

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 April 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Annual Plan Closure Report 2025/26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Daniel Warm, Head of Planning Shaun Ayres, Director of Delivery 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 and acts as closure report on the 2025/26 Annual Plan.

Cefndir / Background

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.

Asesiad / Assessment

Overarching highlights of Plan delivery

The 2025/26 Annual Plan has delivered against what it set out to do since April 2025. As noted in our 2026/27 Annual Plan we have achieved a number of notable achievements including:

De-escalation

Over the last year we have been de-escalated for the following areas:

- July 2025 - de-escalated to level 3 for cancer and to level 1 for Child and Adolescent Mental Health Services (CAMHS).
- December 2025 - de-escalated to level 1 for leadership and governance.
- February 2026 - the Health Board was further de-escalated to level 1 for cancer.

Performance

Cancer and planned care

- We have increased the percentage of patients starting their first definitive cancer treatments within 62 days for point of suspicion from 53% in January 2025 to over 65% in the past 12 months. The number of suspected cancer patients waiting over 14 days for their first outpatient appointment has also improved.
- 15 patients were waiting over 52 weeks for a new outpatient appointment at the end of February 2026. We are aiming to achieve zero by 31st March 2026.
- 99.9% of patients are now waiting less than 104 weeks from referral to treatment (RTT), with 43 patients breaching this target at the end of February 2026.
- Number of patients waiting more than 8 weeks for a specific diagnosis has reduced considerably during the year from 8,068 in January 2025 down to 3,290 (59% reduction) in February 2026.

Urgent and emergency care

- We have been working to reduce how long patients are waiting in ambulances outside our hospitals. The number of patients waiting longer than 4 hours in an ambulance has decreased from 343 in March 2025 to 148 in February 2026 and patients waiting longer than one hour has decreased from 988 in March 2025 to 534 in February 2026.

Mental health

- During February 2025 to January 2026, we exceeded our 80% target for children to receive their first mental health assessment within 28 days and adults to receive therapy interventions post assessment. In 11 out of 12 months, we exceeded our 80% target for adults to receive their first mental health assessment within 28 days and children to receive therapy interventions post assessment.

Pharmacist Independent Prescribing Service (PIPS)

- The number of consultations delivered through PIPS has showed continuous improvement throughout 2025/2026. The number of consultation rose from 2,753 in April 2025 to 3,574 in December 2026.

Patient experience

- Despite all the pressures the health board has faced in 2025/26, we have continued to maintain positive patient experience at over 85%. This is a tribute to the hard work and dedication of our staff.

Quality and Safety

- We have had a 35% reduction in nationally reported incidents
- We have seen our Never Events reduce over the last 2 years from 5 to 2

Capital and Estates

- Delivered a prioritised programme focused on maintaining safe, resilient, and sustainable healthcare infrastructure in support of high-quality patient care.
- Following the completion of the main capital remediation works in the previous financial year, activity relating to reinforced autoclaved aerated concrete (RAAC) at Withybush Hospital during 2025/26 focused on the completion of annual site surveys and inspections. This programme of ongoing monitoring provided assurance on the continued safety and integrity of the estate and supported the Health Board's statutory, governance, and risk management responsibilities.
- Targeted investment continued at Withybush and Glangwili Hospitals to address fire safety compliance. These works formed part of a sustained programme to mitigate risk,

meet regulatory requirements, and enhance the safety of patients, staff, and visitors across the acute hospital estate.

- Progress was maintained on a number of key community-based developments, aligned to the Health Board’s strategic ambition to support service transformation and care closer to home. In partnership with Carmarthenshire County Council, development activity progressed at Pentre Awel with the Hydrotherapy Pool being handed over in late 2025. It is now anticipated that the Clinical Delivery Unit in Pentre Awel and Carmarthen Hwb will now be handed over in late 2026. Further feasibility work has been undertaken on Cross Hands Health and Wellbeing Centre with a request for fees to progress with the Final Business Case stage to be considered by the Integration and Rebalancing Capital Fund (IRCF) Panel in February 2026.
- Total capital expenditure for 2025/26 is projected to be approximately £37.6 million. This investment was directed across a balanced portfolio of priorities, including estates infrastructure, digital transformation, and medical and diagnostic equipment, ensuring the Health Board’s assets remained safe, compliant, and fit for current and future service delivery.

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	Q4 Status
PO6: Clinical services plan	Director of Strategy and Planning	2025/26 Actions Achieved – Clinical Services Plan presented to Board in February 2026
PO7: Primary and community strategic plan	Chief Operating Officer (formerly Director of Primary Care, Community and Long-Term Care)	2025/26 Actions Achieved –Plan presented to Board in January 2026
PO8: Estates plan	Director of Strategy and Planning	On Track to Achieve - most elements are in train and the revised Programme Business Case for A Healthier Mid and West Wales presented to Board in January 2026
PO10: Population health and prevention	Director of Public Health	On Track to Achieve - key deliverable actions for reporting period in quarter 4 are on track. The planning objective and key actions continue into 2026/27 programme of work, building on the achievements to date with new target outcomes.

Highlight reports are included as Appendix 1 for quarter 4 of 2025/26 and in Appendix 2 for 2025/26 as a whole.

Where there are outstanding actions as part of the 2025/26 plans, these are expected to be carried over into 2026/27 for completion.

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 March 2026 (Quarter 4) of 37 enabling actions:

- 3 were red (will not be achieved in year) – these were:

- Ensure effective utilisation of theatre capacity through - Reducing early finishes to less than 10%
- Ensure effective utilisation of theatre capacity through - Reducing late starts to less than 20%
- Continuing Health Care (CHC) - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This includes implemented a standard digital solution to support effective intelligence capture on a national basis.
- 12 were amber (will be delivered but with delays)
- 22 were green (will be delivered / have been delivered)

A full update of the enabling actions are their RAG rating can be found in Appendix 3. Many of the enabling actions will be carried over into 2026/27 as a critical element of the 2026/27 Annual Plan which was submitted to Welsh Government at the end of March 2026.

An overarching closure report on the Annual Plan, including all 10 Planning Objectives will be presented to the Board at its May 2026 Public meeting.

Argymhelliad / Recommendation

The Committee is asked to:

- **TAKE ASSURANCE** on the update on the 2025/26 Annual Plan with specific reference to the Planning Objectives aligned to the Committee and the 2025/26 Enabling Actions.

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 plans 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
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:	Not applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report
Gweithlu: Workforce:	Any issues are identified in the report
Risg: Risk:	Consideration and focus on risk is inherent within the report. A sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: Legal:	Any issues are identified in the report
Enw Da: Reputational:	Any issues are identified in the report
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable



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



Date Submitted: 26MAR2026

Planning Objective: 6 – Clinical Services Plan

Executive Lead: Lee Davies/ Mark Henwood

Reporting Period: Q4 2025-26

Overall status: 2025/26 deliverables completed.

Progress against planned outcomes / trajectories / milestones:

Q4 2025-26

- Phase 3 – Part 6 Feedback Report - Complete
- Phase 3 – Part 7 Conscientious Consideration – Complete
- Phase 3 – Part 8 Decision Making – Partially Complete (Pre-provisional decision identified for Stroke needing further engagement)
- Phase 3 – Part 8 Final Report – Complete

Other items

- Phase 3 – Stroke pre-provisional engagement documents being developed in Q4
- CSP review of the Lessons Learned Phase 0- Phase 2 - Complete
- Phase 0 – Phase 1- Draft recommendations- Completed
- CSP 2 – Phase 0 preinitiation planning to commence Q4 2025-26 - **Deferred** – (see matters for attention)

Activities planned for next milestone and reporting period - Q1 2026-2027

- Phase 3 - Pre preparatory activities for Stroke engagement to be further developed with view to be carried out during Q2 post election period.
- Phase 4 - Paediatrics Implementation Plan – to continue
- Phase 4 – Pre Implementation Planning assessments on 8 of the 9 services where a final decision has been made
- Phase 4 – Capital Assessments stage 1 to commence
- Phase 4 - Workforce Assessments to commence
- Phase 4 – Option activity modelling to commence

Other items

- CSP Review of Lessons Learned (Phase 0–Phase 1): Recommendations endorsed by the CSP Sub-Group.
- Phase 2: Recommendations to be developed following agreement of the Phase 0–Phase 1 recommendations.

Matters for information:

CSP 2 – Phase 0 preinitiation planning to commence Q4 2025-26 - **Deferred** – Workstream has been deferred. Focus currently on CSP 1 implementation planning.



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

Submitted By: Rhian Bond Assistant Director for Primary Care

Date Submitted: March 2026



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Planning Objective: PO7 Primary Care

Executive Lead: Lee Davies

Reporting Period: Quarter 4

Overall status: 2025/26 deliverables completed

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

- Further work undertaken to articulate the clinical model with graphics to support telling the story
- Engagement with professional collaboratives ongoing
- Updated paper to presented to Strategic Planning Committee in January 2026 and to Board in the same month

Activities completed in previous reporting period

- Work to align the strategic plan to the 20-four-7 Public Health model
- EQlip 8 project accepted for chronic conditions management which aligns to the clinical model

Activities planned for next milestone and reporting period

Any other Comments

- Consideration to the future Cluster model is key to the continued engagement and development of the strategic plan
- Establishment of the Health Boards CbD meeting to mirror national arrangements needs to be confirmed

Risks to delivery:

Any other comments:

Planning Objective: PO8 Estates Plan

Executive Lead: Lee Davies

Reporting Period: Quarter 4 – Jan, Feb, Mar, 2026

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

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 CSP 2	31/12/2026
Agree the strategic way forward for the UHB'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 OBC	31/03/2026
Implementation of Property Asset Strategic Plan, to be reviewed in 2026	
Completion of staff moves into WG Building, Picton Terrace & decommissioning plans	31/08/2026
Termination of Block 8, St Davids Park lease (subject to Picton Terrace move)	30/06/2025
Agreement of procurement strategy for top 10 MIIP projects	31/12/2025
MIIP - WG sign off of delivery programme	31/12/2025
Carmarthen Hwb handover (delayed to Q3 26/27)	31/03/2026
Pentre Awel:	
MOU	30/06/2025
Hydrotherapy handover	31/12/2025
Clinical Delivery Unit handover (delayed to Q3 26/27)	31/03/2026

Activities completed in the reporting period

- Ongoing development of Atriwm (Carmarthen Hwb) and Pentre Awel Commissioning Plan
- Commissioning activity for Picton Terrace
- Completion of PBC Addendum for January 2026 Board and submission to WG for scrutiny
- Successful submission of fee bids for the re-development of the Cross Hands FBC and Bandi BJC

Activities planned for next milestone and reporting period

- Ongoing development of Carmarthen Hwb and CDU Pentre Awel Commissioning Plan
- Continued commissioning activity for Picton Terrace and decommissioning of associated properties
- Commissioning of Swansea University space at Canolfan Pentre Awel

Any other Comments

Matters for information: All other matters reported via SPC SBAR updates and reports to the AHMWW Group.
Risks to delivery: There is a risk to deliverability of the actions on the programme of works. This is due to the availability of WG capital. The impact is risk to programme timelines. The impact could be the highly significant risk to current service provision, location of services, equity of access and the need for unplanned service changes in response to potentially unsustainable service scenarios. There will also be a need for significant interim investment in the current estate

Decarbonisation

- The Energy Performance contract with Vital Energi Utilities Ltd is being progressed to deliver energy conservation measures across six Hywel Dda UHB 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 have commenced on our sites. 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 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 and delivery..

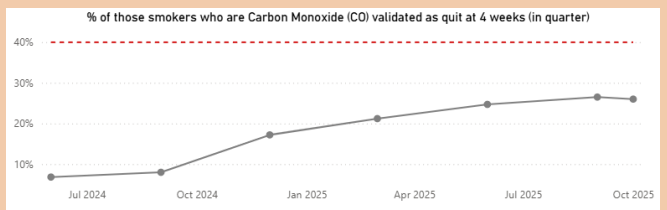
Planning Objective: 10 – Population Health & Prevention

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

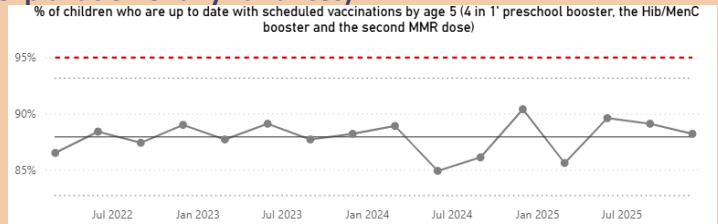
Reporting Period: Quarter 4 – January – March 2026

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 quarter 4 are on track. The planning objective and key actions continue into 2026/27 programme of work, building on the achievements to date with new target outcomes.

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



Current position reflects a sustained position of smokers who are CO validated as quit now at 26%. Data for smokers making a quit attempt continues above national target and a sustained improvement overall.



Latest uptake position showed expected variation at a slight decreased position from previous reporting period with uptake at 88.2%. Of note there has been no larger variations seen in last year's trajectories. Sustained plan into 26/27 to move beyond local uptake of 90%.

Activities completed in previous reporting period

- Immunisation rates increased among young children and frontline staff. 2-3 yr olds - Increase 11.1%. Staff Uptake - Increase 15.4%. MMR1 by age 2: **96.1%**; MMR2 by age 5: **93.5%**; 4 in 1 Pre School Booster: 89.2%; HPV: 77.1%
- Early Years Programmes - Strong engagement in infant feeding pilots and preschool. 79 Pre-school health aspects completed. Q4 has seen an increase of 10% of all schools 'action planning' for Emotional & Mental Wellbeing bringing the total to 96% (202 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 5.26 to 8.17% for the same point last year
- 20four7 DPH Annual Report presented at November Board meeting, to be adapted as part of the Prevention Model webpage on the intranet. The delivery plan has been completed and is progressing for formal endorsement by the ET and included in the annual plan. Multi-agency collaboration strengthens screening for HIV, Hepatitis B/C, and TB, expanding access to underserved groups.
- Currently 70 people are in service with a further 20 having been assessed as being appropriate for health coaching
- Local readiness for lung cancer screening is on track with radiology resources being sought locally
- Healthy Food Initiative – Regional PSBs have agreed to prioritise healthier food procurement in the public sector as the priority for whole system work tackling obesity
- MECC training - funding has been secured to support community asset development with external expertise

Activities planned for next milestone and reporting period – Quarter 1 26/27

- Immunisations – School nursing teams to schedule vaccinations earlier in the school year
- The 20four7 Prevention Model tools and supporting services are required to scale up delivery in 2026/27. Senior clinical engagement and capability building is progressing, including QI coach training and a joint Community by Design/EQIIP project. Evaluation arrangements are being developed with internal and external partners, and the Population Health Dashboard has launched, providing clear metrics to track prevention impact.
- Lung cancer planning paper completed paper was prepared for Exec, but there are no decisions needed so this is for information only at present. At an appropriate point board and SPC will be notified of plans
- Social Model for Care - The delivery plan for 2026 onwards has been agreed, and work is underway with partners to embed the SMfHW into refreshed PSB Well-being Plans and HB annual plan.
- Hywel Dda has secured £850k funding for innovation in weight management services in the region over the next three years. The model, rooted in our social model for health, will help guide the national approach to implementation of GLP-1 medication provision over the next decade.
- The Health Board population health dashboard was launched with significant internal service engagement. The STAR diabetes health economic project focusing on allocative efficiency across the pathway is one integrated element of the Diabetes Planning and Delivery Group workplan

Any other Comments

Matters for information: Ambition for local targets for metrics reviewed for 26/27 programme. Some remain below national targets and key targets towards achievement to maintain current momentum.
Risks to delivery: Risk aligns with staffing challenges which have improved as year progressed. However, there remains posts unfilled as we move into Quarter 1 of 26/27 with plan to address and fill.



Planning Objective: 6 – Clinical Services Plan

Executive Lead: Lee Davies/ Mark Henwood

Progress against planned outcomes / trajectories / milestones:

2025/26 Q1

- **Key activities:** Completion of preparations for the Public Consultation.
- **Board updates:** Approval of the Clinical Services Plan and the formal launch of the Public Consultation for a 13.5-week period ending on 31 August 2026.

2025/26 Q2

- **Key activities:** Engagement activity relating to the Public Consultation across our communities, neighbouring communities, and staff groups.
- **Board updates:** Provided through the CEO's report, highlighting that more than 4,000 engagement responses had been received and that work would begin to consider the alternative options submitted.

2025/26 Q3

- **Key activities:** Progression of the alternative options process and refreshed programme estimates to support hurdle appraisal and scoring of the alternative options. The programme also advanced the Informing Plan, including testing the findings from the Public Consultation feedback report.
- **Board updates:** Provided through the Chair's report, which included an update on the 22 alternative options shortlisted by the clinically-led options development group, including representatives from hospital transfer services, trade union colleagues, and external partners.

2025/26 Q4

- **Board decision-making:** Supported by the Conscientious Consideration process and the Informing Plan, leading to a two-day Extraordinary Board discussion and decision session on 18–19 February 2026. 8 decision were made upon the future direction of services for Critical Care, Dermatology, EGS, Endoscopy, Ophthalmology, Orthopaedics, Radiology and Urology. With further assessment and engagement required for the Stroke services option. Work is being undertaken to plan how this will be delivered for this to take place in 2026/27.
- **Reviewing lessons learned:** Review of Lessons Learned for Phase 0–Phase 2 has been completed. Recommendations will be further tested and ratified in Q1 2026/27.

Activities planned for next milestone and reporting period | Phase 4 CSP Programme Implementation Planning (2026/27):

- The process will review the service options template supporting a phasing assessment for delivering the options. This will include Workforce Plan, Capital Assessments and a Data Refresh as to understand the detailed needs for each service.
- The phasing assessment will identify elements that can be delivered in 2026/27.
- These will then be tested to confirm scope and deliverability within 2026/27 Stroke engagement is due to take place within Q2 post election period, with the intention to bring the findings to Board for a final decision provisionally in Q3, but will be dependent on the level of responses received and capacity available to support this work which may mean this does not come to Board until Q4.



Submitted By:



Planning Objective: 7 – Primary Care Strategy

Executive Lead: Lee Davies

Progress against planned outcomes / trajectories / milestones:

- Primary Care strategy presented to Board in January 2026
- Further to the national Community By Design (CbD) work, it has been agreed to rename the Primary and Community Services Strategic Plan the Community By Design Strategic Plan
- The Strategy Oversight Group has continued to meet to further discuss the engagement with professional collaboratives that was undertaken over the summer period
- Work is ongoing to align the strategic plan to the 20four7 Public Health model and is an integral element of the 2026/27 Annual Plan
- Moving forwards Establishment of the Health Boards the CbD meeting to mirror national arrangements needs to be confirmed

Planning Objective: PO8 Estates Plan

Executive Lead: Lee Davies

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 WG for the infrastructure associated with the delivery of the AHMWW strategy.
2. To deliver a Regional capital plans as delegated to the 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

The reflection on 2025/26 follows the deep dive report that went to SPC in February 2026

SOC/PBC work – Whilst this programme has not been able to progress in the timeframe set out by the UHB it has been an important year in re-establishing the scope of the programme with WG. With WG having set out their position that additional configuration scenarios need to be explored, this has been achieved through a series of meetings with the Deputy Chief Exec NHS Wales. A single additional scenario was agreed to be the subject of an addendum to the 2022 PBC. This was commenced in November 2025 and presented to Board in January 2026. Following approval, it was submitted to WG and will be the subject of discussion at IIB in April 2026. It is hoped that PBC endorsement will follow the election and funds be granted from WG to pursue one or more OBC's to secure capital for the AHMWW programme infrastructure requirements.

Community Schemes – The UHB has continued to work with WG to agree the next steps on the development of the Cross Hands business case, significant work has been undertaken in year to review and re define the scope of the scheme and fees to progress the business case was confirmed by WG at the end of March. Difficulties to secure land has created delays outside of the UHB's control on the North Pembrokeshire Health and Wellbeing Hub. Clarity around the accommodation options for the Cylch Caron projects have been confirmed by Ceredigion CC which will allow us to progress with a briefing for WG around next steps. A positive meeting with the Design Commission for Wales, Welsh Government and Ceredigion CC to review the opportunities for the Canolfan Rheidol and Rhodfa Padarn sites in Aberystwyth was held, a document that calls out these opportunities is now being prepared.

Business Continuity Update

Major Infrastructure - Funding to progress with the business cases for projects in Phase 1 was agreed by WG in December 2025 these will be PPH Water Infrastructure, PPH High Voltage and Low Voltage Upgrades and WGH Pitch Roof replacement. Work is underway to firm up the delivery timelines for these projects.

Fire Schemes

Withybush Hospital (WGH) - The final phase of fire safety works (FEN KS/890/04) is currently underway. This phase will enable the lifting of all remaining FENs at the site. The project is valued at approximately £8.3m and is programmed for completion by October 2027.

Glangwili Hospital (GGH) - The final phase of works (FEN KS/890/09) is progressing, with the Business Justification Case (BJC) now completed and scheduled for Health Board consideration in late March 2026. The anticipated construction start date is August 2026 with completion planned for July 2029. The scheme has an estimated value of £20.9m.

Bronglais General Hospital (BGH) - The main building remains subject to a Letter of Fire Safety Matters. While not under formal enforcement, MWWFRS have emphasised the need for continued progress to avoid escalation. The Programme Business Case was endorsed in November 2025, with detailed surveys now underway to confirm scope and programme and the BJC planned to be completed by October 2026.

Agreeing the resource plan for these schemes in year and responding to NWSSP Shared Services and WG scrutiny has taken longer than anticipated.



Planning Objective: PO8 Estates Plan (continued)

Executive Lead: Lee Davies

The reflection on 2025/26 follows the deep dive report that went to SPC in February 2026

SARC – The SARC project was successfully completed and commissioned in year

Aseptics and SDEC GGH – The funding for both these projects was awarded by WG in year

Block C, Picton Terrace – The project has been successfully completed on time and within budget. The building is fully commissioned, and occupancy is following a planned phased approach between January and June 2026, over 60% of the staff have now moved into the accommodation. This is the health board's first flagship Corporate Agile Working Hub with a 2:1 staff to desk ratio, supporting modern day working patterns.

Decarbonisation of Estates/Energy - The Energy Performance Contract with Vital Energi Utilities Ltd is being progressed to deliver energy and carbon conservation measures across six Hywel Dda UHB 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 have commenced on our sites to deliver energy and carbon savings at a value of circa £7.7m over two financial years, for completion by 31st March 2027. This follows the end of the 10-year Energy Performance Contract with Centrica, which ended 31st March 2025. To support the transition from Centrica, investment was secured via DCP to refurbish the Combined Heat & Power units at Withybush and Prince Philip hospitals, and new maintenance arrangements were established for these units and the biomass boiler at Glangwili Hospital. Furthermore, the Health Board was successful in attracting £1,709m of Targeted Estates Funding (TEF) to deliver energy and carbon saving schemes for 2026/27 including window replacements, heat pump project and electric vehicle (EV) infrastructure. Additionally, the South Pembrokeshire Hospital car park solar canopy scheme went live in Autumn 2026, as did building management system upgrades in parts of Bronglais and Glangwili hospitals.



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

Date Submitted: 10.04.2026



Planning Objective: 10 – Population Health & Prevention

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

A Reflection on 2025/26 as a whole across the Planning Objective

SCOPE

- Area 1: Strengthen prevention and population health programmes
- Area 2: Advance prevention in healthcare services
- Area 3: Embed the Principles of Social Model for Health & Wellbeing

AIM

- Strengthen immunisation outreach, including GP and school-based interventions.
- 20four7 Model developed with initial implementation in select primary and secondary healthcare settings. Year one evaluation, defining next steps for scaling
- Continue to have engaged partners in the work of the SMFH&WB Steering group and facilitate shift towards the Social model

Key achievements:

- Teenage vaccination focussed video commissioned with reTHINK, this will involve filming local teenagers and empowering more discussion on teenage vaccinations
- Flu vaccination uptake in 2-3 year olds significantly increased from previous years.
- MMR2 focus in discussions and linked to programme changes, this is being carefully considered as in discussions with PHW and GPs there is potential to increase demand for those children caught in the crossover period and needing to wait until 3years for MMR2
- Infant feeding service pilot has produced meaningful change in the continuity and overall breastfeeding rates over the first six months
- Smoking Cessation - engagement and training has been delivered to maternity teams, flying start, GP staff, Yr 2 student nurses, Yr 3 student nurses , heart failure team, liver scan events, pharmacy tech, DDAS, Pembrokeshire Council staff, Student nurses within MH and health visitors.
- Developed 20four7 prevention model, the delivery plan has been completed and is progressing for formal endorsement by the Executive Team, and incorporated into the annual plan.
- The delivery plan for 2026 onwards has been agreed, and work is underway with partners to embed the SMfHW into refreshed PSB Well-being Plans and HB annual plan. Funding has been secured to support community asset development with external expertise (Cormac Russell).

Key Challenges:

- Unable to fully complete staff recruitment before end of year, plan to address early in 26/27.
- Unable to secure funding for Children & Young People Weight Management Pathway within 25/26 financial year. Commitment to fund substantively for 26/27 achieved.
- Unable to secure funding for Health Coaching service expansion within financial year 25/26. successful at securing funding (utilising directorate underspend) for 26/27.
- Lack of progression with digital developemnt to support public health programmes.

Opportunities Identified

- **Stronger integration of public health into annual and medium-term Health Board planning** – Embedding prevention as a strategic priority for long-term health system transformation.
- **New funding mechanisms** – Leveraging value-based healthcare, AI-driven efficiencies, and programme budgeting and marginal analysis for sustainable prevention investment business case development.
- **Scaling social & lifestyle interventions & digital innovation** – Using technology and non-medical interventions to improve population health outcomes and reduce inequalities.

Annex 3: Q4 Enabling Actions Tracker

Ministerial Enablers	Quarter 4 2026 update
<p>Implementation of Clinical Implementation Network (CIN) follow up criteria both prospectively and retrospectively to established Follow-up waiting lists.</p>	<ul style="list-style-type: none"> 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 a See on Symptom (SOS)/Patient Initiated Follow-Up (PIFU) pathway. HDdUHB have 27 specialties & 218 clinical condition pathways. Discharge, SOS & PIFU have stemmed FU Waiting List (WL) growth. CIN guidelines are available for 7 out of 27 specialties. Transformation work stream with particular focus on application of CIN guidance to historical cohorts. In January 2026 out of 6,829 New attendances 13% (921 patients) were put onto an SOS or PIFU pathway and 40% (2,741 patients) were discharged. Out of the 11,217 follow up appointment attendances a total of 8% were put on an SOS/PIFU pathway (876 patients) and 16% (1,781 patients) were discharged. Work progressed by the Health Board is showing a positive impact on delayed follow ups beyond 100% which have improved for 3 consecutive months.
<p>Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact</p>	<p>Administrative Validation:</p> <ul style="list-style-type: none"> Referral to Treatment (RTT): For the 12-month rolling period Feb'25 to Jan '26, 31,332 pathways have validated with 14,850 removals (46% removed). Follow up Waiting List (FUWL): For the 12-month rolling period Feb '25 to Jan '26 a total of 30,784 pathways have been validated with 8014 removals (removal rate of 26%). <p>Clinical Validation:</p> <ul style="list-style-type: none"> No Benchmark currently. FU validators identify potential records for clinical review by cross checking CIN/Other SOS/PIFU Diagnostic (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
<p>Improvement in the implementation and delivery of High-Volume Low Complexity (HVLC) Theatre lists, with an initial focus on - Cataract 90% of lists to have 7 Cataracts per list by end of Q2</p>	<ul style="list-style-type: none"> Amman Valley Hospital (AVH)/Bronglais General Hospital (BGH) routinely have 8 Cataracts per list (including patients having bi-lateral cataract procedures). Compliance is >90%. All outsourcing Cataracts are HVLC (>90%). GGH is predominantly used for complex patients. These procedures take longer and are not suitable for HVLC.
<p>Implementation of the Single Point of Access (SPoA) Framework - 6 Goals Programme</p>	<p>7-day Clinical Streaming Hub (CSH), Same Day Emergency Care (SDEC), and Hospital at Home business case</p> <ul style="list-style-type: none"> The Business Case received approval from the Public Board on 29 January 2026. Subsequent to this decision, the approved model requires each County System to progress workforce planning and recruitment in line with the 7-day requirements as set out in the business case inclusive of establishment of 7-day clinical streaming and local Response Hub capacity. Each County has now established Implementation Groups to drive the Business Case work, with clear roles, responsibilities and timescales being developed for key milestones. This will be reported up to a Regional Implementation Group on a monthly basis which will monitor

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	<p>progress.</p> <p>SPoA Transport Model Proposal</p> <ul style="list-style-type: none"> The SPoA Transport model is now operating to its full specification. The feedback to date has been overwhelmingly positive with the service being a welcome addition to the services. A full benefits evaluation of the service will be completed in Q1 2026, utilising data gathered from St Johns, Delta, and the Clinical Streaming hubs <p>SPoA Mentorship Programme</p> <ul style="list-style-type: none"> The mentorship programme has now begun, and the team are working with the Learning and Development Team to capture the learning from the project and build a framework for ongoing work in this area. <p>CSH Dashboard</p> <ul style="list-style-type: none"> The CSH Dashboard (SPoA activity) went live on 1 October, enabling SPoA to capture comprehensive service information in a single location for all SPoA activity. Currently the team are aligning the data capture to National requirements.
<p>Ensure effective utilisation of theatre capacity through - Increasing session utilisation to the Getting it Right First Time (GIRFT) standard of 85% by March 2026.</p>	<ul style="list-style-type: none"> Theatre Steering group continues to meet with established co-chair (Anaesthetic & 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 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 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. February 2026 Theatre time utilisation was 79.7% against the target of 85%. In February 2026, speciality utilisation rates vary from 27.6% to 93.49%. The breakdown is as follows: <ul style="list-style-type: none"> Breast - 80.73% Colorectal - 81.46% Dermatology - 93.49% Ear, Nose and Throat (ENT) - 94.02% Gastroenterology - 71.8% General Medicine - 8.63% General Surgery - 73.87% Gynaecology - 88.13% Obstetrics - 56% Ophthalmology - 82.89% Paediatrics - 27.62% Paediatrics Plastics - 31.25% Pain - 57.99% Respiratory Medicine - 41.05%

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	<ul style="list-style-type: none"> ○ Trauma & Orthopaedics (T&O) - 81.6% ○ Urology - 80.45% ○ Vascular - 59.64
<p>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.</p>	<ul style="list-style-type: none"> ● 98% compliance / <2% cancelled due to Urgent and Emergency Care (UEC) pressures ● 3 protected wards across HDdUHB (Wards 6 and 7 Prince Philip Hospital (PPH) & Rhiannon BGH) ● Site specific risk of cancellations at Glangwili General Hospital (GGH) due to theatre staffing challenges (minimal impact on total elective volumes).
<p>Ensure monitoring of Did Not Attend (DNA)/Could Not 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.</p>	<ul style="list-style-type: none"> ● January 2026 combined DNA rate is 6.6%. New Outpatient Department (OPD) DNA Rate is 7.1%. Follow up DNA Rate is 6.3%. Bespoke monthly reports are circulated to service teams showing DNA rates per clinic & subspecialty. These are lowest DNA levels in 2 years. 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
<p>Improvement in the implementation and delivery of High-Volume Low Complexity Theatre lists, with an initial focus on - 90% of the time achieve at least 6 HVLC general surgery procedures on an all-day list made up of hernia or gallbladders by end of Q2.</p>	<ul style="list-style-type: none"> ● Majority of Day Surgery Unit (DSU) PPH/Withybush General Hospital (WGH) sessions are HVLC procedures. ● 12 out of 45 sessions with 6 per list (26%) due to limited waiting list demand for HVLC procedures (short waiting times). Remaining average 5 patients per session ● GGH/BGH Sessions are not HVLC and cater for complex upper Gastroenterology (GI) patients or regular non HVLC patients. General Surgery total pathway waiting times generally below 36 weeks. No change
<p>Implementation of the Welsh Health Circular - Ambulance Guidance - 6 Goals programme</p>	<p>A comprehensive review of readiness across key operational domains against Welsh Government's mandate for immediate ambulance release within 45 minutes by end of January 2026 has been undertaken which included:</p> <ul style="list-style-type: none"> ● Full RAG rated assessment of Emergency Department (ED) capacity, flow, discharge, staffing & escalation, community capacity, and clinical governance. ● Identification of critical risks, including ED overcrowding, staffing fragility across multiple professions, insufficient community step down capacity, and incomplete governance structures. ● Set up system-level readiness review sessions beginning w/c 5 January. ● Prepared Executive Team (ET) briefings on operational risk, mitigations, and support needed. ● Coordinated with community teams, Welsh Ambulance Service Trust (WAST), and site leadership to refine expectations and agree principles and each acute site has an action plan in place. <p>Patient Flow Unit Plans to extend to a 7-day working model commenced.</p> <p>A Winter Resilience Executive led Incident Management Group established to test and support initiatives to enhance system flow. For example:</p> <ul style="list-style-type: none"> ● Flow policy review Orthogeriatric pilot. ● Same Day Urgent Care (SDUC) acute site model at BGH

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	<ul style="list-style-type: none"> • 7-day SDEC PPH • Joint Discharge Team (JDT) at WGH • Additional phlebotomy support at the front door <p>Introduction of MYA flow system well received by clinical teams with work underway to enhance value and functionality.</p> <p>Work to understand conveyance rates underway with WAST to understand conveyance rates to HDdUHB.</p> <p>Approval of 7-Day Clinical Streaming and SDEC proposal.</p>
<p>Implementation of the Optimal Hospital Flow (OHF) framework - 6 Goals Programme</p>	<p>Champion Practitioner posts</p> <ul style="list-style-type: none"> • It has been agreed by the Executive Team that the monies can be used to uplift temporary clinical staff to a 'Flow Facilitator' role and cover the cost of any additional expenditure the service area may occur by backfilling their post. • The Improvement and Transformation Lead has been in discussions with each of the County systems to identify potential staff who can be identified. <p>Implementation of SAFER principles</p> <ul style="list-style-type: none"> • 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 board road guidance and CLD training. <p>Implementation of Red to Green (R2G)</p> <ul style="list-style-type: none"> • The Red2Green Dashboard which monitors internal delays in patient pathways has been shared with services with an ask to share with their teams to refer to on a frequent basis. • The health board Pathway 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. <ul style="list-style-type: none"> • Trusted Assessor Model A Task and Finish Group with Health and Social Care to address the recommendations from the Trusted Assessor has been established to develop and agree to a supporting plan. <p>Preventing Deconditioning</p> <ul style="list-style-type: none"> • 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 have developed a staff awareness video on hospital acquired deconditioning. As a Health Board we are planning to pilot the Deconditioning Early Warning Indicator (DEWI) tool, developed by NHS Wales Performance and Improvement in 14 acute and community hospital wards. The Tool assessment helps staff to spot early signs of deconditioning and intervene swiftly, reducing long-term harm and supporting independence. <p>Discharge to Recovery and Assess (D2RA)</p> <ul style="list-style-type: none"> • The implementation of Optimal Flow remains in progress, supported by established meetings and mechanisms designed to assist both the site and staff, including D2RA.

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	<ul style="list-style-type: none"> 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. <p>Pathway of Care Delays (POCD)</p> <ul style="list-style-type: none"> An agreed integrated POCD action plan is in place, incorporating a key summary action 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.
<p>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.</p>	<ul style="list-style-type: none"> 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 & 218 clinical condition pathways. Discharge, SOS & PIFU have stemmed FU WL growth. CIN guidelines is available for 7 out of 27 specialties. Transformation work stream with particular focus on application of CIN guidance to historical cohorts. In January 2026, out of 6,829 New attendances 13% (921 patients) were put onto an SOS or PIFU pathway and 40% (2,741 patients) were discharged. Out of the 11,217 follow up appointment attendances a total of 8% were put on an SOS/PIFU pathway (876 patients) and 16% (1,781 patients) were discharged.
<p>Implementation of acute frailty model at the Front Door - 6 Goals Programme</p>	<ul style="list-style-type: none"> The Acute Frailty Lead has reviewed the Health Board's Acute Frailty Service (AFS) plan, and a steering group has been scheduled for March 2026 to commence the implementation of this plan. In order to support this, work a Carmarthenshire Frailty focus day was held with key Health and Social Care representatives to identify gaps and opportunities in frailty provision.
<p>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</p>	<p>Day case procedures continue to exceed the target of 80% (~ 86%+)</p>
<p>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.</p>	<ol style="list-style-type: none"> Embedding Consistent, Strengths-Based Discharge Practice <ul style="list-style-type: none"> Hywel Dda has already delivered a joint Health & Social Care Strengths-Based Conversation Training programme, with 105 staff trained and plans to appoint county mentors to sustain and embed this as business as- usual. This requires no additional- major resources, relying instead on mentorship and practice spread. Standardising and Improving Length of Stay (LOS) Meetings <ul style="list-style-type: none"> The POCD group agreed to streamline and standardise LOS meeting principles, reducing duplication, and ensuring consistent challenge and accountability across sites. Work will be taken forward via a short task and finish group, using existing staff and governance structures. This will commence in 26/27 planning year

3. Making Discharge Processes Consistent Across Health & Social Care

- Professional's meetings for patients breaching 90/100 days in Mental Health.
- Re-configured Mental Health and Learning Disabilities (MH&LD) POCD meetings to ensure medical and Local Authority (LA) attendance as standard.
- Daily bed conferences now include live review of clinically optimised patients through the MYA system launch

4. Strengthening “Front Door” Pathways Without Extra Staffing (based on Transformation funding)

- Embedding domiciliary care presence at the hospital front door to prevent unnecessary admissions.
- Increasing use of hospital based- social workers and senior practitioners already recruited under transformation funding.
- Enhancing the Hospital Triage & Assessment Team to streamline referrals.

5. Scaling HomeFirst, Reablement & D2RA Principles

Across all three counties, Hywel Dda is:

- Increasing community capacity to support intermediate care and avoidable admissions.
- Integrating intermediate services through single points of access

6. Implementing Trusted Assessor Models Regionally

- A successful Mental Capacity Trusted Assessor pilot in Pembrokeshire, now being considered for HB widespread-.
- Agreement to consolidate the Targeted Assistance (TA) work into the POCD Delivery Group (standing down the previous task group).
- Regional appetite to develop a shared universal training module across Carmarthenshire, Ceredigion, Pembrokeshire.

7. Ensuring Discharge Consistency Through Shared Policies

- Implemented a Health Board-wide Discharge Toolkit accessible to all staff.
- Developed and begun rolling out Criteria Led- Discharge (CLD) as Business as Usual (BAU).
- CLD training package being explored for 26/27

8. Sustaining “Optimal Hospital Flow” as Routine Practice

- Ongoing rollout of the Optimal Hospital Care framework across acute and community hospitals.
- Optimal Flow is part of the Six Goals and Annual Plan 26/27, for continued implementation

9. Strengthening Regional Governance and Reducing Duplication

- Monthly monitoring via the regional POCD Delivery Group.
- Agreement to streamline reporting between Regional Partnership Board (RPB) and Six Goals forums to avoid duplication.
- Development of a regional Memorandum of Understanding (MOU) clarifying shared responsibilities across Local Authority (LA) and Health Board (HB) for discharge processes.

10. Improving Assessment Quality to Reduce Delays

- Training module in development by Carmarthenshire with discussions ongoing for a regional approach, covers legislation, required information standards, and improved communication.

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<p>Ensure effective utilisation of theatre capacity through</p> <ul style="list-style-type: none"> - Reducing early finishes to less than 10% 	<ul style="list-style-type: none"> • 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. This post is currently out to advert. • 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 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. • Early finishes in February 2026 was- 52%.
<p>All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage by the end of Q2.</p>	<ul style="list-style-type: none"> • One-stop pathway introduced Spring 2024. Since Q2 24/25 majority of cataract referrals are converted to Stage 4 retrospectively. (Circa 3,000 patients during 2024/25). • These patients are identified following an optometry triage. Small volume still requires Outpatient Appointment (OPA) assessment due to complexity. Prospective direct listing to stage 4 will be implemented from following an Admin and Clerical (A&C) Outpatient Clinical Pathway (OCP). No Change.
<p>Implementation of the Community Based Falls Response - 6 Goal Programme</p>	<p>Care Home - Business case</p> <ul style="list-style-type: none"> • We have developed an MS Forms to collect care home falls data in the interim period while the iSTUMBLE dashboard is being procured. This form will also help us better understand existing falls management processes within care homes. • To date, 128 staff members across 28 care homes have completed the St John Ambulance Cymru (SJAC) Falls Training with several sessions scheduled to follow. There has been a positive response to the care home training offer, and we now have a reserve list of care homes waiting for available training slots. We may have an opportunity to commission additional funding subject to procurement • processes, which would enable us to provide further care home training sessions funded through the internal Programme. 7-Day Business Case approved which will increase Level 1 and 2 response to community falls to 7-days across the Health Board
<p>Ensure effective utilisation of theatre capacity through</p> <ul style="list-style-type: none"> - Reducing late starts to less than 20% 	<ul style="list-style-type: none"> • 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. This post is currently out to advert. 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

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	<p>monitoring, advancing day surgery and treat- in- turn performance, and supporting safer staffing and -high-quality- clinical practice.</p> <ul style="list-style-type: none"> 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. Late starts in January 2026 was 53%.
<p>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.</p>	<ul style="list-style-type: none"> < 1% of Patient Treatment List (PTL) are classed as an INNU. INNU's are routinely validated by each service with only clinically appropriate patients on a PTL.
<p>Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26</p>	<ul style="list-style-type: none"> < 1% of PTL are classed as an INNU. INNU's are routinely validated by each service with only clinically appropriate patients on a PTL.
<p>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.</p>	<p>Further to referral management the HB have implemented Community Health Pathways.</p> <ul style="list-style-type: none"> 321 published pathways. 79 Hywel Dda lead region national pathways published. 71, 080 page views to date Top 3 pathways: Carpel Tunnel, Hormone Replacement Therapy (HRT), Chest Pain. National evaluation undertaken to demonstrate impact- TriTech report, local evaluation workstreams General Surgery & 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. Individual Log-in access implemented 16.2.26
<p>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.</p>	<p>No change - This action does not sit with HDdUHB but is delivered by Digital Health and Care Wales (DHCW). Repeat prescriptions are primarily delivered by GP's which are supported by DHCW.</p>
<p>Ensure progress with the Implementation of Value & Sustainability Board High Value High Impact pathway - Diabetes</p>	<ul style="list-style-type: none"> Local Patient-Reported Outcome Measure (PROM) collection continues using International Consortium for Health Outcomes Measurement (ICHOM) standard tool sets, for use by clinical colleagues and operational teams. Further work has been coordinated through the Diabetes Planning and Delivery Group to coordinate the activities that support the improvement of the high value, high impact pathway metrics. More recently, work has been undertaken to adopt the Socio-Technical Allocation of Resources (STAR) approach to Type 2 diabetic patients and gestational diabetes. This work will involve stakeholders from all areas of the pathway including patients.

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	<ul style="list-style-type: none"> The output from this work will indicate the areas of higher relative value and will identify if a shift of scarce resources should be considered in the future.
Ensuring the full implementation of the nationally optimised pathways in the cancer recovery programme	<ul style="list-style-type: none"> Galeas Bladder being implemented from Feb 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 24th 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 & 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 January 26. Delay due to recruitment of a Radiographer to support the service. Outsourcing of MRI for Prostate patients started November 25. 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.	56.7% Standard Cancer Pathway (SCP) referrals sent straight to Test (all specialties in December 2025)
Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health	<ul style="list-style-type: none"> The outputs from the Fracture Liaison Service have been shared widely through the Value and Sustainability Group (V&SG) and at the Strategy and Planning Committee. Executive colleagues have acknowledged the significant impact that this service has had and are prioritising for funding beyond the initial 2-year Value Based Healthcare (VBHC) funding, which expires at the end of September 2026.
Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee)	<ul style="list-style-type: none"> National PROM pathway data is now being provided back to the Health Board, and work will be undertaken in Q4 to update the T&O major joint dashboards with contemporary data, which can be used to compare procedures across the Health Board. Local PROM data is still planned to be available within the Health Board during March 2026, and a business intelligence strategy is being worked on with colleagues from Digital Services to ensure that this information is usable for clinicians and managers in the services where PROM data is collected.
Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app.	Continued development of plans to maximise:
Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation	<ul style="list-style-type: none"> The Cyber Programme continues to progress as planned, maintaining a strong focus on improving the organisation's cyber resilience. At present, 84 unsupported devices have been identified and are being actively managed as part of the programme's risk mitigation activity.
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.	<ul style="list-style-type: none"> Implementation of recommendations continues to be reviewed through local V&SG forum, with Integrated Quality, Finance, Performance, and Delivery (IQFPD) oversight. To date, as of 6th March 2026, £52.1m of the updated £46.4m annual savings target identified in green/amber schemes (£52.1m green and total identified £58.3m across all BRAG), including non-pay areas. The Health Board V&S Group has received an update on public health interventions that could yield short term savings, also on hybrid printing and digital mail and the savings that they are delivering.

Ministerial Enablers	Quarter 4 2026 update
<p>Medicines Management - ensure full implementation of the high value medicines Value & 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)</p>	<ul style="list-style-type: none"> Revised letter from Value & Sustainability Board received within the Health Board in February 2026 with a revised list of seven recommendations for medicines efficiencies and updated data. All recommendations incorporated into relevant directorate savings plans, and update to work plan and delivery will be presented to the internal Health Board value and sustainability group in March, with regular reporting process in place. Pharmacy colleagues continue to support national delivery assurance group to support local enablement of delivery of opportunities.
<p>Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.</p>	<ul style="list-style-type: none"> The Corporate Head Quarters at Picton Terrace is now open and the first phase of occupants have transitioned across from Ystwyth and Canolfan Derwen (CD). Ystwyth has been partially de-commissioned for now, until March 2027 (when it will be mothballed) and will temporarily accommodate the training team whilst the Carmarthen Hwb accommodation is delayed. Several rooms in CD have been de-commissioned and been re-allocated/commissioned to those on the priority waiting list that is managed by the health boards Central Accommodation Group. Between September 2025 and January 2026, the health board have undergone a space utilisation audit via the internal audit team (advisory only) which has provided an evidence base on our current status/situation, areas of good practice and future recommendations with agreed management actions. This report provides the health board with a robust baseline along with agreed future goals, outputs, and measures.
<p>CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This includes implemented a standard digital solution to support effective intelligence capture on a national basis.</p>	<p>Still awaiting outcome of Business Case.</p>
<p>Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025.</p>	<ul style="list-style-type: none"> 79% compliance at February 2026 An escalation process has been developed where the Assistant Director will meet General Managers (GMs)/Clinical Directors (CDs) monthly and improvement plans will be required. If no improvement after 3 months, meetings with the Medical Director / Deputy Medical Director (DMD) will be arranged. Due to the number of reviews taking place in during Q.4 a targeted approach with Clinical Care Group (CCG) leads will take place to support and improve job planning compliance, with regular meetings and improvement plans to be completed by GM / Service Deliver Managers (SDMs)
<p>Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in</p>	<ul style="list-style-type: none"> Medical usage remains above the 30% reduction January spend is £598k Nursing agency has increased to £339k in line with a 30% reduction,

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2025/26 from 2024/25 outturn and ensuring no off-contract expenditure.	<ul style="list-style-type: none"> Allied Health Professions (AHP)/Health Sciences (HS) spend has seen an increasing trend to £106k, still on track to deliver a 30% reduction but this could be at risk if spend increases in February and March.
Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular	<ul style="list-style-type: none"> Off-Framework use across all areas remains eliminated since August 2025. Nursing agency work is ongoing with further deep dives presented to Value and Sustainability with targeted approach to roster efficiency to continue agency reduction and improve governance, Nursing year to date spend is £3.4m. Medical spend has increased over the winter pressure period December and January with January spend at £598k this puts year to date spend at £3.6m. Allied health professional agency use has dropped in January to £99k with year to date spend at £944k. Healthcare Scientists agency use has dropped to £6.6k with year to date spend at £224k. There is continued control on admin and clerical agency with zero spend.
Ensure a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to zero by 30th September 2025.	<ul style="list-style-type: none"> January's Health Care Support Worker (HCSW) agency spend is £7k with year to date spend of £82k, Work is ongoing with corporate nursing teams and directorate teams to reduce this to zero.
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-Wales Occupational Health minimum service levels.	<p>Operational Workforce aims to reduce sickness absence by:</p> <ol style="list-style-type: none"> A suite of bitesize animation training for sickness absence is still in development. With two sessions awaiting the first draft of the animation and several more are at the storyboard stage. 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. Sickness absence letters have been reviewed and updated to support the process in a more compassionate and robust manner to support employees back to work and maintain their attendance. We have successfully recruited into 2 new posts of Workforce Officers - Attendance Management for both East and West Operational Workforce Teams to focus on sickness absence case management. The applicants are due to commence in their roles in a few weeks' time. A health passport is in development for employees with disabilities, long term conditions or neurodivergence to support them in the workplace by recording necessary workplace adjustments and support needs. It aims to empower employees to easily discuss their requirements with managers and ensure a continuity of support in the workplace.