Services at the Front Door

Deliver medical same day emergency care (SDEC) and acute frailty services at the front door of hospitals in line with all principles set out in national SDEC policy and strategy documents, and the six goals for urgent and emergency care programme *Front Door Acute Frailty Service (AFS) Framework for Acute Hospitals*.

Outcomes:

- Deliver the recommendations set out in the NHS P&I local health board SDEC reports (November 2025) by end of Q2.
- Increase community and ED referrals to medical SDEC services, discharging at least 80% on the same day of referral
- Reduce emergency admissions of >75s from emergency departments to hospital by 10-15% on the 2025/2026 baseline by the end of December, sustained until the end of March 2027

UEC enabling action 5: Acute and Community Hospital 'Back Door' Flow

Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme *Optimal Hospital Flow Framework*. Lessons should be learnt from the 2025-26 'Winter Sprints', with a focus on 7-day working with leaner acute hospital processes and more efficient discharge transport services to facilitate earlier discharges and increasing weekend discharges.

Outcomes:

- Consistently realise 33% of discharges by midday
- Achieve a minimum of 20% of total weekly discharges on weekends (Saturday and Sunday) by the end of December 2026, and exceed 25% by the end of March 2027, while maintaining mid-week discharge volumes at current levels.
- POCD targets

Palliative & End of Life Care

Health boards and trusts, along with local authorities and regional partnership boards are responsible for planning services for people facing life shortening illnesses in line with professional standards, clinical guidance, the national service specification for palliative and end of life care and the quality attributes set out in the quality statement. They must work closely with the third sector, charitable hospices, care homes, domiciliary care agencies, local authorities, informal carers/families and friends to deliver and continually strive to improve services for all people across all services in Wales.

All people in their last 1000 days should be given the opportunity and support for conversations with someone well placed to discuss their personal needs, wishes and preferences for care at the end of life, through regularly reviewed Advance and Future Care Planning.

Health boards should also ensure that evidenced-based seamless pathways, careful planning and close collaboration is in place between services for transition from paediatric and young persons to adult services.

Hospices play a critical role in enabling health boards to meet their responsibilities for palliative and end-of-life care. This role must be formally recognised and adequately resourced, in accordance with national hospice commissioning guidance.

Bereavement

Health boards are expected to work together with local authorities and all relevant partners to implement bereavement pathways being published as part of the National Framework for the Delivery of Bereavement Care in Wales (<https://www.gov.wales/national-framework-delivery-bereavement-care>). Health boards should also focus on strengthening bereavement co-ordination and care after death services, improving access to all types of bereavement support in line with the NICE components of bereavement care (Universal, Targeted, Indicated). Health boards must also implement the offer to bereaved patients and families identified through investigations following patient safety incidents of nosocomial COVID-19 (Covid response).

2.2 POPULATION HEALTH AND PREVENTION

Key Delivery Expectations for 2026-27:
• Increase the proportion of children in Wales who are a healthy weight by halting the rise, and contributing to a year-on-year decrease in the levels of overweight and of

obesity as measured and reported through the National Child Measurement Programme, focusing on those most disadvantaged.

- Reduce inequity in the uptake in the most and least deprived areas in preventing ill-health especially in relation to vaccination, screening and diabetes prevention and care.
- At least 90% of individuals identified via the Audit Plus Frailty Tool (or its replacement) to receive proactive care in line with their agreed care plans.
- Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes.

Population Health

As population health organisations, NHS bodies are familiar with planning aligned to their population health needs analysis. A great deal of work is already undertaken to target delivery and **organisations must ensure that this is visible within plans, including evidence of how population health analysis and population health management (segmentation and stratification) are shaping implementation of strategies and delivery of services that wholly embrace place based and preventative approaches.**

To underpin and deliver the desired improvements Value in Health and Population Health Management must be a consistent feature of health planning. There is variation across Wales currently, with organisations at different stages of maturity. Organisations must ensure they have consistent data and information to inform their different plans and focus on delivery of both strategic and local outcomes improvements. **The enabling actions in the Planning Framework mandate ‘adopt or justify’ to improve equity and consistency across Wales.**

All plans will begin to tackle the projected increases in demand identified in the Chief Scientific Adviser for Health report (NHS in ten+ years) and set out how the health of the population will need to be improved to avoid some of the profound implications for people in Wales. The Report identified the likely pressure on the NHS in the next 10-25 years, including:

- Growing and ageing population – multiple long-term conditions including frailty
- Need for more focus on prevention and community-based health and social care capacity
- Tackling inequalities in health and making healthier choices

[Report of projections, health evidence and policy recommendations | GOV.WALES](#)

As well as improvements in supporting people to make health life choices for themselves and their families, **organisations must continue to optimise vaccination opportunities for children, young people, and adults - including health and social care staff – to protect themselves and others from a range of illness and conditions throughout their life.** Vaccination rates are declining, rather than growing, and it is essential this position is reversed if we are to keep people well and reduce avoidable demand on hospital services, particularly over the winter period. Making every NHS contact count is a means

by which individuals can be encouraged to adopt positive health behaviours, this will need a real focus to ensure future trends are mitigated at every opportunity.

However, without focussed and sustained actions the necessary prevention and actions will not materialise. **Therefore, plans must include clear actions and milestones that will begin to turn off the tap of demands across the system and put in place equitable pathways towards improved outcomes for patients.**

At the population level, Wales will become a Marmot nation to support our work in reducing health inequalities by working locally and nationally in applying the Marmot principles - from early childhood and education to employment, preventing ill-health, housing, and community wellbeing.

Prevention

Prevention, in all its forms, is a crucial means to achieving the stability, which the system needs and importantly in improving outcomes and supporting individuals to look after their own health and wellbeing. There needs to be a relentless focus on prevention to improve the health of the people of Wales, to create a value-based health system and to meet the needs of future generations to begin to reduce the burden on the acute system and improve the health and wellbeing of the nation.

Resetting this priority will enable NHS organisations to build on the good work that is underway and accelerate those areas that will create sustainability in the longer term. NHS organisations must be committed to taking action in partnership with local authorities and other Regional Partnership Board (RPB) partners to improve health outcomes and reduce inequalities across our communities as also demonstrated in cluster plans. It is an important priority that needs to be exploited at every opportunity. **Plans must set out how organisations are embracing prevention.** Preventing the development of ill health and poor wellbeing, preventing deterioration once people are ill, preventing harm when patients are in hospital care from incidents or delayed pathways.

‘Prevention is better than cure’, and the health service should be looking to ensure that the health of the population is improving, as well as caring for those that need treatment now. Population health management and improving outcomes for patients, built on prevention and sustainability, remain the solutions for the health and well-being of the people of Wales. Prevention in its broadest sense needs to be considered. The focus to enabling the population to have positive health and well-being starts before birth.

Too many people die too early from causes that can be prevented and prevention is now more important than ever in health planning as we face an increasing burden of disease and current and predicted pressures on our services. Shifting investment to prevention through Value in Health is necessary if we are to reverse poor health trends and inequalities and deliver a sustainable health and care system.

The policy imperative is set out in *A Healthier Wales* our long-term future vision focussed on health and well-being, and on preventing illness. Prevention is an NHS and social care core value and design principle within the strategy and is one of the five ways of working required by the Well-being of Future Generations (Wales) Act 2015: “how deploying resources to prevent problems occurring or getting worse may contribute to meeting the

body's well-being objectives, or another body's objectives.” It is also at the heart of the NHS (Wales) Act 2006 and the NHS Wales Finance (Wales) Act 2014, both of which require that health boards focus on the health of their population as well as provision of health services.

The NHS in 10 years+ forecasts increasing long term conditions and increasing NHS staffing needs stating, ‘much of what we project in this paper is avoidable if we switch our focus to prevention’.

The redesigning of clinical pathways; projects to understand patients better e.g. PROMs and PREMs and other Value work to ensure the best outcomes for patients, carers and society, using resources well over the whole pathway of care need to continue and gain pace as a priority.

Planning Focus on Prevention

In planning, organisations will need to recognise and cover preventative activity across the following different levels. In setting out the below we have used the ‘Prevention Based Health and Care draft definitions’

Primary prevention interventions prevent the onset of development of health-related harms/disease, which would lead to poor mental and physical health outcomes. Plans should cover actions to avoid ill-health occurring in the first place through:

- Acting on the conditions that influence risk factors for ill-health (e.g. environmental, social or economic interventions), including promoting a state of good mental and physical health through assessment of impact and
- intersectoral action
- Reducing risk factors for ill-health (e.g. tobacco control, tackling obesity)
- Promoting well-being and healthy communities
- Increasing vaccination uptake and reducing vaccine inequity.

Secondary prevention interventions lead to the early identification of conditions/diseases or the identification of risk factors which can then be addressed, thereby minimising their potential effect on mental and physical health outcomes. Actions can include:

- Systematic data driven approaches to identifying people at risk using population health management and risk segmentation and stratification approaches.
- Detecting disease or disease precursors early and intervening such as clinical detection (glucose intolerance) or high blood pressure
- Developing a strategic approach to acute physical deterioration through the use of Prevention, Identification, Escalation, and Response pathways and the introduction standardised Early Warning Scores NEWS2, national PEWS, NEWTT2 and MEWS ([Standardising the management of acute deterioration \(WHC/2024/035\) | GOV.WALES](#))
- Adopting a patient and family-initiated escalation approach for immediate help and advice about deteriorating health and ensuring its application to all age groups on all in-patient acute sites ([Adopting a patient and family-initiated escalation approach \(WHC/2024/040\) | GOV.WALES](#))
- Prioritising the reduction of healthcare associated infections (HCAIs). HCAIs remain a key patient safety issue that result in a significant burden of disease and financial cost.

- Population screening programmes.
- Enabling people to remain well for as long as possible, keeping them active in their communities and roles and managing long term conditions to avoid/ reduce deterioration and complications.

Tertiary prevention interventions aim to prevent poor health outcomes in individuals with established conditions/disease mainly through good long term condition management and disadvantaged population health care needs. For example, high quality education to support self-management and delivery of care processes in the management of diabetes. For the most vulnerable in our society life expectancy is significantly reduced and many years are lived in poor health. [The Inclusion Health Services Framework](#) was published in March 2025 as guidance for planning proportionate care to meet the needs of vulnerable population groups.

NHS organisations are expected to develop plans demonstrating:

- Clear and strong board level commitment to prevention and tackling health inequalities based on the 5 ways of working in the Well-being for Future Generations Act (long-term, prevention, collaboration, integration and involvement) and on Value in Health interventions.
- Developing Inclusion Health Services to meet the needs of vulnerable groups
- Greater emphasis on systematically implementing primary and secondary prevention interventions to reduce entrenched health inequities - implementing the national 3 Ps policy and establishing the single points of contact [Promote, prevent and prepare for planned care \[HTML\] | GOV.WALES](#)
- Work to expand provision of pre-diabetes prevention programme to all clusters in the health board.
- Preventive health measures are accessible at all stages across the life course – from prenatal, infancy and childhood, to adolescence, adulthood, and through to older age, and across all communities.
- Work to implement Health Child Wales Programme Part 2.
- How they are working collaboratively with education colleagues to comply with the duties set out in the Additional Learning Needs and Education Tribunal (Wales) Act (ALNET) [Additional Learning Needs and Education Tribunal \(Wales\) Act 2018](#)
- Commitments to priorities in Mwy na geiriau / More than just words and priorities in national equality plans.
- How they are investing in value-based health and care and thereby moving towards higher investment in prevention to reduce ill-health.
- How they are an exemplar anchor organisation and support and catalyse action with and from partners. Take targeted action as an employer, procurer for services and managing estates to support healthier communities.
- How they are delivering a collective and cohesive effort across the health, social care, housing and education sector to create and enhance the types of environments needed to support individuals to lead healthy lives.
- Progress to achieve the nationally agreed 80/50/80 fracture liaison service (FLS) standard — meaning 80% of eligible patients are identified, 50% receive treatment, and 80% are monitored — by delivering consistent, high-quality care for patients who

suffer fractures due to falls. This approach supports better outcomes, reduces hospital admissions, and strengthens long-term bone health across Wales.

- How they will take meaningful and sustained action to increase vaccination rates amongst eligible cohorts (including staff) and meet the national targets set in respect to maternity, childhood, adolescent, adult (with specific attention on respiratory) vaccination uptake.
- Work to drive significant reduction in vaccine inequity, which should include plans for engagement and improved accessibility for underserved groups.

2.3 Community by Design

Key Delivery Expectations for 2026-27:

- Deliver a 12-month reduction trend in both the number of people who are delayed in hospital and the total days delayed for these patients, as measured by the Delayed Pathways of Care dashboard.
- Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible.
- (National requirements and expectations will be specified by the Community by Design Transformation Programme Board)

As well as placing prevention and population health at the core of NHS Wales, we must make greater progress in delivering truly integrated services in the community. This requires a fundamental shift from a default reliance on hospital-based care to a community-by-design (CbD) approach, ensuring that people, particularly those with long-term conditions or frailty, can remain well and receive timely, appropriate support closer to home.

To achieve this, health boards must demonstrate how primary care is being systematically embedded within service and pathway planning at both cluster and pan-cluster levels, rather than treating primary care as an adjacent or parallel system. Plans should clearly show how General Medical Services, community pharmacy, optometry, dentistry, allied health professionals and wider primary care teams are integral partners in pathway redesign, population-based planning, and the delivery of seven-day, community-centred models of care. **The Cabinet Secretary expects to see how you plan to co-design these service models with your communities, working with clusters, contracting professions and allied health professionals, as well as other key partners and stakeholders, to deliver integrated services in the community and how you will balance proportionate spend across NHS primary and secondary care services over the course of 2026-29.**

We must recognise that rising demand for services and increasing costs mean our social care system remains under pressure. NHS organisations are expected to work closely with key partners to ensure care is person-centred, compassionate and responsive to people's changing needs, and it is essential that plans support a collective effort with social care to avoid unnecessary hospital admissions and improve timely hospital discharge. In doing so, health boards must also demonstrate how they are using primary care intelligence and contractual mechanisms to support early intervention, avoid admissions, and redesign

pathways in line with Community by Design. This includes showing how primary care plays an active, embedded role in identifying risks earlier, supporting people to remain well at home, and ensuring coordinated, whole-system approaches to managing demand. Alignment with and commitment to delivering Regional Partnership Board (RPB) plans will be key.

Throughout the patient healthcare experience, full regard to the CbD principles should be applied including consideration of:

- Leadership and governance
- 3 Pillars - Long term conditions, urgent and same day care and prevention
- The other 5 priorities listed here fit into the CbD structure. CbD is not a priority in isolation as it has a key relationship with the Cabinet Secretary's five other strategic priorities. For each strategic priority, health boards should be required to demonstrate how CbD principles have been applied in the planning, delivery, and evaluation of services. This includes:
 - Starting with community-first options for service delivery,
 - Evidencing the resource shift to community settings.
 - community-based alternatives and pathways in all recovery and transformation plans.
 - Justification for any service remaining hospital-based.
 - Use of national CbD metrics

In line with the ambitions of *A Healthier Wales*, the Integrated Community Care System (ICCS) for Wales provides RPBs and their delivery partners in health, social care and the third sector with an overarching 'whole system' framework for designing and delivering seamless health and social care in our communities.

The Community by Design Transformation Programme acts as a key pillar of the ICCS, focused on enabling the effective delivery of primary and community health care services in primary care clusters and sub-cluster neighbourhoods that is bespoke underpinned by Population Needs Assessments.

Together Community by Design and ICCS ensure care is delivered closer to home through coordinated, person-centred models of delivery. Now, more than ever, the full implementation of the Primary Care Model for Wales and embedding the community by design approach is required. The ambition to build resilient communities and deliver care as close to home as possible is long standing and the landscape in Wales for primary and community care is the envy of other nations. However, we are not realising the potential and health boards need to demonstrate plans to realise the system-wide benefits and the wider ambitions of the ICCS, extending services and moving services into primary and community care wherever appropriate, such as the *Future Approach for Audiology*, which is extending and moving services from secondary care into primary care.

With a population focus on a place based, neighbourhood care, Primary Care Clusters are uniquely placed to work with partners to provide care at home or as close to home as possible. The Pan Cluster Planning Groups (PCPGs) connects Clusters to the wider health and social care system partnerships. PCPGs are well positioned to make decisions based upon improving population health and can create the environment for collaboration to deliver when supported by health board and Regional Partnership Board system leaders.

Developing a solid foundation in primary and community care with a place-based approach will enable a more radical approach to reviewing pathways via a Community by Design lens.

Health boards are expected to develop plans demonstrating actions for:

- The Community by Design Transformation Board has been established, led by the Chief Medical Officer for Wales, and will provide direction to support the change and improvements required for NHS organisations. NHS organisations will be expected to reflect this direction in their plans.
- Working in partnership at a system level through RPBs, to deliver the Integrated Community Care System (ICCS) for Wales ambitions.
- Using Cluster, Pan Cluster Planning Group and RPB plans to develop primary and community services in line with assessed population need, and Inclusion Health Services for vulnerable groups. That are 7-day services and meet nationally agreed response times.
- Maximising the opportunities provided by the contracts and assurance mechanisms for General Medical Services, Community Pharmacy, Optometry and Dentistry to improve collaboration and the effective use of professional time and expertise, and requiring health boards to demonstrate robust systems of assurance on these contracts, specifically how contract performance, outcomes and compliance are informing service planning, early-intervention approaches, and pathway redesign in line with Community by Design..
- Providing any new Supplementary Services, where appropriate, on a cluster or pan-cluster population footprint, and health boards must demonstrate how they ensure governance, quality and contract oversight for these supplementary services at cluster and pan-cluster level, including how this oversight aligns with and supports wider service-transformation objectives.
Improving access to the right professional, at the right time in the right place.
- Maximise opportunities new technologies may offer to release time to care and better coordinate personalised person-centred care.
- Promoting the use of NHS 111 and 111 [Press 2]

The vision in *A Healthier Wales* is for people to access the majority of their health and care in the community and only going to a hospital when this is the right thing for their specific needs. To drive this at scale, all health boards must adopt the 'Community by Design' as a planning principle where services are planned and delivered 7 days a week to national response times, in the community unless there is evidence that they must be delivered in a hospital setting. The *Future Approach for Optometry* and *Future Approach for Audiology*, and subsequent reform, is a sound blueprint for health boards. Health boards must also set out how they are shifting resource and activity into primary and community care, and demonstrate how these shifts are evidenced through contractual delivery, performance data, and active engagement with primary care partners.

This will also support the intention to reduce the number of people that are delayed in hospital and this will be measured on the Delayed Pathways of Care Dashboard. This must also be done alongside robust 7-day services and an increase in capacity of enhanced community care to at least the required levels previously set for 2024/25 and greater where possible. Combined these measures will help improve patient experience and support patients in the community whenever possible.

Eye Health Care

For eye health care, to drive forward at scale whilst health boards adopt the 'Community by Design' planning principle for optometry, they must also set out how they are shifting activity from secondary care ophthalmology into primary care.

To set high-level national direction for Integrated Eye Care, NHS Wales Performance & Improvement has been asked to:

- Lead development, delivery and assurance of the national Integrated Eye Care Strategy
- Ensure national consistency, eliminate variation, and secure sustainable delivery models
- Provide strategic direction for health boards and regions to adopt unified, integrated pathways

Eye care is the first whole-system integrated pathway (followed by hearing care) in Wales and is setting the standard for future clinical pathways and wider NHS Wales reform aligned with:

- NHS Wales Integrated Eye Care Strategy (to be developed and led by NHS Wales Performance & Improvement)
- National Clinical Strategy for Ophthalmology
- Optometry Contract Reform (Wales General Ophthalmic Service)
- Community by Design
- Planned Care Programme

1. Strategic Purpose - NHS P&I is formally commissioned to:

- Provide national governance, assurance, and system leadership
- Drive consistency, integration, and sustainability across all parts of the pathway
- Ensure the whole system is working to a shared national vision

The aim is to deliver safe, sustainable, and unified care that reduces harm and variation and ensures equitable access across Wales.

2. NHS Wales Performance & Improvement National Responsibilities - NHS P&I must:

Deliver and own the Integrated Eye Care Strategy to support delivery of national standards and provide national governance and oversight, combining and using the Clinical Implementation Network (CIN) and Eye Care Wales Committee (ECWC) as unified national governance.

Advise Welsh Government on risks, progress and system readiness, ensuring consistent pathway adoption and service standards through an integrated approach.

Coordinate regional delivery, ensuring alignment across health boards and avoid local divergence underpinned by leading national monitoring of performance on:

- Delivery of integrated pathways
- Patient safety
- Workforce sustainability
- Digital and estates readiness

3. Expectations for health boards - health boards must:

Align IMTPs and delivery plans for implementation of national integrated pathways and standards set through the combined CIN and ECWC.

4. Digital and Estates Transformation (High-Level) - NHS Wales must deliver:

Health boards will advise Welsh Government on system-wide readiness and prioritisation to support data, workforce, digital and estates developments required to deliver pathways.

- Integrated referral and sharing system across primary and secondary care
- Standardised data capture and reporting
- Modernised, fit-for-purpose estates that support the integrated pathway

5. Monitoring, Evaluation and Accountability - NHS P&I will:

Lead national monitoring of delivery, track progress of implementation, workforce, digital and estates development and provide regular assurance updates to Welsh Government, followed by health board's timely performance information required for national oversight to evidence progress and highlight risks to delivery.

Hearing Health Care

For hearing health care, to drive forward at scale, whilst health boards adopt the 'Community by Design' planning principle for audiology, they must also set out how they are shifting resource and activity from secondary care ENT to secondary care audiology and extending audiology into primary care.

To set high-level national direction for Integrated Hearing Care, NHS Wales Performance & Improvement has been asked to:

- Provide strategic direction for health boards to adopt unified, integrated pathways across ENT and audiology and extension of audiology services into primary care.

A whole-system integrated pathway (following eye care principles) in Wales is aligned to the wider NHS Wales reform programme and with:

- Future Approach for Audiology Services Reform
- Community by Design
- Planned Care Programme

1. Strategic Purpose - NHS P&I is formally commissioned to:

- Provide national governance, assurance, and system leadership

- Drive consistency, integration, and sustainability across all parts of the pathway
- Ensure the whole system is working to a shared national vision

The aim is to deliver safe, sustainable, and unified care that reduces harm and variation and ensures equitable access across Wales.

2. NHS P&I National Responsibilities - NHS P&I must:

Deliver and own the *Future Approach for Audiology Services* to support delivery of national standards and provide national governance and oversight, combining and using the Clinical Implementation Network (CIN) and Audiology Board as unified national governance.

Advise Welsh Government on risks, progress and system readiness, ensuring consistent pathway adoption and service standards through an integrated approach.

Coordinate delivery, ensuring alignment across health boards and avoid local divergence underpinned by leading national monitoring of performance on:

- Delivery of integrated pathways
- Patient safety
- Workforce sustainability
- Digital and estates readiness

3. Expectations for health boards - health boards must:

Align IMTPs and delivery plans for implementation of national integrated pathways and standards set through the combined CIN and Audiology Board.

4. Digital and Estates Transformation (High-Level) - NHS Wales must deliver:

Health boards will advise Welsh Government on system-wide readiness and prioritisation to support data, workforce, digital and estates developments required to deliver pathways.

- Integrated referral and sharing system across primary and secondary care
- Standardised data capture and reporting
- Modernised, fit-for-purpose estates that support the integrated pathway

5. Monitoring, Evaluation and Accountability - NHS P&I will:

Lead national monitoring of delivery, track progress of implementation, workforce, digital and estates development and provide regular assurance updates to Welsh Government, followed by health board's timely performance information required for national oversight to evidence progress and highlight risks to delivery.

2.4 MENTAL HEALTH ACCESS

Key Delivery Expectations for 2026-27:

- Implement and evaluate Open Access Mental Health Support by March 2027.
- Improve safety in Secondary Care Mental Health services (measured through agreed mental health safety matrix and PROM ReQuol) by March 2027.
- Improve Physical Health of People with long term mental health problems by carrying out mortality reviews and implementing improvement plans from the learning by March 2027.

The [Mental Health and Wellbeing Strategy 2025-35](#) was issued in April 2025. We are committed to ensuring there are seamless mental health services, that are person centred and needs-led. Earlier this year the NHS Wales Performance & Improvement Strategic Programme for Mental Health developed guidance, 'Transforming our system to open access mental health support – Supporting Information', setting clear expectations for the remainder of 2025-26. This is aligned to a 'Community by Design' approach and vital in order to continue to improve quality, safety, experience and outcomes, and driving this agenda at pace will place our mental health services in a stronger position to deliver the sustainable services we need to deliver through collaboration. The Cabinet Secretary expects plans for 2026-29 to build on this and ensure mental health services are shaped in alignment with the Mental Health and Wellbeing Strategy. Plans should set out how this is being achieved.

Health boards need to demonstrate that there are plans in place to meet performance measures, including waiting time targets, on a sustainable basis alongside active engagement with the Strategic Programme for Mental Health to support service transformation. Plans should be underpinned by a clear and resourced Digital Mental Health Plan that addresses electronic patient records and the mental health core dataset.

Plans should include the delivery of tests of change and demonstrator projects for Open Access Mental Health Support including measurement of before and after access, experience and outcomes with agreed national tools / definitions. Health boards should also work with the Strategic Programme for Mental Health and collectively to deliver a new model of acute and crisis care, including planning and action to move to regional and national approaches to mental health inpatient care, and reducing the use of out of area beds.

Health boards will be expected to:

- Routinely measure and report nationally on outcomes and experience, starting with a focus on in mental health inpatient care
- Routinely measure and report nationally on 72-hour follow up from inpatient care
- Routinely measure and report nationally on access to and outcomes in Early Intervention in Psychosis Services
- Routinely measure and report on the quality of outcome focussed care and treatment planning
- Routinely measure and report on learning from mortality in line with the All-Wales Learning from Mortality Review Framework and Duty of Quality

Health boards should ensure that information on mental health safety metrics is visible to Boards and action is taken as required to improve patient safety. Quality control and quality assurance mechanisms should also be established for discharge and anti-ligature processes, with audit against the Wales safe discharge standards and Wales anti-ligature standard.

People accessing mental health services are identified as a priority group in Mwy na geiriau / More than just words – our plan for the Welsh language in health and social care. We expect plans to include priorities for increasing the use of Welsh across clinical settings, for all priority groups.

Suicide and Self-harm Management and Prevention

Plans should also be based on engagement with the National Programme for Suicide and Self-harm Prevention (SSHP) based in NHS Wales Performance & Improvement; the regional SSHP multi-agency forum; and the mechanisms through which the health board will provide data, intelligence, and systems leadership for the health board population and partnerships, guiding suicide prevention, crisis intervention, and response to suicide events.

Health boards should encourage all staff to complete the ESR modules on basic suicide awareness, and basic self-harm awareness, and monitor and report take-up of the learning. Learning and development leads to familiarise themselves with the [learning outcomes relating to suicide and self-harm now available to all health and care undergraduate and pre-registration programmes](#) across Wales to support staff in training

Dementia

Health boards need to demonstrate that there are plans in place to meet waiting time targets on a sustainable basis for memory assessment services. Health boards also need to ensure that their plans reflect the wider ambitions set out in the Dementia Action Plan, to improve the quality of care across all pathways (including adherence to the published dementia care standards), with an emphasis on providing person centred and needs led care.

As part of this, plans should show clearly how engagement has taken place with Regional Partnership Boards (RPBs), as they are required to approve the plans in relation to how the dementia action plan ring fenced health board allocation is used.

People with dementia are identified as a priority group in Mwy na geiriau / More than just words – our plan for the Welsh language in health and social care. We expect plans to include priorities for increasing the use of Welsh across clinical settings, for all priority groups.

Substance Misuse

Plans should also include assurance for the planning and delivery of NHS substance misuse services with an emphasis on better integration with mental health pathways. As part of this, plans should show clearly how engagement has taken place with Area Planning

Boards (APBs) who commission substance misuse services. APBs should approve the plans for how the substance misuse ring fenced health board allocation is used.

Neurodivergence (ND)

Health boards should demonstrate plans to further develop neurodivergence services for children, young people and adults. Plans should reflect active engagement with the Neurodivergence Improvement Programme and integrated working with partners in Regional Partnership Boards, including Education. Health boards should take into account the requirements of the [Statutory Code of Practice on the Delivery of Autism Services](#), which is being expanded to include other ND conditions and due to be consulted on during 2026. There should be an emphasis on delivering early help and support based upon need, reducing assessment waiting times for children and young people in particular and addressing gaps in provision for adults particularly for ADHD assessment, and on-going prescribing support where required. There should also be a focus on improving workforce knowledge and skills to ensure that reasonable adjustments can be made where required in the delivery of healthcare services.

Learning Disabilities

Health boards should focus on reducing health inequalities and early mortality experienced by people with learning disabilities as reflected in the [Learning Disability Strategic Action Plan](#). They should demonstrate plans to improve outcomes through ensuring annual health checks are offered and taken up by everyone with a learning disability and improve workforce knowledge and skills to ensure reasonable adjustments are made across health services. This includes ensuring the Paul Ridd Learning Disability Training continues to be rolled out for staff. Action should be taken to support people with learning disabilities with mental health needs, providing early intervention and preventing an escalation of need and crisis intervention through a multi professional approach. Urgent action is required to reduce the numbers of individuals who are admitted to specialist inpatient services, and reducing the length of time people spend in an inpatient environment, where some are experiencing significant delays in discharge to suitable community settings.

People with learning disabilities are identified as a priority group in Mwy na geiriau / More than just words – our plan for the Welsh language in health and social care. We expect plans to include priorities for increasing the use of Welsh across clinical settings, for all priority groups.

2.5 WOMEN'S HEALTH

Key Delivery Expectations for 2026-27:
• Further expansion of the Women's Health Hub model in each health board area by March 2027 (aligned to the Women's Health Plan) • Improving the quality of our maternity services by reducing peri-natal mortality rates.

Women's services often suffer from lower investment and sadly there is a growing body of evidence about women's symptoms being undervalued, overlooked or dismissed. The Women's Health Plan sets out the priority areas for improvement. This is the beginning of a much longer-term commitment to consistently deliver equitable services for women.

Health boards will be required to further expand the hub model that has been established to improve timely access to services making it easier for women to obtain care they need while promoting preventative measures and empowering them to take charge of their health and well-being. The aim is to improve equitable access to services, enhance the patient experience, and ensure that women receive holistic care tailored to their individual needs. These hubs facilitate coordinated care and promote preventative health measures, ultimately aiming to improve health outcomes and reduce inequalities for women across different life stages. Health boards will be required to learn from the early evaluation of the pathfinder hubs to further develop the model in Wales. This will signal the beginning of transformation and will be built on over the coming months and years. Expansion should consist of opening further hubs to expand population coverage and/or broadening the scope of services provided through the hub model to incorporate further priority areas aligned to the Women's Health Plan.

NHS Performance and Improvement has been working closely with health boards to support the initial stages of the planning and hub development and will continue to do so for hub expansion.

The focus in 2025/26 was on the establishment of the pathfinder Women's Health Hubs. While work on the hubs is expected to continue, health boards are expected to develop a plan for local implementation of the broader actions in the Women's Health Plan.

Health boards should include contraception and abortion care in their IMTP as outlined in the Women's Health Plan.

To ensure that there is a continuous development of services and implementation of the plan there will be a quarterly session held as part of the Integrated Planning Quality and Delivery meetings. Women's health will also be a feature of JET meetings.

The quality statement for Women and Girls also describes what is expected to ensure good quality health services to support women and girls. The Quality statement and the Women's Health Plan will begin to address the challenges by setting out a range of actions that are required.

[The Quality Statement for women and girls' health | GOV.WALES](#)

2.6 QUALITY AND SAFETY

Key Delivery Expectations for 2026-27:
• Downward trend in 12-month rolling average crude mortality while maintaining a flat 7-day readmission rate. • Days of safe care delivered since the last never event, monitored using SPC T-Chart • Percentage proportion of complaints dealt with via early resolution - target 40% by March 2027 • The clinical coding service must ensure that at least 95% of inpatient and day-case episodes are fully coded within one reporting month of discharge, in line with Welsh

Government delivery measures. In addition, 90% of all identified coding errors must be corrected within 35 days of identification, ensuring timely and accurate data quality improvements across all health boards. There must be a focus on quality of coding with an emphasis on specificity, and comorbidity capture demonstrated by an increase in depth index by 10% year-on-year.

Quality and Engagement Act 2020

The **duties of quality and candour** are now statutory obligations for NHS bodies and individuals in Wales. They became effective in April 2023 and provide a framework for delivering quality and transparency in all aspects and all levels of the NHS. [The duty of quality | GOV.WALES](#) and [The NHS Duty of Candour | GOV.WALES](#).

The Planning Framework has been informed by the Duty of Quality which must underpin the way we think, behave and act. The Duty of Quality introduced 12 new Health and Care Quality Standards, that can be described as the operationalisation of the Duty. **Planning and plans need to demonstrate how the actions proposed will address the health and care quality standards, and how the standards are being used to support the planning process and decision making.**

The Duty of Quality requires that strategic and operational decisions are made through the lens of quality. This quality-driven decision-making can be achieved by considering plans and decisions in line with their impact utilising the Health and Care Quality Standards.

Quality Impact Assessments (QIA) using the standards are essential to understand outcomes impacts and risks throughout the NHS and health and care system. QIAs should routinely inform decisions, efficiency and service management to understand the impact on people as individuals as well as the service more generally. **Boards must assure themselves that there are robust quality assurance arrangements in place and that there has been sufficient scrutiny of quality impacts of any changes on people, their organisation and wider partners such as the third sector. Organisations will need to be able to evidence how they have quality impact assessed operational and strategic plans.**

Quality Statements underpin Welsh Government policy and delivery expectations and provide a clear and coherent link to the health and care quality standards in the Act. NHS organisation should identify and plan to address clinical services that meet the principles for fragility described in the [National Clinical Framework](#). Addressing harm, waste and unwarranted variation in clinical services must be at the forefront of organisational planning and operational delivery. Your organisations are subject to the [Duty of Quality](#) and the [Health and Care Standards](#) - and this should shape your decision making. This should be more strongly reflected in your future planning and, as a minimum, should include how your organisations are planning to work towards the expectations set out in the [Quality Statements](#), including those for cancer, circulatory diseases, diabetes, and palliative and end of life care.

All patient safety incidents, including near misses, must be reported across NHS Wales through the national reporting system, developed to ensure consistent national data collection and analysis.

NHS organisations must have robust systems and process in place to investigate incidents, identify risks, themes and trends to extract learning for their organisation in order to learn from what may have gone wrong and make improvements to prevent reoccurrence.

NHS Wales Performance and Improvement will continue to provide an oversight and assurance function. This will enable the use of learning and data intelligence from nationally reportable incidents to inform local and national assurance and develop patient safety alerts, notices, policies and improvement programmes

Patient Experience

Our strategic approach to delivering healthcare in Wales, 'A Healthier Wales', along with the Health and Social Care (Quality and Engagement) (Wales) Act 2020, and the National Clinical Framework (2021), seeks to strengthen the citizens' voice in the ongoing development and we seek to use reported people experience with other quality and safety intelligence to get a more rounded picture of our NHS services.

The Patient Experience Programme has developed the People's Experience Framework and People's Experience Survey in partnership with NHS health boards and trusts, Llais and third sector organisations.

The National People's Experience Survey (PES) and the People's Experience Framework launched in April 2025 under a Welsh Health Circular. Welsh Government requires both the Framework and the PES to be adopted and implemented consistently across NHS Wales.

All NHS organisations must embed patient feedback, lived experience, and engagement at the heart of service design, delivery, and improvement. The PES provides real-time, anonymous insights into the quality and impact of care from the patient's perspective, and this information must be used to inform service planning and the development of the integrated medium-term plan.

All organisations are required to use the agreed core question within the People's Experience Surveys. These core questions cover overall experience, communication, involvement in decisions, dignity, respect, and language preferences.

All service users have the right to provide anonymous feedback quickly and easily, at any time. Feedback must be used to celebrate successes, identify areas for improvement, and be made publicly available in accessible formats, clearly demonstrating how it has informed change (for example, through "You said, we did" communications).

The Framework sets out an annual self-assessment maturity matrix, which all organisations must use to evaluate their current position and develop robust improvement plans for people's experience, applying a value-based approach. Organisations are required to complete a local self-assessment (Red-Amber-Green rating) for each framework element.

The Framework applies to all NHS Wales services, including commissioned services. Quality and experience indicators must be integrated into all arrangements and used for contractual monitoring and compliance.

Transparency in feedback processes is essential to drive a continuous cycle of learning and improvement, delivering long-term benefits for Wales. Organisations must regularly report and publish people's experience data, co-producing quality improvement plans with stakeholders. Reports should be accessible, transparent, and reflect feedback from external bodies.

National assurance is overseen by NHS Wales Performance & Improvement.

Listening to People: NHS Wales Concerns, Complaints and Redress process. The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) (Amendment) Regulations 2025 ("the amending Regulations") which update the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011, ("The Principal Regulations") come into force on 1st April 2026. NHS organisations will be required to meet the amending Regulations. The amendments aim to improve the responsiveness, transparency, and person-centred nature of the complaints and redress process. The updated model, named 'Listening to People' replaces "Putting Things Right", and emphasises the importance of putting people at the centre of the process by listening to them from the start.

Guidance for NHS organisations on meeting the Regulations has been developed in collaboration with NHS partners and stakeholders across Wales. Organisations are expected to have implemented the Listening to People changes and be developing and improving the processes and support available to people when they make a complaint, as well as learning from incidents and improving services. Annual reporting on this learning is required through the regulations (National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) (Amendment) Regulations 2025 and the NHS Duty of Candour) and organisations are expected to continue working with NHS Performance & Improvement and NWSSP throughout the year to develop the supporting investigation methodologies, learning processes and *always on reporting* mechanisms. This ongoing work and evidence of implementation should be adequately reflected in plans.

3. ENABLING PLANS

To deliver the improvements across health and social care and the reforms that will be needed, Annex 2 of the Planning Framework sets out enabling actions that must underpin the delivery priorities to successfully achieve the core service and changes we want.

Consideration will also need to be given to underpinning enabling plans. These include value projects, digital innovations, workforce developments, financial sustainability and ways of working. These will enable confidence in the commitments within the plans and provide assurance of realistic delivery. Plans must be clear about the mechanisms that will be used, and their effectiveness, and demonstrate understanding of what progress is needed to optimise each enabling area.

3.1 DIGITAL, TECHNOLOGY AND INNOVATION

To deliver transformative change, move towards modern and future-focussed digital capabilities, and create a value-based health system, adequate, sustained investment must be made in technology, associated infrastructure and associated capabilities and capacity. This needs to take into account safety, governance and secure systems including AI and cyber security. Embedding bilingualism into digital and innovation policies and capabilities is key to meeting Cymraeg 2050 and Mwy na geiriau / More than just words priorities for the Welsh language, and ensuring clinical safety. To deliver NHS organisations should demonstrate:

Leadership and planning for digital:

- Have in place an organisational wide digital and data strategy that is underpinned by a sustainable financial plan and aligns to:
 - the future national state architecture (once published)
 - digital goals within health board, NHS trust and special health authority IMTPs/ annual plans
 - national policy including the Digital and Data Strategy and A Healthier Wales (this includes action to support the recording, tracking and sharing of language and communication needs of patients and those accessing services, in line with Mwy na geiriau / More than just words and the All Wales Accessible Communication and Information Standards).
- Have in place plans to phase out unsupported systems over a timely period that takes into consideration safety and the risks of prolonging the use of legacy systems and technologies.
- Undertake regular board development sessions to develop digital and data competence.
- Embed accountable digital leadership across the organisations to improve quality and safety of care including:
 - Promoting a culture of digital-first thinking
 - Adequately involving clinicians in design, decision making and pathway redesign to reduce variation
 - Involve diverse stakeholders (clinicians, administrators, patients and public) in planning and feedback loops
 - Adopt user centred design principles
 - Clinical safety training
 - Empower citizens, professionals, and deliver safe, equitable, and efficient care by:
 - Ensuring digital services are citizen centred and inclusive
 - Ensure systems are seamless and integrated
 - Ensuring systems are safe, secure and trusted
 - Ensure systems empower the workforce to reduce administrative burden, freeing up time for direct care
 - Digital investments are evidence-based and outcomes-focused
 - Embrace innovation and are flexible to support new models of care
- Consider opportunities for convergence with neighbouring health boards and all health boards and health bodies collectively to deliver digital transformation to support sharing of information and standardisation of care pathways.

- Consider investment in digital in the context of future digital strategy – accepting that tactical decisions are required.
- Create digital skills programs for all staff to support technology adoption and patient engagement.

Governance and clinical safety for digital and MedTech including AI

- Ensure that digital clinical safety, cyber security and information governance risks in relation to digital are considered by the board.
- Ensure that robust assessments are made of technologies and that appropriate measures are put in place to mitigate clinical safety, cyber security and information governance risks.

Cyber, Information Governance and infrastructure

- Implement the Cyber Assessment Framework (CAF) profiles and achieve the minimum standard (the baseline profile) and put in place measures to work towards the advanced profile if this cannot currently be achieved.
- Target of 85% of staff having undertaken Cyber Training
- Target of 85% of staff having undertaken Information Governance Training
- Establish a process for reducing cyber risk and managing incidents in a timely manner with mitigation plans, investment strategies, and progress reviewed regularly.
- Continue collaborative working on electronic health records and adhere to national policy once published.
- Establish Local Enterprise Architecture governance to ensure compliance with national standards and alignment with ongoing development of National Architecture including completing mapping exercise of systems into Ardoq.

National Systems

- Work with Digital Health and Care Wales (DHCW) to ensure plans are in place to support the local implementation of National Programmes and Systems.
- Health boards and trusts to undertake early planning with DHCW on systems or work packages that require DHCW's resources. Clear plan to be developed for technology enabled virtual wards or care, working with NHS Wales Performance & Improvement.
- Increase use and uptake of appropriate electronic testing referrals in Welsh Clinical Portal in radiology and pathology.
- Adherence to the "Once for Wales" approach.

Standards Implementation

- Implement core digital standards published within Welsh Health Circulars
- Develop plans to embed WHC (2015) 049 - Operational standards for use of the NHS Number - [operational-standards-for-use-of-the-nhs-number.pdf \(gov.wales\)](https://gov.wales/operational-standards-for-use-of-the-nhs-number.pdf)
- All boards must be complying with relevant DCSN notices

Improve Clinical Coding

- Health boards to improve their clinical coding to ensure clinical safety and meet national coding targets
- Clear plans that outline how health boards will explore and adopt the use of AI to improve clinical coding with governance and oversight in place for safe and responsible adoption.

AI and Automation

- Adoption of relevant advice, guidance and standards relating to the implementation of AI as reviewed by Welsh Government and sector partners including the Office for AI and AI Advisory Group for Health and Social Care.
- Clear plans and actions to adopt innovative approaches to improving patient care and reducing waiting lists or improving administrative processes using proven and safe AI and Automation technology prioritising technologies that have been approved through successful health technology assessments by partners including Health Technology Wales and NICE and/or established through in-house or academic developments. Ensuring safe and ethical adoption in a timely manner.
- Exploiting opportunities for digital innovation for administrative areas of work, treatment, prevention, testing, monitoring, systems and patient level devices and tests must be taken to utilise available technology and AI. There are already excellent examples in stroke care, genomics, diabetes etc and where these are proven to be efficacious, they must be scaled across health and care.

Advanced Therapies

Advanced Therapies is a collective term for medicines based on genes, cells or tissue. They represent a step-change in healthcare, offering the potential to treat or improve outcomes for indications that currently have limited or no treatment options, including rare and complex diseases. These therapies are already moving from clinical trials into being recommended by NICE for use within standard care, creating opportunities to improve outcomes for patients of all ages. However, their adoption brings significant challenges. Advanced Therapies are often complex to deliver, requiring new clinical pathways, specialist infrastructure, and workforce skills. They also raise important considerations around equity of access and timely availability across Wales.

The Welsh Government funded national programme Advanced Therapies Wales (ATW) exists to address these challenges. It is the only programme of its kind in the UK, acting as a national hub to support development, adoption and research. ATW drives collaboration across NHS Wales, Welsh Government, academia and industry, and co-leads the Midlands and Wales Advanced Therapy Treatment Centre (MW-ATTC) to accelerate clinical trials and build workforce capability. Its remit spans research through to routine care and is guided by the co-produced [Delivery Plan for Advanced Therapies in Wales \(2025–2029\)](#), aligned with [Welsh Government's Statement of Intent](#), [A Healthier Wales](#), and the [Innovation Strategy](#).

To support agreed national priorities for innovation, equity and timely adoption, our health boards are required to consider the following:

Leadership and Planning for Advanced Therapies

Health boards and NHS organisations should demonstrate:

- Clear organisational commitment to advanced therapies, aligned with national priorities and the Delivery Plan for Advanced Therapies in Wales, evidenced in local strategies.
- Designation of an Advanced Therapies Champion within each health board to:
 - Promote clinical awareness of Advanced Therapies.
 - Share information on developments within the Delivery Plan for Advanced Therapies Wales.
 - Act as a point of contact for Advanced Therapies within the organisation and represent the organisation at ATW key events.

Equity and Timely Access

- Support the adoption and development of strategies to address equity of access to Advanced Therapies, ensuring:
 - Geographic fairness across Wales.
 - Consideration of underserved populations.
 - Collaboration with patient groups and third sector organisations.

Clinical Awareness and Education

- Engage with the Advanced Therapies Wales Programme to raise awareness among clinicians and patients, including:
 - Education on Advanced Therapies trials and treatment pathways.

Support and engage in agreed key initiatives of the ATW Programme for the next 12-36 months:

- Therapeutic Apheresis programme
- Pharmacy provisions
- Developing case for GMP facilities

In summary, expectations for health boards are:

- Demonstrate leadership and planning for advanced therapies.
- Nominate an Advanced Therapies Champion and engage with the ATW programme.
- Receive the updated Horizon Scanning for Advanced Therapies documentation and raise awareness of the therapies coming through.
- Support education and awareness initiatives for clinicians, patients and the public.
- Share developments from outputs of the Delivery Plan for Advanced Therapies in Wales within the organisation.
- Actively support and contribute to initiatives to achieve objectives within the Delivery Plan for Advanced Therapies in Wales.

Genomics Delivery Plan

[Genomics Delivery Plan for Wales \(2022-2025\)](#) (and [next iteration](#) under development for 2026-2029) outlines the required actions and collaborative approach to exploit the opportunities that genomics presents through a national, strategic programme ([Genomics Partnership Wales](#)); in alignment with [A Healthier Wales](#), [Well-being of Future Generations Act \(2015\)](#) and [National Clinical Framework \(2021\)](#), the integration of genomics into delivery of care will support prevention, person-centred and value-based healthcare.

The ambition as defined in the [Genomics Strategic Workforce Plan](#) is to develop the wider clinical workforce across the NHS to support the ‘mainstreaming’ of genomics. This involves embedding genomic test requesting consistently across the appropriate clinical specialties and enable key staff to identify and refer eligible patients to specialist teams for genomic intervention. It is recognised that there are clinicians in some areas who already use genomic referrals in their patient pathways, but the aim is to ensure equitable access for patients regardless of their health board and the professional/s managing their care. This will reduce health inequalities by ensuring equity of access for patients across Wales. Specific clinical pathways will be the initial areas of focus to support the Cabinet Secretary’s strategic priorities including cancer, cardiac, diabetes, mental health, population health management and prevention, and women’s health.

Each NHS organisation has nominated an Executive Lead for Genomics who is responsible for the implementation of genomics in their health board or trust. NHS organisations should recognise genomics as a policy priority and integrate into organisational planning to support awareness and education in clinical teams, prioritising the clinical areas shown below.

Priority areas for embedding genomics are as follows:

Diabetes: Medical consultants and clinical nurse specialists in diabetes to be trained to identify individuals who may have monogenic diabetes and arrange genomic testing for them.

Around 1% of individuals with diabetes have monogenic diabetes. They require different treatment and have different risks for complications, so identification of these individuals results in better outcomes. It also enables family members to be identified at risk before they develop symptoms, allowing early intervention, resulting in better outcomes and reduced costs for the health board.

Cancer: Medical doctors, surgeons and other appropriate clinical professionals caring for patients with cancer (including haematological malignancies) to be trained to offer tumour or germline genomic testing to eligible patients, to inform diagnosis and treatment decisions, in line with national recommendations for precision medicine.

Genomic test results on tumours or germline DNA can inform cancer treatment and identify those eligible to take part in clinical trials, both resulting in better outcomes for patients.

Cardiac: Specialist nurses or healthcare professionals in lipid clinics should be educated to offer familial hypercholesterolaemia genomic testing to eligible patients.

Diagnosis of familial hypercholesterolaemia allows patients to be monitored and treated to keep their cholesterol level normal and avoid cardiac disease.

Cardiologists and clinical nurse specialists to identify individuals who may have an inherited cardiac condition where screening or intervention may be advantageous.

Identification of those with inherited cardiac conditions enables appropriate targeting of screening and intervention to those at risk of significant cardiac symptoms, and removal of those not at risk from unnecessary screening.

Mental health: Psychiatrists and psychiatric nurses to identify patients who would benefit from referral to the psychiatric genomics service for further investigation.

Some psychiatric conditions and neurodevelopmental disorders are associated with underlying genomic variants, and individuals with these genomic variants have worse health and social outcomes, and reduced life expectancy. Identifying possible genetic causes enables people to have a clearer understanding of their condition, creates an opportunity to discuss and assess potential risk, provides enhanced physical testing and monitoring where appropriate and signposting to specialised support.

Women's health: Specialists in women's cancer should be trained to offer genomic testing as appropriate (see **Cancer** above)

Healthcare professionals who look after women during pregnancy should be trained to include genomics as appropriate in the clinical pathways.

Infectious disease: Infection Prevention and Control staff, medical consultants and other relevant healthcare staff to be trained to utilise pathogen genomic data to support the detection and response to outbreaks. This training should also cover the use of genomics to support retrospective analysis to help prevent outbreaks in future.

Pharmacogenomics (relevant to a number of clinical areas): Preparatory planning is needed in collaboration with the clinical networks and local clinical teams within each organisation to enable future implementation of commissioned pharmacogenomic testing safely and effectively into current clinical pathway using a phased approach. The need for Point of Care (POCT) testing approaches may also need to be explored including the commissioning aspects depending on the clinical indication.

Leadership and Planning for Innovation

The NHS is a system built on innovation. A wide range of support is provided for NHS Wales staff to support innovation, under *Wales Innovates*: the 2023 [Innovation Strategy for Wales](#) and [Ymlaen](#) - the Social Care Wales Research, innovation and improvement strategy.

Innovation remains one of the three criteria for [University Health Board and Trust criteria](#) status in Wales, alongside Research and Development and Training and Education.

The Health and Social Care Innovation Wales resources www.hsciw.wales provide a range of support, to support the planning, implementation and scaling of innovation. This is based on the [Innovation Framework](#), which sets out the six key stages involved in innovation, with all relevant Welsh innovation support functions and organisations mapped under each stage.

Innovation planning, adoption and scaling for NHS Wales organisations should include and set out:

- Governance and accountability at Board level for innovation activities in line with the national Innovation Framework and resources at www.hsciw.wales and using quality and clinical priorities.
- Planning and monitoring of the organisation's innovation portfolio, including demonstrating clear metrics on people, projects, budgets, partnerships (e.g. with academia, industry and others) and external income / resources secured that support innovation activity.
- Plan for meeting new regulatory and existing Directions for proven health technologies as part of adopting and scaling for access in relevant care pathways and in line with clinical priorities taking into account equitable access.
- Engagement with organisations and networks funded to support local and regional innovation and the adoption and scaling of priority innovations across NHS Wales through the Innovation, Technology and Partnerships programme, including NHS P&I, [Contracts for Innovation Cymru](#) (formerly SBRI Wales), [Health Technology Wales](#), the [NHS Wales Innovation Leads network](#), our [Intensive Learning Academies](#), [Life Sciences Hub Wales](#), the [Bevan Commission](#), the Cancer Innovation Adoption Pathway and Regional Innovation Coordination (RIC) Hubs within each Regional Partnership Board area.
- Having an up-to-date Intellectual Property (IP) policy. This includes creating reporting mechanisms and routes to ensuring that IP opportunities are utilised for the benefit of the organisation and the public. New IP guidance for NHS Wales will be released in early 2026 to support this work.

Value-Based Healthcare (VBHC)

To accelerate and advance national momentum around the VBHC agenda. Value Based Healthcare is an 'allocative system' where plans include finance as well as measuring and informing clinical and operations decisions based on what's important as outcomes for patients, their families, society and the tax-payer. NHS Wales organisations are expected to demonstrate the following requirements:

- Strengthened organisational planning and leadership action for VBHC; including education, motivation and incentivisation for staff to undertake VBHC projects;
- Effective measurement of activity and resources linked to VBHC (clinical staff, administrative staff, budgets, buildings, energy etc) to improve patient outcomes, patient experience and resource efficiency to ensure value and patient-centred care.
- Evidence of integration of early and secondary prevention in line with other priority areas highlighted in this guidance including for early diagnosis.
- Use of guidance on designing services responding to key population level intelligence including [OECD PaRIS Population Survey](#) and through service level Patient Reported Outcome Measurements (PROMs), Patient Reported Experience Measurements (PREMs) and social value measures for procurement.

In developing plans for achieving 'value' we expect all health bodies to make greater use of the value-based approach that also provides the discipline to stop low-value activity, shifting finite resources to prevention and earlier access, community-based care, better-value interventions, and supporting people to manage more of their own health. All major investment and dis-investment decisions should therefore be assessed according to their impact on outcomes, experiences, and the value generated from resources used.

Having a current and robust VBHC framework relies on the fostering of collaboration between health boards, trusts, their local VBHC teams and regional partners to enable local delivery, transformation, and continuous improvement through effective co-ordination and feedback mechanisms. Health boards and trusts are expected to participate in the further development and implementation of the VBHC agenda in Wales supported by the NHS Wales Performance & Improvement Value Transformation Directorate.

3.2 Financial Planning, Value and Sustainability

The expectations set out in this Planning Framework should be achieved within existing resources. Delivering the progress required in 2025/26 on enabling actions, as well as cutting the waiting list will improve the effectiveness and sustainability of services on an ongoing basis. However, we must go further within existing resources to appropriately reduce cost, increase productivity and address variation, whilst improving outcomes.

We expect all health bodies to develop and submit plans that achieve financial balance.

In developing your plans, we emphasise the following:

- New additional funding provided in the allocation letter is to support inescapable demand and unavoidable inflation, in supporting front line services. **It is to be utilised for this purpose only.** We expect plans to be free of discretionary investment.
- We expect a step change in the achievement and consistent delivery of all enabling actions.
- Health bodies will need to ensure clarity and visibility for significant savings in non-core areas and overheads to prioritise front-line services, to ensure that savings and mitigations delivered in 2025/26 are maintained in full on a recurrent basis, and to deliver the savings and cost mitigations that are required to achieve financial balance. No area of expenditure can be exempted from this and the need to increase productivity. The first draft of the NHS Wales total factor productivity model will be provided to health boards over coming months, and we expect all boards to develop clear quantified plans showing how their actions will deliver a quantified productivity gain in 2026/27.
- We expect health bodies to proactively reach agreement on commissioning and providing services across organisational boundaries and strengthened collaboration on a regional basis.
- Your organisations must continue to have the highest levels of strong and effective financial management, that support cost control.
- Given the scale of investment in 2025/26 to address treatment backlogs, with the action on enabling actions, and productivity, a number of areas will have sustainable solutions on a recurrent basis. We are retaining £20m of funding to support a reduction in waiting times in areas of residual challenge. This will be used on a directive basis, only when all

opportunities to deliver sustainability and productivity have demonstrably been exhausted. This position will be assessed through the planning process.

- We have taken a decision to invest in GMS services to proactively increase capacity and activity in primary care, closer to home, in support of the expected focus and development of the Community by Design programme. We expect your plans to show how you will shift activity and resource from a secondary care setting into primary and community care.
- There will be an increase in discretionary capital allocations, which is a 12% uplift on the baseline allocation, to support local plans and resilience.

3.3 Infrastructure Estates and Capital Planning

Capital

The Health and Social Care capital budget for 2026-27 is £626m – which includes £60m for IFRS 16 funding linked to lease accounting.

Through the allocation letter and associated correspondence, you will receive clarity of an approach that sets out in combination:

- An increase to health bodies discretionary capital allocation
- 2026-27 represents the second year of the Targeted Estates Fund (TEF), which has been developed to sit alongside health bodies discretionary allocation to support investment in key targeted areas such as infrastructure risks, fire safety, and infection prevention control.
- Funding to support equipment and diagnostic replacement
- Digital infrastructure and cyber investment

Capital investment in the NHS estate addresses a range of key pressures, including statutory maintenance, estates refurbishment, decarbonisation opportunities and infrastructure to support the development of NHS Wales services, such as mental health. The following guidance [NHS Wales infrastructure investment guidance](#) outlines the Welsh Government's requirements in terms of the planning, management and delivery of NHS infrastructure investment.

A significant piece of work has been undertaken during 2023/24 and 2024/25 in respect of capital prioritisation. Core elements of the capital plan, include an increase to discretionary capital available to NHS organisations, the second year of the Targeted Estates Fund (guidance published on 17th December 2024, Specialist Estates Services Notification 24/18), a diagnostic equipment programme and additional capital digital funding – common themes across most organisations' bids.

The prioritisation work will clearly need to form part of ongoing work. There are other strands of work being taken forward, which will be important in framing clinical services strategies and the financial impact (capital and revenue) of delivering these in the future.

3.4 Regional Planning

While health boards have the statutory responsibility for their population's health, they also routinely commission services from other NHS organisations or provide services to other NHS organisations. Some clinical services delivered by health boards can be considered fragile due to the more specialised nature of the service and challenges in sustaining that service on a health board footprint. There may be a limited number of specialist staff able to deliver certain procedures to the required standard for the required duration of service cover. It is also important NHS services continue to meet evolving clinical standards which may create new expectations such as larger population catchment requirements, specified procedure volume thresholds, and sustainable rota cover requirements. Criteria for service reconfiguration have been set in the National Clinical Framework but there may also be instances of core hospital services that may need to be augmented by some additional pooled capacity held at regional level that will support individual acute sites across the region to consolidate certain types of list and/or deal with fluctuations in demand.

Requirements:

- Health boards will need to put in place mature and robust arrangements for collaborating via regional planning arrangements.
- Health boards will need to agree which services should be reconfigured or augmented at the regional level, and where those services should be delivered.
- Health boards should proactively identify fragile services for reconfiguration as part of a rolling programme of specialist service development and reform. The emphasis should be on maintaining high quality and sustainable specialist care in line with clinical standards rather than retaining local responsibility for delivery.
- Health boards should ensure they are collaborating at regional level on the further development and improved sustainability of services.
- Health boards should ensure they are collaborating at regional level on opportunities to provide additional pooled and protected capacity for cataracts and orthopaedic procedures.
- Health boards and NHS trusts should ensure they have the capability to rapidly move to regional working and provision of mutual aid in response to public health incidents and emergencies.
- Health boards should ensure that regional services are supported by regional waiting list and vetting arrangements according to common pathway protocols to ensure access is prioritised according to a consistent assessment of clinical need or urgency.
- **Plans for 2026-29 are therefore expected to confirm regional delivery commitments and associated milestones.**

3.5 Research and Development

Research is a fundamental component of health and care and is critical to the development of all aspects of NHS Wales. Using evidence-based approaches to improve health and care services in Wales is essential to delivering better health outcomes. It is widely known that research makes a real difference to improving health and care outcomes and to the lives of patients and people in our communities.

Why research matters to the Welsh population and to the NHS?

- Research leads to new effective treatments and services and provides the opportunity for patients and service users to access those sooner, improving health and well-being and helping reduce health inequalities. NHS organisations that are actively involved in research see improved health outcomes and lower mortality rates, not just for those patients participating in research, but for everyone.
- Research ensures evidence-based services, provides evidence for NHS standards and helps organisations to find new and better ways of delivering health and social care, including improved system design better health economic outcomes.
- Research provides opportunities for staff development and enhanced job roles and satisfaction which helps with recruitment and retention, as well as developing leaders and critical thinkers.
- Research leads to economic benefits by attracting non-commercial funding and commercial income that can build the research capacity of frontline and other support services, as well as providing access to novel treatments and technologies received for free.
- Research is an essential pillar of securing and maintaining University (Health Board/Trust) status and a key enabler for NHS Wales to deliver 'A Healthier Wales.'

To drive excellence in the healthcare system, NHS organisations should have a positive culture of continuous improvement through research. This aligns with the Duty of Quality which came into force in April 2023 as part of the Health and Social Care Act 2020.

A thriving Research and Development culture is vital to transform NHS Wales and is part of the solution to many of the challenges it faces. Research is relevant to all those involved in the design, management, and delivery of healthcare in the Welsh NHS including the NHS boards and all executives, those with responsibility for strategy development, clinical leads, professional leads, heads of services, operational managers as well as dedicated research staff such as R&D Directors and leads, research managers and the research workforce.

To support NHS organisations, the '*NHS Framework for R&D: Research Matters – What excellence looks like in NHS Wales*' was published in July 2023, to help embed research into the culture of the NHS. This sets out a set of expected standards required by Welsh Government across 10 pillars that outline the features of a research supportive organisation.

A new process is being introduced this year, whereby NHS organisations are required to complete a '2 year on' assessment exercise against the implementation of the NHS R&D framework. This follows the initial baseline assessment undertaken in 2023. Whilst this is a separate process to the Planning Framework and IMTP process, this exercise will run concurrently alongside the planning cycle. The assessment should include future priorities and plans for R&D - that are highlighted in the NHS R&D Framework.

Guidance on the completion of the R&D Framework assessment has been issued in a letter to Executive Leads for R&D.

3.6 Welsh Language

[Mwy na geiriau / More than just words Plan 2022-27](#) was published in August 2022. The five-year plan aims to strengthen Welsh language provision in health and social care, recognising that a person's language and communication needs are fundamental to delivering the Duty of Quality and providing safe, equitable and person-centred care.

Our aim is for this plan to be embedded across Wales so that individuals receive care that meets their language needs without having to ask for it. It is intended that over the life of the plan, the actions will lead to safer and better outcomes. The plan is underpinned by five key themes: leadership and culture; workforce planning; increasing the skills of the current and future workforce; sharing good practice; and ongoing monitoring and the use of data to inform priorities at a national and local level. Responsibilities in relation to the Welsh language should be embedded across your organisation.

There are direct links between Mwy na geiriau / More than just words and the refreshed actions of A Healthier Wales, published in December 2024. For example – the focus on delivery of person-centred care and the A Healthier Wales action to “ensure that all citizens can receive timely health and care services equitably, regardless of the language or communication format they need” are fundamentally aligned with priorities in More than just words / Mwy na geriau and the new [All Wales Accessible Communication and Information Standards](#) in healthcare.

The workforce is crucial to the successful implementation of Mwy na geiriau / More than just words. Organisations need not only to ensure that they know who in their organisation speaks Welsh but also to support their staff to use their Welsh language skills and plan to ensure that there are sufficient numbers of staff to provide Welsh language services especially in priority areas. Increasing the number of posts which are identified as Welsh essential, and / or with a level of Welsh speaking defined, will help with this.

A mandatory Welsh language awareness course was launched in 2023 which explains how important Cymraeg is in service delivery and in meeting patient need. Large numbers of staff have completed the course but it is important to ensure that it is completed by all members of staff. A new Croeso Course has also been launched in 2025, developed by the National Centre for Learning Welsh as part of the [Learn Welsh Scheme for Health and Social Care](#). Completion of the Croeso Course by staff will directly support the Mwy na geiriau / More than just words aim of ensuring all staff working in health and social care should have courtesy level Welsh, by the end of the life of this plan (2027).

At the core of the Mwy na geiriau / More than just words plan is the principle of the Active Offer which places a responsibility on health and social care providers to offer services in Welsh, rather than on the patient or service user having to request them.

In order to achieve the Active Offer, existing systems and apps, and those being developed, need to be able to share, record and track language choice / preference between systems. Organisations also need to use data to measure progress towards the Active Offer and identify gaps that would further help measure progress. Doing so will help embed the Active Offer in health and social care services so that Welsh speaking patients and individuals can easily access the care that they need.

Increasing the use of Welsh across clinical settings is a fundamental priority in Mwy na geiriau / More than just words. Welsh Language Standard 110 requires the health bodies in Wales to develop plans for delivering on this agenda. In June 2025, a new Health Forum was established – a collaboration between Welsh Government, the Welsh Language Commissioner and health organisations in Wales. As part of your plans, health bodies are expected to set out priorities for delivering on this agenda – in terms of increasing the skills of the workforce, and increasing access to services and support in Welsh through workforce planning.

As a minimum, there should be a focus on the Welsh Language in the following areas of your plans:

- Leadership and Culture
- Delivery of the Duty of Quality and the provision of safe, equitable and person-centred care
- Workforce development / skills and training
- Where plans include a focus on services and support for: people accessing mental health services / people with Learning Disabilities / people accessing stroke services / people accessing speech and language therapy / older people / younger People. **These are all priority Groups in Mwy na geiriau / More than just words.**
- Delivery of Standard 110 to increase the use of Welsh across clinical settings.
- Putting Things Right / patient experience.
- Health and well-being of staff – and support for the Welsh Language across staff Networks.

3.7 National Equality Plans

The NHS Wales Planning Framework also highlights the due regard that must be paid to and action that must be taken by NHS organisation in relation to the wider equalities agenda. This includes the Anti-Racist Wales Action Plan, the LGBTQ+ Action Plan, the Disabled People's Rights Action Plan, and the Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Blueprints, as well as the implementation of the [All Wales Accessible Communication and Information Standards](#) in healthcare.

3.8 Workforce Planning and Well-Being

We directly employ historically high levels of workforce across the NHS in Wales with current FTE of over 99,000 and a pay bill of £6.7 billion (incl. agency and locum) in 2024-25. The Cabinet Secretary for Health and Social Care agreed that £294.224 million funding will support health professional education and training in Wales for the academic year 2025/26. This investment will support and maintain the commissioning numbers based on those agreed in 2024/25.

The NHS workforce cannot simply continue to expand at this historic rate, especially as there is a disconnect between the financial position of NHS organisations and the assertion that there remain some 5,300 vacancies across the system.

Organisations should have a robust workforce planning process that includes accurate forecasting of likely Whole-Time Equivalent (WTE) numbers. This process should align operational demand with available financial resources through effective triangulation.

Where there are unfunded posts within the establishment, organisations should adopt a clear strategy to address them. This may include leveraging work on Total Factor Productivity, GIRFT (Getting It Right First Time), and other benchmarking tools in order to set clear expectations for directors, teams, and individuals to maximise productivity. These expectations should be supported by strong Performance Appraisal and Development Review processes.

Delivering a step change will require us to maintain the core business whilst delivering a shift in emphasis to enhanced productivity, effective use of digital technology, robust team redesign to optimise the use of the right skills designed around the service users. It is key that we enhance workforce planning to drive the delivery of new models of care to meet the strategic ambitions of care closer to home and a focus on prevention.

NHS workforce planning must be driven by an understanding of the service redesign needed to meet these ambitions and the related workforce change needed. NHS organisations must demonstrate how they are using robust workforce data, the various national workforce plans for professions and services and population intelligence to plan.

NHS organisations also need to demonstrate how they are listening to and responding to staff voices to improve staff experience which in turn, impacts patient experience and retention. The annual NHS Staff Survey is a key data source that also feeds a better understanding of structural issues at the heart of staff experience and well-being. NHS organisations' scrutiny of all their workforce metrics to identify improvement will be key to workforce equality, sustainability and well-being and should underpin plans.

Whilst predictors of an individual's health and well-being in the workplace are known to be multifactorial, the organisational responsibility to provide people with opportunities for fulfilling and socially valuable work, with secure and attractive terms and conditions of service is clear.

As the largest employer in Wales, NHS Wales must continue to attract a diverse range of individuals into careers in health and care and support the ambitions of Stronger, Fairer, Greener Wales: A Plan for Employability and Skills and enable the NHS to act as a key employer in the foundational economy across Wales.

Whilst there are many enablers to meeting this ambition, physical and psychological safety must be fulfilled to ensure NHS Wales staff meet their potential and provide the best patient care possible.

The National Programme Board for NHS Workforce Safety has been established to prevent and reduce unacceptable behaviour towards NHS staff and to ensure robust processes are in place when incidents occur. Linking in with the NHS Wales Framework for Speaking up Safely and priorities in national equality plans (including the Anti-racist Wales Action Plan, the LGBTQ+ Action Plan, the Disabled People's Rights Action Plan, and the Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Blueprints), the Board will support the critical focus on system-level prevention of risks to staff mental and physical

health and well-being. NHS Wales organisations will need to evidence their engagement with this agenda and continue to provide appropriate support to staff who have adverse experiences at work.

3.9 Turning Strategies Into Action

IMTPs should be developed in the context of NHS organisations' longer-term strategic direction.

- *Clinical Services Strategies* set out the longer-term vision and ambition for local health economies to improve health outcomes, indicating the change required over the medium and long term. Strategies do not make commitments to particular actions, or require health entities to undertake specific activities – instead they describe potential choices and issues to be considered, including issues relating to service configuration, workforce and capital planning. These can also inform the decisions that the Government will make on what actions are taken forward, and when. Clinical Services Strategies should be clinically led, informed by the best available evidence and informed by extensive stakeholder engagement (including with staff, patients, carers and the public).
- *Integrated Medium Term Plans* set out Ministerial priorities and delivery expectations for the health system will be achieved over a three-year period. The IMTP is the key document for organisations to deliver against national, regional and local priorities, confirm actions, resources and funding, and to detail how progress and success will be measured. IMTPs reflect the long-term direction of *A Healthier Wales* and local Clinical Services Strategies, including more detailed actions for health organisations in the medium term that work towards the strategic goals. As a statutory requirement, NHS organisations must take national strategies and legislation into account in carrying out their responsibilities, including in commissioning services and allocating resources. This includes *Mwy na geiriau / more than just words* – our plan for the Welsh language in health and social care.
- *Annual operational delivery plans* describe how organisations will deliver their strategic and tactical plans over the coming 12 months. It is good practice for every operational service area to have its own in-house delivery plan.

These documents will work together to set a consistent direction for NHS organisations. This approach provides a clear pathway for translating strategies into action, and monitoring and evaluating the impact of strategies and the performance of NHS organisations.

The role of health strategies is critical to providing the long-term vision and priority areas that inform decisions on the other documents. National, regional and local plans provide the route map for translating that vision into reality.

This document is not intended to cover all aspects of plans but to offer additional guidance and clarity on a range of policy requirements. The Planning Team will continue to offer advice and support if needed as you finalise your plans. Any queries should be directed to the hss-planningteam@gov.wales.

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.

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:

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	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
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	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
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	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
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	
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.		

Planning Objective: 10 – Population Health & Prevention

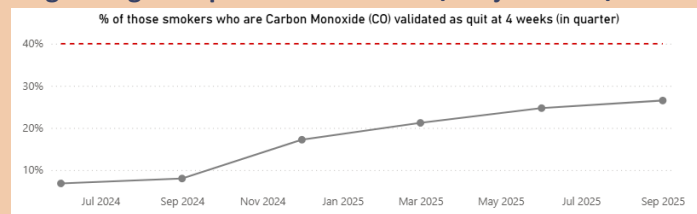
Executive Lead: Dr Ardiana Gjini, Executive Director of Public Health

Reporting Period: Quarter 3 – October – December 2025

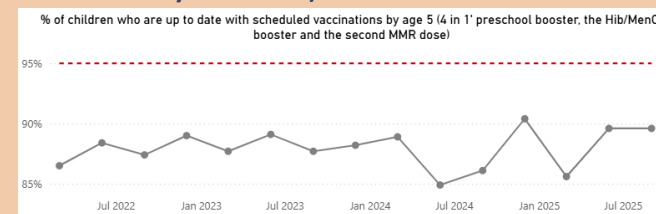
Overall status: Complete / Ahead / **On-track** / Behind

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. Ho Page 374 chains posts unfilled as we move into Q 4 which may impact on overall achieving actions.

Aligned Ministerial Enablers	Jan 2026 update
Implementation of Clinical Implementation Network (CIN) follow up criteria both prospectively and retrospectively to established Follow-up waiting lists.	Hywel Dda University Health Board (HdDUHB) Validation Team continue to identify Follow-UP (FU) patients that contravene CIN Guidance for clinical review. HDdUHB receive weekly FU reports including clinical condition and consultant compliance. Over 78k patients have been put on an See on Symptom (SOS)/ Patient Initiated Follow-Up (PIFU) pathway. HDdUHB have 27 specialties and 218 clinical condition pathways. Discharge, SOS and PIFU have stemmed FU Waiting List (WL) growth. CIN guidelines are available for seven out of 27 specialties. Transformation work stream with particular focus on application of CIN guidance to historical cohorts. In November 2025 out of 6,904 new attendances 16% (1,110 patients) were put onto an SOS or PIFU pathway and 43% (2,939 patients) were discharged. Out of the 11,347 follow up appointment attendances a total of 10% were put on an SOS/PIFU pathway (1,112 patients) and 18% (2,089 patients) were discharged. Work progressed by the Health Board is showing a positive impact on delayed follow ups beyond 100% which have improved for three consecutive months.
Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact	Administrative Validation: Referral to Treatment (RTT): For the 12-month rolling period December 2024 to November '2025, 30,558 pathways have been validated with 13,576 removals (44% removed). Follow up Waiting List (FUWL): For the 12-month rolling period December 2024 to November 20'25 a total of 29,639 pathways have been validated with 7817 removals (removal rate of 26%). Clinical Validation: No Benchmark currently. FU validators identify potential records for clinical review by cross checking CIN/Other SOS/PIFU DX Guides. Ongoing work as part of the Outpatient Transformation work stream to engage clinicians in Clinical Validation with the support of the National Clinical Co-lead. Next Steps: Retrospectively apply CIN / RTT guidance, develop clinical condition improvement plan to improve targeted validation, introduce clinical validation to consultant job plans.
Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on - Cataract 90% of lists to	Amman Valley Hospital (AVH)/Bronglais Hospital (BGH) routinely have eight cataracts per list (including patients having bi-lateral cataract procedures). All outsourcing cataracts are High Volume Low Complexity (HVLC). Glangwili Hospital (GGH) is predominantly used for complex patients. These procedures take longer.

Aligned Ministerial Enablers	Jan 2026 update
have 7 Cataracts per list by end of Quarter (Q) 2	
Implementation of the Single Point of Access (SPoA) Framework - Six Goals Programme	CSH 7 day Business Case Key engagement workshops to build the business case and refine the 7-day clinical model have been held. The business case will be going through internal financial governance channels in November and December 2025, before being presented to public Board in January 2026. Currently, the setting up of a Clinical Streaming Hub Bank is progressing through the Assistant Director of Nursing, this will allow for a more sustainable and robust Clinical Streaming Hub (CSH) workforce going forward. Dedicated SPoA Transport Model Following the approval of the proposal and the allocation of funds in October 2025 we have been working closely with the Procurement Team to progress towards a direct award process in light of winter pressures. This approach has been agreed and the necessary documentation is currently being prepared. To date, meetings have been held with key stakeholders to review the proposed service model and identify potential risks. A comprehensive risk register has been developed to ensure appropriate mitigation measures are in place. Due to the urgent need to have this service operational to support the Single Point of Access (SPoA) and with some outstanding queries remaining, we are considering a phased implementation of the project. The initial phase will focus on patient transport, with blood sample and medication transport to follow. Engagement with providers has taken place and we are now awaiting confirmation of the service start date and associated logistics before issuing the contracts and commencing the service. SPoA Mentorship Programme The mentorship programme has now begun, and the team are working with the Learning and Development (L&D) team to capture the learning from the project and build a framework for ongoing work in this area.
Ensure effective utilisation of theatre capacity through - Increasing session utilisation to the Getting It	Theatre Steering Group continues to meet with established Co-chair (anaesthetic and clinical). Programme manager in post to support improvement stream. Challenges exist due to fragility of staffing. The Theatre Transformation Task and Finish Group provides strategic oversight and coordination of a developing programme of work aimed at improving theatre performance, effectiveness, and patient

Aligned Ministerial Enablers	Jan 2026 update
Right First Time (GiRFT) standard of 85% by March 2026.	outcomes across Planned Care and Specialist Services. While progress has not yet advanced to the level we aspire to, a strong framework of workstreams is now in place to drive meaningful transformation. These include improving emergency access resilience, strengthening compliance with national standards such as National Confidential Enquiry into Patient Outcome and Death (NCEPOD) and GIRFT, enhancing theatre productivity through Key Performance Indicators (KPI) driven monitoring, advancing day surgery and treat-in-turn performance, and supporting safer staffing and high-quality clinical practice. Through robust governance, regular review of risks, data and performance intelligence, and close collaboration with Clinical Implementation Networks and operational teams, the group is building the foundations required to deliver sustained theatre improvement and support the wider organisational priorities for planned care recovery and optimisation. December 2026 Theatre time utilisation was 79.3% against the target of 85%
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.	98% compliance / <2% cancelled due to 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).
Ensure monitoring of Did Not Attend (DNA)/ Cannot Attend (can) 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.	November 2025 combined DNA rate is 6.4%. New Out Patient Department (OPD) DNA Rate is 7.6%. Follow up DNA Rate is 5.6%. 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. We will continue to monitor over coming months. All insourcing patients (via WG additional OPD appointments) are being telephoned directly to book an appointment with the aim to reduce DNA's.
Improvement in the implementation and	Majority of Day Surgery Unit (DSU) PPH/WGH sessions are HVLC procedures. 12 out of 45 sessions with six per list (26%) due to limited waiting list demand for HVLC procedures (short

Aligned Ministerial Enablers	Jan 2026 update
delivery of High Volume 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.	waiting times) – opportunities for regional support. Remaining average five patients per session. 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.
Implementation of the Welsh Health Circular - Ambulance Guidance - Six Goals programme.	1. Access Goal: Transform how patients access Urgent and Emergency Care (UEC), aiming for a 50% reduction in Emergency Department (ED) attendances and 75% of emergency activity to be scheduled, shifting care into the community. Key Actions and Progress: Key engagement workshops to build the business case and refine the 7-day clinical model have been held. The business case went through internal financial governance channels in November and December 2025, before being presented to Public Board in January 2026. Currently, the setting up of a Clinical Streaming Hub Bank is progressing through the Assistant Director of Nursing, this will allow for a more sustainable and robust CSH workforce going forward. SPoA Mentorship Programme The mentorship programme has now begun, and the team are working with the L&D team to capture the learning from the project and build a framework for ongoing work in this area. 2. Environment Goal: Create a culture of customer service excellence and pride in UEC environments. Key Actions & Progress: •Cleanliness: SBARs (Situation, Background, Assessment, Recommendation) have been reviewed and amended for domestic/facilities coverage. •Welcoming Front of House: Sites action plans are 80% complete, with final actions in place for completion.

Aligned Ministerial Enablers	Jan 2026 update
	•Nutrition and Hydration: Standards set and audits completed; site plans in place. •Privacy and Dignity: Environmental reconfigurations have been planned and are in development, digital solutions (e.g. self-registration, e-triage) are being explored. •Communication: Consistent patient messaging has been developed and is being rolled out across all sites. The Health Board "help us help you" webpage has been redeveloped, and now signposts service users to the most suitable service. Customer service training for reception staff has been undertaken. 3. Flow Goal: Implement a coordinated, data-driven approach to patient flow, eliminating ambulance handover and ED delays, and enabling timely discharge. Key Actions and Progress: Temporary Operational Delivery Unit has been established within the Health Board. The implementation of Optimal Flow is still ongoing with established meetings and mechanisms in place to support the site and staff. We are exploring external providers to develop staff training videos including content on preventing deconditioning and raising awareness among staff. Collaboration with National and Social Care teams is also underway to map the referral process from hospital to social workers.
Implementation of the Optimal Hospital Flow framework - Six Goals Programme	Optimal Hospital Flow (OHF) Framework Champion Practitioner posts Recruitment for the temporary roles was unsuccessful because applicants had not been authorised by their line managers to apply for secondment opportunities. In line with the National agreement, the intention was to advertise a temporary Band 7 Quality Improvement Skills Training (QIST) post alongside an already funded permanent Band 7 role, using a QIST cost code to avoid multiple advertisements. However, variations in cost codes and changes to the initial banding may now require recruitment approval for the vacancy, potentially causing further delays. As an alternative, we are exploring the option of temporarily uplifting an existing QIST staff member to support Optimal Flow until March 2026. Implementation of SAFER principles The implementation of Optimal Flow is still ongoing with established meetings and mechanisms in place to support the site and staff. We are exploring external providers to develop staff training videos including content on preventing deconditioning and raising awareness among staff. Collaboration with National and

Aligned Ministerial Enablers	Jan 2026 update
	Social Care teams is also underway to map the referral process from hospital to social workers. Implementation of Red to Green (R2G) The Red2Green Dashboard which monitors internal delays in patient pathways has been shared with services with an request to share with their teams for reference on a frequent basis. The Health Board Pathways of Care Delays (POCD) Lead has met with key service leads to understand their Red2Green (internal health delays) / POCD process and how this aligns to the Health Board process within the Six Goals Programme. Trusted Assessor Model A Task and Finish Group with Health and Social Care to address the recommendations from the Trusted Assessor audit is to be set up in the New Year to develop and agree to a supporting plan. Preventing Deconditioning We continue to promote the Preventing Deconditioning Staff Initiative SharePoint page to share best practice, learning, and inspiring stories with staff. The Health Board has established a Preventing Deconditioning Oversight Group and participated in the Safe Care Partnership (SCP) Preventing Deconditioning National Programme. In addition, we are exploring external providers to develop staff training videos focused on preventing deconditioning and raising awareness among staff. A meeting with National is scheduled in the New Year to discuss the Deconditioning Early Warning Indicator (DEWI) Tool. Discharge to Recovery and Assess (D2RA) The implementation of Optimal Flow remains in progress, supported by established meetings and mechanisms designed to assist both the site and staff, including D2RA. Currently, we are introducing a new clinical system and reinforcing the Red to Green action process to ensure all staff have a clear understanding. D2RA will also feature in the planned training videos scheduled for release in the New Year. Following the D2RA audit completed in June 2025, which recommended that staff complete the D2RA Electronic Staff Record (ESR) module, we have seen significant progress, with an additional 284 staff successfully completing the module.

Aligned Ministerial Enablers	Jan 2026 update
	Pathway of Care Delays (POCD) An agreed integrated POCD action plan is in place, incorporating a key summary of actions from the Social Care Transformation Grant initiatives. A monthly meeting is held with Health and Social Care teams to review progress against the POCD action plan and provide updates on each action.
Implement national guidelines with thresholds by CIN and procedure. This includes delivery of effective outpatients through SOS and PIFU by default. Individual CINs will establish PIFU / SOS targets by specialty and sub-specialty on an ongoing basis by March 2025.	HDdUHB Validation Team continue to identify FU patients that contravene CIN Guidance for clinical review. HDdUHB receive weekly FU reports including clinical condition and consultant compliance. Over 78k patients have been put on an SOS/PIFU pathway. HDdUHB have 27 specialties and 218 clinical condition pathways. Discharge, SOS and PIFU have stemmed FU WL growth. CIN guidelines are available for seven out of 27 specialties. Transformation work stream with particular focus on application of CIN guidance to historical cohorts. In November 2025 out of 6,904 Nnw attendances 16% (1,110 patients) were put onto an SOS or PIFU pathway and 43% (2,939 patients) were discharged. Out of the 11,347 follow up appointment attendances a total of 10% were put on an SOS/PIFU pathway (1,112 patients) and 18% (2,089 patients) were discharged.
Implementation of acute frailty model at the Front Door - 6 Goals Programme	A six month secondment is still in place to support detailed frailty mapping across all acute sites. This mapping has now been completed in line with the Acute Frailty Service (AFS) Framework and an Acute Frailty Position report has been developed which outlines key recommendations. The Health Board has appointed an Acute Frailty Lead and a meeting has been scheduled to review the AFS Plan and agree governance arrangements.
Deliver improvements in day surgery rates, with an expectation to achieving a British Association of Cataract Day Surgery (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%+)

Aligned Ministerial Enablers	Jan 2026 update
Maintaining the actions within the 50 Day challenge that can be delivered consistently with minimal additional resource, within organisations and as a priority within regional partnership arrangements.	An agreed integrated POCD action plan is in place, incorporating a key summary of actions from the Social Care Transformation Grant initiatives. A monthly meeting is held with Health and Social Care teams to review progress against the POCD action plan and provide updates on each action.
Ensure effective utilisation of theatre capacity through - Reducing early finishes to less than 10%	The Theatre Steering Group clinical lead is undertaking a manual audit to highlight areas of variation. A Theatre General manager will shortly be in post (6-month fixed) to help with all challenges in relation to theatres. The Theatre Transformation Task and Finish Group provides strategic oversight and coordination of a developing programme of work aimed at improving theatre performance, effectiveness, and patient outcomes across Planned Care and Specialist Services. While progress has not yet advanced to the level we aspire to, a strong framework of workstreams is now in place to drive meaningful transformation. These include improving emergency access resilience, strengthening compliance with national standards such as NCEPOD and GIRFT, enhancing theatre productivity through KPI-driven monitoring, advancing day surgery and treat-in-turn performance, and supporting safer staffing and high-quality clinical practice. Through robust governance, regular review of risks, data and performance intelligence, and close collaboration with CINs and operational teams, the group is building the foundations required to deliver sustained theatre improvement and support the wider organisational priorities for planned care recovery and optimisation. Early finishes in December 2025 was 57%, rather than the target of less than 10%.
All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage by the end of Q2.	One-stop pathway introduced Spring 2024. Since Q2 2024/25 the majority of cataract referrals are converted to Stage 4 retrospectively. (Circa 3000 patients during 2024/25). These patients are identified following an optometry triage. A small volume still require outpatient appointment (OPA) assessment due to complexity. Prospective direct listing to Stage 4 will be implemented from following an Admin & Clerical Organisational Change Process. No Change.

Aligned Ministerial Enablers	Jan 2026 update
Implementation of the Community Based Falls Response - Six Goals Programme	Care Home - business case All 90 older person care homes in West Wales have been audited to assess existing falls lifting equipment. 64 x Mangar Eagle Lifting Cushions with Airflo 24 units have been purchased and were delivered by Christmas 2025, while homes that already own a Mangar cushion will receive a complimentary one-year service plan to ensure safety and reliability. A further 23 servicing plans have been purchased with work continuing to scope requirements for the remaining homes. Nineteen training sessions have been scheduled across Carmarthen, Llanelli, Haverfordwest, and Lampeter and additional sessions will be delivered directly to individual homes unable to attend due to rural location challenges. Baseline metrics have been captured and a follow-up care home staff falls confidence survey is planned before the end of the financial year.
Ensure effective utilisation of theatre capacity through - Reducing late starts to less than 20%	The Theatre Steering Group clinical lead is undertaking a manual audit to highlight areas of variation. A Theatre General manager will shortly be in post (6-month fixed) to help with all challenges in relation to theatres. The Theatre Transformation Task and Finish Group provides strategic oversight and coordination of a developing programme of work aimed at improving theatre performance, effectiveness, and patient outcomes across Planned Care and Specialist Services. While progress has not yet advanced to the level we aspire to, a strong framework of workstreams is now in place to drive meaningful transformation. These include improving emergency access resilience, strengthening compliance with national standards such as NCEPOD and GIRFT, enhancing theatre productivity through KPI-driven monitoring, advancing day surgery and treat-in-turn performance, and supporting safer staffing and high-quality clinical practice. Through robust governance, regular review of risks, data and performance intelligence, and close collaboration with CINs and operational teams, the group is building the foundations required to deliver sustained theatre improvement and support the wider organisational priorities for planned care recovery and optimisation. Late starts in December 2025 was 53% compared to the target of less than 20%.
Progress implementation of the national approach to Interventions Not Normally Undertaken (INNU) Deliver the eight priority procedures determined for	< 1% of Patient Tracking List (PTL) is categorised as an INNU. INNU's are routinely validated by each service with only clinically appropriate patients on a PTL.

Aligned Ministerial Enablers	Jan 2026 update
implementation as part of Phase 1.	
Progress implementation of the national approach to INNU - continue to implement ongoing recommendations throughout 2025/26	< 1% of PTL are classed as an INNU. INNU's are routinely validated by each service with only clinically appropriate patients on a PTL.
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.	Further to referral management HDdUHB have implemented Community Health Pathways . 310 published pathways. 79 Hywel Dda lead region national pathways published. 63,037 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.
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.	Not Applicable
Ensure progress with the Implementation of Value and Sustainability Board	Local Patient Reported Outcome Measures (PROM) collection for people living with diabetes continues using the International Consortium for Health Outcomes Measurement (ICHOM) standard tools. The collection will transition to the new national PROM collection in the fourth quarter of Financial Year (FY) 2025/26. The Diabetes Planning and Delivery Group (DPDG) has been repurposed and is taking a Value-

Aligned Ministerial Enablers	Jan 2026 update
High Value High Impact pathway - Diabetes	Based Healthcare approach to delivering the Diabetes Quality Statement, ensuring a whole-system perspective. Workstreams have been aligned to the stages of the Value and Sustainability Board's High Value High Impact Pathway, and the DPDG will monitor progress against the required metrics. A business case has been developed to support the acceleration of the Diabetes Remission Programme which will be considered for short term support through the Value Delivery Fund.
Ensuring the full implementation of the nationally optimised pathways in the cancer recovery programme.	Plan to pilot Galeas Bladder from January 2026. This will be for a cohort of 300 patients Transferring the Faecal Immunochemical Testing (FIT) service from Secondary to Primary Care in line with the Lower GI National Optimal Pathway commenced 24 November 2025. The ongoing impact on the waiting list is currently being assessed. 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 be implemented from January 2026. Delay due to recruitment of a radiographer to support the service. Outsourcing of Magnetic Resonance Imaging (MRI) for Prostate patients started November 2025. This equates to 20 patients a week with a 3-day turnaround reporting time. The ongoing impact on the waiting times is currently being assessed.
Ensuring full compliance with straight to test guidance.	51.1% Single Cancer Pathway (SCP) referrals sent straight to test (all specialties in September 2025)
Ensure progress with the implementation of Value and Sustainability Board High Value High Impact pathway - Bone Health	The Fracture Liaison Service (FLS) is running and an analysis of the projected number of hip fractures since the introduction of the FLS has indicated that in the first seven months there have 169 averted hip fractures. This equates to an equivalent productivity gain of £2.4m with a full year effect anticipated to be £4.1m. While this indicates the impact of the FLS, further work should now be undertaken to address the unwarranted variation in Length of Stay (LOS) for hip fracture patients, with the aim of significantly reducing the average length of stay for hip fracture patients who present. PROM collection has continued in the FLS with additional 16-week and 52-week post-appointment PROM collection points are being introduced, with implementation scheduled to go live in January 2026.

Aligned Ministerial Enablers	Jan 2026 update
Ensure progress with the implementation of Value and Sustainability Board High Value High Impact pathway - Arthroplasty (Hip and Knee)	National PROM Pathway data will be exported to the Health Board in January 2026, enabling work to resume on developing and populating dashboards. Local PROM data will be exported to the Health Board between January and March 2026, which will enable analysis and use of this data operationally.
Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app.	The digital maternity programme is progressing well clinically, but there are concerns about Digital Health and Care Wales' (DHCW's) inability to support integration with Welsh Patient Administration System (WPAS), Welsh Birth Notification System (WBNS), and other critical systems during 2025/26. An interim solution will be available for WPAS enabling go -live; however, WBNS will require a manual workaround for birth registration leading to clinical risk. An SBAR has been submitted to escalate this risk to the National Programme Board. Due to resource constraints within SystemC, HDdUHB will implement the system in early April 2026, as it is not possible for them to support two go lives simultaneously within March. In terms of the NHS Wales app - referral acceptance and appointment details for RTT specialties became available on 31 October 2025. We are currently live with 16 specialties' and we plan to expand the solution in line with services that are live on our Hybrid Print and Post hub. An in-app notification was issued on 1 December 2025 informing patients with an NHS Wales app account of the changes. We are continuing work to integrate Hybrid Print and Post with the NHS Wales app in order to ensure a seamless experience for patients when engaging with the NHS Wales app.
Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation	The Cyber Security Programme continues to prioritise the reduction of unsupported systems from the organisation. There are 216 unsupported devices, with the increase attributed to Windows 10 devices going end of life in October 2025. There is capital funding available to remove all Windows 10 devices by October 2026, which are all currently supported by an extended support contract.
Non-Pay - ensure implementation of Value and Sustainability Board recommendations, which includes local	Implementation of recommendations continues to be reviewed through local Value and Sustainability Group (V&SG), with Integrated Quality, Finance, Performance, and Delivery (IQFPD) oversight. To date, as of 15 December 2025, £48.5m of the updated £46.4m annual savings target identified in green/amber schemes (£46.5m green and total identified £54.7m across all Blue, Red, Amber, and Green (BRAG)), including non-pay areas. In recent weeks the level of savings identified has increased in Health Board

Aligned Ministerial Enablers	Jan 2026 update
implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.	wide efficiency savings and in workforce/ Organisational Development (OD). The Health Board's V&SG has received an update on plans in respect of chronic pain management focussing upon mitigating patient care demand through focussing upon individual patients needs and avoiding ongoing demands upon other specialties. Additionally, the V&SG has received an update on how we further develop our opportunities to drive efficiencies through learning from others (such as Bevan Exemplars).
Medicines Management - ensure full implementation of the high value medicines Value and Sustainability 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)	HDdUHB continue to deliver on all medicines-related recommendations directed by the Value and Sustainability Board. Revised list of recommendations now in place through the Directors of Pharmacy Peer Group's Value and Sustainability Delivery Assurance Group. Workplan in place across Primary and Secondary Care to continue to deliver on the opportunities, including any new emerging opportunities. Standardised reports from V&SG shared on quarterly basis with Health Boards, with data 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.
Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.	Activity remains consistent in relation to allocation and managing Health Board accommodation space utilisation. Picton Terrace opens from 5 January 2026 and following this occupation, Ystwyth and Glien House will be de-commissioned before quarter end, with Ystwyth being mothballed and the lease for Glien House handed back to the landlord. The formalised 'Central Accommodation Group' is now well established and anyone requesting space is required to complete a digitalised form which is discussed at the group and a decision made for effective prioritisation and standardisation across all sites. The Health Board's approach to space utilisation and ongoing management/monitoring will be improved further during Q4 2025/26, following receipt of our informal 'internal audit' report and recommendations.

Aligned Ministerial Enablers	Jan 2026 update
Continuing Health Care (CHC) - ensure implementation of Value and 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.	It has been agreed that a consistent set of definitions and processes allowing all Health Board's to extract standardised data is required. A business case needs to be finalised, which Health Boards have been asked to provide feedback on.
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.	80% compliant November 2025 Meetings have been arranged with areas where improvement is required, and plans are in place to effect the required changes. Due to the number of reviews taking place in January and February 2026 a targeted approach with CCG leads will take place to support and improve job planning compliance.
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.	Additional Duty Hours (ADH) and Medical Workforce Planning report to be presented to The Medical Workforce Planning Group highlighting the possible reduction of agency and additional duty hours. Medical agency usage remains above the 30% reduction: September 2025 £192k; October 2025 £113k; November 2025 has seen a reduction to £77k. Nursing agency spend is on track to reduce by more than 30%. Allied Health Professional (AHP) and Health Staff agency use is likely to remain close to the 30% reduction

Aligned Ministerial Enablers	Jan 2026 update
Fully implement the actions outlined in the Variable Pay and Agency Control Framework Welsh Health Circular	Off-framework agency use remains eliminated since August 2025. Nursing agency spend: November 2025 spend is £371k, compared to October's £405k (a decrease of £34k). Reduction plans continue, including onboarding of Newly Qualified Nurses (NQN's) which took place in September 2025 and we are monitoring the impact of the newly appointed nurses on variable pay. Medical agency spend: Off-framework usage remains ceased. Framework agency spend for November 2025 is £388k, compared to October's £407k (a decrease of £19k). Work continues to explore opportunities to exit all agency workers, though dependency on workforce pipelines (including international recruitment) means full exit is unlikely before 2026. Allied Health Professional agency usage: November 2025 spend is £95k, unchanged from October's £95k. Workforce planning remains focused on identifying service fragility and strengthening pipelines. Health Care Scientists agency usage: November 2025 spend is £71k, compared to October's £67k (an increase of £4k). Plans remain in place to right-size radiology through investment reports and annual planning cycles to meet diagnostic demand. Admin and Clerical: No agency usage as of November 2025.
Ensure a reduction in agency spend on Healthcare Support Worker, Admin and Clerical, and Estates and Ancillary staff to zero by 30 September 2025.	Health Care Support Workers (MHL'D only): November 2025 spend is £31k, compared to October's £74k (a significant decrease of £43k). Work is ongoing to stabilize MHL'D workforce requirements and reduce reliance on agency staff.
Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-	The Occupational Health Service aims to support a reduction in sickness absence by: 1. Ensuring the relevant KPI recommendations are continued to be consistently met in 2025/26. Year to date figures either meet or exceed target. 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). Figures to date indicate that we are on track. 3. A sickness audit has been undertaken by Internal Audit this year which should support improvements in process from a lessons learned approach. Reports on findings from reviews of paperwork and compliance with the All Wales policy within CCGs and directorates should start to feed into the system from January

Aligned Ministerial Enablers	Jan 2026 update
Wales Occupational Health minimum service levels.	2026. 4. A suite of bitesize animation training for sickness absence is being developed to support managers. The first in the series has been published and to date has had 669 views. Two more are awaiting the first draft of the animation and several more are at the storyboard stage. Verbal feedback to date on the first animation has been positive. 5. Workforce and Occupational Health colleagues continue to work through 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. 6. We have created a new post of Workforce Officer - Attendance Management for both East and West Operational Workforce Teams to focus on sickness absence case management. The posts (1.6 WTE) are currently out to advert.

5.2

11:05, 25 Mins

5.2 - PO8: Estates Plan

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

| For assurance

Attachments

[5.2.1 PO8 deep dive SPC update for Feb 26 v0.1.pdf](#)

[5.2.2 Planning Objective 8 Highlight Report Jan 26 Draft v0.1.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 February 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Planning Objective (PO) 8: Estates Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Paul Williams, Assistant Director of Strategic Planning and Developments

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

ADRODDIAD SCAA SBAR REPORT
<u>Sefyllfa / Situation</u> The report provides the updated summary position relating to Planning Objective (PO) 8: Estates Plan following the previous report to the Committee On 30 October 2025. Please also see highlight report attached at Appendix 1. The PO is reported as being 'on track' pending endorsement of the A Healthier Mid and West Wales (AHMWW) Programme Business Case (PBC) Addendum which was approved by Board on 29 January 2026 and submitted to Welsh Government on 4 February 2026. It is intended that this will then undergo scrutiny by Welsh Government, with a view that it and the wider PBC might be endorsed and approval given to progress to the next stage of Business Case development. A strategic programme timeline will be established when the PBC Addendum is endorsed. This report is drawing attention to the key elements and changes detailed in the highlight report PO8 as follows: • PBC Addendum • Major Infrastructure • Estates Strategy • Decarbonisation Initiatives • Community Schemes <u>Cefndir / Background</u>

The AHMWW Strategy was agreed in 2018 and included the requirement for infrastructure investment to support clinical service transformation and address issues relating to an ageing estate.

The AHMWW PBC was agreed by Public Board in January 2022, setting out the need for a network of community facilities, investment in Bronglais (BGH) and Prince Philip (PPH) Hospitals, a new Urgent and Planned Care Hospital (U&PCH) in the zone between Narberth and St Clears and either new build or refurbishment of both Glangwili (GGH) and Withybush (WGH) as Community Hospitals.

The need to explore a wider range of scenarios has been explained in update reports to Strategy and Planning Committee (SPC)(and its predecessor, the Strategic Development and Operational Delivery Committee (SDODC))

On 16 January 2026 an Extraordinary Strategy and Planning Committee meeting considered a presentation on key points of the PBC Addendum and the Committee was in support of the PBC Addendum being submitted to Public Board.

Major Infrastructure The progression of the urgent investment in our infrastructure remains as critically important to maintaining business continuity within our acute estate. This has become even more important given the likely extended period the Health Board will need to manage within our existing estate before any major reconfiguration will be delivered.

To progress this at the pace and level of investment necessary will require a strategic investment programme which the Health Board has been developing in close consultation with Welsh Government.

Estate Strategy

As part of our strategic plans for all Health Board estate there is a requirement to comply with Welsh Government Estatecode and backlog reporting which is also a key priority for this Health Board. Consideration is being given, as part of the work relating to Major Infrastructure and managing estate risk, to undertake Estatecode six-facet surveys which update on the estate condition and performance to ensure Hywel Dda University Health Board (HDdUHB) is better placed to reduce the risk of unplanned estate failures, as well as also support current strategic and investment and investment and development planning. An up-to-date Estate Strategy will be developed in line with our service and clinical plans.

Decarbonisation initiatives and net zero approaches

The new Energy Performance contract through the Welsh Government Wales Funding Programme is being progressed to deliver energy conservation measures across six HDdUHB healthcare sites. This is supported by Welsh Government Targeted Estate Funding (TEF) in 2026/27 on carbon focused projects.

Community Schemes

The Health Board continues to develop community schemes as outlined in our A Healthier Mid and West Wales (AHMWW) Strategy and Regional Capital Plans. These are summarised in this report.

Asesiad / Assessment

PBC Addendum

As previously reported following the 27 November 2025 Public Board update, the specific scope of the PBC Addendum was agreed through meetings with Welsh Government officers on 11 December 2025 and 18 December 2025.

The PBC Addendum was developed through the establishment of a specific work group reporting to the AHMWW Infrastructure and Estates Sub Group.

An Extraordinary Strategy and Planning Committee meeting was held on 16 January 2026 where the Committee considered a presentation on the PBC Addendum and approved the PBC Addendum for review Public Board on 29 January 2026.

At the core of the PBC Addendum is an additional scenario which Welsh Government asked HDdUHB to consider. It is recognised that should the Health Board be asked to consider this scenario further it would be subject to further engagement.

It should be noted that the PBC Addendum represents only a strategic level of scenario consideration at this stage.

The Board approved the PBC Addendum on 29 January 2026 for submission to Welsh Government, who have now confirmed receipt. Welsh Government has indicated their initial intention that the PBC be considered at the April 2026 meeting of the Infrastructure Investment Board and there will be a visit to the Health Board in advance of that meeting. The best case scenario is that officers will then be in a position to provide advice to the Cabinet Secretary for Health when the new government is formed. Welsh Government has also suggested it would be appropriate for HDdUHB to consider parallel work on Outline Business Case (OBC) preparations particularly as any service and activity modelling will support HDdUHB's case for change.

Major Infrastructure Programme

The Health Board has submitted a three phase implementation plan for the 10 highest risk estates issues. This has been agreed with Welsh Government with headline timescales set out for the whole programme.

Welsh Government has also approved fees support in order to develop the Business Justification Case (BJC) for the three projects within the first phase of investment.

These schemes are:

- WGH Roof Repairs
- PPH High Voltage (HV) and Low Voltage (LV) Improvements
- Prince Phillip Water Tower Upgrades
- The Health Board is currently progressing these BJCs.

Overall programme value is c. £50-£55m. Current estimates of the Phase 1 out turn is c. £15-£17m.

Further discussions with Welsh Government will be needed on releasing fee support for the remaining projects within the programme as we remain committed to delivering all the investments needed over a c. four or five year period.

Estate Strategy

The current Estatecode guidance in Wales and new Estatecode draft in NHS England continues to focus on the development of an organisational infrastructure / estate strategy at a local level as a requirement to supporting short- medium- and longer-term estate planning. Pending agreement to strategic investment in support of the clinical strategy, an interim estate strategy is likely to be developed in 2026 to align to the outputs of the Clinical Services Plan and AHMWW strategy plan, this to be a key enabler and integral part of service planning ambitions

As part of the NHS Wales Estatecode is the requirement to arrange six-facet surveys to provide a comprehensive property appraisal methodology to assess in detail the following facets:

1. Physical Condition – Structural integrity, building fabric, mechanical and electrical services.
2. Functional Suitability – How well the space supports its intended clinical purpose and workflow.
3. Space Utilisation – Efficiency of space use and potential for optimisation.
4. Quality – The overall environment, including comfort, design and aesthetics. A new field that contains metadata such as refurbishment history — supports qualitative assessments.
5. Statutory Compliance – Adherence to fire safety, health and safety regulations and other legal requirements.
6. Environmental Management – Energy performance, water consumption, waste management and transport

Which facet surveys are progressed will be subject to review and funding availability however any survey will be aligned to emerging new Estatecode guidance and subject to agreement of scope with Welsh Government representatives alongside NHS Wales Shared Services Partnership- Specialist Estate Services (NWSSP-SES), alongside an internal review to ensure the Health Board's specific need to support the clinical strategy and investment needs are met. This information will be complimentary to major infrastructure, fire compliance and other discretionary capital project plans.

In addition, the Health Board will continue to deliver on the Board approved Property Asset Strategic Plan (2023 – 2026), this is to be updated in 2026.

Not specifically listed in the PO8 although of interest to the Committee will be the recent report on the latest estate backlog value. The Estate Backlog reported to Welsh Government via the Estate and Facilities Performance Management System for HDdUHB in 2023/24 was £255.5. The updated position as reported to Welsh Government for the period 2024/25 is c. **£265.8m**. This will be the subject of further reporting to the Committee.

Other key components of the PO8 delivery include the following:

Develop decarbonisation infrastructure initiatives and net zero approaches

- The Energy Performance contract with Vital Energi Utilities Ltd is being progressed to deliver energy conservation measures across six 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 Welsh Government 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. This work supports our low carbon ambitions across both our building estate and our transport and fleet solutions, including the transition to electric vehicles (EVs).

-

In addition, the delivery of carbon focused projects at a value of c. £600k will be targeted in 2026/27 via Welsh Government Targeted Estate Fund. As an example, a heat pump project is being scoped at Bro Cerwyn site to replace the existing end of life gas boiler.

The Wales Decarbonisation Strategic Delivery Plan (SDP) is being reviewed by Welsh Government Energy Services (WGES) and is currently being consulted upon across Wales. The Health Board will be required to implement the SDP in line with required timescales when the new strategy is agreed.

Community Infrastructure Schemes update

Cross Hands

Additional high level feasibility work has been concluded and the Scheme is planned to be submitted to Welsh Government Integrated Regional Capital Fund (IRCF) panel on 11 February 2026 for approval of fees to continue with the business case

Carmarthen Hwb / Yr Atriwm

Construction work is progressing on the project - the current completion for this scheme is late 2026. Work is now focused on the commissioning plan for the development; and site visits have been organised for some staff members

Pentre Awel

Handover of the Hydrotherapy Pool element of the development has been completed. The Collaborative Agreement for the Hydrotherapy Pool has been signed and sealed. The handover of the Clinical Delivery Unit (CDU) will be in late 2026.

North Pembrokeshire Health and Wellbeing Centre in Fishguard

Difficulties around the available sites to be considered in a land selection workshop is currently impacting on the timeline for us to progress with Strategic Outline Case (SOC)/ Outline Business Case (OBC) appointments.

Cylch Caron

Ceredigion County Council are reviewing their options for the accommodation elements of the scheme - when this is complete a briefing paper will need to be prepared for Welsh Government detailing the next steps for the OBC refresh and an updated resource schedule. A meeting to update Welsh Government officers is being arranged for the end of February 2026.

Aberystwyth Integrated Care Centre

A further meeting with Ceredigion County Council and Welsh Government was arranged for mid February 2026. Welsh Government has recently been in touch with both organisations and will be arranging a meeting with the Design Commission for Wales.

The community schemes are subject to regular review at Capital Sub Committee.

<u>Argymhelliad / Recommendation</u>	
The Committee is asked to:	
NOTE and RECEIVE ASSURANCE from the updates provided in this report.	

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.12. Seek assurance on the development and delivery of implementation plans for the Estates Strategy, including environmental sustainability, agreeing corrective actions where necessary and monitoring its effectiveness.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 1196 - Insufficient investment in facilities/equipment/digital infrastructure (risk score 16)
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	8 Estates plans
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained in the body of the report
Rhestr Termiau:	Contained in the body of the report

Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The PBC and SOC sets out both the revenue and capital funding assumptions for the programme including a detailed Financial Case section in the PBC
Ansawdd / Gofal Claf: Quality / Patient Care:	Implicit within the PBC and SOC. This is an integral part of the PBC and SOC case for change
Gweithlu: Workforce:	Implicit within the PBC and SOC . This is an integral part of the PBC case for change and is the subject of Workforce Appendix in support of the PBC.
Risg: Risk:	Risk 1196 Insufficient investment in facilities/equipment/digital infrastructure
Cyfreithiol: Legal:	Implicit within the PBC
Enw Da: Reputational:	Implicit within the PBC
Gyfrinachedd: Privacy:	Implicit within the PBC
Cydraddoldeb: Equality:	There is an Equality & Health Impact Assessment which will remain 'live' through the duration of the programme.

Planning Objective (PO) 8: Estates Plan

Executive Lead: Lee Davies

Reporting Period: Quarter (Q) 3 – October, November, 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).

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. 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 (please provide SPC/data charts and an explanation of any variances):

Actions taken in response to the Nuffield Trust Review to be reviewed following The Strategy Refresh and Clinical Services Plan (CSP) 2

Agree the strategic way forward for the Health Board’s infrastructure requirements with WG

Review and refresh of regional 10-year capital plan to WG

Agreement with WG to fees for redesign of Cross Hands, further feasibility work being undertaken

Appointment of Supply Chain Partner Fishguard Centre delayed due to site selection work being undertaken (date being assessed)

Update Cylch Caron Outline Business case (OBC)

Implementation of Property Asset Strategic Plan, to be reviewed in 2026

Commencement of staff moves into WG Building, Picton Terrace and decommissioning plans

Termination of Block 8, St Davids Park lease (subject to Picton Terrace move)

Agreement of procurement strategy for top 10 MIIP projects

MIIP - WG sign off of delivery programme

Carmarthen Hwb handover (delayed to Q3 2026/27)

Pentre Awel:

Memorandum of Understanding (MOU)

Hydrotherapy handover

Clinical Delivery Unit handover (delayed to Q3 2026/27)

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.

Activities completed in previous reporting period

Completion and signing of Pentre Awel MOU with CCC

Hydrotherapy Pool handover Pentre Awel

WG meeting to progress strategic capital for AHMWW Nov 2025

Revised feasibility for redevelopment Cross Hands

Activities planned for next milestone and reporting period

Development of Carmarthen Hwb and CDU Pentre Awel Commissioning Plan

Commissioning activity for Picton Terrace

Completion of PBC Addendum for January 2026 Board and submission to WG for scrutiny

Any other Comments

Matters for information: All other matters reported via Strategy and Planning Committee (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.

5.3

11:30, 10 Mins

5.3 - Prince Philip Hospital Urgent Care Centre Implementation Plan

Andrew Carruthers
(Hywel Dda UHB -
Chief Operating
Officer), **Peter Skitt**
(Hywel Dda UHB -
Clinical Care Group
Service Director -
Community &
Integrated Medicine)

| For information

Attachments

[5.3.1 PPH Urgent Care Centre SBAR -Feb 26.pdf](#)

[5.3.2 App1 - 6G for UEC.pdf](#)

[5.3.3 App 2 - Integrated Impact Assessment Tool.pdf](#)

[5.3.4 App 3 -EqlA.pdf](#)



PWYLLGOR STRATEGAETH A CHYNLLUNIO STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 February 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Prince Philip Hospital (PPH) Urgent Care Centre Implementation Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Anna Thomas, Assistant General Manager PPH

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 Committee is asked to receive a brief progress update on development of the Minor Injuries Unit (MIU) at Prince Philip Hospital following the Board's decision to proceed with Option 4a — a 12-hour urgent care treatment model (08:00–20:00).

This programme of work aims to transition from the current Minor Injuries Unit in Prince Philip Hospital to an Urgent Care Centre model. This will be referred to going forward as the “Prince Philip Hospital Urgent Care Centre”.

This update summarises delivery progress, key risks, expected outcomes, and the essential timescales for readiness.

Cefndir / Background

- Due to safety concerns, the Board was “*requested to SUPPORT the proposal for the short-term closure of the Minor Injuries Unit (MIU) in Prince Phillip Hospital (PPH) overnight (8pm to 8am) for a period of six months from 1 November 2024*” [[Board and Agenda Papers 26 September 2024](#)]
- A formal 12-week consultation (Apr–Jul 2025) explored four future options. Option 4a was identified as the most suitable, aligning with demand patterns and enabling more timely urgent care. [[Board agenda and papers 25 September 2025](#)]
- A decision was made by the Board in September 2025 to proceed with this project [[Press release](#)]
- The Strategy and Planning Committee (SPC) specifically requested a short update focused on risk, outcomes and timescales.

Asesiad / Assessment

Current Position

- Clinical model agreed and core pathways drafted.

- Workforce plan largely defined with remaining confirmation required for clinical supervision and rota cover.
- Estates adjustments being identified; minor enabling works required but no major capital dependency expected.
- Operational processes (triage, escalation, documentation) are drafted and currently being refined.
- Alignment with broader Urgent and Emergency Care (UEC) redesign underway but does not prevent progress.

Workforce

- Workforce and Clinical Streaming Task and Finish Groups met on 26 January 2026.
- Workforce model review underway; medical rota for 7-day Same Day Emergency Care (SDEC) being drafted.
- Consultant post out to advert to support SDEC/ Front Door rota.

Clinical Streaming

- Standard Operating Procedure (SOP) for clinical pathways agreed by the implementation group
- Pathway criteria and early metrics being scoped (flow, weekend activity, SDEC utilisation).

Estates

- Estates Task and Finish group membership being finalised; initial walk-through undertaken to map reconfiguration and identify any potential capital requirements.

Governance

- Implementation Programme Group is established and overseeing progress.
- This group reports into the Prince Philip Urgency Care Centre Steering Group (chaired by the medical director)
- Regular updates will be provided to the Quality, Safety and Experience Committee as required

Key Risks

- Delay in recruitment
- Shortage of trained Advanced Clinical Practitioner (ACP) and Advanced Nurse Practitioner (ANP) workforce
- Workforce fatigue. We need to recruit staff to substantive/permanent positions, bank cover is not sustainable over a long period of time
- Digital infrastructure gaps. Investment in virtual technology and coordination tools
- Benefits realisation. The benefits of the service may take some months to fully realise. New staff will need time to be trained and possess relevant skill mix

Expected Outcomes

- Improved access to appropriate care.
- Strengthened alignment to national UEC expectations.
- More resilient and consistent urgent care model
- Enhanced patient flow through strengthened clinical streaming
- Improved patient and staff experience building on the previous twelve months' service provision
- Improved recruitment and retention, leading to a more sustainable service

Key Timescales

- Mid–late February 2026: Workforce rota modelling, estates specification confirmation.
- March 2026: Early implementation phase - recruitment opens and flow modelling starts, digital scoping starts
- April – June 2026: Training frameworks developed, Information Technology Infrastructure confirmed
- July – October 2026: Workforce onboarding and training, communications rollout, operational readiness
- November 2026: Go-Live of 12-hour Prince Philip Hospital Urgent Care Centre

Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** the progress to date on the implementation of an Urgent Care Centre in Prince Philip.
- **RECOGNISE** the indicative timeline and **REQUEST** a brief assurance update when workforce and governance items are finalised.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.2. Receive assurance on the development of the Health Board's Annual Plan/Integrated Medium Term Plan (IMTP), based on robust business intelligence and modelling, and assure the development of delivery plans within the scope of the Committee, their alignment to the Health Board's Annual Plan/IMTP and the Health Board's strategy and priorities.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1293(25.11.24)-Risk of avoidable harm to patients at MIU due to inappropriate patients presenting resulting in safety, care and treatment delayed and compromising. 1980 (1.11.24)- Risk of patients attempting to access MIU outside core hours due to overnight closure-managing communication to public.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply Domains of Quality Domains of Quality Domains of Quality
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable

Amcanion Cynllunio Planning Objectives	7 Primary and community strategic plan 3 Transforming Urgent and Emergency Care programme 1 Workforce Stabilisation
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 7. Plan and deliver services to enable people to participate in social and green solutions for health 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Six Goals for Urgent and Emergency Care National Programme- Delivery Plan 2026/27 (See Appendix 1)
Rhestr Termau: Glossary of Terms:	Covered
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	12-week public consultation options appraisal process began-28/04/25 in line with HIW report. Steering Group produced a formal 3As (Alert, Advise, Assure) report submitted to Board and included Llais, Save Our Services Prince Philip Action Network (SOSPPAN), SBUHB & WAST. Questionnaire survey

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Attached for all (see Appendix 1)
Ansawdd / Gofal Claf: Quality / Patient Care:	Attached above
Gweithlu: Workforce:	Attached above

Risg: Risk:	Attached above
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	Attached above
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Please see Appendix 2



GIG
CYMRU
NHS
WALES

Perfformiad
a Gwella
Performance
and Improvement

Right care, right place, first time

Six Goals for Urgent and Emergency Care National Programme

Health Board Delivery Plan: 2026-27



Health Board: Choose an item.

Date of Submission: Click or tap to enter a date.



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Completion Guidance

The Six Goals Health Board Delivery Plan is an annual planning document that sets out the workstreams the Health Board are committed to delivering, to meet the National programme objectives and Ministerial priorities for the upcoming year.

The content of the plan will be used to assess and approve the funding allocation and will be used to monitor delivery progress.

The plan is aligned with the wider IMTP Planning Cycle and as such the agreed Six Goals deliverables will form part of the Health Board final IMTP submission.

To support the timely completion of the document the Six Goals National Programme Team propose the following activities with the Health Boards in the first part of 2026:

Description	Provisional Dates
National Programme Leads Meeting - Focus on plan development	18 th January 2026
Health Board 1st Draft Plan Submission due	6 th February 2026
National Programme to review / feedback 1st Draft Plan	w/c 9 th February 2026
HB to WG: Accountable Officer Letter (if appropriate)	13 th February 2026
National Programme Leads Meeting - Feedback / plan development	w/c 16 th February 2026
Six Goals Planning Cycle; HB Review Session – HB Exec/Clinical Leads to present draft Plans to National Team & Welsh Government	To be confirmed
HB to WG: Confirmation - ability to agree LTAs & plans for commissioned and provider services	27 th February 2026
National Programme support available to review / feedback as required	2 nd - 13 th March 2026
National Programme Leads Meeting - Focus Session on Final Plan	w/c 23 rd March 2026
Health Board Delivery Plan - Final Submission	w/c 30 th March 2026
HB to WG: Final approved IMTP submission, Ministerial templates, MDS, finance templates.	By 31 st March 2026
National Programme Board - Health Board Funding Approval	May 2026



Key Achievements 2025/26

Use this section to provide a high-level summary of your key achievements 2025/26:

Ministerial Priority	Please provide high level summary of Key Achievements
UEC1: Implement effective Community Based Falls Response Services	
UEC2: Implement a robust 'Single Point of Access' (SPOA) for urgent and emergency care	
UEC3: Implement an Acute Front Door Frailty Service at all acute hospitals	
UEC4: Implement the Welsh Health Circular - Ambulance Patient Handover Guidance	<i>Please include: Hospital Pressures Plans (ED improvements/GIRFT recommendations), High Intensity Services Users (HISU), E-Triage</i>
UEC5: Implement actions described in the Optimal Hospital Flow Framework	<i>Please include: Flow Champions, Preventing deconditioning, D2RA, Trusted Assessor (TA), Pathway of Care Delays (POCD) and Red2Green</i>
Additional information	<i>Please provide any additional information as appropriate</i>



Ministerial Priorities 2026/27

The Ministerial Priorities for delivery by the National Programme for 2025-26 can be further described as follows, setting out the purpose, scope and anticipated impact of implementing each Framework:

UEC 1 (26/27)

Implement the Community-Based Falls Response Framework

deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme community-based falls response framework and, in support, implement a focus on prevention and early intervention in line with the policy statement on population health management

UEC 2 (26/27)

Implement the 'Single Point of Access' (SPoA) Framework to deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme single point of access (SPOA) framework to ensure people with urgent care needs receive timely and appropriate support, minimising unnecessary escalation to emergency ambulance conveyance or hospital admission.

Prioritise tailored interventions for frail and older adults, scaling up "call before convey" as a business-as-usual model and referrals to community nursing services enabling urgent response. Strengthen integration with key system partners, including WAST and Local Authorities, to deliver coordinated and effective care across the urgent care pathway.

UEC 3 (26/27)

Implement the Acute Front Door Frailty Service (AFS) Framework -

Deliver medical same day emergency care (SDEC) and acute frailty services at the front door of hospitals in line with all principles set out in national SDEC policy and strategy documents, and the six goals for urgent and emergency care programme Front Door Acute Frailty Service (AFS) Framework for Acute Hospitals.

UEC 4 (26/27)

Ambulance Patient Handover (H45)

Through effective streaming of patients on arrival at the front door allied to a focus on safe, efficient and early discharges, deliver all ambulance patient handovers within a maximum of 45 minutes, aiming for achievement of >90% in 15 minutes by the end of 2026/2027

UEC 5 (26/27)

Implement the Optimal Hospital Flow Framework

Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme Optimal Hospital Flow Framework with a focus on 7-day working with leaner acute hospital processes and more efficient discharge transport services to facilitate earlier discharges and increasing weekend discharges



Six Goals Programme / Governance Infrastructure

Use this section to demonstrate your Programme / Governance Structure and associated leadership - *include your Six Goals Programme Board and substructure (please see illustrative example below).*



Six Goals Role	Name	Role Title
Executive Lead / SRO		
Programme Lead(s)		
Clinical Lead(s)		
Workstream / Goal Lead(s)		



Financial Summary 2026-27

You will be required to submit your Detailed Financial Plan as part of the existing financial governance arrangements.

Please provide a high-level summary here, setting out how you will allocate your Six Goals funding to deliver each of the Ministerial Priorities/enabling actions, in addition to any other available funding sources.

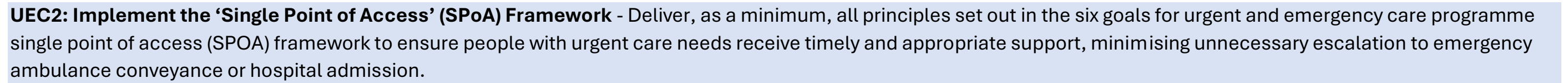
Ministerial Priority	Workstream(s)	Core Six Goals Funding Allocation	Regional Integrated Fund Allocation	Other Funding Allocation
UEC 1	Implement the Community Based Falls Response Framework			
UEC 2	Implement the 'Single Point of Access' (SPOA) Framework			
UEC 3	Implement an Acute Front Door Frailty Service (AFS) Framework			
UEC 4	Ambulance Patient Handover (H45)			
UEC 5	Implement the Optimal Hospital Flow Framework			
Other	Local Six Goals Programme Team	£160,000		
Total		£2.7m **		

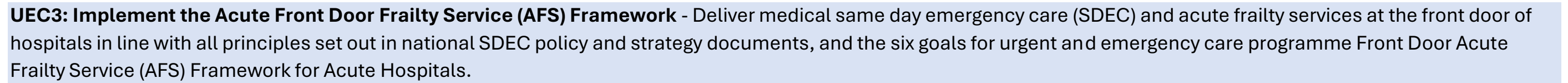
**** Total available Six Goals Funding for 2026/27**



UEC1: Implement the Community-Based Falls Response Framework - Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme community-based falls response framework and, in support, implement a focus on prevention and early intervention in line with the policy statement on population health management.

Workstreams: Title & Overview <i>Please provide a high-level overview of what Workstreams / Projects / Activities you will be delivering to achieve the Ministerial priority</i>	Key Quarterly Deliverables			
	Q1	Q2	Q3	Q4
Risks to Delivery	Mitigations			
<i>What are your key risks</i>	<i>What are your mitigations & contingencies</i>			







UEC4: Ambulance Patient Handover (H45) - Through effective streaming of patients on arrival at the front door allied to a focus on safe, efficient and early discharges, deliver all ambulance patient handovers within a maximum of 45 minutes, aiming for achievement of >90% in 15 minutes by the end of 2026/2027

Workstreams: Title & Overview <i>Please provide a high-level overview of what Workstreams / Projects / Activities you will be delivering to achieve the Ministerial priority</i>	Key Quarterly Deliverables			
	Q1	Q2	Q3	Q4
<i>Please include: UEC System Pressures Plan (ED improvements/GIRFT recommendations, MAG), High Intensity Services Users (HISU), E-Triage</i>				
Risks to Delivery		Mitigations		
<i>What are your key risks</i>		<i>What are your mitigations & contingencies</i>		



UEC5: Implement the Optimal Hospital Flow Framework - Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme Optimal Hospital Flow Framework with a focus on 7-day working with leaner acute hospital processes and more efficient discharge transport services to facilitate earlier discharges and increasing weekend discharges.

Workstreams: Title & Overview <i>Please provide a high-level overview of what Workstreams / Projects / Activities you will be delivering to achieve the Ministerial priority</i>	Key Quarterly Deliverables			
	Q1	Q2	Q3	Q4
<i>For example: Flow Champions, Preventing deconditioning, D2RA, Trusted Assessor (TA), Pathway of Care Delays (POCD) and Red2Green</i>				



Workstreams: Title & Overview <i>Please provide a high-level overview of what Workstreams / Projects / Activities you will be delivering to achieve the Ministerial priority</i>	Key Quarterly Deliverables			
	Q1	Q2	Q3	Q4
Risks to Delivery	Mitigations			
<i>What are your key risks</i>	<i>What are your mitigations & contingencies</i>			

Integrated Impact Assessment Tool	Y/N	Evidence & Further Information	Completed By	Evidence (Insert)
Financial/Service Impacts				
1. Has the new proposal/service model been costed? If so, by whom?	Y	Finance business partners		
2. Does the budget holder have the resources to pay for the new proposal/service model? Otherwise how will this be supported - where will the resources/money come from i.e. specify budget code or indicate if external funding, etc?	Y			
3. Is the new proposal/service model affordable from within existing budgets?	Y			
4. Is there an impact on pay or non pay e.g. drugs, equipment, etc?	Y	With the new streaming pathways to UCC drug spend will increase but will decrease in other areas such as AMAU as patient presentation with relocate to UCC		
5. Is this a spend to save initiative? If so, what is the anticipated payback schedule?	N			
6. What is the financial or efficiency payback (prudence), if any?	N			
7. Are there risks if the new proposal/service model is not put into effect?	Y	- Delay in recruitment - Shortage of trained ACP/ANP workforce - Workforce fatigue-need to recruit staff to substantive/permanent positions, bank cover is not sustainable over a long period of time		

		- Digital infrastructure gaps- Investment in virtual technology and coordination tools		
8. Are there any recognised or unintended consequences of changes on other parts of the system (i.e. impact on current service, impact of changes in secondary care provision on primary care services and capacity or vice versa, or other statutory services e.g. Local Authorities?)	N			
9. Is there a need for negotiation/lead in times i.e. short term, medium term, long term? If so, with whom e.g. staff, current providers, external funders, etc?	N			
10. Are capital requirements identified or funded?	N			
11. Will capital projects need to be completed in time to support any service change proposed?	N			
12. Has a Project Board been identified to manage the implementation?	Y	Established November 2025		
13. Is there an implementation plan with timescales to performance manage the process and risks?	Y			Embedded in SBAR
14. Is there a post project evaluation plan for the new proposal/service model?	Y			
15. Are there any other constraints which would prevent progress to implementation?	Y			
Quality/Patient Care Impacts				

16. Could there be an impact on patient outcome/care?	N			
17. Is there any potential for inequity of provision for individual patient groups or communities? E.g. rurality, transport.	N			
18. Is there any potential for inconsistency in approach across the Health Board?	N			
19. Is there are potential for postcode lottery/commissioning?	N			
20. Is there a need to consider exceptional circumstances?	N			
21. Are there clinical and other consequences of providing or delaying/denying treatment (i.e. improved patient outcomes, chronic pain, physical and mental deterioration, more intensive procedures eventually required?	Y			
22. Are there any Royal College standards, NICE guidance or other evidence bases, etc, applicable?	Y			
23. Can clinical engagement be evidenced in the design of the new proposal/service model?	Y			
24. Are there any population health impacts?	N			
Workforce Impact				
25. Has the impact on the existing staff/WTE been determined?	Y			
26. Is it deliverable without the need for premium workforce?	Y			

27. Is there the potential for staff disengagement if there is no clinical/'reasonable' rationale for the action?	Y			
28. Is there potential for professional body/college/union involvement?	Y			
29. Could there be any perceived interference with clinical freedom?	N			
30. Is there potential for front line staff conflict with the public?	N			
31. Could there be challenge from the 'industries' involved?	N			
32. Is there a communication plan to inform staff of the new arrangements?	Y			
33. Has the Organisational Change Policy been followed, including engagement/consultation in accordance with guidance?	Y			
34. Have training requirements been identified and will this be complete in time to support the new proposal/service model?	Y			
Risk Impact				
32. Has a risk assessment been completed?				
33. Is there a plan to mitigate the risks identified?				
Legal Impact				
34. Has legal compliance been considered e.g. Welsh Language: is there any specific legislation or regulations that should be considered before a decision is made?				
35. Is there a likelihood of legal challenge?				

36. Is there any existing legal guidance that could be perceived to be compromised i.e. Independent Provider Contracts, statutory guidance re: Continuing Healthcare, Welsh Government Policy etc?				
37. Is there any existing contract and/or notice periods?				
Reputational Impact				
38. Is there a likelihood of public/patient opposition?	N			
39. Is there a likelihood of political activity?	N			
40. Is there a likelihood of media interest?	Y			
41. Is there the potential for an adverse effect on recruitment?	N			
42. Is there the likelihood of an adverse effect on staff morale?	N			
43. Potential for judicial review?	N			
Privacy Impact				
44. Have the Information Governance Team been contacted about the project to assess whether a Data Protection Impact Assessment (DPIA) needs to undertaken?				
45. Has a full DPIA been undertaken – Please contact Information.Governance3@wales.nhs.uk for the template.				

Equality Impact (unless otherwise completed as part of the accompanying SBAR)				
46. Has Equality Impact Assessment (EqIA) screening been undertaken – follow link below? Equality, diversity and inclusion (sharepoint.com)	Y			
47. Has a full EqIA been undertaken – follow link below? Equality, diversity and inclusion (sharepoint.com)	Y			
48. Have any negative/positive impacts been identified in the EqIA documentation?	Y			

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

Hywel Dda University Health Board Equality Impact Assessment (EqlA)

Director and Directorate	Andrew Carruthers - Unscheduled Care Prince Philip Hospital (PPH)
Service Area	Minor Injuries Unit - Option 4a - Urgent care centre (SDUC type model) 12 hours

What is an Equality Impact Assessment (EqlA)?

An EqlA is a scrutiny tool which is used to ensure that when making decisions related to creating or changing projects, practices and policies, the decisions made are fair and do not discriminate against any protected group defined under the Equality Act 2010.

Why do they have to be completed?

All public authorities in Wales are **legally required** under the Public Sector Equality Duty 2011 to **demonstrate that due regard** has been given in accordance with the [Equality Act 2010](#) with the need to:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations

When should they be completed?

A fully completed EqlA, or if applicable an EqlA Screening, must be produced before the Health Board is asked to make decisions about:

- Changes to the way health services are delivered
- The development of a new service
- Clinical or non-clinical policy document/guidance

Completion of an EqlA or EqlA Screening is monitored as part of the Health Boards escalation process, and forms part of the Quality Impact Assessment process. An EqlA is a living document and should be regularly reviewed and updated in light of new information, emerging evidence or stakeholder engagement.

It is recognised that certain proposals or decisions will require a wider consideration of potential impacts, particularly those relating to service change or potential major investment. For large scale projects and strategic decisions you will also need to consider

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

undertaking an Equality and Health Impact Assessment. Please contact the Diversity and Inclusion (D&I) team if you require further clarity.

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 1: Overview

1.	What are you Equality Impact assessing?	14-hour urgent care treatment centre (Same Day Urgent Care type model) - this would be open to the public for 12 hours with a further two hours to allow patients in the unit to be treated.
2.	Brief Aims and Description of the procedure/ proposal/ project/ policy:	Review of the role and function of Minor Injuries Unit (MIU) at Prince Philip Hospital (PPH) to meet local population needs within the new proposed times.
3.	Who is involved in undertaking this EqIA? (names/job titles)	Jon Morris (Clinical Lead MIU), Iona Evans (Interim Head of Nursing GGH & PPH USC), Meinir Williams (Deputy Head of Nursing PPH USC)
4.	Is the procedure/ proposal/ project/ policy related to other policies/ areas of work?	No
5.	Is this a new EqIA or an updated EqIA?	New ☒ Updated ☐ Date of original or last version of the EqIA: Please give details / explain any amendments – New template/additional information.
6.	Who will be affected by the procedure/ proposal/ project/ policy development? (Consider staff as well as the population, patients, carers and family members who may be affected to different degrees)	- Local Population using the MIU. - Staff working within the MIU / AMAU. - Patients using either GGH or Morriston. - Staff working in GGH & MGH due to increase demands from GGH site - Sample audit November 2022 – 11.45% from Swansea Bay area  MIU%20attendance s%20from%20Swans Sample audit for 2 weeks Dec 2023

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

		https://forms.office.com/Pages/AnalysisPage.aspx?AnalyzerToken=qvDbhgXnLqGN4SljtcDYK7c5lPyTculB&id=uChWuyjjgkCoVkm8ntyPrIqXtKx9OJBDim5W0Zv5x3tUMFRLVlNLVEZITDhZVDZGNzhMOUFUUFcWi4u
7.	What might help/hinder the success of the procedure/ proposal/ project/ policy?	Help: • HIW Inspection recommendations • Clinical Team support • Executive support including Core Delivery Group and the Operational Planning Governance and Performance Group • Communication and Engagement strategy • Trade Unions / HR • Welsh Government Hinder: • Public (and public representation groups) opposition/resistance to a reduced service. • Political opposition • Media

Section 2: Human Rights

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below.

Depending on the **procedure/ proposal/ project/ policy** you are considering, you may find the examples below helpful in relation to the Articles.

Consider, is the procedure/ proposal/ project/ policy relevant to:

Yes No

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Article 2: The right to life. Example: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control.	✓	
Article 3: The right not to be tortured or treated in an inhuman or degrading way. Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control	✓	
Article 5: The right to liberty Example: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control	✓	
Article 6: The right to a fair trial Example: issues of patient choice, control, empowerment and independence	✓	
Article 8: The right to respect for private and family life, home and correspondence. Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life	✓	
Article 11: The right to freedom of thought, conscience and religion Example: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers	✓	

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 3: Gathering of Evidence and Assessment of Potential Impact

How will the procedure/ proposal/ project/ policy impact on Age: Is it likely to affect older and younger people in different ways or affect one age group and not another?	Positive	✓
	Negative	✓
	No Impact	

Guidance Remove population data if not relevant to EqIA and upload relevant data.	Population Data				
	County	Carmarthenshire		Llanelli	
	Age	Value	%	Value	%
	Total: All usual residents	187,897	100	25,400	100
	Aged 4 years and under	9,057	4.8	1,422.4	5.6
	Aged 5 to 9 years	10,274	5.5	1,524	6
	Aged 10 to 19 years	20,879	11.2	3,048	12
	Aged 20 to 24 years	8,820	4.7	1,447.8	5.7
	Aged 25 to 34 years	20,692	11	3,225.8	11.8
	Aged 35 to 49 years	31,802	16.9	4,749.8	18.7
	Aged 50 to 64 years	40,906	21.8	5,054.6	19.9
	Aged 65 to 74 years	24,603	13.1	2,616.2	10.3
	Aged 75 to 84 years	15,247	8.1	1,600.2	6.3
	Aged 85 years and over	5,617	3	711.2	2.8

[Build a custom area profile - Census 2021, ONS](#) 03/07/2024

Insert an age breakdown of those affected. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	Patient data – last 3 years (April 21- July 2024)	
	Patient Age	Attendances
	Age: 0-9	9,695
	Age: 10-19	16,094
	Age: 20-29	14,304
	Age: 30-39	14,004
	Age: 40-49	11,557
	Age: 50-59	12,689
	Age: 60-69	10,516
	Age: 70-79	9,503
	Age: 80-89	5,682

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Age: 90-99	1,072
Age: 100 +	27
TOTAL	105,143

Insert breakdown of staff age in the specific service/ area of work.

If no information is available, please state that here including how you plan to address any identified data gaps in the future.

Staff data- Emergency Nurse Practitioner (ENP) staff age range between 37- 63 years. Average age of 54 years with 4 ENP retire and return. Difficulty in recruiting into 3 wte ENP vacancy previously which resulted in the appointment of X3 ENP trainees to mitigate the fragility and risk within this workforce in the event of full retirement/leavers.

GRADE	ACTUAL W.T.E	Age	COMMENTS
7	1.00	49 yrs	commencing 19th August
7 ENP	0.40	62yrs	Retire and return
7 ENP	0.80	54yrs	
7 ENP	0.20	63yrs	Retire and return
7 ENP	0.96	51yrs	
7 ENP	0.80	47yrs	
7 ENP	0.80	53yrs	
7 ENP	0.40	62yrs	
7 ENP	0.92	47yrs	
7 ENP	0.96	38yrs	
7 ENP	1.00	53yrs	
7 ENP	0.50	56yrs	Retire and return
7 ENP	0.40	49yrs	
7 ENP	0.50	56yrs	Retire and return
6 ENP	1.00	39yrs	Trainee ENP
6 ENP	1.00	53yrs	Trainee ENP
6 ENP	1.00	37yrs	Trainee ENP

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Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	Negative Impact • Older and younger populations may be more dependent on public transport and or others to bring them to healthcare settings as they may be too young to have a drivers' license or are unable to drive due to age related fragilities. • Restricting operating hours may result in service users having to travel further for treatment 'out of hours'. Review of risk relating to older workforce and requirement to undertake a workforce plan for succession plan for sustainability of service.	Opportunities for improvement / mitigation • Impact due to public transport is likely to be minimal as there is limited public transport in the area between 8pm and 8am currently, therefore patients reliant on public transport are unlikely to be affected. • Minor injuries rarely require immediate attention and can, in many instances, wait until the following morning to be seen and treated therefore they will not be required to travel further for treatment or be reliant on travelling when public transport is available. • Educate the public on appropriate access of service in relation to the care that can be provided by MIU. This correspondence will need to be in accessible formats to ensure the elderly who may have sight loss, deteriorating mental capacity etc. are able to understand. Choose well posters within the reception area • Working with HDUHB communication team and Welsh Ambulance Service / Police/NHS 111 Wales/Primary and Secondary services, Local Authority and volunteer/charity services. • 3 ENP trainees currently in place re risk of older workforce, though further workforce modelling will be required to support this MIU/SDUC model (medical and nursing/ACP/ANP requirement).

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Provide a brief summary of the positive impacts you have identified.

Positive Impact

- MIU have an aging workforce, many are retired and returned, the work life balance result of this change would be welcome by them as they will no longer be required to work nightshifts. No previous concerns highlighted by staff in relation to this aspect.
-

DRAFT

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Disability: Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes.		Positive Negative No Impact	 ✓ 				
Guidance Remove population data if not relevant to EqIA.	Population Data						
		Carms	Llanelli				
	Disabled under the Equality Act	43,152	6,426				
	Not Disabled under the Equality Act	144,743	18,974				
	Total population	187,895	25,400				
	Percentage of population with a disability	23%	25.3%				
People, population and community - Office for National Statistics (ons.gov.uk)							
Insert data for those affected. Include data on the disabilities listed above. (The aging population may have significant levels of age-related disabilities.) If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	Mental Health activity:						
		MIU Referrals		Ward Referrals			
	Month	18-70	70+	18-70	70+	08:00 - 20:00	20:00 - 08:00
	Feb-24	79	0	15	9	56	47
	Jan-24	76	2	14	9	58	43
	Dec-23	78	2	12	12	65	39
	Nov-23	71	1	13	19	71	33
	Oct-23	61	2	8	19	66	24
	Sep-23	39	2	11	6	43	15
	Aug-23	52	2	28	11	54	39
	Jul-23	54	1	19	8	52	30
	Jun-23	65	2	16	4	52	35
	May-23	63	4	13	9	55	34
	Apr-23	68	0	12	11	57	34
	Mar-23	42	0	1	8	30	21
Feb-23	50	1	9	8	52	16	

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	TOTAL	798	19	171	133	711	410
Insert breakdown of staff with a disability who may be affected by your specific service/area of work.	Staff data: No staff disabilities on record. No mental Health issues captured.						
Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	Negative Impact - Those with disabilities may be more dependent on public transport and or others to bring them to healthcare settings. - Restricting operating hours may result in service users having to travel further for treatment 'out of hours'. - Communicating the new hours may be difficult for people who have certain neuro-diverse conditions, learning disabilities or sensory loss. - It could be perceived that people needing attention for mental health concerns may be negatively impacted by the reduction hours, but mental health conditions are already outside the scope of MIU therefore should not be treated here.			Opportunities for improvement / mitigation: - Impact due to public transport is likely to be minimal as there is limited public transport in the area between 8pm and 8am currently therefore patients reliant on public transport are unlikely to be affected. - Minor injuries rarely require immediate attention and can, in the vast majority of instances, wait until the following morning to be seen and treated. Opportunity to develop timed slots. - Review of appropriate MIU modelling and key education to the public on criteria of acceptances in MIU. - Ensure all communication regarding the changing of hours is available in accessible formats, easy read, braille etc. 111 option 2 promotion. This has been a national campaign with NHS Wales and is available 24 hours a day. It is an urgent service offering assessment and signposting advice for anyone experiencing a mental health crisis, or requiring support to manage their symptoms. Posters displayed in MIU and patient advised on Triage to ring			

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

	• Parking – is there likely to be an increase of the use of disabled bays due to condensed hours? How many do we currently have? Is it sufficient from the patient data for disability? • Staff with certain disabilities may only be able to work night shift as they are reliant on family/ public transport for lifts to work etc. • Are there any scenarios where disabled staff need to work night shift? Menopause, ADHD etc? • Possibility of discriminating against this group due to having to call 111 in order to arrange access instead of just presenting at MIU.	• There are 5 allocated bays outside MIU. There is also a drop off area outside the entrance. Current percentage in relation to spaces is 5% which fits into the 4-6% guidelines. • There aren't any staff within this category. • No scenarios at present.

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How will the procedure/ proposal/ project/ policy impact on Gender Reassignment: Consider the potential impact on individuals who have undergone, intend to undergo or are currently undergoing gender reassignment; and those who do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth.			Positive	
			Negative	
			No Impact	✓
Guidance Remove population data if not relevant to EqIA.	County	Carmarthenshire		
	Gender	value	%	
	All usual residents aged 16 and over	155,486	100	
	Gender identity the same as sex registered at birth	144,924	93.2	
	Gender identity different from sex registered at birth but no specific identity given	210	0.1	
	Trans woman	93	0.1	
	Trans man	90	0.1	
	Non-binary	60	0.0	
	All other gender identities	38	0.0	
	Not answered	10,072	6.5	
	Data retrieved from Census 2021 data 24/06/2024			
If you have determined no impact, please provide a brief explanation.	No Impact The current unit and its limited accommodation has a single unisex/disabled toilet and shower facilities. No additional impact in the context of gender reassignment with this service change.			

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How will the procedure/ proposal/ project/ policy impact on Marriage and Civil Partnership		Positive	
		Negative	✓
		No Impact	
Guidance	Population Data		
Remove population data if not relevant to EqIA.	Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. In Carmarthenshire, 32.4% of people never married or registered a civil partnership, against 47.3% of people who are married or on a civil partnership. The remaining 20.3% either had their legal partnership status dissolved, are separated or are surviving their partner. How life has changed in Carmarthenshire: Census 2021 (ons.gov.uk) In Ceredigion, 38.7% of people never married or registered a civil partnership, against 43.1% of people who are married or on a civil partnership. The remaining 18.2% either had their legal partnership status dissolved, are separated or are surviving their partner. How life has changed in Ceredigion: Census 2021 (ons.gov.uk) In Pembrokeshire, 31.8% of people never married or registered a civil partnership, against 47.3% of people who are married or on a civil partnership. The remaining 21% either had their legal partnership status dissolved, are separated or are surviving their partner. How life has changed in Pembrokeshire: Census 2021 (ons.gov.uk)		
If data is available insert evidence of those that are affected are Married or are in a Civil Partnership. This data can be recorded in table or free text format.	Patient data - no information available. This will require monitoring in relation to any childcare concerns raised by patients and the dependency on spouse to support MIU attendance, as well as transport to and from the MIU. Monitor through Patient feedback.		
Insert breakdown of staff marriage / civil partnership information affected by your specific service/area of work.	No information available. Monitor any staff impact of amended hours on dependency/ability on spouse in relation to childcare needs as well as transport to and from MIU (if required). This can be mitigated by the flexible working policy and effective roster management. Capture staff who are working through flexible working request on ESR.		

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	Negative Impact • Staff may be reliant on their partners for lifts to and from work a change in working hours/ no opportunity to work a night shift may affect the staff members or their partners' employment (some households may need to change jobs to adapt to the new circumstances. • Some households may be negatively impacted by this change due to shared childcare arrangements between shift work.	Opportunities for improvement / mitigation • Flexible working policy. • Ability to request % of shifts within roster. • All rosters completed six weeks in advance.

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How will the procedure/ proposal/ project/ policy impact Pregnancy and Maternity		Positive	✓
Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.		Negative	
		No Impact	
If data is available insert evidence of those that are affected are Married or are in a Civil Partnership This data can be recorded in table or free text format.	No information available, there aren't any gynaecological service in PPH. Capture of data relating to re-direction underway. Any adverse incidents are captured via Incident reporting (Datix).		
Insert breakdown of staff marriage / civil partnership information affected by your specific service/area of work.	No information available: Leave and Pay For New and Existing Parent policy https://hduhb.nhs.wales/about-us/governance-arrangements/policies-and-written-control-documents/policies/leave-and-pay-for-new-and-existing-parents-policy/ Monitor through Managing attendance at work policy – ESR data.		
Provide a summary of the positive impacts you have identified.	Positive Impact Review of the role and function of Minor Injuries Unit (MIU) at Prince Philip Hospital (PPH) will promote and highlight key criteria and will support signposting of patients to the right place first time.		

How will the procedure/ proposal/ project/ policy on Race/Ethnicity or Nationality		Positive	✓
People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers. Also includes citizenship.		Negative	✓
		No Impact	

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Guidance Remove population data if not relevant to EqIA.	Population				
	County	Carms		Llanelli	
	Ethnicity	Value	%	Value	%
	Total: All usual residents	187,898	100	25,400	100
	Asian, Asian British or Asian Welsh	2,321	1.2	533	2.1
	Black, Black British, Black Welsh, Caribbean or African	455	0.2	51	0.2
	Mixed or Multiple ethnic groups	1,756	0.9	279	1.1
	White	182,652	97.2	24,384	96
	Another ethnic group	714	0.4	1523	0.6
	Data retrieved from Census 2021 data 03/07/2024				
90.3% of Llanelli’s population (22,936) were born in the UK.					
Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	Negative Impact It may be difficult to communicate this change with some hard-to-reach minority communities or those who speak a different language from English and Welsh.			Opportunities for improvement / mitigation: - Link in with Community Development Outreach Team (CDOT) to support key communication. engaging with specific ethnic minority groups in the local area via the CDOT and will share key messages in the development stages with ethnic minority communities affected by this change in an appropriate language and communication method. - Translation Services – ensure all communication is translated and in accessible formats, such as easy read format. - Clear criteria for overseas visitors accessing MIU service. - Working with Health Board communications.	
	Provide a summary of the positive impacts you have identified.				
Positive Impact Greater accessibility to support services e.g., translation services will always be available within the revised operating hours.					

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How will the procedure/ proposal/ project/ policy impact on Religion or Belief (or non-belief)					Positive	
The term 'religion or belief' includes a religious or philosophical belief, including ethical veganism.					Negative	✓
					No Impact	
Guidance Remove population data if not relevant to EqIA.	County	Carms		Llanelli		
	Religion	Value	%	Value	%	
	Total: All usual residents	187,899	100	25,400	%	
	No religion	83,409	44.4	12,395	48.8	
	Christian	89,378	47.6	10,922	43	
	Buddhist	557	0.3	76	0.3	
	Hindu	419	0.2	51	0.2	
	Jewish	103	0.1	25	0.1	
	Muslim	1,026	0.5	229	0.9	
	Sikh	177	0.1	25	0.1	
	Other religion	1,127	0.6	153	0.6	
	Not answered	11,703	6.2	1524	6	
	Data retrieved from Census 2021 data 03/07/2024					
	Staff data – No information relating to any impact. Consideration as applicable of religion and/or belief. Data collated via ESR.					
Insert breakdown of Religion or Belief (or non-belief) of staff affected by your specific service/area of work.						
Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the	Negative Impact Reduction of opening hours reduce flexibility within shift patterns for staff members during key religion or belief (non-belief) events.		Opportunities for improvement / mitigation: - Promotion of diversity and Inclusion within Health Board staff. - Access to Religion and Beliefs Learning Resources for staff. - Diversity Calendar promotion - Flexible working policy - Equality, Diversity and Inclusion Policy			

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relevant negative impact.		

How will the procedure/ proposal/ project/ policy impact on Sex Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?		Positive Negative No Impact	 ✓																									
Guidance Remove population data if not relevant to EqIA.	<table border="1"> <thead> <tr> <th>County</th><th colspan="2">Carms</th><th colspan="2">Llanelli</th></tr> <tr> <th>Gender</th><th>Value</th><th>%</th><th>Value</th><th>%</th></tr> </thead> <tbody> <tr> <td>All persons</td><td>187,897</td><td>100</td><td>25,400</td><td>100</td></tr> <tr> <td>Male</td><td>91,685</td><td>48.8</td><td>12,421</td><td>48.9</td></tr> <tr> <td>Female</td><td>96,212</td><td>51.2</td><td>13,979</td><td>51.1</td></tr> </tbody> </table> Data retrieved from Census 2021 data 03/07/2024			County	Carms		Llanelli		Gender	Value	%	Value	%	All persons	187,897	100	25,400	100	Male	91,685	48.8	12,421	48.9	Female	96,212	51.2	13,979	51.1
County	Carms		Llanelli																									
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Male	91,685	48.8	12,421	48.9																								
Female	96,212	51.2	13,979	51.1																								
If you have determined no impact, please provide a brief explanation.	No Impact Applies to both sexes equally. No discrimination in the context of sex. The current unit and its limited accommodation, with a single unisex/ disabled toilet and shower facilities.																											

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How will the procedure/ proposal/ project/ policy impact on Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.							Positive	
							Negative	
							No Impact	✓

Guidance Remove population data if not relevant to EqIA.	Population Data								
		County							
		Carms		Ceredigion		Pembs		Totals	
		Value	%	Value	%	Value	%	Value	%
	Sexual Orientation								
	Total: All usual residents aged 16 years and over	155,485	100	61,390	100	102,550	100	319,425	100.0
	Straight or Heterosexual	139,511	89.7	51,998	84.7	92,094	89.8	283,603	88.1
	Gay or Lesbian	1,845	1.2	941	1.5	1,093	1.1	3,879	1.3
	Bisexual	1,500	1.0	1,617	2.6	1,050	1	4,167	1.5
	Pansexual	120	0.1	150	0.2	80	0.1	350	0.2
Asexual	79	0.1	140	0.2	52	0.1	271	0.1	
Queer	23	0.0	49	0.1	12	0	84	0.0	
All other sexual orientations	100	0.1	90	0.1	75	0.1	265	0.1	
People, population and community - Office for National Statistics (ons.gov.uk)									
If you have determined no impact, please provide a brief explanation.	No Impact There is no discrimination identified based on sexual orientation								

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How will the procedure/ proposal/ project/ policy impact on Armed Forces Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance					Positive	✓	
					Negative	✓	
					No Impact		
Guidance Remove population data if not relevant to EqIA.	Population Data						
		Carmarthenshire (%)	Pembrokeshire (%)	Ceredigion (%)	Hywel Dda (%)		
	Regular	3.6	4.5	3	3.7		
	Reserve	0.9	0.9	0.9	0.9		
	Both	0.2	0.2	0.2	0.2		
	Total	4.7	5.7	4.1	4.8		
People, population and community - Office for National Statistics (ons.gov.uk)							
If data is available insert evidence of what proportion of those affected are members of the Armed Forces Community.	Patient data – no information. Promotion of Armed Forces identification to be captured on WPAS.						

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Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	Negative Impact • This populations may be more dependent on public transport and or others to bring them to healthcare settings. • Restricting operating hours may result in service users having to travel further for treatment 'out of hours'.	Opportunities for improvement / mitigation • Impact due to public transport is likely to be minimal as there is limited public transport in the area between 8pm and 8am currently therefore patients reliant on public transport are unlikely to be affected. • Minor injuries rarely require immediate attention and can, in the vast majority of instances, wait until the following morning to be seen and treated. • SDUC type model will need to be determined to support and strengthen medical review (via SDEC) to reduce the need to re-direct. • Educate the public on criteria of acceptances in SDUC (type) model through communication supported by Choose Well NHS 111 Wales. • Awareness and reference to the All Wales Reserve Forces Training & Mobilisation policy. • Utilisation of the Hywel Dda Strategic Partnerships Diversity & Inclusion Armed Forces SharePoint page.

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Socio-economic Deprivation Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food/ fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see: https://gov.wales/more-equal-wales-socio-economic-duty		Positive																										
		Negative	✓																									
		No Impact																										
Guidance Remove population data if not relevant to EqIA.	<table border="1"> <thead> <tr> <th></th> <th colspan="2">Carmarthenshire</th> <th colspan="2">Llanelli</th> </tr> <tr> <th>Economic Factor</th> <th>Value</th> <th>%</th> <th>Value</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Economically active – In employment (this includes full time students)</td> <td>81,952</td> <td>52.7</td> <td>12,234</td> <td>52.1</td> </tr> <tr> <td>Economically active - Unemployed</td> <td>3,922</td> <td>2.5</td> <td>914</td> <td>3.6</td> </tr> <tr> <td>Economically inactive</td> <td>69,613</td> <td>44.8</td> <td>11,252</td> <td>44.3</td> </tr> </tbody> </table> Data retrieved from Census 2021 data 24/06/2024				Carmarthenshire		Llanelli		Economic Factor	Value	%	Value	%	Economically active – In employment (this includes full time students)	81,952	52.7	12,234	52.1	Economically active - Unemployed	3,922	2.5	914	3.6	Economically inactive	69,613	44.8	11,252	44.3
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Economically inactive	69,613	44.8	11,252	44.3																								
If data is available insert evidence of what proportion of those that are affected are experiencing socio-economic deprivation. This data can be recorded in table or free text format.	Patient data – no information to capture impact of change. Monitor through patient feedback.																											

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Insert data to show the proportion of staff affected by your specific service/area of work that are experiencing socio-economic deprivation.	Staff data – no information to capture impact. Monitored via Managing attendance at work policy – ESR data.	
Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	Negative Impact • Staff unable to work night shifts means that they are not able to receive the enhanced allowances. • Patients needing to pay to take public transport. • The cost of childcare may increase if a household is sharing caring responsibilities around shift work. • Possibility of discriminating against this group due to having to call 111 in order to arrange access instead of just presenting at MIU.	Opportunities for improvement / mitigation: • Consultation with staff • Communication – working with communication team regarding role and function of SDUC type model. • Promotion of staff benefits – such as childcare vouchers, discounts.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.		Positive											
		Negative											
		No Impact	✓										
Guidance Remove population data if not relevant to EqIA.	Population Data According to Welsh Census 2022 data, it is estimated that 45% of people aged three or older had some level of Welsh language skills. This figure equates to around 172,000 people. Definition of whether a person has Welsh language skills (as recorded in the Census 2022). If a person can or does do any of the following: • Understand spoken Welsh • Speak Welsh • Read Welsh • Write Welsh <table border="1" data-bbox="371 903 1187 1139"> <thead> <tr> <th>Area</th> <th>Percentage of people who can speak Welsh</th> </tr> </thead> <tbody> <tr> <td>Carmarthenshire</td> <td>53.3</td> </tr> <tr> <td>Pembrokeshire</td> <td>25.2</td> </tr> <tr> <td>Ceredigion</td> <td>56.4</td> </tr> <tr> <td>Hywel Dda</td> <td>45</td> </tr> </tbody> </table> People, population and community - Office for National Statistics (ons.gov.uk)			Area	Percentage of people who can speak Welsh	Carmarthenshire	53.3	Pembrokeshire	25.2	Ceredigion	56.4	Hywel Dda	45
Area	Percentage of people who can speak Welsh												
Carmarthenshire	53.3												
Pembrokeshire	25.2												
Ceredigion	56.4												
Hywel Dda	45												
If you have determined no impact, please provide a brief explanation.	No Impact identified												

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

Additional considerations

In addition to the above protected characteristics please consider impact on the following:

- Vulnerable groups (homeless and vulnerably housed, Gypsy, Roma and Travellers, Refugees, Asylum Seekers)
- Unpaid Carers
- Individuals and communities who experience Digital Exclusion
- Rural and Urban communities
- more info about the comms package that will be required to inform the public about the scope of practice for each option
- more info about the comms package that will be required to inform the public about the specific opening times
- different communication mechanisms for certain protected characteristics – how will we be promoting to our younger population/older population/LGBTQ+ population. I'm thinking specifically in terms of newspaper adds, social media ads
- Utilising the medical and nursing workforce to a 14(&2) model enhances the MIU/SDUC skill set, reducing gaps within the roster and allows improved quality, safety and timely care to be delivered within these agreed hours.
- Reduction in staff anxiety, morale and in turn reduces staff sickness absence.
- Improved recruitment within the GP/Medical workforce due to reduced risk within the department.

As mentioned above the CDOT team and other key stakeholders will be used to communicate this change of hours.

Messages will be translated to the languages that are required.

Easy read versions of the communication will be made available.

Intersectionality

It is important to consider breaking the analysis down by more than one protected characteristic. This is often referred to as 'intersectionality'. Many people will have more than one protected characteristic and, certain aspects of who we are, for example, our race, gender, faith and socio-economic status can increase our positive experiences or contribute to negative experiences, made worse by the combined effects of multiple discrimination, barriers and challenges.

Example: The experiences of a Muslim woman will differ from that of a Muslim man and of a non-Muslim woman. An EqlA may separately identify impacts for Muslim people under Religion or Belief and the impacts for men and women under Sex, but it is also important to recognise that the combined impacts could be very different for a Muslim woman compared to a Muslim man or a non-Muslim woman.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Have you identified any specific additional impacts regarding intersectionality e.g., age and sex, disability and sexual orientation?

Not applicable

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 4: Assessment of Scale of Impact

In this scoring section, you need to assign two scores: a **likelihood score** and an **opportunity/impact score**. The likelihood score represents the probability of the opportunity or impact occurring, while the opportunity/impact score reflects the severity of the opportunity or impact. Once both scores have been recorded, the scores will automatically be multiplied in order to calculate the **Total Score** for each protected characteristic.

(Likelihood Score x opportunity/impact Score = Total Score)

OPPORTUNITY AND IMPACT			
IMPACT	SCORE		The proposed change is anticipated to lead to the following level of opportunity and/or impact:
Positive	5	Excellence	(Excellence): Outstanding benefits, significant reduction in health inequalities, and major improvements in service delivery and public confidence.
	4	Major	(Major): Long-term improvements, major reduction in health inequalities, and substantial service delivery enhancements.
	3	Moderate	(Moderate): Moderate benefits requiring professional intervention, moderate reduction in health inequalities, and moderate service delivery improvements.
	2	Minor	(Minor): Minor improvements in access, experience, and outcomes, with minor reductions in health inequalities.
	1	Negligible	(Negligible): Negligible improvements in access, experience, and outcomes, with negligible reductions in health inequalities.
Neutral	0	Neutral	(Neutral): No effect, either positive or negative.
Negative	-1	Negligible	(Negligible): Negligible negative impact, minimal injury potential, and negligible negative impacts on service delivery.
	-2	Minor	(Minor): Minor negative impact, minor injury potential, and minor negative impacts on service delivery.
	-3	Moderate	(Moderate): Moderate negative impact, moderate injury potential, and moderate negative impacts on service delivery.
	-4	Major	(Major): Major negative impact, major injury potential, and major negative impacts on service delivery.
	-5	Catastrophic	(Catastrophic): Catastrophic negative impact, potential for death or severe injury, and significant negative impacts on service delivery.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

LIKELIHOOD		
1	Rare	Not expected to occur for years. Will occur in exceptional circumstances.
2	Unlikely	Expected to occur at least annually. Unlikely to occur
3	Possible	Expected to occur at least monthly. Reasonable chance of occurring.
4	Likely	Expected to occur at least weekly. Likely to occur.
5	Almost Certain	Expected to occur at least daily. More than likely to occur.

LIKELIHOOD	OPPORTUNITY							IMPACT				
		5	4	3	2	1	0	-1	-2	-3	-4	-5
	5	25	20	15	10	5	0	-5	-10	-15	-20	-25
	4	20	16	12	8	4	0	-4	-8	-12	-16	-20
	3	15	12	9	6	3	0	-3	-6	-9	-12	-15
	2	10	8	6	4	2	0	-2	-4	-6	-8	-10
	1	5	4	3	2	1	0	-1	-2	-3	-4	-5

CATEGORY			
	Excellent opportunity		Extreme risk
	Good opportunity		High risk
	Moderate opportunity		Moderate risk
	Minor opportunity		Low risk

****To access the scoring table below you will need to double click on the table to open an editable version. The information you input will remain when you click back on the word document.**

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Area					Opportunity / Consequence Rating*	<u>*IIA Matrix</u>		
Note - you can select more than one box per area if change may have multiple impacts e.g. both positive and negative	Positive impact	Neutral impact	Negative impact	Unknown		Consequence	Likelihood	Total Score
Age	✓		✓		** positive rating	3	3	9
					** negative rating	-3	3	-9
Disability			✓		** positive rating			0
					** negative rating	-3	3	-9
Gender Reassignment		✓			** positive rating			0
					** negative rating			0
Marriage and Civil Partnership			✓		** positive rating			0
					** negative rating	-2	3	-6
Pregnancy and Maternity	✓				** positive rating	4	2	8
					** negative rating			0
Race/Ethnicity or Nationality	✓		✓		** positive rating	3	3	9
					** negative rating	-3	3	-9
Religion or Belief			✓		** Positive rating			0
					** negative rating	-3	3	-9
Sex		✓			** positive rating			0
					** negative rating			0
Sexual Orientation		✓			** positive rating			0
					** negative rating			0
Armed Forces			✓		** positive rating			0
					** negative rating	-3	3	-9
Socio-economic Deprivation			✓		** positive rating			0
					** negative rating	-4	3	-12
Welsh Language		✓			** positive rating			0
					** negative rating			0

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 5: Outcome and Actions

This section should be used to detail and monitor any actions identified in sections 1-4.

Will the procedure/ proposal/ project/ policy be adopted? If no, please give reasons and any alternative action(s) agreed.	Process remains active re long term MIU Model
If a negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan/ project/ proposal regardless, please provide your justification for this.	

	Actions - Some actions have been populated for further elaboration, please delete as appropriate and add any additional actions identified. - Include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research.	Assigned to	Target Review Date	Completion Date	Comments/ Update
1.	What additional monitoring data will be collected around the impact of procedure/ proposal/ project/ policy once adopted? How will this be collected? Audits – redirection policy Attendances Incidents Complaints	Jon Morris Iona Evans Meinir Williams	3 months post closure	13 th feb 2025	Monthly review of data to determine impact of closure captured. Feedback provided within Quality, Safety & Experience Committee Meeting (13/02/2025)

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

2.	MIU Project Group underway to scope long term modelling of the unit – series of options for delivery of the MIU in response to service fragilities' and/or unsustainability – 4 options remain.	Sarah Perry Jon Morris Iona Evans Meinir Williams	27 th March 2025	Pending Board Meeting	pending on Board outcome will determine next steps.
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

EqlA Completed by:	Name/s	Iona Evans/Jon Morris
	Title	Interim Head of Nursing GGH & PPH/ Clinical Lead MIU
	Team / Division	Unscheduled Care
	Contact details	iona.evans@wales.nhs.uk/jon.morris2@wales.nhs.uk
	Date	24/03/2025
EqlA Authorised by/Owned by: - Usually the directorate lead would be the owner of the procedure/ proposal/ project/ policy - Responsible for the accuracy of the data captured in this EqlA as well as progressing any actions recorded in Section 5	Name	Sarah perry
	Title	GM Carmarthenshire System
	Team / Division	Unscheduled Care
	Contact details	Sarah.perry3@wales.nhs.uk
	Date	24/03/2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity and Inclusion Officer
	Team	Strategic Partnership Diversity & Inclusion
	Contact details	Alan.winter@wales.nhs.uk
	Date	27/8/2025
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqlA and inform the D&I team.

5.4

11:40, 10 Mins

5.4 - 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 assurance

Attachments

[5.4.1 SPC SBAR MWJC 2025-26 Dec 25 v1 100226.pdf](#)

[5.4.2 SPC App A MWJC Priorities and Delivery Plan 2025-26 Dec 25.pdf](#)



PWYLLGOR STRATEGAETH A CHYNLLUNIO STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 February 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mid Wales Joint Committee Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Keith Jones, Director of Operational Planning & Performance, 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 (MWJC) Priorities and Delivery Plan 2025/26 up to 31 January 2026. 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.

This report also provides an update on the work undertaken to set the Mid Wales priorities for 2026/27, and the reviews being undertaken of the MWJC governance arrangements, Mid Wales Strategic Intent and MWJC.

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 together with a Programme Director.

Upon its inception, in 2018, 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 support 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.

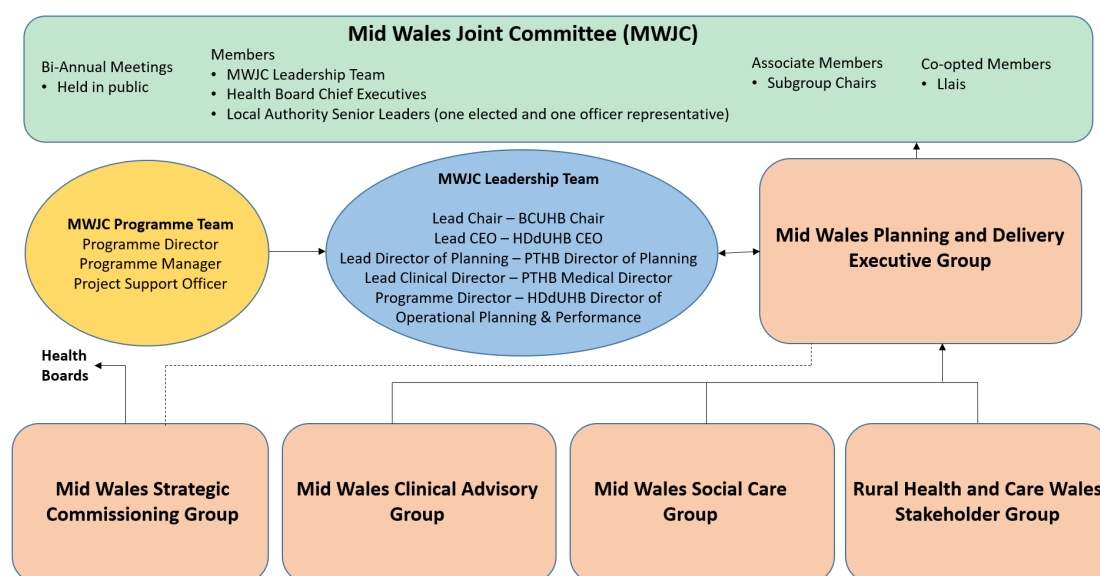
In support of these aims, a set of annual Mid Wales specific priority workstreams were agreed with the purpose of providing added value to organisations working across Mid Wales and which align to the Integrated Medium Term Plans (IMTP) / Annual / Regional Plans of the Joint Committee's partner organisations. The annual priority setting exercise includes a workshop session of the Mid Wales Planning and Delivery Executive Group (MWPDEG) 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 MWPDEG and MWJC. 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. The MWJC 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 Liaisons (co-opted member). 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 Wales.
- 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 an 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, 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

Mid Wales Priorities 2025/26

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.

*The Colorectal priority was overseen by the Mid Wales Strategic Commissioning Group until August 2025 but has now been handed over to the MWPDEG for their oversight.

**The Dermatology priority was introduced mid 2025/26 following an initial review of Dermatology services undertaken by the Mid Wales Strategic Commissioning Group. This review identified some potential opportunities for joint working across Mid Wales.

These priorities and areas of focus are subject to continuous review during the year to respond to organisational strategic changes. The update report attached at Appendix A details progress to date for the Mid Wales Priorities and Delivery Plan up to 31 January 2026 and actions planned for February to March 2026.

Please see below a summary overview of the progress 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			2	2
Cancer	2	1			1
Community Dental Services	2			2	
Strategic service change programmes	4				4
Cross Border Workforce arrangements	3	1			2
Colorectal	2	1			2
Dermatology	1			1	

For those workstreams whose status is currently Amber (Off Track) please see overleaf a summary exception report highlighting the issues which have impacted on progress and the current actions being progressed, details of which are reflected in the progress update report appended.

MWJC Priorities – Issues and Actions for Red and Amber workstreams			
Priority	Workstream	Issue	Action
Urology (Amber)	Trial Without Catheter (TWOC)	Target date of 30/09/25 has not been achieved for the production of the MW TWOC Group end of workstream report. This is due to some outstanding issues not being considered as meetings of the MW TWOC group were cancelled due to a high number of apologies.	MW TWOC end of workstream report summarising the work undertaken and shared with MW TWOC group and to then be subsequently presented to MWCAG 23/02/26 for consideration.
Ophthalmology (Amber)	PTHB nurse led wet Age-related Macular Degeneration (AMD) service	Target date of 31/12/25 has not been achieved for approval of PTHB business case proposing the establishment of a nurse led wet AMD service in the north of the county (Llanidloes and Welshpool) with consultant oversight from HDdUHB.	Business case for North Powys wet AMD service presented to PTHB Planned Care Programme Board for agreement in January 2026. Service is planned to be operational in Quarter (Q) 1 2026/27.
Ophthalmology (Amber)	Primary care eye care services for the South Gwynedd area	Terms of reference for the workstream to explore available opportunities for the provision of Primary Care eye care services for the South Gwynedd area have not yet been developed.	Terms of reference for this workstream to be considered by Mid Wales Ophthalmology Group 27/02/26.
Community Dental Services (Amber)	Endodontic services	Target date of 30/09/25 has not been met for establishing pathway for HDdUHB patients to access endodontic treatment at the PTHB service at Llandrindod Wells Hospital.	HDdUHB agreement in December 2025 to commission service from PTHB for patients from SA and SY postcode areas of Ceredigion. Whilst contracting and operational details still need to be finalised, it is anticipated that the pathway will be fully operational by 01/04/26.
Community Dental Services (Amber)	Paediatric General Anaesthesia at Bronglais General Hospital	Progress on establishment of HDdUHB Paediatric Dental Pathway Task and Finish Group delayed due to staffing capacity challenges and staffing changes within the HDdUHB Dental team.	HDdUHB Dental team staffing issues have now been resolved. First meeting of HDdUHB Paediatric Dental Pathway Task and Finish Group arranged for March 2026.
Dermatology (Amber)	Dermatology services across Mid Wales	Delays in arranging the second meeting of the Mid Wales Dermatology Group due to difficulties in securing availability from all Health Board representatives.	Second meeting of the Mid Wales Dermatology group to be arranged as a matter of priority.

Mid Wales Priorities 2026/27

Work is currently underway on the development of the Mid Wales priorities, workstreams, and delivery plan for 2026/27. The proposed Mid Wales priorities for 2026/27 will be agreed by MWPDEG.

Mid Wales Strategic Intent

A review and refresh of the existing Mid Wales Strategic Intent is being undertaken to ensure it aligns with the updated strategic plans of Mid Wales organisations. The revised Strategic Intent will cover the three-year period from 2026/27 to 2029/30 and will guide the future MWJC work programme.

MWJC Governance arrangements

A review of MWJC governance arrangements is underway and includes a review of:

- The role and purpose of the Mid Wales Strategic Commissioning Group.
- How social care is incorporated within the MWJC workplan and governance structure.
- The interface between the South East and South West Wales Regional Joint Committees and the MWJC, including how these two governance structures connect and operate together.

This work will be carried forward into 2026/27 for completion.

Review of the MWJC

Since the publication of the Mid Wales Healthcare Study in 2014, the landscape for health and care services in Wales has changed significantly. This includes the impact of the COVID-19 pandemic and advancements in technology. A post COVID-19 review was undertaken of the Joint Committee and how it operates. The review involved a programme of meetings with Joint Committee members to seek their views which were used to inform the review. The overall consensus from members was that the Joint Committee should continue, that different parts of Mid Wales required a different level of involvement and different solutions were needed for different parts of Mid Wales.

However, since the post COVID-19 review was undertaken there have been some further developments. These include the introduction of Regional Joint Committees in South West and South East Wales, a change in Joint Committee leadership and a number of strategic service change programmes are now underway across the three Mid Wales Health Boards. These new developments have led to questions about how the MWJC currently operates, specifically its strategic priorities and governance arrangements, and for which reviews are currently being undertaken on the Mid Wales Strategic Intent and MWJC governance arrangements.

In light of these developments and reviews, the Chief Executives of the three Mid Wales Health Boards have requested that a review of the MWJC be undertaken. The review will assess whether the issues and challenges identified in the Mid Wales Healthcare Study continue to be relevant today, consider the current position across Mid Wales, reflect on the achievements and lessons learnt since the establishment of the MWHC / MWJC, and determine the future needs of the Mid Wales population.

The review will include a workshop, to be held on 20 April 2026, to which Chief Executives, Medical Directors and Directors of Planning for BCUHB, HDdUHB, PTHB and WAST will be invited. Equivalent representatives from the three Local Authorities, Ceredigion County Council, Powys County Council and Gwynedd Council, will also be invited to attend.

Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** the update report on the Mid Wales Priorities and Delivery Plan 2025/26 up to January 2026, Mid Wales Priorities 2026/27, and the reviews being undertaken of the MWJC governance arrangements, Mid Wales Strategic Intent and MWJC.

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). 3.1.8 Seek assurance on delivery of plans in relation to the National Networks and Joint Committees. 3.1.23 Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee and its sub-committees, and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board's risk appetite/tolerance, recommend acceptance of risks to the Board. 3.1.24 Receive assurance through Sub-Committee Update Reports and other management/task & finish group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).
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
Partïon / 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 31st January 2026

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	1 November 2025 to 31 January 2026			
SCOPE	Urology services provided to North Ceredigion, North and Mid Powys and South Gwynedd residents			
OUTCOMES	• Reduction in referrals to out of area secondary care services. • Improved Referral to Treatment (RTT) waiting time position. • Reduced travelling times for patients. • Increased utilisation of services at Bronglais General Hospital (BHG). • Increase in number of outreach services across the Care Hubs in Mid Wales. • Increase in commissioning numbers for Hywel Dda University Health Board (HDdUHB) BGH Urology services from neighbouring Health Boards via the commissioning process.			
GOVERNANCE	Responsible Officers	Priority oversight through	Governance through	Delivery through
	Executive Lead: Lead Clinical Director Mid Wales Joint Committee (MWJC) Delivery Lead: Consultant Urologist HDdUHB, Service Delivery Manager Urology HDdUHB	Mid Wales Planning and Delivery Executive Group	Betsi Cadwaladr University Health Board (BCUHB), HDdUHB and Powys Teaching Health Board (PTHB) via the MWJC	Mid Wales Urology Group Mid Wales Trial Without Catheter (TWOC) task and finish group
WORKSTREAM	AIM	PROGRESS		
a) Prostate-Specific Antigen (PSA) pathway	Complete the review of prostate cancer 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. <u>Target date – 30/06/25</u>	• Mid Wales Urology group identified an issue with the monitoring and surveillance of PSA levels for the following two groups of patients referred back from Secondary to Primary Care: - Patients with high PSA levels and with no prostate cancer detected during secondary care investigations. - Patients with high PSA levels with prostate cancer confirmed who are five years post-secondary care treatment. • Issue was confirmed following a review of individual GP practice processes which were found to be inconsistent and feedback from Primary Care Cluster leads that surveillance is not included within the General Medical Services (GMS) contract. • The Joint Committee Lead Clinical Director raised the issue with the National Lead for Urological Cancer who referred to the National Institute for Health and Care Excellence (NICE) guidance. • NICE Clinical Knowledge Summary for Prostate Cancer states that the monitoring of prostate cancer patients can be carried out in primary care under <u>shared care arrangements</u>. • Prostate PSA pathway workstream closure report produced and shared with Mid Wales Urology Group and Mid Wales Clinical Advisory Group (MWCAG). Report includes a set of recommendations related to the issues identified for monitoring and surveillance of PSA levels.		

		• Workstream closure report considered by Mid Wales Planning and Delivery Executive Group (MWPDEG) on 26/01/26. Agreed that MWJC Lead Clinical Executive Medical Director should write to the Clinical Lead for the National Programme for Urological Cancer to outline the issues raised regarding monitoring and surveillance of PSA levels and request that the Programme adopts a nationally agreed approach to this area of work.
b) Trial Without Catheter (TWOC)	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. Target date – 30/09/25	• TWOC workstream closure report produced and shared with Mid Wales TWOC task and finish group.
ACTIONS PLANNED FOR NEXT REPORTING PERIOD (FEBRUARY TO MARCH 2026)		
Prostate-Specific Antigen (PSA) pathway • Feb 26: MWJC Lead Clinical Executive Medical Director to write to the Clinical Lead for the National Programme for Urological Cancer to outline the issues raised regarding monitoring and surveillance of PSA levels and request that the Programme adopts a nationally agreed approach to this area of work. TWOC • Feb 26: TWOC workstream closure report considered and approved by MWCAG. • Mar 26: TWOC workstream closure report considered and approved by MWPDEG. • Mar 26: TWOC workstream closure report shared with Health Boards for information and action.		

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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	1 November 2025 to 31 January 2026			
SCOPE	Ophthalmology services provided to North Ceredigion, North and Mid Powys and South Gwynedd residents.			
OUTCOMES	- Increased capacity for National eye care pathways across Mid Wales. - Improved RTT waiting time position. - Increase in number of patients accessing outreach clinics. - Increase in number of cataract procedures undertaken in Mid Wales. - Reduction in referrals to out of area services. - Reduced travelling time / distance travelled for residents of Mid Wales.			
GOVERNANCE	Responsible Officers	Priority oversight through	Governance through	Delivery through
	Executive Lead: MWJC Programme Director Delivery Lead: Head of Planned Care PTHB, Service Delivery Manager (SDM) Ophthalmology HDdUHB, Service Manager (SM) Ophthalmology BCUHB	Mid Wales Planning and Delivery Executive Group	BCUHB, HDdUHB and PTHB via the MWJC	Mid Wales Ophthalmology Group
WORKSTREAM	AIM	PROGRESS		
a) PTHB nurse led wet AMD service	Progress the proposal for a PTHB 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>	- As part of its Eye Care Transformation Programme, PTHB has developed a business case which proposes 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. - HDdUHB clinical lead for wet AMD has confirmed that they will be able to support the proposal to provide consultant oversight on a virtual basis for the Powys nurse led wet AMD clinics. - PTHB Planned Care Programme Board agreement of business case for North Powys wet AMD service.		
b) Networking opportunities and joint pathway development	Explore networking opportunities and joint pathway development including PTHB working in HDdUHB at the North Road clinic to inform PTHB pathway development / repatriation opportunities with eyecare	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.		

	Multidisciplinary Team (MDT) in Powys. <u>Target date – 31/03/26</u>	• 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. Three members of PTHB staff are to work at the North Road clinic. • There have been issues with Occupational Health (OH) checks for PTHB staff which are related to the OH electronic system for which the HDdUHB Senior Nurse Manager Ophthalmology has been working to resolve. 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>	• MWPDEG have previously agreed a proposal for a joint Clinical Lead for Eye Care services but recruitment was unsuccessful. • PTHB does not have a clinical leadership structure and a business case for a Special Lead Consultant Ophthalmology has been agreed by its Board for one session each week to provide medical leadership for eyecare services and the transformation of Ophthalmology services pan Powys. The job description has been approved and the opportunity, which will form part of a Service Level Agreement (SLA), will be shared with Health Boards via commissioning meetings in January and February 2026. • Mid Wales Ophthalmology Group has proposed that the leadership roles currently in place / being developed by Health Boards could form a joint Mid Wales 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.
d) Primary Care eye care services for the South Gwynedd area	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>	• 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 and will need to be considered as part of the Ophthalmology priority. Programme is currently being reviewed due to other developments including the Tywyn Hospital consultation which is expected to conclude by December 2025.

ACTIONS PLANNED FOR NEXT REPORTING PERIOD (FEBRUARY TO MARCH 2025)

- a) PTHB nurse led wet age-related macular degeneration (AMD) service / b) Networking opportunities and joint pathway development**
- Feb 26: Confirmation of timescale for PTHB staff to work at North Road clinic, Aberystwyth.
- c) Mid Wales clinical leadership**
- Feb 26: Mid Wales Ophthalmology Group to develop a draft proposal for Mid Wales joint leadership arrangement.
- d) Primary Care eye care services for the South Gwynedd area**
- Feb 26: Terms of reference produced for the workstream to explore available opportunities for the provision of Primary Care eye care services for the South Gwynedd area.

- Feb 26: Terms of reference for workstream to be considered by Mid Wales Ophthalmology Group 06/02/26.

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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	1 November 2025 to 31 January 2026			
SCOPE	Radiotherapy and oncology services provided to North Ceredigion, North and Mid Powys and South Gwynedd residents.			
OUTCOMES	• Reduction in referrals to out of area services. • Reduced travelling time / distance travelled for residents of Mid Wales. • Increase in number of patients treated through the BGH service. • Reduction in number of patients travelling to Shrewsbury and Telford Hospital NHS Trust (SaTH) and beyond for chemotherapy services. • Patient satisfaction surveys.			
GOVERNANCE	Responsible Officers	Priority oversight through	Governance through	Delivery through
	Executive Lead: MWJC Programme Director Delivery Lead: General Manager (GM) Cancer and Scheduled Care Clinical Services Group HDdUHB	Mid Wales Planning and Delivery Executive Group	BCUHB, HDdUHB and PTHB via the MWJC	Mid Wales Cancer Group
WORKSTREAM	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 12/05/25.		
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	• There is MWJC 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, BCUHB and Welsh Ambulance Services University NHS Trust (WAST) have been established with meeting papers shared with nominated representatives of these organisations. Radiotherapy • Forecast increased demand for radiotherapy services has shown that there is a need for a 6th and 7th Linear Accelerator (LINAC) and also an additional Computerised Tomography Simulator (CT Sim) to serve the wider Mid and South West Wales population. Two longer term options being considered for the regional model are: 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 (SWWCC) 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. Oncology - Representatives of the SWWCC Oncology Outpatients working group provided a presentation to the Mid Wales Strategic Commissioning Group (HDdUHB, PTHB, BCUHB) on 17/11/25 regarding the proposed BGH oncology outpatients long term plan. - Presentation slides on the proposed BGH oncology outpatients model shared with Mid Wales Strategic Commissioning Group and WAST.
ACTIONS PLANNED FOR NEXT REPORTING PERIOD (FEBRUARY TO MARCH 2026)		
Oncology - Jan/Feb 26: Members of the Mid Wales Strategic Commissioning Group to share presentation on proposed BGH Oncology model with relevant internal teams/groups/Committees. - Mar 26: Members of the Mid Wales Strategic Commissioning Group to provide their respective organisational feedback on the proposed BGH oncology outpatients model. - Mar 26: South West Wales Cancer team to develop plan for a structured process of engagement with partners on the proposed BGH oncology outpatients model.		

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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	1 November 2025 to 31 January 2026			
SCOPE	Dental services provided to North Ceredigion, North and Mid Powys and South Gwynedd residents.			
OUTCOMES	- Reduction in referrals to out of area services. - Improved RTT waiting time position. - Increased utilisation of theatres and related services at BGH. - Reduced travelling time / distance travelled for residents of Mid Wales.			
GOVERNANCE	Responsible Officers	Priority oversight through	Governance through	Delivery through
	Executive Lead: Director of Primary, Community Care and Mental Health PTHB Delivery Lead: Head of Dental and Optometry HDdUHB, Dental Director PTHB, Assistant Clinical Director BCUHB, Assistant Director (AD) Primary Care, BCUHB	Mid Wales Planning and Delivery Executive Group	BCUHB, HDdUHB and PTHB via the MWJC	Mid Wales Dental Group
WORKSTREAM	AIM	PROGRESS		
a) Endodontic services	Develop a pathway for HDdUHB patients to access endodontic treatment at the PTHB service provided at Llandrindod Wells Hospital. <u>Target Date – 30/09/25</u>	- Proposal for HDdUHB patients from the ‘SY’ postcode area to access endodontic treatment at Llandrindod Wells Hospital, provided by PTHB, agreed by HDdUHB and PTHB Dental teams. - Issues raised by HDdUHB regarding inequity and low number of patients (following review of further information) discussed at HDdUHB Contracting and Commissioning Group 23/10/25 and Mid Wales Strategic Commissioning Group 17/11/25. - HDdUHB meeting of contracting, commissioning and service representatives held on 16/12/25 to discuss issues internally. Agreed to progress with proposal for PTHB services based on cost per case up to a cap of 15 patients from SY/SA area of Ceredigion to commence 01/04/26. - PTHB Dental lead has been advised that HDdUHB wish to progress with the proposal.		
b) Paediatric General Anaesthesia (GA) at BGH	Explore the feasibility of establishing a Mid Wales service for joint Paediatric GA at BGH, Aberystwyth. <u>Target Date – 31/03/26</u>	- HDdUHB Paediatric GA service is currently provided by a private provider, Parkway Clinic Swansea. - A HDdUHB task and finish group to review the Paediatric Dental pathway and opportunities to develop NHS based capacity has been proposed. Proposed by Mid Wales Dental Group that the group explore the opportunity for a Mid Wales Paediatric GA service. - Terms of Reference for Paediatric GA pathway task and finish group drafted and shared with HDdUHB Dental and Optometry Quality, Health and Safety Group on 03/11/25 to make them aware of the intention to set up the task and finish group.		

		• The task and finish group will be reviewing the whole dental paediatric pathway, which is wider than exploring potential GA provision from BGH, and the meetings schedule and attendance will need to reflect this. • Initial work has commenced on gathering HDdUHB data.
ACTIONS PLANNED FOR NEXT REPORTING PERIOD (FEBRUARY TO MARCH 2025)		
a) Endodontic services • Feb 26: HDdUHB Contracting and Commissioning team to discuss costs, contracting and commissioning arrangements with PTHB Commissioning team. • Feb 26: HDdUHB Dental team to ascertain the governance process required for the change in pathway. • Feb 26: Summary service specification Endodontics service produced. Paediatric General Anaesthesia at Bronglais General Hospital • Mar 26: First meeting of HDdUHB Paediatric Dental Pathway task and finish group held. • Mar 26: Data from BCUHB and PTHB to be gathered.		
ANY OTHER COMMENTS		
Paediatric Consultant in Dental Services • HDdUHB Head of Dental and Optometry services attended the MWPDEG meeting on 16/05/25 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 19/06/25 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. PTHB have made an appointment with the successful candidate due to commence in post January 2026. HDdUHB are due to advertise for a post.		

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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	1 November 2025 to 31 January 2026			
SCOPE	Strategic service change programmes for services provided to North Ceredigion, North and Mid Powys and South Gwynedd residents.			
OUTCOMES	- Improved understanding of how proposed organisational strategic service changes will impact the Mid Wales population. - Identification of regional and cross border solutions.			
GOVERNANCE	Responsible Officers	Priority oversight through	Governance through	Delivery through
	Executive Lead: MWJC Programme Director	MWPDEG	BCUHB, HDdUHB and PTHB via the MWJC	MWPDEG and MWCAG
WORKSTREAM	AIM	PROGRESS		
a) Review those pathways impacted by organisational strategic service change programmes and support the development of regional and cross border solutions	At its meeting on 04/04/25, the MWJC proposed that the areas to be considered under the strategic service change programmes priority should be: i) Stroke services ii) Community models iii) Six Goals (6G) for Urgent and Emergency Care (UEC) iv) New clinical model for WAST MWPDEG agreed at its meeting on 16/05/25 that these will be considered in a staged way with stroke services being considered first. Target 31/03/26	Stroke services - Mid Wales Stroke Steering Group established to respond to the service changes across the region and the implications for the Mid Wales population and suggest alternative models or mitigations. Membership of the group includes medical, planning, operational and therapies representatives from BCUHB, HDdUHB, PTHB and WAST. - Three meetings of the Mid Wales Stroke Steering Group held with latest meeting held on 11/12/16. - Summary document produced appraising the work undertaken to date by the Mid Wales Stroke Steering Group including the challenges and opportunities identified. - Summary document appraising the work of Mid Wales Stroke Steering Group presented to MWCAG on 08/12/25 for consideration and final feedback. Summary document subsequently updated with further feedback received from Mid Wales Stroke Steering Group. - Agreed Mid Wales Stroke Steering Group to continue to meet every quarter as a communication and engagement forum for sharing updates on stroke services across Mid Wales and to be renamed Mid Wales Stroke Service Change Group,		
ACTIONS PLANNED FOR NEXT REPORTING PERIOD (FEBRUARY TO MARCH 2026)				
Stroke - Feb 26: Summary document appraising the work of Mid Wales Stroke Steering Group considered by MWCAG for final approval. - Feb 26: Summary document appraising the work of Mid Wales Stroke Steering Group shared with Mid Wales Health Boards and WAST. - Mar 26: Develop Terms of Reference (ToR) and review membership for Mid Wales Stroke Service Change Group - Mar 26: Agreement of ToR and revised membership for Mid Wales Stroke Service Change Group. - Mar 26: First quarterly meeting of Mid Wales Stroke Service Change Group.				
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	

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REPORTING PERIOD	1 November 2025 to 31 January 2026			
SCOPE	Health and social care workforce for North Ceredigion, North and Mid Powys and South Gwynedd.			
OUTCOMES	• Increase in number of substantive appointments across Mid Wales. • Increase in number of new roles created. • Integrated approach to workforce provision across Mid Wales. • Workforce job satisfaction. • Increased public satisfaction with the services provided across Mid Wales.			
GOVERNANCE	Responsible Officers	Priority oversight through	Governance through	Delivery through
	Executive Lead: Director of Workforce & Operation Development (OD) HDdUHB Delivery Lead: AD of People Development HDdUHB, AD People, Culture, OD & Wellbeing PTHB	Mid Wales Planning and Delivery Executive Group	BCUHB, HDdUHB and PTHB via the MWJC	Mid Wales Workforce Group
WORKSTREAM	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>	• 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;' Continuing Professional Development (CPD) offers for workstream b); 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 b) 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 – 31/03/26</u> (Revised target date agreed by MWPDEG 22/09/25)	• 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 collected on which Health Board individuals are booking from, as well as their grade/ role check to ensure they are selecting the correct course.		

		• There is no cross charging for attendance and they are monitoring uptake and parity of attendance and provision. • HDUHB and PTHB developed the offer which was piloted in a few areas and further work is now being undertaken with BCUHB colleagues. • Once the work regarding workstream c) Band 2 and 3 Healthcare Support Workers curriculum is finalised the gaps arising will form part of the development programme. This work will involve engagement with Nursing Education teams. • BCUHB is now fully integrated into the joint Healthcare Support Worker Development Programme, initially piloted by HDdUHB and PTHB. • Updated brochures reflecting the expanded regional offer have been developed and an evaluation strategy to assess impact and demonstrate return on investment for each Health Board and for the Mid Wales region.
c) Band 2 and 3 Health Care Support workers curriculum	Develop a joint curriculum for both Band 2 and 3 Healthcare Support Workers in order to provide a structured framework of education for both individual groups of staff. <u>Target date – 31/03/26</u> (Revised target date agreed by MWPDEG 22/09/25)	• This work has been on hold due to the national piece of work being undertaken, which is being led by Health Education and Improvement Wales (HEIW), to look at the Healthcare Support Worker Band 2 and Band 3 job descriptions and clinical skills induction. • The job descriptions for Band 2 and Band 3 Healthcare Support workers are now in use across Wales, along with a number of other nationally banded / agreed roles. As the national work and curriculum near completion, the group will review this area to explore options for a joint educational offer.

ACTIONS PLANNED FOR NEXT REPORTING PERIOD (FEBRUARY TO MARCH 2026)

- Mar 26: 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).
- Mar 26: Develop a joint educational offer for Band 2 and 3 Health Care Support workers.
- Mar 26: Develop a process for measuring benefits realisation for the Cross Border Workforce arrangements priority.
- Mar 26: Set up an operational group to manage the Support Worker Development Programme operationally

ANY OTHER COMMENTS

- All three Health Boards are now actively and meaningfully engaged in the Mid Wales workforce agenda with regular meetings now scheduled monthly.
- The appointment of temporary Mid Wales People Priorities Strategic Lead has provided clear focus and momentum, enabling stronger collaboration across the three Health Boards and supporting wider regional working.
- There is increased sharing of best practice and workforce intelligence, with joint problem-solving and collective approaches to common challenges.
- Stronger collaboration is developing within leadership and management frameworks, with work underway to scope the implications, opportunities, and potential regional benefits of the new leadership framework currently being implemented in NHS England. Consideration has also been given to how these align with other objectives (e.g. operational management programme – Six Goals Programme)
- Resources are being shared more effectively across organisations. For example, BCUHB has participated in the PTHB Clinical Leadership Programme; through a “train the trainer” approach this has enabled BCUHB to deliver a local pilot and adopt the programme.

- PTHB and HDdUHB are working with Swansea University to design the Accelerated GP Programme. Health Boards will have to make a decision by 05/02/26 as to whether they will be participating. This is not available to BCUHB due to the location and feeder medical schools.
- Discussions have commenced across the three Health Boards to discover data collection opportunities to provide intelligence for the Mid Wales region. Many challenges have been identified in relation to how Health Boards categorise data, however consideration is being given as to how Health Boards can align or compare datasets to generate meaningful intelligence for the Mid Wales region.

OTHER PRIORITIES INLCUDED MID-YEAR AS PART OF THE MWJC PROGRAMME OF WORK

PRIORITY	Colorectal 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	1 ^s November 2025 to 31 January 2026			
SCOPE	Colorectal services provided to North Ceredigion, North and Mid Powys and South Gwynedd residents			
OUTCOMES	• Reduction in referrals to out of area Secondary Care services. • Improved RTT waiting time position. • Reduced travelling times for patients. • Increased utilisation of services at BGH. • Increase in the number of outreach services across the Care Hubs in Mid Wales. • Increase in the commissioning numbers for HDdUHB BGH Colorectal services from neighbouring Health Boards via the commissioning process.			
GOVERNANCE	Responsible Officers	Priority oversight through	Governance through	Delivery through
	Executive Lead: MWJC Programme Director Delivery Lead: Consultant Surgeon HDdUHB, Service Delivery Manager - General Surgery HDdUHB, Head of Planned Care PTHB	Mid Wales Planning and Delivery Executive Group (MWPDEG)	BCUHB, HDdUHB and PTHB via the MWJC	Mid Wales Colorectal Services Task and Finish Group
WORKSTREAM	AIM	PROGRESS		
Newtown Colorectal clinics	Establish an outpatient colorectal clinic for PTHB patients (first appointment) with PTHB work moved from BGH back to Newtown Hospital. <u>Target date – 30/09/25</u>	• Pilot outreach colorectal clinics established at Newtown Hospital from April 2024 onwards. • Evaluation report of the pilot outreach colorectal clinics held at Newtown Hospital produced. • Agreement by MWPDEG that clinics should continue as a permanent arrangement. • Monthly clinics arranged until the end of March 2026. • HDdUHB Contracting team to lead on formalising the commissioning arrangements.		
Colorectal service development and expansion <u>New workstream</u>	Explore the potential opportunities for expanding the HDdUHB service to include patients from other areas of PTHB and BCUHB. <u>Target date – To be confirmed</u>	• Newtown Colorectal clinics evaluation report included 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. • In response to a request from MWPDEG, the MWJC Programme Director met with Mid Wales Health Board planning and operational leads on 21/10/25 to seek their feedback on whether Mid Wales Health Boards continue to be signed up to the direction of travel being proposed. • Agreement by those present that Health Boards continue to be signed up to the direction of travel		

		proposed and that further work should be undertaken to explore the potential opportunities for expansion of colorectal services across Mid Wales. • Mid Wales Strategic Commissioning Group meeting on 17/11/25 received update on meeting of MWJC Programme Director and Health Board planning and operational leads and the proposed next steps including that the Mid Wales Colorectal task and finish group, with a revised membership, should lead on this workstream. • MWPDEG agreement of proposed approach at its meeting on 24/11/25. • Work commenced on review of ToR and membership for Mid Wales Colorectal task and finish group to reflect the aim of the 'colorectal service development and expansion' workstream.
ACTIONS PLANNED FOR NEXT REPORTING PERIOD (FEBRUARY TO MARCH 2026)		
Colorectal service development and expansion • Feb 26: Complete the review of the ToR and membership for the Mid Wales Colorectal task and finish group. • Feb 26: Develop a draft Programme of Work for Mid Wales Colorectal task and finish group. • Mar 26: First meeting held of the revised Mid Wales Colorectal task and finish group.		

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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	1 November 2025 to 31 January 2026			
SCOPE	Dermatology services provided to North Ceredigion, North and Mid Powys and South Gwynedd residents			
OUTCOMES	- Improved RTT waiting time position. - Reduced travelling times for patients. - Increased provision of primary care led Dermatology services.			
GOVERNANCE	Responsible Officers	Priority oversight through	Governance through	Delivery through
	Executive Lead: MWJC Programme Director Delivery Lead: SDM Dermatology HDdUHB, SM Dermatology HDdUHB, Head of Planned Care PTHB, Directorate Deputy General Manager Medicine BCUHB	MWPDEG	BCUHB, HDdUHB and PTHB via the MWJC	Mid Wales Dermatology task and finish group
WORKSTREAM	AIM	PROGRESS		
Dermatology	Review the current provision of Dermatology services across Mid Wales and identify opportunities for increasing provision and improving access. <u>Target Date – 31/03/26</u>	- Mid Wales Dermatology Group established with representatives from BCUHB, HDdUHB and PTHB. First meeting held on 03/09/25; initial work commenced on reviewing current provision for Dermatology services across Mid Wales and identifying opportunities for joint working to increase provision and improve access. - Mid Wales Strategic Commissioning Group noted the update from the first meeting and asked the MWJC Programme Director to meet with the Mid Wales Dermatology Group to provide guidance on what is expected and what is required. - Work commenced on arranging second meeting of Mid Wales Dermatology Group, with attendance from the MWJC Programme Director.		
ACTIONS PLANNED FOR NEXT REPORTING PERIOD (FEBRUARY TO MARCH 2026)				
Mar 26: Second meeting held of Mid Wales Dermatology Task and Finish Group to clarify the aims of the group and identify opportunities for joint working. Work to consider outputs of PTHB Dermatology review if available.				

<u>KEY</u>		
	Red	Late
	Amber	Off track
	Green	On track
	Blue	Completed

5.5

11:50, 10 Mins

5.5 - Strategic Commissioning Report

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Shaun Ayres (Hywel Dda UHB - Director of Delivery), Anne Simpson (Hywel Dda UHB - Head of Strategic Commissioning)

| For assurance

Attachments

[5.5 SPC - Feb 2026 Commissioning Update.pdf](#)



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CYMRU
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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Strategy and Planning Committee Commissioning Update February 2026

Provider: SBUHB (Mobile Unit to Hywel Dda University Health Board (HDdUHB) Sites)

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)). HDdUHB had long standing concerns over the waiting times for Hywel Dda residents for **a) scan** and **b) report** and has been working with SBUHB in recent years to improve performance and quality.

Waiting list as at Dec 2025

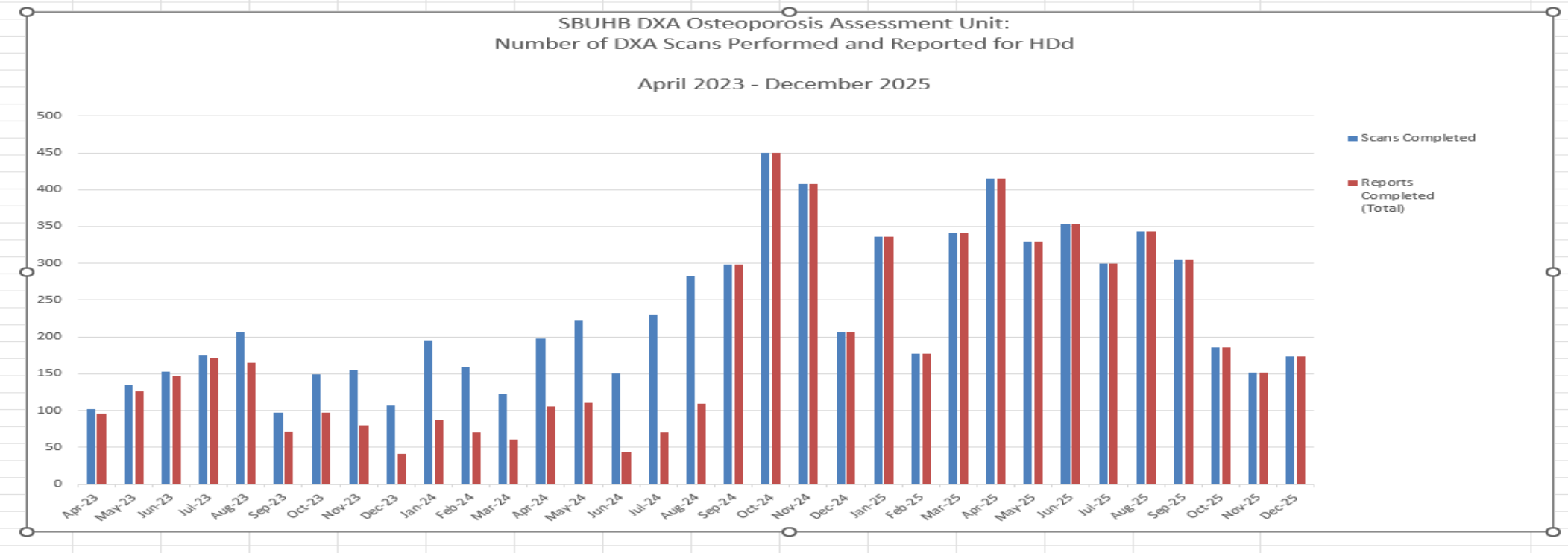
DXA Hywel Dda (Mobile Scanner)	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
No. of patients waiting longer than 8 weeks (without appointments)	180	69	59	15	0	23	130
No. of patients waiting 8 weeks or less	289	416	288	222	316	499	497
No. of patients waiting with appointments	238	193	215	162	205	174	131
No. of patients deferred (future date)	298	284	309	367	380	380	430
Total No. of Patients on the waiting list (SBU)	1005	962	871	766	901	1076	1188
Longest Wait (in weeks)	25.7	17.4	13.0	10.3	7.6	9.6	12.85

DXA waiting list performance improved markedly between June and October 2025, with the longest wait reducing from 25.7 weeks to 7.6 weeks and the 8-week target achieved. From November 2025, performance slightly deteriorated, with the longest waits slightly increasing to 12.9 weeks.

This deterioration reflects workforce disruption following the resignation of all three scanning staff in 2025, reduced scanning capacity, and increasing deferred patients, alongside the request from the Bronglais service for SBUHB to support with their longest waiting DXA referrals. Recruitment is now underway and planned reinstatement of extended scanning sessions is expected to support recovery.

Prioritisation and referral guidelines have been introduced, with protected urgent slots to be implemented by February 2026. Digital capability has been strengthened through integration of the DXA mobile unit onto the SBUHB network, enabling worklists, improving productivity, and reducing data-transfer risks. While DXA reports are uploaded to the Welsh Clinical Portal (WCP), progress is constrained by two admin vacancies, resulting in DXA Health Care Support Worker (HCSW) capacity being diverted to operational support. Vertebral Fracture Assessments guidelines are currently under discussion and are planned for implementation when scanning waiting times stabilise at or below eight weeks.

Reports



Scans performed from September 2025 are being reported on within two to three weeks. Backlog scans are being managed separately. Where the number of scans completed (blue bars) exceeds the number of reports completed (red bars), a reporting backlog is indicated. The chart demonstrates that outstanding reports remain from scans undertaken as far back as April 2023, with the majority of reports in the January – August 2024 period.

The original target of January to March 2026 to fully clear the reporting backlog, has been impacted by maternity leave of a fully trained reporter from May 2025, whose post was backfilled by a trainee reporting Clinical Technologist due to lack of suitably trained staff . A further maternity leave is planned for mid-February 2026, which is expected to create additional capacity pressures. Based on current trajectories, the reporting backlog is now forecast to be fully cleared by September 2026

SLA: Outpatient Deptmt (OPD) Antenatal Care as a Satellite Clinic – Potential to cease SBUHB Visiting Consultant Sessions



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Provider: SBUHB (Visiting Consultant Sessions) – approx. £22,000 per year

Summary of current position:

A Service Level Agreement is in place for a satellite antenatal clinic held on a Monday morning at PPH. The clinic is delivered by a visiting SBUHB consultant obstetrician or associate specialist doctor. This historic arrangement was originally established to ensure HDdUHB women choosing to birth in SBUHB were able to receive their outpatient care closer to home.

For women selecting SBUHB as their place of birth, the existing model of care operates as hybrid arrangement - antenatal care is delivered by HDUHB midwives, obstetric input/care is held in HDdUHB (via the SLA) and the inpatient care is provided in SBUHB (via Long Term Agreement (LTA)). This hybrid model has resulted in variations in clinical guidelines and policies between the two Health Boards, creating potential inconsistencies in care and increasing the risk of adverse outcomes for women and babies.

To mitigate these risks and improve continuity, quality/safety and governance, HDdUHB would like to cease the current SLA and replace the satellite obstetric clinic with a HDUHB led clinic. Formal engagement with service users is planned for Quarter (Q) 1 2026/27, with a 6-month notice period on the SLA to follow. Women already booked will not be affected by the transition.

As a result, should a HDdUHB resident choose to birth in Swansea, all their outpatient care would now take place in Swansea.

Impact of SLA? Consequential implications for the LTA

The cessation of the SLA will have consequential implications for the LTA, estimated in the range of £350k–600k. However, a significant proportion of this reflects activity reductions already occurring through patient choice, independent of any SLA decision. In 2024/25, obstetric emergency activity at SBUHB was 391 episodes under plan (–£369k), and emergency admissions have reduced by c.35% since 2019/20.

The expectation is that the emergency admissions will reduce further, whilst the outpatient element will see a potential increase. *Please note* – HDdUHB has already observed a marked decrease in the emergency admissions within the LTA, as more women have naturally been choosing HDdUHB in recent years.

Consequentially, to meaningfully assess the impact of the SLA, the proposal is a phased approach:-

1. Cease LTA and realign the LTA to reflect the emergency activity reductions already evidenced (c.£350–400k adjustment), establishing that the current under-performance is a baseline position driven by patient choice.
2. Work collaboratively with SBUHB to understand the true incremental consequential impact of SLA ceasing, with a view to a further realignment of the LTA 6–12 months after the SLA is withdrawn. This will include a two-way review mechanism: if outpatient activity at SBUHB increases as a result, the LTA may need partial offsetting adjustment.



Oncology Outpatient Modernisation Group (led by HDdUHB) - 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 = SWWCC in Singleton
- 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) – outpatient clinics for the high volume tumour sites are **delivered via digital solutions**. Patients attend the hospital and have support and presence of Non-Medical Prescribing (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).

Oncology Outpatients –Bronglais Summary of current position/actions:

The current model in BGH relies heavily on a single locum oncologist, creating vulnerability in service continuity. Locum oncologists planned retirement and current unplanned leave have accelerated the urgency for a sustainable model. Consequently, a change in pathway was enacted - Upper Gastrointestinal (UGI) pathway moved last year and taken over by SBUHB Consultant, patients’ first outpatient appointment taking place at PPH and follow-ups mainly via telephone consultations, although video consultations are preferred for better accuracy.

New patients generally accept travel to PPH, although there have been challenges from existing patients when transferred from BGH. This will include an element of Powys Teaching Health Board (PTHB) and Betsi Cadwaladr University Health Board (BCUHB) patients. Acute Oncology Service (AOS) gaps identified at BGH, though additional resources are planned

Longer term

HDdUHB service in collaboration with SBUHB are working through the longer-term ambition, which would be to move to a **site-specialist oncology model** aligned with Royal College of Radiologists (RCR) guidance (one to two tumour sites per consultant). Currently an element of the PTHB and BCUHB residents access the service at BGH, therefore there is a need to understand the pathways and future model, which potentially may have an impact on commissioning and contracting arrangements with neighbouring Health Boards (PTHB and BCUHB).

SBUHB Clinical Director alongside clinical colleagues and HDdUHB colleagues were presented at a recent Mid Wales Joint Commissioning Committee, where PTHB and BCUHB colleagues were present.

Radiotherapy Modernisation Group (led by SBUHB)

Aim/priorities:

- 1. Additional (2nd) permanent Computerised Tomography Simulator (CT SIM) (RT treatment planning machine) operational at Singleton Hospital by **September/ October 2025**
- 2. Additional (5th) Linear Accelerator (LINAC) (RT treatment machine) utilising the current empty bunker at Singleton Hospital **by end of May 2027**
- 3. Additional / spare (6th) Bunker in Singleton Hospital to maintain capacity by **2028**
- 4. Expansion to 7th LINAC model across southwest 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** – Now operational
- 2. **Additional (5th) Linac utilising the current empty bunker at Singleton Hospital by end of May 2027**
- 3. **Additional / spare (6th) Bunker in Singleton Hospital to maintain capacity by 2028**

Welsh Government (WG) have agreed to proceed with the production of a business case to support the 5th LINAC / 6th bunker as described in the report presented to Board on 29 May 2025. The business case will take the form of a multi-phase Business Justification Case (BJC) without the need for a separate programme case.

- BJC1 will include a fully designed and tendered solution for the additional Linac in the spare fifth bunker at Singleton Hospital. It will also include narrative/outline costs to support BJC2 for the provision of a sixth spare bunker and narrative on BJC 3 LINAC 6 and 7. To allow for design of the fifth bunker machine (as there will be some upgrade works required), tender and scrutiny by both Health Boards, the BJC is expected to be ready for approval by both Health Boards in September 2026. It may be possible to bring this forward to July 2026, but this will require the design programme to reduce by a month and the revenue impact to have been agreed well in advance by both Boards to reduce the internal governance timeline.
- BJC2 will only include works for the new spare sixth bunker in Singleton Hospital and updated narrative/high-level costs/programme for Phase 3. It is expected the case will be ready for Health Boards’ approval in January 2027.
- BJC3 (provisionally) will focus on the location of the proposed 6th & 7th Linacs / Satellite Centre.

Revenue implications: The 5th LINAC carries an estimated £2m recurrent revenue cost to be shared between both Health Boards. HDdUHB’s share of this is a material planning consideration and will need to be reflected in the 2026/27 and subsequent years (Provisional Year End (PYE) and Final Year End (FYE) Effect).



Radiotherapy (RT) Modernisation Group (led by SBUHB) continued

4. Expansion to 7th Linac model across southwest Wales / scoping for satellite centre potential within HDdUHB area by 2030/31

- Consideration of an option for expanding to a 7th LINAC model on a phased basis to enable 6 Linacs to be operational from 2028/29, and 7 LINACs to be operational by 2030/31.
- SBUHB is simultaneously (at the same time as 6th bunker) assessing whether a 7th bunker could be accommodated within the Singleton Hospital footprint. This early consideration is intended to maintain flexibility and protect programme timelines, ensuring that, should the satellite site (at this juncture) not proceed, no delays are introduced. By incorporating the potential 7th bunker into the current design phase, even without committing to immediate construction, the Health Board safeguards future options and avoids unnecessary redesign later.
- Siting the 6th or 7th LINAC within the required timeframe presents significant challenges. Delivering a new build of this scale is highly unlikely, given that capital schemes of this nature typically require a minimum of five years from inception to completion.
- To ensure all options are robustly considered, a full strategic options appraisal will be undertaken to determine whether both HDdUHB and SBUHB locations could feasibly accommodate the 6th/7th LINAC and will explicitly consider future replacement LINACs as part of the longer term development pathway. Timeline delivery will form a key criterion in this assessment.
- Importantly, the inability to meet the immediate deadline of 2028/29 does not remove the longer term opportunity for establishing a HDdUHB based satellite radiotherapy centre. The planned replacement cycle for existing LINACs provide a viable route for future relocation to a HDdUHB site, ensuring the strategic ambition – improving local access, reducing travel burden and enhancing patient outcomes.



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 2025/26 – 01/04/2025 – 30/09/2025 (includes Joint Commissioning Committee (JCC) commissioning responsibility)

Incidents = 690 patient safety incidents.

Q1 = 341, Q 2 = 349

374 (54%) incidents are now closed, whilst remaining are awaiting closure, under investigation, management review or new incident. Top five incidents relate to cellular pathology, cardiology, vascular, oncology and cardiothoracic

Complaints = 89

Q1 = 47, Q2 = 42

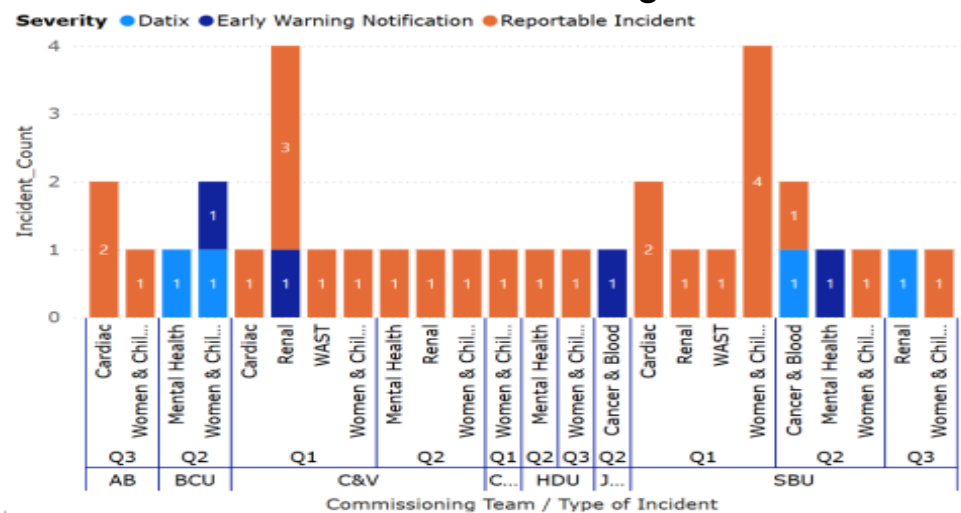
Majority of complaints relate to Maxillo facial, Cardiology, Orthopaedic/Spinal and Nuclear Medicine specialties.

Claims/Inquests = seven open

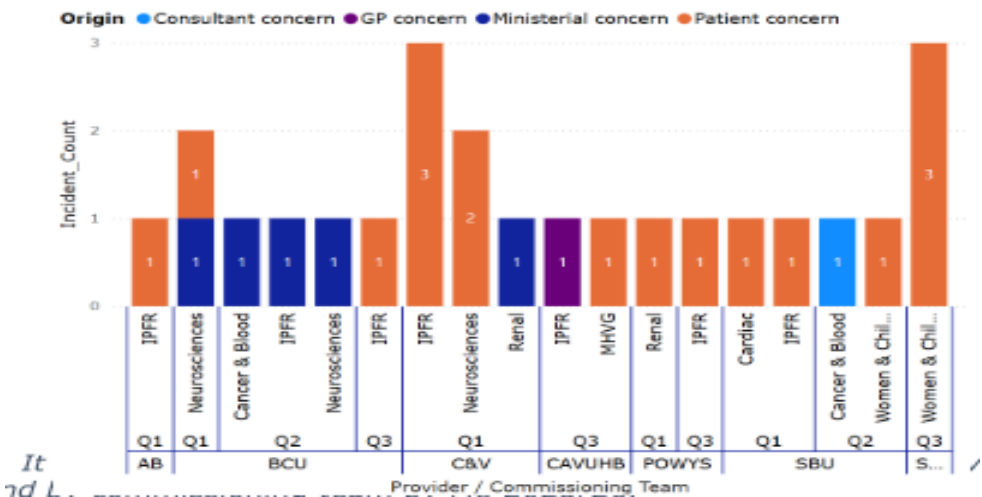
To Note

- 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 happens 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 meeting with SBUHB and also at the recently established Commissioning and Contracting Oversight Group. No immediate concerns were raised; however, the Quality and Commissioning team will monitor and where appropriate undertake a thematic review of the top five incident categories to determine whether these align with known service fragilities or commissioned service pressures. This review will be reported through the Oversight Group.

The number of quality and incidents are described in Figure 1 and Figure 2 describes the number of complaints broken down by origin, Health Board and Commissioning team.



By severity type, HB and commissioning team – M8 2025/26



By origin, HB and commissioning team – M8 2025/26

- NWJCC Quality & Safety Outcome Committee (QSOC) – HDdUHB Chief Executive Officer (CEO) is a Sub-committee Member, reports received include:-
 - Receive report from three commissioning areas (Specialist Services, Ambulance Services and 111 and Mental Health and Learning Disabilities (MHL) and Vulnerable Groups)
 - Listening and learning – patient story
 - Incident and Concerns Report
- JCC – receive bi-monthly QSOC highlight reports
- NWJCC undertake quality visits with main providers, also have routine SLA meetings
- NWJCC meet with quality leads routinely.
- Work in progress in standardising the three commissioning areas and ensuring Quality and Safety is included as a standard agenda item, across applicable meetings.



The WG deadline for agreement and signoff of the LTAs is 27 February 2026, however, as in previous years, several unresolved issues may impact timely completion. In summary, key areas are as follows:

Swansea Bay University Health Board

LTA

- **Elective Orthopaedics** – regional monies vs LTA monies
- **Locally Provided Services for Vascular and Neurology Services** – potential duplication across LTA and SLA (require rationalisation), need to revise service and costing approach.
- **Termination of Pregnancy (ToP)** – funding not repatriated despite cessation of activity, realignment required.
- **Emergency Admissions (Same Day Emergency Care (SDEC) pathways and Short Stay Tariff)** – Tariff reform required
- **Uncoded Activity – Contract Breach** – High level of uncoded activity generating financial risk and undermining accuracy
- **Neurology Daycase vs Regular Day Admission (RDA) Tariff** – Activity shift toward higher cost daycase tariffs; tariff realignment required.
- **Severe Acute Pancreatitis** – Misalignment between commissioned service and activity provided.
- **Ortho-plastics** – SBUHB of the opinion that no funding in place for revisions.

A meeting has taken place between Executive colleagues from both Health Boards, and agreement has been reached to produce a combined list of issues from both a SBUHB and HDdUHB perspective, which will then be worked through jointly.

SLA

SBUHB has sought expansion of a number of existing SLA arrangements (Renal and Radiopharmacy). These are currently being worked through and will form part of the 2026/27 Plan.



Velindre NHS Trust

Agreement reached that the LTA for 2026/27 will be based on the 2025/26 Occupational Therapy (OT) position for both National Institute for Health and Care Excellence (NICE)/ High Cost Drugs (HCD) and patient services (activity). Discussion ongoing re baseline allocation costs.

NHS Wales Joint Commissioning Committee Integrated Medium Term Plan (IMTP) 2026-29

The JCC set out a revised specialised commissioning IMTP showing growth pressures reduced from £39.2m to £28m after tightened assumptions and a reset of planning principles. While this is a material improvement, the position remains unbalanced, and the JCC has been clear that further difficult decisions will be needed.

Based on HDdUHB indicative 12.5% share of the All-Wales position, this equates to an approx. £3.5m exposure for HDdUHB (pre-inflation).

Health Boards raised a number of concerns including governance, the challenge of signing off balanced local plans against an unbalanced national plan, and the need to balance financial grip with service and patient impact.

Meetings between NWJCC and Health Board representatives continue, and quality impact assessment workshops have also been setup to go through the scheme.



The Committee is asked to:

1. **NOTE** the key service updates, including DXA performance recovery (longest wait reduced from 25.7 to 12.9 weeks, with on-going recruitment underway to restore the 8-week target) and progress across oncology and radiotherapy modernisation.
2. **SCRUTINISE** the proposed cessation of the antenatal satellite clinic SLA (£22k), subject to completion of service user engagement in Q1 2026/27 and **SUPPORT** the phased LTA realignment approach to reflect the c.35% reduction in emergency obstetric activity already evidenced.
3. **NOTE** the risk to timely LTA sign-off by 27 February 2026, given eight unresolved SBUHB contracting issues, and the NWJCC IMTP growth exposure of c.£3.5m (HDdUHB indicative 12.5% share, pre-inflation).
4. **SUPPORT** continued joint working between HDdUHB and SBUHB to resolve contracting issues, particularly around Orthopaedics (regional vs LTA monies), tariff reform, uncoded activity (contract breach), ToP realignment, and vascular/neurology scope rationalisation.

5.6

12:00, 10 Mins

5.6 - Climate Adaption Plan

***Ardiana Gjini (Hywel
Dda UHB - Executive
Director of Public
Health), Sam Hussell
(Head of Health
Emergency Planning)***

| For approval

Attachments

[5.6.1 SPC SBAR Climate Adaptation Plan Feb 2026.pdf](#)

[5.6.2 Climate Adaptation Plan v1.pdf](#)



PWYLLGOR STRATEGAETH A CHYNLLUNIO STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 February 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Climate Adaptation Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Ardiana Gjini, Executive Director Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Sam Hussell, Head of Emergency Preparedness, Resilience & Response (EPRR) Marie Evans, Health Protection Manager

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 Welsh Government (WG) requires all Health and Social Care organisations to develop, publish and implement Climate Response Plans that address both decarbonisation and adaptation.

Hywel Dda University Health Board (HDdUHB) has developed a comprehensive Climate Adaptation Plan and initial Climate Change Risk and Opportunity Assessment (CCROA) to strengthen organisational resilience, protect patient care, and ensure continuity of services in response to current and future climate impacts.

Cefndir / Background

Climate change is already affecting health outcomes, infrastructure resilience and service delivery across Wales. HDdUHB serves a predominantly rural and coastal population, with an ageing estate and dispersed services, increasing vulnerability to heatwaves, flooding, storms, coastal change and infrastructure disruption.

National policy—such as the Climate Adaptation Strategy for Wales (2024) and the NHS Wales Decarbonisation Strategic Delivery Plan (2025–2030)—requires Health Boards to measure climate-related risks and identify opportunities for adaptation. This includes meeting the expectations of the Climate Change Risk Assessment: 4th Edition (CCRA4), which mandates that Health Boards assess climate risks, establish operational thresholds, and embed climate adaptation within governance, planning, and clinical practice.

HDdUHB has already embedded decarbonisation actions. This Adaptation Plan builds on that foundation and shifts the focus toward ensuring clinical and operational resilience, with adaptation integrated into service planning, business continuity, capital development and workforce planning.

Asesiad / Assessment

An initial organisational climate risk assessment has identified that HDdUHB is already experiencing climate-related impacts, including overheating in clinical areas, disruption from extreme weather, and vulnerabilities in utilities, digital systems and supply chains.

Future projections indicate increased frequency and severity of these risks. Priority risk themes to protect patients, staff and services include:

- Population health and inequalities
- Functional suitability of the estate
- Staff and patient wellbeing
- Access to services
- Inpatient, outpatient and community-based care delivery
- Supply-chain resilience
- Business continuity under surge pressure
- Critical infrastructure and utilities
- Clinical/medical resilience planning and enhanced responsibilities
- Medical equipment and sterile systems
- Organisational knowledge and adaptive capacity
- Financial exposure.

A Climate Adaptation Action Plan has been developed to address these themes through clear ownership, measurable indicators, and integration into existing governance and planning structures.

A multi-disciplinary Climate Adaptation Steering Group will be established to oversee delivery, monitor thresholds, and ensure alignment with emergency preparedness and system-wide resilience planning.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** that HDdUHB has developed a structured and evidence-based Climate Adaptation Plan in line with Welsh Government expectations and **ENDORSE** the content for onward approval at Board on 26 March 2026.
- **NOTE** the direction of travel to embed climate adaptation within clinical, operational and strategic planning processes.
- **NOTE** the ongoing resource, capacity and infrastructure risks associated with delivering long-term climate resilience.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:

Cyfeirnod Cylch Gorchwyl y Pwyllgor:

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

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

	3.1.10. Seek assurance on the delivery of the Health Board's climate mitigation and adaptation activity.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	TBC
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:	Further to previous evidence base provided, key documents referenced include: Climate change Sub-topic GOV.WALES Health and social care climate adaptation toolkit NHS Wales decarbonisation strategic delivery plan 2025 to 2030 [HTML] GOV.WALES Climate emergency leadership day and adaptation (WHC/2025/005) GOV.WALES
Rhestr Termiau: Glossary of Terms:	As noted within report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Climate Adaptation Project Group Formal Executive Team

Effaith: (rhaid cwblhau)

Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Delivery of Climate Adaptation Plan 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 to prepare for the impact of climate change, to protect those at risk, prevent ill-health and minimise further impact on health services.
Gweithlu: Workforce:	As for Quality / Patient care impact.
Risg: Risk:	Risks are detailed within report including approach to manage.
Cyfreithiol: Legal:	Not Applicable.
Enw Da: Reputational:	Climate Adaptation Plan will align priorities and reduce impact with Welsh Government ambitions, reducing overall the impact of climate related harms on health services.
Gyfrinachedd: Privacy:	Not Applicable.
Cydraddoldeb: Equality:	Plan designed to reduce inequalities and inequities further.

Climate Adaptation Plan and Risk Assessment

Introduction

Hywel Dda University Health Board (HDdUHB) is strengthening its response to climate change by setting out our Climate Change Response and Resilience through embedding climate adaptation and nature recovery into business-as-usual planning and delivery. This approach reflects growing national expectations for the healthcare sector to prepare and adapt services for a changing climate.

Wales has set a clear direction for climate adaptation and the nature emergency. The Climate Adaptation Strategy for Wales (2024) and the Health & Social Care Climate Adaptation Toolkit (2024), enables accelerated action in addition to ensuring risks are measured and opportunities to adapt are sought through the Climate Change Risk Assessment - 4th edition (CCRA4) which requires every organisation to assess climate risks, define operational thresholds and monitor resilience.

This Climate Adaptation Plan brings our responsibilities and requirements together in a single, concise and coherent strategic document for HDdUHB, one that moves beyond an estate-led approach and places clinical services, patient safety and whole-system resilience at the centre of climate action.

The Health Boards Climate Adaptation Plan aims to build upon and further enhance the progress that has already been made through delivery of the Hywel Dda Decarbonisation Delivery Plan. Since 2021, the priorities and initiatives set out in the NHS Wales Strategic Delivery Plan (SDP) have been delivered across six work areas — Carbon Management, Buildings, Transport, Procurement, Estate Planning & Land Use, and Approach to Healthcare — with many actions embedded into the annual planning processes. This includes energy optimisation and renewables, fleet transition, virtual care where appropriate, lower-impact products and waste reduction, and greener clinical pathways.

Reducing emissions alone will not protect patients, staff or services from the climate impacts already being experienced; and adaptation without decarbonisation risks worsening future pressures, therefore our clinical leaders and multidisciplinary teams must actively own, shape and implement adaptation measures that affect patient care, service continuity, workforce safety and population health.

Collectively, these efforts ensure HDdUHB is not only reducing its contribution to climate change but also building a clinically-led, resilient, safe and sustainable health system. By shifting the focus from corporate-led adaptation to clinically accountable, whole-system resilience planning, the Health Board will ensure that climate risks are embedded into clinical governance, service redesign, quality improvement, population health strategies, workforce planning and everyday patient care.

Purpose of this adaptation plan

HDdUHB is committed to embedding climate adaptation across the whole organisation, with a strengthened focus on clinical and medical services where climate-related risks

most directly affect patient outcomes, service continuity and workforce resilience. While corporate functions, estates and planning processes remain essential enablers, a key driver of this plan is to ensure that all frontline clinical services and departments are equipped, supported and accountable for adapting to the impacts of a changing climate.

This plan sets out a clear direction for integrating adaptation into everyday clinical practice, quality improvement methodologies, service improvement and redesign, and governance structures. Its aim is to ensure that climate risks are recognised and managed as core determinants of patient safety, clinical effectiveness and long-term demand on health services, rather than as peripheral environmental concerns.

The plan fulfils the expectations of the Welsh Government's Climate Adaptation Strategy for Wales (2024) and meets the requirements of Welsh health Circular (WHC)/2025/005, including completion of the Climate Change Risk and Opportunity Assessment (CCROA), identification of priority risks, and establishment of robust review and assurance processes. Building on these foundations, HDdUHB will ensure that climate-related risks are integrated into service planning cycles, clinical governance, quality and service improvement frameworks, pathway redesign, and workforce planning across all clinical directorates and services.

Recognising that the greatest climate-sensitive impacts arise within patient-facing services—such as heat-related morbidity, disruption to clinical pathways, increased infectious disease risks, digital and equipment vulnerabilities, and pressure on urgent and emergency care—the Health Board will establish a multi-disciplinary Climate Adaptation Steering Group. This group will work with the Clinical Care Groups, Clinical Boards and improvement groups to embed adaptation requirements within routine service reviews, clinical audit, risk registers, and the development of new models of care.

Consistent with the advice of the UK Climate Change Committee (CCC), HDdUHB will prepare for a ≥ 2 °C warming scenario by 2050 and stress-test critical clinical services and assets against 4 °C end-century conditions. This includes assessing the resilience of Acute, Community, Primary Care and specialist services to environmental hazards and ensuring continuity of care during climate-driven system pressures. Integration with the Wales Risk and Preparedness Register (WRPR), civil contingencies frameworks and emergency preparedness structures will strengthen whole-system readiness.

Aligned to further enable the NHS Wales Decarbonisation Strategic Delivery Plan, this plan positions adaptation as a mechanism to protect clinical services—ensuring that every investment delivers both emissions reduction and increased service resilience. By shifting the centre of gravity from corporate-led adaptation to clinically owned, evidence-based resilience planning, HDdUHB aims to build a health system that remains safe, effective and sustainable in a warming climate.

Expectations for Departmental Leaders and Heads of Service:

- Departmental leaders and Heads of Service must integrate climate adaptation risks and actions into annual service plans, clinical governance reviews, and pathway or service redesign and transformation programmes.

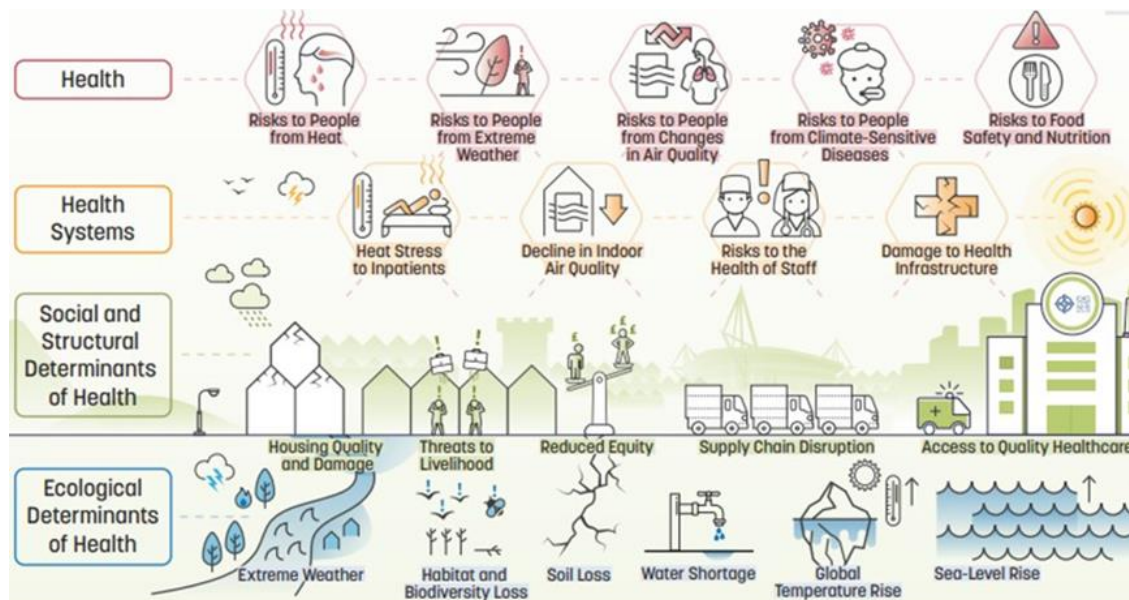
- Services and departments are expected to embed adaptation considerations into workforce planning, patient flow strategies, infection prevention, and heat- and cold-related care protocols.
- Service Leads must ensure that quality improvement projects, risk registers, and business continuity arrangements include climate-related vulnerabilities and adaptation measures.

Background

Climate change presents a growing risk to population health, healthcare delivery and organisational resilience in Wales. Rising temperatures, more frequent extreme weather events, flooding, coastal change and disruption to critical infrastructure are already affecting health outcomes and the ability of health and social care services to operate safely and effectively.

Figure 1: An overview of health risks associated with climate change and biodiversity loss and their exposure pathways (Adapted from World Health Organisation (WHO)):

<https://www.unescap.org/blog/why-environment-health-nexus-important-asia-and-pacific-and-how-strengthen-it>

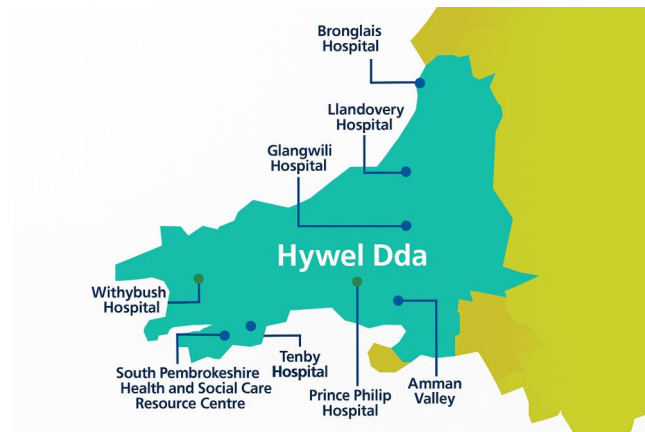


HDdUHB serves a predominantly rural and coastal population across the Counties of Ceredigion, Carmarthenshire and Pembrokeshire, with a dispersed service footprint and an ageing estate. These characteristics increase vulnerability to climate-related hazards such as heat, storms, flooding, access disruption and digital connectivity failures, particularly for people who rely on community and home-based care. Recent extreme weather events have already caused service disruption, access challenges and pressure on staff and infrastructure, demonstrating that climate impacts are no longer a future risk.

The Health Board has over 13,000 staff and together provides Primary, Community, In-Hospital, Mental Health and Learning Disabilities Services. HDdUHB works in partnership with the three Local Authorities, as well as public, private and third sector colleagues, including our valued team of volunteers.

Services are provided across four acute sites: Bronglais (BGH), Glangwili (GGH) and Withybush (WGH) Hospitals and Prince Philip Hospital (PPH), alongside community hospitals from which out-patient clinics are held with some providing in-patient beds. Each site will have their own climate risks identified and contained within the Health Board risk register.

Figure 1: Map of hospital sites of Hywel Dda University Health Board



While HDdUHB has made progress in embedding decarbonisation across estates, transport, procurement and clinical pathways, decarbonisation alone is insufficient to address the current and future impacts of climate change. Without a structured approach to adaptation, there is a risk of increased service disruption, patient safety incidents, widening inequalities and avoidable costs.

This Climate Adaptation Plan has therefore been developed to provide a coherent, organisation-wide framework for identifying, managing and reducing climate risks to patients, staff, services and assets. It sets out how climate adaptation and resilience will be embedded into annual plans, business continuity, clinical governance, service redesign, quality improvement, population health strategies, workforce planning, everyday patient care and partnership working, supporting the Health Board's statutory duties and long-term environmental sustainability.

Risk Assessment

An initial assessment of climate-related risks has been undertaken to understand the Health Board's current and emerging risks and to inform the prioritisation of adaptation actions. This assessment draws on structured engagement with key directorates, reviews of recent local incidents, national and regional climate risk evidence, and application of the Welsh Government Health and Social Care Climate Adaptation Toolkit.

Climate risk to the Health Board is determined by the interaction between exposure to climate hazards, sensitivity of services, assets and populations, and adaptive capacity. While exposure varies across sites and services, common risk themes were consistently identified across the organisation.

Current risk profile

The assessment identified that HDdUHB is already experiencing impacts associated with climate variability and extreme weather. Key current risks include:

- Overheating of clinical environments, particularly in older estate and inpatient areas, affecting patient comfort, clinical safety and staff wellbeing during warmer periods.
- Disruption to access and service continuity caused by flooding, storms, snow and high winds, affecting staff ability to reach sites, patient attendance, and timely delivery of care.
- Reliance on vulnerable infrastructure and utilities, including electricity, water and digital connectivity, where climate-related disruption can have cascading impacts on clinical systems, diagnostics and communications.
- Risks to medicines, medical equipment and sterile systems, where temperature and humidity extremes together with supply chain fragilities threaten product integrity and service reliability. Increased risks and pressures on community and home-based care, as more patients depend on power-dependent, temperature-sensitive equipment in settings that are not designed to cope with extreme weather (including the effects of national power outages).
- Greater exposure to coastal flooding and storm surge impacts, driven by sea-level rise increases risks to transport corridors, access routes, and essential services for coastal communities. From a healthcare perspective, this also impacts emergency care accessibility, staff travel, transport availability, patient transfer times, and community-based services.
- Risks to Digital connectivity from weather related power outages, causing failures affecting virtual care, digital records, diagnostics, telehealth and remote monitoring.
- Risk to West Wales' grassland, heathland and forestry areas create exposure to wildfire ignition and spread, affecting air quality, staff safety, and site accessibility, impacting respiratory health, service disruption and workforce deployment.
- Risk to water supplies and increased competition for water during hotter, drier summers, with impacts on sterilisation, dialysis, catering, sanitation and heat-management systems. Water supply dependencies are critical for clinical safety and continuity.
- Risks from rising temperatures and humidity increasing risks from mosquitoes, ticks, food-borne and water-borne pathogens.
- Risks to society from psychological distress, community trauma and long-term wellbeing impacts following climate-driven events (e.g., flooding, heatwaves).
- Risk to loss of natural buffers (wetlands, dunes, woodlands) reducing protection from flooding and heat creating disruption to food systems, agriculture and local economy.
- Climate change intensifies existing economic vulnerabilities in rural West Wales by disrupting climate-sensitive sectors such as agriculture, tourism, and rural supply chains. These shocks undermine household income, livelihoods, and community wellbeing—key determinants of population health. Fragile transport and

infrastructure systems further increase service delivery challenges and place additional pressure on already stretched health and social care services. Consistent with national wellbeing assessments, the interconnected ecological, economic, and social impacts of climate change reduce rural resilience and heighten long-term risks to population health outcomes.

These risks are compounded by the issues highlighted above together with existing organisational pressures, and workforce constraints and financial limitations.

Future risk outlook

Climate projections for Wales indicate that many of these risks will increase in frequency, intensity and duration, even under moderate warming scenarios. Hotter summers and warmer nights are expected to exacerbate overheating risks in clinical and residential care settings, while wetter winters and more intense rainfall will increase the likelihood of flooding, access disruption and infrastructure damage. Coastal changes will present longer-term risks to certain sites and transport corridors, with implications for service planning and capital investment.

In parallel, wider system pressures including increasing demand for care, workforce availability, supply-chain volatility and financial constraints are likely to amplify the impacts of climate hazards on service delivery if not proactively managed.

Risks will be reviewed on a regular basis by the Climate Adaptation Steering Group and the risk register updated as required.

Priority risk themes

The initial assessment identified a set of priority risk themes that require coordinated action across the organisation. These include:

- Population Health and Inequalities
- Functional Suitability of the Estate
- Staff And Patient Wellbeing
- Access To Services
- Inpatient, Outpatient and Community-Based Care Delivery
- Supply-Chain Resilience
- Business Continuity Under Surge Pressure
- Critical Infrastructure and Utilities
- Clinical/Medical Resilience Planning and Enhanced Responsibilities
- Medical Equipment and Sterile Systems
- Organisational Knowledge and Adaptive Capacity
- Financial Exposure.
-

Many of these risks are not unique to HDdUHB and are shared across NHS Wales; however, the Health Board's geography, service model and estate profile means that local impacts and thresholds vary, requiring site- and service-specific responses.

No	Key risk theme	Specific risk (what could happen)	Primary impacts (why it matters)	Priority mitigation actions	Lead owner	Delivery route	Measurable indicator
1	Population health and inequalities	Heat, flooding and poor air quality potentially related to wildfires disproportionately affect services. Risk to the local economy	Increased morbidity, mortality and demand; widening inequalities. Economic resilience in HDdUHB is tightly linked to population health outcomes	Heat-health pathways; targeted communications; PSB and LRF partnerships resilience planning	Executive Director of Public Health	Climate Adaptation Steering Group; Annual Plan; Public Health programmes; Stakeholder collaboration (LRF/PSB):	Heat-related admissions; Emergency Department (ED) respiratory attendances versus baseline
2	Functional suitability of estates & property	Overheating, flooding or water ingress makes clinical spaces unsafe	Patient safety risks; service disruption; unplanned decants	Overheating risk assessments; flood resilience; climate-ready capital design; robust power outage mitigations.	Director of Estates	Capital gateways; backlog maintenance; Refit; Climate Adaptation Steering Group	% of mitigated estate related climate risks identified in the risk assessment and climate action plan.
3	Staff & patient health and wellbeing	Heat stress, poor air quality and climate-linked infections affect staff and patients.	Reduced productivity; increased sickness absence; IPC pressures	Assessment of quality impact assessments undertaken; Staff welfare protocols; ventilation	Executive Director of Nursing, Quality and Patient Experience;	Workforce. IPC governance; Climate Adaptation Steering Group	Quality impact assessments undertaken/reviewed; Heat-related staff sickness; IPC incidents

No	Key risk theme	Specific risk (what could happen)	Primary impacts (why it matters)	Priority mitigation actions	Lead owner	Delivery route	Measurable indicator
		psychological distress, community trauma and long-term wellbeing impacts following climate-driven events		improvements; IPC adaptation planning	Director of Estates		
4	Access to sites and services	Flooding, storms or digital outages prevent access to care	Missed appointments; delayed treatment; reduced continuity	Access route mapping; digital resilience; alternative care pathways	Executive Director of Public Health; Chief Operating Officer	Business Continuity Plans (BCPs); Digital strategy; Climate Adaptation Steering Group	Hours of access disruption; digital downtime
5	Strengthening inpatient, outpatient and community-based care delivery to increase resilience to climate-related	Power, access or temperature failures disrupt home-based care	Risk to vulnerable patients; emergency admissions	Identify high-risk patients; community contingency planning	Chief Operating Officer; Executive Director of Public Health;	Community service plans; EPRR; Climate Adaptation Steering Group	% high-risk patients with contingency plans

No	Key risk theme	Specific risk (what could happen)	Primary impacts (why it matters)	Priority mitigation actions	Lead owner	Delivery route	Measurable indicator
	risks and service disruptions				Director of Estates		
6	Medicines, products & supply chains	Climate events disrupt availability and/or storage of medicines	Treatment delays; patient safety risks; cost pressures	Stock resilience standards; supplier engagement; storage monitoring	Clinical Director of Medicines Management and Pharmacy; Procurement/ NHS Wales Shared Services Partnership (NWSSP)	Procurement / NWSSP; Climate Adaptation Steering Group	% critical items meeting stock cover standard
7	Business continuity under surge pressure	Extreme weather drives demand while reducing staff availability	Service instability; increased adverse incidents	Surge planning; flexible staffing; escalation triggers Severe weather response plans	Chief Operating Officer; Executive Director of Public Health	BCPs; Annual Planning; Climate Adaptation Steering Group	Surge days exceeding capacity thresholds
8	Critical infrastructure & utilities	Power, water or digital system failure due to climate stress	Immediate risk to life-critical services	Resilience testing; backup assurance; interdependency mapping	Director of Estates / Executive Director of Public Health	EPRR; Capital and Estates planning; Climate	Generator and UPS test success rate

No	Key risk theme	Specific risk (what could happen)	Primary impacts (why it matters)	Priority mitigation actions	Lead owner	Delivery route	Measurable indicator
						Adaptation Steering Group	
9	Medical equipment & sterile systems	Temperature and humidity extremes damage equipment or sterile supplies	Equipment failure; cancelled procedures	Specification reviews; monitoring; lifecycle replacement	Director of Estates / Clinical Engineering	Equipment replacement programmes; Climate Adaptation Steering Group	% equipment within safe operating limits
10	Knowledge, data & adaptive capacity	Insufficient data, skills and thresholds limit adaptation	Reactive responses; missed prevention opportunities	Training; site-specific risk assessments; NHS Wales learning	Executive Director of Public Health; Executive Director Strategy and Planning	Workforce development; All-Wales collaboration; Climate Adaptation Steering Group	% directorates with completed climate risk assessments; % of staff per Directorate/service area undertaking relevant E-learning
11	Financial exposure & affordability	Climate impacts increase costs and undermine affordability	Budget volatility; deferred maintenance; service trade-offs	No/low-regret investment prioritisation; planning alignment	Executive Director of Finance	Annual Planning; Capital prioritisation; Climate Adaptation Steering Group	Costed adaptation actions delivered vs planned

No	Key risk theme	Specific risk (what could happen)	Primary impacts (why it matters)	Priority mitigation actions	Lead owner	Delivery route	Measurable indicator
12	Digital Connectivity	Failures affecting virtual care, digital records, diagnostics, telehealth and remote monitoring	Patient safety risks, General Data Protection Regulation (GDPR) breaches, Risk to vulnerable patients. Delayed diagnostics.	Broadband with Segmented networks to protect critical systems Upgrading aging hardware and ensuring adequate bandwidth Resilient power supplies	Director of Estates / Clinical Engineering	EPRR; Capital and Estates planning; Climate Adaptation Steering Group Power Outage Planning Group Equipment replacement programmes	% Diagnostic delivered on time. Number of unplanned outages per month. Bandwidth utilisation v capacity.
13	Risk to water supplies and increased competition for water	Impacts on sterilisation, dialysis, catering, sanitation and heat management systems	Water supply dependencies are critical for clinical safety and continuity	Strengthen Governance through Water Safety Plans; Improve Water System Resilience and Efficiency; Secure Redundant and Alternative Supplies	Director of Estates	Capital and Estates planning; Climate Adaptation Steering Group	Onsite water storage capacity (litres) versus critical service requirements Activation rate of contingency supplies

Low/No-Regret Measures, Threshold Breaches, and Residual Risks

Low/no-regret measures are actions that deliver clear benefits under current climate conditions while also strengthening resilience to future climate impacts. They require minimal additional cost or risk, and yield co-benefits such as improved service efficiency, reduced operational disruption, and enhanced staff and patient wellbeing. In line with good practice for climate adaptation planning, these measures are included within the Adaptation Plan to ensure early progress, visible impact, and momentum across the organisation. Examples may include strengthening emergency preparedness processes, improving asset maintenance regimes, enhancing heat-health awareness, or integrating climate risk considerations into routine planning and capital decision-making.

Threshold breaches

Threshold breaches refer to climate-related conditions that exceed the Health Board's ability to maintain safe, effective, and sustainable service delivery. These may involve physical thresholds (e.g. prolonged heat exceeding building design limits), operational thresholds (e.g. demand surges that exceed service capacity), or supply-chain thresholds (e.g. transport or utilities disruption beyond existing contingencies).

Identifying potential threshold breaches allows the Health Board to plan targeted interventions, prioritise high-risk assets and services, and understand where additional investment or redesign will be required.

Residual risks

Residual risks are the climate-related risks that remain after all planned adaptation actions have been implemented. These risks cannot be fully eliminated due to uncertainty, system limitations, or constraints on funding, technology, or operational capacity.

The Adaptation Plan sets out a clear process for:

- Defining residual risk at service, system, and organisational levels;
- Escalating significant residual risks via governance structures; and
- Ensuring they are incorporated into long-term planning, risk registers, and capital programmes.

Taken together, front-loading low/no-regret measures, identifying threshold breaches, and managing residual risks will provide a structured, proportionate, and evidence-based approach to strengthening HDdUHB's resilience to climate change over the short, medium, and long term.

Next Steps

Following Board approval of the Adaptation Plan, the Climate Adaptation Project Group's governance, membership, and Terms of Reference will be revised to establish a multi-disciplinary Climate Adaptation Steering Group to lead the

implementation of the action plan, regularly assess the risks and report on progress. Formal Terms of Reference, a workplan and governance, reporting arrangements will be established.

Assurance will be provided to the Strategy and Planning Committee on:

- Delivery against agreed actions (with no/low-regret measures front-loaded)
- Threshold breaches and residual risks
- Dependencies on partner-led systems (catchment/coastal, utilities, transport)

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<https://www.unescap.org/blog/why-environment-health-nexus-important-asia-and-pacific-and-how-strengthen-it>

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Dyfed-Powys Local Resilience Forum (2024). Community Risk Register.

5.7 - Partnerships Update: Area Planning Board and Population Health Improvement Report

Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health), Bruce Bolam (Hywel Dda UHB - Deputy Director Public Health/Consultant in Public Health), Trina Nealon (Hywel Dda UHB - Head of Population Health + Wellbeing / Principal Public Health Officer), Cerys Humphreys (Hywel Dda UHB - Service Manager), Craig Jones Hywel Dda UHB - Prevention & population Health Improvement Manager)

Update: Area Planning Board

| For assurance

Attachments

[5.7.1 SPC SBAR Area Planning Board and Population Health Improvement DRAFT ~.pdf](#)

[5.7.2 Appendix 1 Area Planning Board and Population Health Improvement ~.pdf](#)



PWYLLGOR STRATEGAETH A CHYNLLUNIO STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 February 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Partnerships Update – Area Planning Board and Population Health Improvement
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Ardiana Gjini, Executive Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Trina Nealon, Head of Population Health Improvement and Wellbeing/Principal Public Health Practitioner

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

Hywel Dda University Health Board (HDdUHB)'s Health Improvement Strategic Plan 2024-2027 outlines actions in relation to the key preventable drivers of ill health in our communities – tobacco, drugs and alcohol and healthy weight.

The Health Board, with local partners, including through the Public Service Boards (PSBs), work to improve the wider determinants of health, including poverty and housing, aligning with the Health Board's commitment to a Social Model for Health and Wellbeing (SMfHW) and the 20-four-7 prevention framework and reflecting the five ways of working and seven well-being goals of the Well-being of Future Generations (WFG) (Wales) Act 2015 and the strategic aims of A Healthier Mid and West Wales (AHMWW): Our Future Generations Living Well (HDdUHB, 2019).

Dyfed Area Planning Board (APB) is the partnership body responsible for supporting the planning, commissioning and performance management of substance misuse services. The multi-agency partnership includes organisations that have the statutory responsibility for tackling drug and alcohol misuse in the area.

This report will provide the Strategy and Planning Committee (SPC) with an outline of current areas of work within the APB delivery plan, and provides an update on tobacco control, as a key health improvement area that impacts on health and well-being.

Cefndir / Background

Seven APBs in Wales for tackling alcohol related harm and drug misuse were established in 2010, as part of the arrangements to deliver the 10-year Substance Misuse Strategy Working Together to Reduce Harm 2008-18' (Welsh Government, 2008) and associated 'Delivery Plan for 2013 to 2016'.

The four priority areas covered in the national Strategy and local Delivery Plans are:

Preventing Harm

Support for substance misusers to improve their health and maintain recovery

Supporting and protecting families

Tackling availability and protecting individuals and communities via enforceable activity

The APBs were established to support delivery at a regional Health Board level, reinforcing the need for collaboration across a range of agencies and where possible, to pool both financial and physical resources to ensure the best possible outcomes.

The key purpose of APBs is to provide a regional framework to strengthen partnership working and strategic leadership in the delivery of the Substance Misuse Strategy and to enhance and improve the key functions of planning, commissioning and performance management.

The statutory responsible authorities within Dyfed APB (the 'APB') include Dyfed Powys Police, Ceredigion, Carmarthenshire and Pembrokeshire Local Authorities, HDdUHB and Probation and Fire Service. Additionally, Public Health Wales, the Youth Offending Service and the Police and Crime Commissioner's office are non-statutory responsible authority members of the APB.

The APB structure is detailed in Appendix A with strategic direction and leadership provided by the APB Executive and supported by five Strategic Implementation Groups supported where needed by Delivery Plans, to include:

- Treatment and Recovery
- Prevention and Early Intervention
- Harm Reduction
- Complex Needs (Substance Misuse, Mental Health, Housing and Homelessness)
- Crime Reduction and Availability

The APB Executive has four main areas of responsibility in relation to the drug and alcohol use agenda which include strategic direction, progress and delivery; governance, scrutiny and accountability; and finance and performance.

Five sub-groups support specific programmes of work and are noted in the Appendix which include Co-occurring Mental Health and Substance Misuse, and Complex Needs.

In line with Welsh Government's Tobacco Control Strategy: A Smoke-free Wales (2022), the Health Board's vision to be 'smoke-free' by 2030 (less than 5% smoking prevalence), the Health Board's tobacco control priorities focus on reducing inequalities, taking a system wide approach and protecting future generations. Tobacco control action is framed around smoking cessation, smoking prevention and smoke-free environments.

Asesiad / Assessment

Drugs and Alcohol

Drug and alcohol use can cause serious harm to individuals, families and communities. Tackling the causes and effects of drug and alcohol misuse is complex and requires a multi-agency approach across organisations and partnership structures.

Alcohol use is a major preventable public health concern. 45% of men and 34% of women report drinking above the recommended guidelines and alcohol is the cause of around 1,500 deaths a year, on top of a cost of more than £1b of harm to society. In 2023-2024 in Wales

3,077 hospital admissions related to illicit drugs (Public Health Wales, 2025) and 12,236 admissions were directly related to alcohol. In 2023-2024, those aged over 50 accounted for 66.2% of all individuals admitted compared to 30.1% in the 25-49 age group and 3.7% in those aged under 25 years (Alcohol and Drug Misuse Rapid Desktop Health Needs Assessment, HDdUHB, 2025).

Alcohol related deaths are higher in the most deprived areas of Wales. Growing up in families where alcohol or substance misuse is a problem can have negative impacts which persist long into adulthood.

Early intervention and prevention programmes are currently being implemented, which reflect services which are perimenopause and menopause aware, and include:

- A Crack and Cocaine Summit took place on 13 February 2026 for partners to discuss the growing issues and concerns around these substances in west Wales. Presentations will be delivered by police, drug and alcohol services, Public Health Wales (PHW), Blood Born Virus specialists with a workshop to plan a local strategy. 75 participants have booked to attend.
- A Health Coach re-pilot has been set up for delivery during Quarter 4, 2025-2026. This is a key piece of work to increase the amount of AUDIT C screening that takes place in primary care settings. Although Health Coaching has been taking place for some time, this re-pilot is aimed at producing an evaluation from which the Health Board can decide future funding. Work is ongoing to embed AUDIT C alcohol screening in dentistry and to improve data collection around alcohol in Emergency Care and Minor Injury Units (MIUs).
- Work to address the issue of Ketamine use in west Wales, to include an assessment and action plan is underway supported by a multi-media campaign.
- The Tier 2 substance use-tendering process is underway, which is essential in providing a single point of contact to individuals requiring substance use support and to reduce the harm caused by substances across HDdUHB. This is an intensive piece of work drawing in a vast array of partners. Innovative ways of working are being focussed upon, especially the interface for criminal justice clients and generic clients accessing appropriate services.
- An Image and Performance Enhancing Substances (IPEDS) worker with Dyfed Drug and Alcohol Service (DDAS) has been funded due the growing use of steroids and Selective Androgen Receptor Modulators (SARMs) across the region. This work is focussed on engaging with hard-to-reach populations who do not consider themselves substance users. The work has uncovered issues with cocaine and alcohol use and has become far more than a transactional engagement giving basic advice.

Additionally, 'Spike on a bike' continues to deliver needle exchange in rural areas and the academic evaluation has reached numerous national and international conferences with police officers administering naloxone in 25 suspected overdose cases in 2025-26, averting potentially life-threatening opioid toxicity. The Alcohol Related Death Review Group continues to develop a local understanding of the issue of alcohol across the region and to engage with key target groups and Health Board Emergency Admission's staff to improve opportunistic engagement.

The APB's Co-occurring Mental Health and Substance Use Board's vision is to substantially improve the outcomes of those with co-occurring issues, through driving improvements in collaboration between services. The Board has a key role in leading a programme of work that will deliver integrated and collaborative practice in the prevention and treatment of mental health and substance use issues. The basis of this work focuses on the Co-occurring Mental Health and Substance Use Framework (one developed for adults and one for children and young People), which provides a strategic framework, as well as operational actions. Examples of the work include the establishment of Clinical Liaison Groups in each county (where cases are discussed jointly between Mental Health and Substance Use services) and the roll out of a training programme for all staff in both services (and Tier 1 services) around the Co-occurring Framework and its principles.

The APB commissioned an approach to complex needs with a scope of mental health, housing/homelessness and substance misuse. Professionals acknowledge that these are areas of vulnerability and need significantly overlap. This overlap, impacts families, friends and society leading to chaotic lives and ineffective service contact.

The Complex Needs Strategic Board focuses on maintaining and building relationships which can lead to a greater understanding of the issues and work towards independence for themselves and their family. This will be achieved through three county-based 'Creative Solutions Panels', recently established, who review those individuals presenting at services with complex needs, to provide on-going support via identified services.

Tobacco Control

Smoking is the leading cause of preventable ill health and premature death in Wales and a major cause of inequitable health outcomes. Every year around 5,000 people in Wales die from smoking related conditions such as cancer and heart disease, with many more living with debilitating smoking-related illnesses such as emphysema and chronic obstructive pulmonary disease.

Approximately 13% of people in Wales are smokers (National Survey for Wales, 2022-2023). Smoking prevalence in HDdUHB has decreased significantly in the last two decades reflecting a continued downward trend with smoking rates at 26% in 2003-05 to 7.7% in 2024-2025, the second lowest in Wales.

Reducing smoking rates, particularly in populations and target groups where smoking prevalence remains high, requires wider tobacco control actions relating to prevention and smoke-free environments. Comprehensive smoke-free policies in workplaces can increase engagement with smoking cessation services by up to 6.4% and reduce smoking prevalence by 5%. 1,2,3.

Smoking Cessation Services in HDdUHB offer targeted interventions in Midwifery, Mental Health Hospital In-House, Children and Young People and Community Services as well as providing training to specific staff groups.

The Smoking Cessation Team is proactively responding to the changing needs of smoking populations providing support to vapers where appropriate, working closely with drug and alcohol teams and specialties within the hospitals. The Smoking and Wellbeing Team is made up of trained health coaches who support other lifestyle behaviours, such as healthy weight management and alcohol brief advice, alongside enhanced signposting through partnership working.

- 1.Hopkins DP, Razi S, Leeks KD, Priva Kalra G, Chattopadhyay SK, Soler RE, et al. Task Force on Community Preventive Services. Smoke-Free Policies to Reduce Tobacco Use: A Systematic Review. American Journal of Preventive Medicine 2010;38(2 Suppl):S275–89 [cited 2014 Apr 25/]
- 2.International Agency for Research on Cancer (IARC). [IARC Handbooks of Cancer Prevention, Tobacco Control, Volume 13: Evaluating the Effectiveness of Smoke-Free Policies](#)[PDF–2.67 MB]. Lyon, France: WHO, 2009 [accessed 2014 Apr 25].
- 3.Callinan JE, Clarke A, Doherty K, and Kelleher C. [Legislative Smoking Bans for Reducing Secondhand Smoke Exposure, Smoking Prevalence and Tobacco Consumption \(Review\)](#)[PDF–1.11 MB]. The Cochrane Library 2010; Issue 6 [accessed 2020 Aug 18].

Health Boards report quarterly against a Tier 1 target of 5% of smokers becoming ‘treated smokers’ and a 40% quit rate . HDdUHB was the first Health Board in Wales to achieve this target and, last year treated 8.9% of the local smoking population.

Quarter 2 data, 2025-2026 (the most recent data available), reported 5.9% treated smokers, projecting to achieve the annual target for 2025-2026. 3291 referrals have been made to the service for Quarters 1-2, 2025-2026, the majority from in-patient’s services as noted in Figure 2.

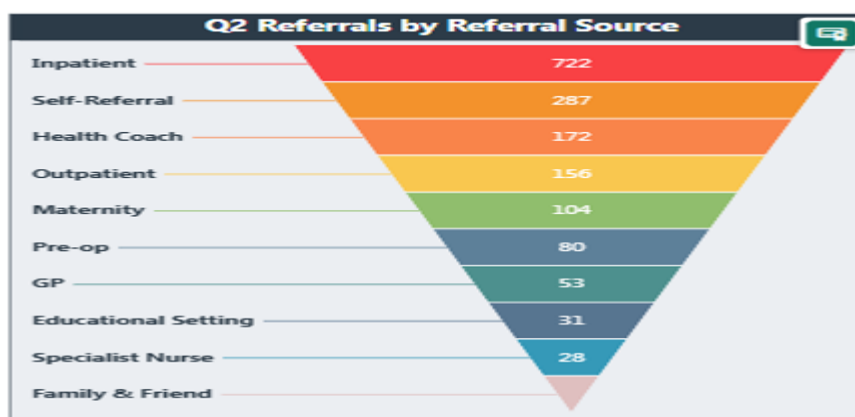


Figure 2: Smoking Cessation Referrals, Quarter 2, 2025-2026, HDdUHB.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** that the Health Board is meeting the statutory obligations as directed by Welsh Government in engaging and providing strategic leadership in the Dyfed Area Planning Board (APB), and by working to achieve a ‘Smoke-free’ population with a 5% smoking prevalence rate by 2030.

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. 3.1.7. Seek assurance that partnership governance and partnership working is effective and successful.
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)	5. Equitable
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	9. All HDdUHB Well-being Objectives apply

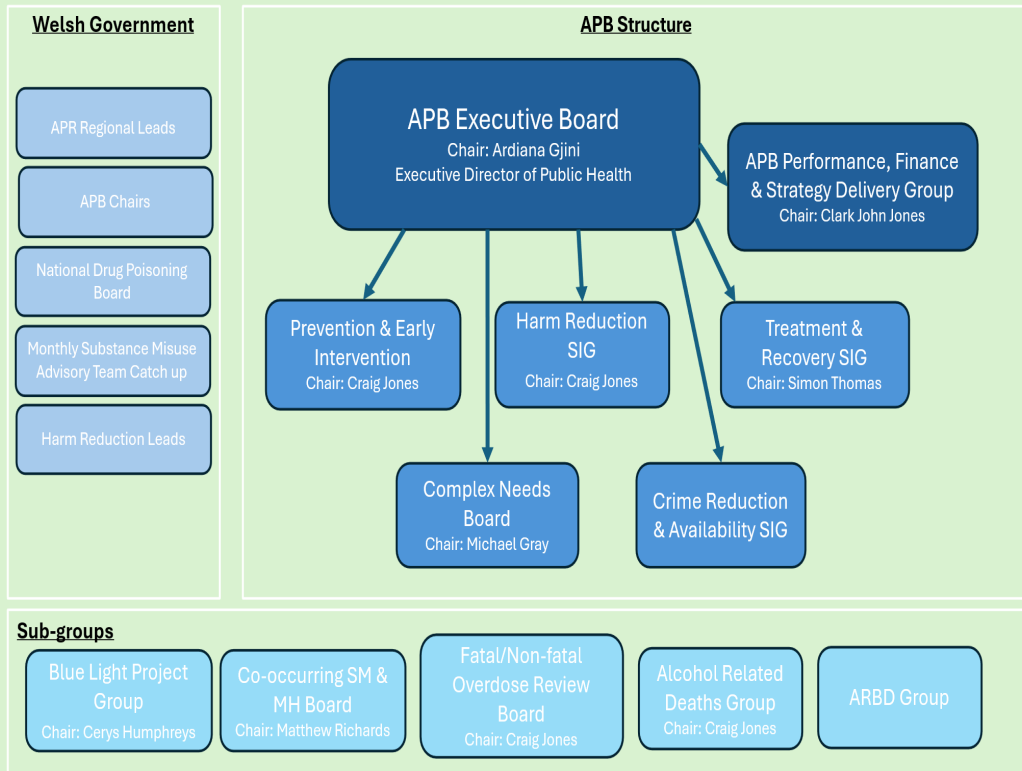
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Well-being of Future Generations (Wales) Act 2015 A Healthier Mid and West Wales: Our Future Generations Living Well (HDdUHB, 2019). Generations (Wales) Act 2015 Substance Misuse Strategy Working Together to Reduce Harm 2008-18' (Welsh Government, 2008) and 'Delivery Plan for 2013 to 2016'.
Rhestr Termau: Glossary of Terms:	Contained within the body of report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio	Not Applicable

Parties / Committees consulted prior to Strategy and Planning Committee:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	As the APB is a multi-agency partnership. Funding for commissioned services is made up from a range of sources, with the Substance Misuse Action Fund (SMAT) and the Health Board's substance use ringfenced budget being the main budget sources. Others include partnership funding into contracts such as the Tier 2 contract – funding from which is provided by (in addition to the above) – His Majesty's Prison and Probation Service (HMPPS), Ceredigion and Pembrokeshire Local Authorities and the Office of the Police and Crime Commissioner (OPCC).
Ansawdd / Gofal Claf: Quality / Patient Care:	Evidence of improving the well-being of the population is at the forefront of this legislation.
Gweithlu: Workforce:	Implementing the five ways of working required under the Well-being of Future Generations (Wales) Act 2015 should lead to evidence of increased collaboration and integration between services, professionals and communities
Risg: Risk:	Continued engagement of Senior Executives of the partnerships
Cyfreithiol: Legal:	The Well-being of Future Generations (Wales) Act 2015 (the Act) provides that HDdUHB (as a designated public body) must publish a Well-being Statement, Well-being Objectives and provide an Annual Report on progress towards meeting these objectives. The APB is a statutory body and operates under a statutory guidance and framework to deliver regional services (such as the Wellbeing of Future Generations (Wales) Act 2015 and the Crime and Disorder Act 1998, they function as partnership bodies rather than traditional statutory authorities.

Enw Da: Reputational:	There is a statutory requirement for HDdUHB to contribute to the work of the APB and report against Welsh Government smoking cessation Tier 1 targets.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	A More Equal Wales is a key national goal under the Well-being of Future Generations (Wales) Act

Strategy and Planning Committee 26 February 2026
Appendix 1 SBAR Area Planning Board and Population Health Improvement



5.8

12:20, 10 Mins

5.8 - Integrated Community Care System:
Policy and Impact on Regional Governance

Andrew Carruthers
(Hywel Dda UHB -
Chief Operating
Officer), Linda Jones

| For discussion

Attachments

[5.8 SPC ICCS - Policy and Impact on Regional Governance.pdf](#)



PWYLLGOR STRATEGAETH A CHYNLLUNIO STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 February 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Integrated Community Care System (ICCS) - Policy and Impact on Regional Governance
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Linda Jones, Regional Partnership Programme Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

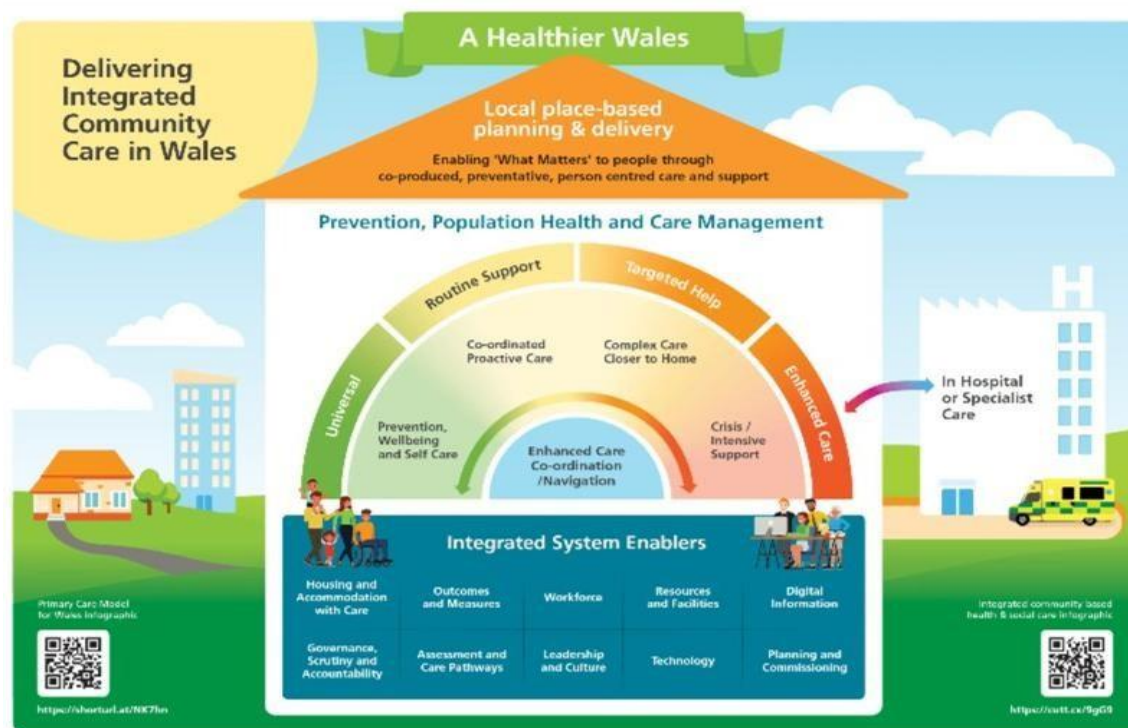
ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

Welsh Government has been developing a framework for the ICCS over the past two and a half years which represents a whole-system approach aimed at delivering seamless health and social care within community settings. The model aligns with the ambitions set out in A Healthier Mid and West Wales (AHMWW) Strategy and addresses the national need for coordinated, preventative, and person-centred care across Wales.

The ICCS Blueprint (figure 1), developed through extensive stakeholder engagement, now serves as the organising framework for national, regional, and local delivery. It is built on four graduated levels of care from prevention to crisis support and underpinned by system enablers such as housing, digital solutions, shared data, and governance. Welsh Government has clearly stated that ICCS will be the blueprint for future strategic direction and that the Regional Partnership Boards (RPBs), will be integral to the development and implementation of ICCS. Additionally, substantial funding allocations and capital investments have been aligned to support ICCS ambitions, alongside initiatives such as the Care Action Committee and the 50-Day Challenge. Any post-Regional Integration Fund (RIF) funding will also enable development of ICCS.

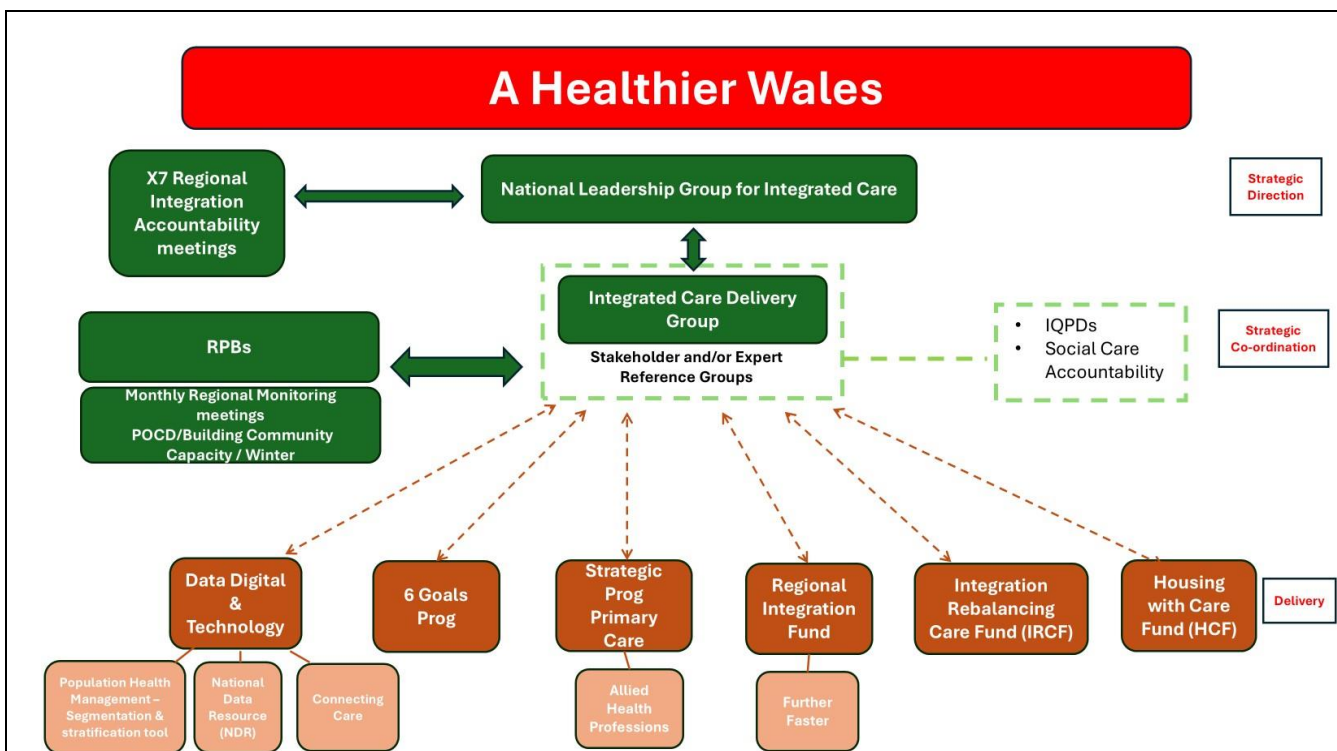
Figure 1 – ICCS Blueprint



Cefndir / Background

The ICCS blueprint has been developed over that last two and a half years in consultation with all stakeholders. Supporting documents such as the Integrated Quality Statement (IQS) for frailty have been developed, and further IQSs (such as for learning disability), service specifications and good practice guides, integrated advice, falls response and therapeutic care for children are being developed that support the different needs and pathways of different population groups.

New cross sector governance arrangements have now been established to provide national level leadership and co-ordination for delivering Integrated Community Care for the people of Wales. The diagram below illustrates the new arrangements that are being developed and tested.



Ongoing Challenges

Despite progress, challenges remain, including fragmented funding streams, leadership gaps between national and local levels, and limited validated data for community services. Differences in terminology and balancing short-term pressures with long-term goals add complexity, while repeated programme lenses risk diluting coherence. Building system-thinking capability and population health management skills across sectors is essential to sustain transformation.

Asesiad / Assessment

West Wales RPB (WWRPB) is currently taking a number of steps to support the development of ICCS on a strategic and delivery level.

RIF future funding

WWRPB has established a structured Future Funding Process to ensure robust governance, manage transitions to ICCS, and minimise risks to services, staff, and finances. The process has been agreed by the Integrated Executive Group (IEG) and RPB and is designed to:

- Ensure we adequately plan for the end of RIF and prepare for any subsequent funding
- Provide an objective and transparent process which can be consistently applied across the region
- Provide stakeholders with the information required to support future funding decisions, supporting a regional strategic direction for ICCS.

This process will ensure that partnership bodies will have a clear view of the funding and services available through RIF, supporting the identification of any gaps and future requirements to inform the direction of post-RIF funding streams. This will provide clear strategic direction for the development of ICCS.

Governance refresh

The RPB has reviewed and refreshed its form and function, concentrating on leadership, innovation and 'challenge' - issues that are informed by evidence (such as the Population Needs Assessment) and can be best met in Partnership. The RPB has agreed that it needs to concentrate on innovation and whole-system problem solving to develop an ICCS that will meet the needs of the region. The first 'challenge' the RPB is prioritising is Dementia - specifically focussing on preventions - there are several workstreams active around this.

Integrated Executive Group

The IEG is also currently reviewing the governance structure for the Regional Partnership Team and clarifying its role and direction. A workshop was held on 5 February 2026 which included core IEG members and wider stakeholders. There was agreement to trial a move to a governance structure of Starting well/ Living well/ Ageing Well Assurance Boards, reporting and accountable to IEG/RPB. The role of IEG/RPB will be to identify priorities, providing scrutiny, oversight, direction and where necessary, the means of unblocking barriers and high-level problem solving. IEG/RPB will also provide the system leadership and culture that encourages more innovation whilst managing and mitigating risk, evidence/data driven problem identifying and solving, improved transparency and accountability and encouraging system wide learning.

The regional Partnership Team will build upon this discussion to present a report to next IEG in March 2026 to demonstrate how this new structure could work, identifying changes within the current meeting/ Board structure and ensuring alignment with the wider system. There was also agreement on business matters that inform and underpin the work of IEG and the Assurance Boards including adopting the 'Alert/ Advise/ Assure' methodology, and clarifying the role and remit of the Senior Responsible Officer (SRO) role in the Sub-boards/ groups.

Links with Primary Care/ Clusters

It has been acknowledged that for ICCS to be implemented successfully, the strategic ties with Primary Care need to be strengthened and translated into delivery. To this end, the RPB Lead has met with the Cluster Development Manager, and meetings with the Cluster Leads have been scheduled. In addition to this, following discussion with the RPB Dementia Programme and Change Manager, Ceredigion Cluster has identified Dementia as a priority, in alignment with the RPB.

National Governance

As detailed above, there is now a clear governance structure at a national and regional level.

The National Leadership Group includes representatives from RPBs, Local Authorities, Health Boards, Third Sector Representatives, Care Forum Wales/Provider Representatives, Community Housing Cymru, Llais Cymru Representatives, Carers Wales, NHS Confederation, Social Care Wales and Health Education and Improvement Wales. It is chaired by the Cabinet Secretary and meets quarterly.

The National Delivery Group is chaired by Albert Heaney (Chief Social Care Officer for Wales) and Alex Slade (Welsh Government). It meets bi-monthly and involves one RPB chair, the seven RPB leads, and representatives from Local Authority Officers Responsible for Cooperation, Welsh Local Government Association (WLGA), Director of Social Services, Chair of All Wales Heads of Adult Services (AWASH), and Health Representatives from these areas - NHS Responsible Officers for Cooperation (Part 9) Representatives, NHS Director of Planning Representative, NHS Director of Primary and Community Services Representative, NHS Director of Public Health, Welsh Ambulance Service Trust (WAST), Head of Operations.

There is also an annual Regional Accountability Meeting chaired by the Minister for Children and Social Care with attendance from RPB, Health Board Executives and Directors of Social Services.

Next Steps

Although Welsh Government has produced a number of documents to inform ICCS, it remains a draft blueprint at this stage, with details yet to be agreed. One issue identified is that, despite ICCS being intended to span all population groups, the original blueprint was largely focused on frailty. Partnership bodies, and the RPB will be required to work closely with Welsh Government to develop a working blueprint that can be translated into delivery that meets local needs and resources.

Under Part 9 of the Social Services and Well-being (Wales) (SSWB) Act partnership bodies are obliged to work with the RPB to produce strategic documents to inform planning and delivery. In the next two years two key documents will be refreshed. One is the population needs assessment which underpins RPB priorities and identifies current and future trends and challenges. There is presently ongoing discussion to more closely align the RPB and Public Services Board (PSB) work, and in West Wales we are starting the discussion to identify how we best align the work for the Population Needs Assessment (PNA) and the PSB's wellbeing assessment.

The RPB Joint Area Plan is the key document that identifies the long-term strategic goals and priorities for the region. The current plan is 2023-2028 and the next iteration will be focussed on developing ICCS. Work on the Area Plan will be initiated by the end of 2026 to ensure widespread participation and consultation prior to being published.

- **Argymhelliad / Recommendation** NOTE the current position of the national policy framework on ICCS and the ongoing work of the RPB and Partnership Bodies to update and align the strategic priorities and governance arrangements accordingly, ensuring they are well-placed to deliver against the framework and improve outcomes for our population.

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:	Not Applicable

Domains of Quality Quality and Engagement Act (sharepoint.com)	
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	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Not Applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Integrated Executive Group Regional Partnership Board

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

5.9

12:30, 0 Mins

5.9 - DEFERRED: Value Based Healthcare Update

***Mark Henwood
(Hywel Dda UHB -
Executive Medical
Director), Leighton
Phillips (Hywel Dda
UHB - Director
Research, Innovation
and Value), Simon
Mansfield (Hywel
Dda UHB - Head of
Value Based
Healthcare)***

Refreshed Strategic Approach

| For approval

6 - For Information

6.1

12:30, 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 December 18 2025 PPF Highlight Report Final.pdf](#)

Planning, Performance and Finance

Highlight Report from the Planning, Performance and Finance Sub-Committee

Dyddiad y Cyfarfod / Date of Meeting	18/12/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Maxine Evans, Assurance & Risk Officer
Cyflwynydd yr Adroddiad / Report Presenter	Paul Worthington, PPF Chair and Lay Member, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Stacey Taylor, Deputy Chief Commissioner and Director of Finance and Value, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health Boards		Noted

1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board Chief Executive Officer Members of the Joint Commissioning Committee (JC) with a summary of the key issues considered by the NHS Wales Planning, Performance and Finance (PPF) Sub-Committee at its public meeting on 18 December 2025.

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

(Links to reports highlighted - [December 2025 - NHS Wales Joint Commissioning Committee](#))

Status	Update
Alert / Escalate	The NWJCC Finance Report - Month 8 2025/26 was received. The end of year forecasted financial deficit remains at £7.7m. An increase in lung transplants and activity costs for respiratory disease was noted. This is currently being managed but could become a risk if the increase continues. There is an expectation from Welsh Government that further in-year opportunities will be considered to improve the forecast position. Discussions highlighted the pending need for health boards and the NWJCC to declare their positions. A formal letter will be sent from the NWJCC to health board CEOs in respect to this.
Advise	The NWJCC Operational Performance Report was received. Discussions noted that work is ongoing to produce a meaningful integrated performance report. The complexity of the work and the capacity required to deliver the report was highlighted. It was acknowledged that whilst an updated report would be shared at Joint Committee in March 2026, which would provide greater assurance than at present, work would continue to refine the report over the following year. A session is scheduled in January with the NWJCC Senior Leadership Team to consider the necessary levers required to hold providers to account through their contracts, recognising the need to be far more robust around performance metrics, measures and management. The Managing Activity Brief was received which provided further financial detail, detail of risks and a plan of action for the three areas of opportunity to support an improvement in this year's financial position. It was noted that a detailed plan had been considered and approved at Joint Committee and is currently being actioned at pace. It was recognised that delivery of agreed actions agreed will have a significant impact on the capacity of NWJCC staff which would need to be managed. Further quality impact assessments will be undertaken as the work proceeds, acknowledging the direct impact of the actions on patients.
Assure	The PPF Organisational Risk Register (ORR) was received for review and scrutiny. It was noted that work to improve the ORR, that is fed into the Sub-Committees and the JC, remained ongoing. Risks were being redefined with commissioner-focused actions and mitigations that support mitigation of risks. A new risk was highlighted (Risk 94 – High-Cost Medicines). Whilst this risk was more significant for the NWJCC and its IPFR function.

Status	Update
	Additionally, it was noted that health boards had identified several high-cost drugs for transfer to the NWJCC which, if approved for transfer, would also have a financial impact for 2025/26 and beyond and would need to be managed.
Inform	Members received an update on the development of the NWJCC Integrated Medium-Term Plan, noting that feedback received at the JC meeting on 16 December 2025 would be used to develop the plan and that a detailed evidence-based review of the previously agreed 'Must Do's' would be undertaken. Work will continue with health boards throughout January with a view to developing the plan and ensuring alignment with health board IMTPs. This will include a session with Directors of Planning, a detailed review taking place at the extraordinary Collaborative Commissioning Leadership Group meeting of the 22 January. A further update will be provided at the JC meeting of the 27 January 2026.
Appendices	None.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
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 Resilient Wales
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient; Equitable; Person-centred; Timely; Safe

Effaith Amgylcheddol / Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable	

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: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
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: ☒	No: ☒
	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: This is a summary of the latest meeting of the JCC
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>	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

4. RECOMMENDATIONS

The Health Board is asked to:

- **Note** the highlights outlined in Section 2 of this report.

6.2

12:30, 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 v0.1.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	16 Jan 2026	26 Feb 2026	Apr 2026
PAPER DEADLINE			1 Apr 2025	10 Jun 2025	7 Aug 2025	9 Oct 2025	27 Nov 2025	6 Jan 2026	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			✓				✓	

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	24 Apr 2025	1 Jul 2025	28 Aug 2025	30 Oct 2025	18 Dec 2025	16 Jan 2026	26 Feb 2026	Apr 2026
PAPER DEADLINE			1 Apr 2025	10 Jun 2025	7 Aug 2025	9 Oct 2025	27 Nov 2025	6 Jan 2026	5 Feb 2026	
Self-Assessment of Committee Effectiveness: Outcome Report (10.5)	Chair	JW							✓	
Assurance and Risk Report Assurance on Governance Arrangements Including:(3.1.23) Corporate Risks; Operational Risks; Audits and Inspections; Welsh Health Circulars; Ministerial Directions	Chair	JW			✓	✓	✓		✓	✓
Corporate Risks Assigned to SPC (3.1.23)	LD	RW		✓						
Operational Risks Assigned to SPC (3.1.23)	LD	RW		✓						
Monitoring Welsh Health Circulars (under the remit of SPC) (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										

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	24 Apr 2025	1 Jul 2025	28 Aug 2025	30 Oct 2025	18 Dec 2025	16 Jan 2026	26 Feb 2026	Apr 2026
PAPER DEADLINE			1 Apr 2025	10 Jun 2025	7 Aug 2025	9 Oct 2025	27 Nov 2025	6 Jan 2026	5 Feb 2026	
Annual Plan Progress (3.1.1,2&4) - Planning Objectives (PO) Update (3.1.21) - Maturity Matrix Timeline - Maturity Matrix	LD	SA	✓	✓ ✓	✓	✓ ✓	✓		✓ ✓	
Strategy Refresh (A Healthier Mid and West Wales (refresh and updates) (2.1.1.1 & 2)	LD	PW	✓		✓		✓			
PO6 - Clinical Services Plan Verbal Detailed Update	LD	HMH	✓		✓		✓	✓		✓
PO8 - Estates Plan (Estates Strategy Development of (3.1.11) (to include the development of the Estates Strategy and Infrastructure Investment Enabling Plan), for scrutiny ahead of Board approval) & (Implementation of Estates Strategy (3.1.12))	LD	PW/CE		✓		✓			✓	
Pharmaceutical Needs Assessment Annual Review	JP	RB/TH	✓			✓				

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	24 Apr 2025	1 Jul 2025	28 Aug 2025	30 Oct 2025	18 Dec 2025	16 Jan 2026	26 Feb 2026	Apr 2026
PAPER DEADLINE			1 Apr 2025	10 Jun 2025	7 Aug 2025	9 Oct 2025	27 Nov 2025	6 Jan 2026	5 Feb 2026	
6 Month Review of Services	MH (wef 01 12 25)									
Mid Wales Joint Committee Report	AC	KJ/NW			✓				✓	
Regional Joint Committee Update Report & A Regional Collaboration for Health (ARCH)	LD			✓						
	LD	SC								
Strategic Commissioning Report (3.1.5) (bi-annual update)	LD	SA			✓				✓	
Partnership Governance Assurance Report (3.1.6&7)	AG	BB		✓		✓			✓ Update: Area Planning Board	
Value Based Healthcare Update (3.1.9)	MH	LP/SM	✓		✓		✓		D	✓ Refreshed Strategic Approach
Climate Migration and Adaption Plan (3.1.10)	AG	BB		✓					✓	
Population Health, Primary and Community										
PSBs Well-being of Future Generations (Wales) Act 2015 (WBFGA) (3.1.6 & 3.1.7)	AG	BB	✓			D	✓ Wellbeing Objectives			

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	24 Apr 2025	1 Jul 2025	28 Aug 2025	30 Oct 2025	18 Dec 2025	16 Jan 2026	26 Feb 2026	Apr 2026
PAPER DEADLINE			1 Apr 2025	10 Jun 2025	7 Aug 2025	9 Oct 2025	27 Nov 2025	6 Jan 2026	5 Feb 2026	
							Annual Report			
PO7 – Primary Care and Community Strategic Plan Update WEF 16 01 2026: Community by Design Strategic Plan <i>To include:</i> <i>National CHC Framework 2021</i> <i>RPB Population Needs Assessment</i> <i>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 LD (wef 01 12 25)	RB/JC		✓		✓	✓ Primary & Community Strategic Vision	✓		✓
PO 10: Population Health (incl. social model for health and wellbeing) PSBs Well-being Assessments	AG	BB	✓		✓		✓			

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	24 Apr 2025	1 Jul 2025	28 Aug 2025	30 Oct 2025	18 Dec 2025	16 Jan 2026	26 Feb 2026	Apr 2026
PAPER DEADLINE			1 Apr 2025	10 Jun 2025	7 Aug 2025	9 Oct 2025	27 Nov 2025	6 Jan 2026	5 Feb 2026	
Population Health Needs Assessment (3.1.13) Health Inequalities (3.1.14)										
Review of Clinical Pharmacy Services at NHS Hospitals in Wales	JP MH (wef 01 12 25)	OW		D		✓				
Vaccination Programme for Prevention and Response Plan - Progress Update, Key Priorities and Delivery Plan	AG	BB			✓					
Capital and Estates										
Capital Programme for 2025/26 and Capital Governance (including the CSC 3A's update (3.1.24) & Discretionary Capital Programme (DCP) and Capital Resource Limit & other CSC items below) (3.1.18&19) * Also Capital Planning Equipment Replacement Programme.	LD	PW/ER/RE	✓	✓	✓	✓	✓		✓	✓
CSC Workplan 2025/26 (3.1.26)	LD	ER	✓							
CSC Annual Report 2024/25 (10.4)	LD	ER	✓							

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	24 Apr 2025	1 Jul 2025	28 Aug 2025	30 Oct 2025	18 Dec 2025	16 Jan 2026	26 Feb 2026	Apr 2026
PAPER DEADLINE			1 Apr 2025	10 Jun 2025	7 Aug 2025	9 Oct 2025	27 Nov 2025	6 Jan 2026	5 Feb 2026	
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 AC (wef 01 12 25)	LJ					✓			
Capital Business Cases (as and when required for scrutiny before onward ratification at Board) (3.1.16) *	LD		✓	✓	✓	✓	✓		✓	✓
PPH Solar Project	LD	PW				✓				
Sustainability Report (for HDdUHB Annual Report)	LD	PW		✓						✓
Estate Condition & Performance Update	LD	PW				✓				
AHMWW Business Case Addendum	LD/AC/HT	PW/ER/CEm						✓		
Prince Philip Hospital Minor Injury Unit Update	AC	PS							✓	
One-off Items										
Early Years Report	AG	JoMC/ BW		✓						
Update on Major Planning Schemes	LD	ER				✓				

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	24 Apr 2025	1 Jul 2025	28 Aug 2025	30 Oct 2025	18 Dec 2025	16 Jan 2026	26 Feb 2026	Apr 2026
PAPER DEADLINE			1 Apr 2025	10 Jun 2025	7 Aug 2025	9 Oct 2025	27 Nov 2025	6 Jan 2026	5 Feb 2026	
Targeted Estates Fund (TEF) Projects: Provision of Second Generators at Glangwili & Withybush Hospitals	LD/JS	JWJ					✓			
For Approval										
Policies (as required) (3.1.25) *	All	All	✓	✓	✓	✓	✓		✓	
For Information										
JCC Planning, Performance and Finance Sub-Committee Reports*	JM	N/A	✓	✓	✓	✓	✓		✓	✓
Regional Joint Committee Update Report to HDdUHB and SBUHB	LD	SM							✓	✓
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	CSO	N/A	✓	✓	✓	✓	✓		✓	✓

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	24 Apr 2025	1 Jul 2025	28 Aug 2025	30 Oct 2025	18 Dec 2025	16 Jan 2026	26 Feb 2026	Apr 2026
PAPER DEADLINE			1 Apr 2025	10 Jun 2025	7 Aug 2025	9 Oct 2025	27 Nov 2025	6 Jan 2026	5 Feb 2026	
receive papers at least 14 days before the meeting										
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	MH	Mark Henwood
SM	Sophie Marr	JS	James Severs	JWJ	Julian Wheeler Jones	SM	Simon Mansfield
PS	Peter Skitt						
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 - Any Other Business

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

8 - Date and Time of Next Meeting

8.1

12:30, 0 Mins

8.1 - Tuesday 28 April 2026, 09:30 - 12:30,
HDD Picton - Dolau Cothi & MS Teams

Tuesday 2 June 2026
Tuesday 4 August 2026
Tuesday 6 October 2026
Tuesday 1 December 2026
Tuesday 2 February 2027