



GIG
CYMRU
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WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date **28/04/2026**
Time **09:00 - 12:30**
Location **Microsoft Teams Meeting; HDD Picton - Dolau Cothi**

Strategy and Planning Committee

Agenda - 28 April 2026

1 Governance and Risk

09:00, 0 min

1.1 Welcome and Apologies

09:00, 0 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

1.2 Declarations of Interests

09:00, 0 min

All

hduhb.nhs.wales/about-us/governance-arrangements/register-of-interests-gifts-sponsorship-and-hospit...

1.3 Minutes from the Strategy and Planning Committee meeting on 26 February 2026

09:00, 0 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

1.4 Table of Actions the Strategy and Planning Committee meeting on 26 February 2026

09:00, 5 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

1.5 Matters Arising

09:05, 0 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

1.6 Strategy and Planning Committee 2025-26 Annual Report

09:05, 5 min

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning)

1.7 Assurance and Risk Report

09:10, 15 min

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Huw Thomas (Hywel Dda UHB - Director of Finance)

Including:

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

1.8 Targeted Intervention Update

09:25, 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

09:35, 0 min

2.1 PO10 Population Health & Prevention Year End Report

09:35, 10 min

Bruce Bolam (Hywel Dda UHB - Deputy Director Public Health/Consultant in Public Health)

2.2 Embedding the 20four7 Prevention Model in System Delivery – Governance, Planning and Primary Care Readiness (2026/27)

09:45, 15 min

Bruce Bolam (Hywel Dda UHB - Deputy Director Public Health/Consultant in Public Health)

BREAK

10:00, 10 min

3 Capital and Estates

10:10, 0 min

3.1 Capital Programme Update

10:10, 30 min

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

3.2 Targeted Estates Fund (TEF) Project: Provision of Second Generator at Prince Philip Hospital

10:40, 15 min

James Severs (Hywel Dda UHB - Executive Director of Allied Health Professions and Health Science), Simon Chiffi (Hywel Dda UHB - Head of Operations), Julian Wheeler Jones (Hywel Dda UHB - Discretionary Capital Projects Manager)

BREAK

10:55, 10 min

4 Strategy, Planning and Partnerships

11:05, 0 min

4.1 A Healthier Mid and West Wales Strategy Update

11:05, 20 min

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Paul Williams (Hywel Dda UHB - Assistant Director Of Strategic Planning), Nathan Davies (Hywel Dda UHB - Senior Project Manager), Alexander Martin (Hywel Dda UHB - Principal Programme Manager)

Healthier Lives, Well lived Engagement Plan

4.2 Annual Plan 2025-26 Closure Report

11:25, 20 min

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

4.3 Clinical Services Plan

11:45, 20 min

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Helen Morgan-Howard (Hywel Dda UHB - Head of Transformation Programme Office), Alexander Martin (Hywel Dda UHB - Principal Programme Manager)

Implementation Planning
Stroke

4.4 DEFERRED: Value Based Healthcare Update

12:05, 0 min

Refreshed Strategic Approach

5 For Information

12:05, 0 min

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

12:05, 0 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

5.2 Strategy & Planning Committee Workplan 2025-26

12:05, 0 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

6 Issues for Board/Committees

12:05, 5 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

7 Any Other Business

12:10, 5 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

8 Date and Time of Next Meeting

12:15, 0 min

8.1 Tuesday 2 June 2026, 09:30 - 12:30, HDD Picton - Dolau Cothi & MS Teams

12:15, 0 min

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

09:00, 0 Mins

1.1 - Welcome and Apologies

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

1.2

09:00, 0 Mins

1.2 - Declarations of Interests

All

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1.3

09:00, 0 Mins

1.3 - Minutes from the Strategy and Planning Committee meeting on 26 February 2026

Winston Weir (Hywel Dda UHB - Independent Board Member)

| For approval

Attachments

[2026-02-26 - Strategy and Planning Committee Virtual - Minutes.pdf](#)

MINUTES OF THE STRATEGY AND PLANNING COMMITTEE MEETING

Date of Meeting: **Thursday 26 February 2026**

Venue: **Microsoft Teams only**

Present: Mr Winston Weir, Independent Member/ Chair
Mr Maynard Davies, Independent Member/ Vice Chair
Mr Michael Imperato, Independent Member
Mrs Eleanor Marks, Independent Member/ HDUHB Vice Chair
Mr Neil Prior, Independent Member

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

Item SPC(26)13

Ms Linda Jones, Regional Partnership Programme Manager

Items SPC(26)16 and SPC(26)22

Dr Daniel Warm, Head of Planning

Item SPC(26)17

Dr Jo McCarthy, Consultant in Public Health
Mr Ben Williams, Principal Public Health Practitioner

Item SPC(26)18

Ms Trina Nealon, Head of Population Health Improvement and Wellbeing
M Sara Rees, Senior Public Health Practitioner

Item SPC(26)19

Ms Eldeg Rosser, Head of Capital Planning

Item SPC(26)20

Mr Rob Elliott, Programme Director Major Infrastructure Projects

Item SPC(26)20

Mr Paul Williams, Head of Property Performance

Item SPC(26)23

Mr Paul Williams, Assistant Director of Strategy & Planning

Item SPC(26)24

Ms Anna Thomas, Assistant General Manager

Item SPC(26)25

Mr Keith Jones, Director of Operational Planning & Performance

Ms Nia Williams, Programme Manager MWJC

Item SPC(26)26

Ms Anne Simpson, Head of Strategic Commissioning

Item SPC(26)27

Ms Sam Hussell, Head of Health Emergency Planning

Item SPC(26)28

Ms Cerys Humphreys, Service Manager - Health Improvement & Wellbeing

Mr Craig Jones, Prevention & Population Health Improvement Manager

Minutes Ref.	Item	Action
SPC(26)07	Welcome and Apologies Mr Winston Weir welcomed members to the Strategy and Planning Committee (SPC) meeting. Apologies were received from: <ul style="list-style-type: none">• Dr Ardiana Gjini, Executive Director of Public Health	
SPC(26)08	Declarations of Interests No declarations were made.	
SPC(26)09	Minutes from the Strategy and Planning Committee meeting on 18 December 2025 The minutes of the Strategy and Planning Committee (SPC) meeting held on 18 December 2025 were APPROVED as an accurate record of proceedings.	
SPC(26)10	Table of Actions from the Strategy and Planning Committee meeting on 18 December The Committee noted that only one action from the 18 December 2025 meeting remained outstanding: <i>To provide further clarification and update on the feasibility of achieving the 2031 completion date for clinical pharmacy</i>	

accommodations (in reference to the Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales audit and inspection report)

Mr Andrew Carruthers explained that delivery of the original action would have required a lengthy implementation period. However, with the service now operating through a virtual model, it was agreed that the action could be closed, with future updates incorporated into the SPC Work Programme.

Mr Lee Davies reminded the Committee that the action originated from an audit recommendation centred on the feasibility and timeline of the previously proposed Medicines Hub model. He confirmed that the virtual model now in place meets the intent of the original recommendation, while Mr Carruthers indicated that the virtual approach fully discharges the underlying requirement. For ongoing assurance, the Committee will receive confirmation through the routine six-monthly Pharmacy reports presented by Mr Owain Williams, that the Medicines Hub actions have been implemented via the virtual model.

OW

SPC(26)11 Minutes from the Extraordinary Strategy and Planning Committee meeting on 16 January 2026

The minutes of the SPC meeting held on 16 January 2026 were APPROVED as an accurate record of proceedings.

SPC(26)12 Table of Actions from the Extraordinary Strategy and Planning Committee meeting on 16 January 2026

All actions were listed as complete.

SPC(26)13 Integrated Community Care System: Policy and Impact on Regional Governance

Ms Linda Jones joined the meeting.

Ms Linda Jones presented the Integrated Community Care System (ICCS): Policy & Impact on Regional Governance report, indicating that while a range of new national documents had recently been issued, the Welsh Government's ICCS blueprint remains high-level and broadly aligns with the work already underway within West Wales. With Regional Integrated Fund (RIF) funding due to end in 2027, a regional portfolio review will be undertaken to ensure ICCS-aligned priorities can be sustained beyond the current programme. The Regional Partnership Board (RPB) is also reshaping governance into three streamlined Assurance Boards, designed to better align with Health Board and Local Authority structures and minimise duplication.

Mr Carruthers emphasised the need for a proactive strategic approach, focusing on defining shared outcomes and developing West Wales-specific work programmes rather than responding reactively to external funding pots. Dementia was identified as a joint priority across the region, with a clear intention to reduce

pathway fragmentation, avoid duplication between organisations, and ease pressures on hospital discharge.

Mr Carruthers further highlighted the importance of applying a value-based lens across ICCS development, shifting discussions from funding availability to productivity, measurable value, and outcomes. This includes using the Health Board's Value-Based Healthcare (VBHC) tools, such as Patient Reported Outcome Measures (PROMs) and carer-reported measures, to inform decisions on resource allocation and support integrated system outcomes. Enhancing productivity and drawing on the expertise of the Value-Based Healthcare team were noted as core components of this work.

Ms Eleanor Marks queried the strategic work underway with Local Authorities over the next one to three years to respond to demographic challenges, delayed discharges, and the region's ambition for community-by-design. Mr Carruthers confirmed that the focus is on co-designing shared outcomes and building a proactive regional work programme rather than creating Programme Boards around grant funding, noting positive developments in Dementia, including new leadership within Carmarthenshire and constructive engagement across all three counties.

In response to Mr Neil Prior's question regarding demonstrable proactivity, Mr Carruthers explained that a recent regional workshop had been held to align outcomes and objectives, alongside the development of frameworks designed to reduce duplication and empower multi-agency teams in progressing the community-by-design approach.

In response to Mr Weir's query regarding whether the proposed governance changes would deliver meaningful improvement and the implications if they did not, Mr Carruthers indicated that governance structures are enablers rather than solutions in themselves, and expressed confidence in the current momentum across counties, reaffirming the need for a value-based approach.

Mr Prior offered to assist in strengthening relationships in Pembrokeshire, including with the Chief Executive, to support the shared prevention agenda. This was welcomed.

Mr Huw Thomas proposed refocusing discussions on productivity and value, using PROMs, carer outcomes, and evidence of impact to inform investment decisions, with funding positioned as a tactical evidence-led enabler. Mr Carruthers agreed, emphasising the need to consider resources more broadly and eliminate organisational duplication, including applying Health Board value tools to support social care.

Mr Michael Imperato welcomed Mr Carruthers' practical, operationally grounded perspective and requested continued

focus on providing real-world context alongside governance reports.

Ms Jones left the meeting.

Decision:

The Committee:

- **NOTED** 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.

SPC(26)14

Self-Assessment of Committee Effectiveness: Outcome Report

Mrs Joanne Wilson presented the self-assessment outcome report, noting a 55% return rate on the self-assessment survey. The report highlighted key improvement areas such as quality and timeliness of reports; triangulation of finance, people and operations within planning; and strengthening feedback on continuous engagement. Actions had been agreed to address these issues, including continuous engagement led by Ms Alwena Hughes Moakes.

Decision:

The Committee:

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

SPC(26)15

Assurance and Risk Report

Mrs Wilson provided an overview of the Assurance and Risk report, noting nine principal risks and eighteen operational risks aligned to the Committee. Two new risks were reported as follows:

- Risk 2235: *Risk of disruption to smoking cessation service and national monitoring due to vacancies arisen in team:* Regional recruitment challenges persist, with mitigation steps in place such as continued advertisements for specialist staff. Given the specialist nature of the roles, HDdUHB continues its recruitment efforts.
- Risk 1773: *Risk of Covid-19 vaccine waste due to ordering schedule and vaccine hesitancy:* Following completion of a limited internal audit, all recommendations have been fully considered and actioned alongside changes related to Welsh Health Circulars. Dr Bruce Bolam agreed to provide an update and mitigation plan through the Table of Actions.

BB

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; and

Welsh Health Circulars

- **RECEIVED ASSURANCE**, 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.

SPC(26)16

Targeted Intervention Update

Dr Daniel Warm joined the meeting.

Mr Lee Davies presented the Targeted Intervention Update, confirming that the Health Board remains at Level 4 escalation for planning. He outlined the criteria required for de-escalation, each aligned to the relevant Committee for oversight. Emphasising that producing a balanced and credible Annual Plan continues to be an Alert, given the significant financial challenges facing Welsh Government and the Health Board, making it unlikely that a plan acceptable to Welsh Government could be achieved, Mr Lee Davies indicated that this position was reinforced during the Board Seminar on 24 February 2026.

Integrated planning also remains an Alert, reflecting ongoing triangulation pressures across finance, workforce, operations and enabling functions. Other areas demonstrated stronger assurance: the Clinical Services Plan (CSP) is assessed as Assure, while both planning maturity and regional planning are rated Advise. The Planning Maturity Matrix continues to show steady, though incomplete, progress with remaining evidence gaps.

Mr Maynard Davies raised concerns regarding the timeline to produce a Board-ready Annual Plan by March 2026 and queried whether regional planning should more accurately be categorised as Advise rather than Assure. Mr Lee Davies acknowledged this distinction and agreed on the need for clarity. Dr Daniel Warm provided assurance on actions following the February Board Seminar, including strengthened engagement with Clinical Care Groups (CCGs) and improved planning coordination to support planning maturity development.

Mrs Eleanor Marks stressed the importance of demonstrating clearer progress to Welsh Government in closing planning gaps, particularly through shifting investment towards

community-focused models and embedding productivity and efficiency within plans. While progress has been made since the December 2025 update, particularly in strategic planning, governance maturity, and development of the CSP, she noted that significant financial and planning gaps remain, and will need to be addressed before de-escalation can be considered. In response to Mrs Marks' questions regarding Welsh Government's likely reaction and the importance of protecting the £26m conditional funding, Mr Lee Davies and Dr Warm reiterated the Health Board's three-year planning approach, the enabling actions underway, and the increasingly mature planning processes now in place.

The Committee noted that the February Board Seminar had reaffirmed the assessments across Criteria 4–8. Executives will now concentrate on embedding clear productivity and efficiency expectations within the Annual Plan. CCG submissions are currently underway; Welsh Government scrutiny is scheduled for 12 March 2026; and the Planning Coordination Group continues to meet on a fortnightly basis. A lessons-learned report will be presented to the Committee to support improvements for the next planning cycle.

Mr Weir enquired whether the Board Seminar had influenced the current assessment and what actions would be required to move the criteria from Alert to Advise in the coming year. Mr Lee Davies confirmed that the Seminar reinforced the existing position and highlighted the need for explicit productivity and efficiency requirements, strengthened business partnering with CCGs, and early planning for winter.

Mr Weir emphasised the importance of forward assurance on integrated planning and avoiding a repeat of challenges experienced in this planning round. He proposed sharing the three-year Financial Roadmap with Committee members to reinforce alignment across finance, performance, quality and workforce planning.

HT

Decision:

The Committee:

- **ACKNOWLEDGED** 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).
- **SCRUTINISED** 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).

- **RECEIVED 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.

SPC(26)17

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

Dr Jo McCarthy and Mr Ben Williams joined the meeting.

Dr Bolam introduced the Progress Report for the Director of Public Health (DPH) 2023/24 Annual Report, outlining ongoing work to progress the children and young people (CYP) agenda across Hywel Dda University Health Board (HDdUHB). He highlighted the difficulty of sustaining long-term public health focus in the context of fragile services and immediate operational pressures, and summarised both the progress made against the Report's recommendations and the areas requiring further development.

Dr Jo McCarthy and Mr Ben Williams presented key initiatives, including the infant feeding service pilot, school readiness programmes, and school-based emotional and mental wellbeing activities. They also highlighted significant capacity constraints for the 16 - 24 age group and emphasised the need for a long-term CYP strategic plan for the Health Board.

The Committee considered concerning trends, including Carmarthenshire's under-five obesity rate, which is the highest in Wales, and falling healthy life expectancy. Mr Lee Davies noted the difficulty of prioritising prevention work given current system pressures, while Dr McCarthy stressed the importance of economic analysis to demonstrate the longer-term value of early interventions.

The Committee welcomed the structured impact-versus-timescale matrix developed to support future prioritisation and investment decisions and requested a Strategic Plan setting out clear priorities, resource requirements, and governance-aligned "asks." Poverty and inequalities were recognised as urgent cross-cutting drivers, with poverty-awareness training underway for GPs and schools. The Committee reiterated its request for a CYP strategic plan (or outline and timeline) within the year, incorporating economic framing (e.g., bed-days, return on investment) and methods for engaging young people.

Mr Maynard Davies cautioned against deprioritising long-term public health due to a lack of immediate cash-releasing savings and requested clearer prioritisation across the 22 activity areas,

along with strategies for engaging older young people (e.g., through social media). The team confirmed these points would be incorporated into the CYP plan and engagement approach. Ms Marks commended the report, linking it to future workforce sustainability, and encouraged stronger multi-agency coordination across the three counties, drawing on learning from past community-based programmes.

Mr Thomas suggested a two-speed investment model - quick-impact interventions to build confidence, alongside longer-term programmes, and requested that a clear framework be presented to the Committee rather than a generic challenge.

The Chair concluded by requesting:

- A CYP strategic plan or outline and timeline within the year, including priorities, return on investment and youth engagement
- An explicit prioritisation approach using the impact-versus-timescale matrix
- Coverage of engagement with young people and carers in a future paper.

Dr McCarthy agreed to seek advice on governance alignment to avoid the proliferation of standalone plans prior to developing the CYP Strategic Plan

JM

Dr McCarthy and Mr Williams left the meeting.

Decision:

The Committee:

- **RECEIVED 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'.
- **CONSIDERED** 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.

SPC(26)18

Review of Well-being Objectives

Ms Trina Nealon and Ms Sara Rees joined the meeting.

Dr Bolam introduced the Review of Well-being Objectives, explaining how the work aligns with the wider strategic direction set by the Well-being of Future Generations (Wales) Act 2015 (WCFG). Ms Trina Nealon outlined the refresh process, which involved engagement with key stakeholders and ensured alignment with both current and emerging plans. She confirmed that the revised objectives had already been endorsed by the Staff Partnership Forum and the Executive Team, maintaining coherence with the long-term strategy and the Public Services Board (PSB) Well-being Plan.

Ms Sara Rees provided further detail on the consultation process, noting that the existing themes of workforce planning, collaboration and integration, early intervention and prevention, and environment and climate, continue to be relevant although require refinement to reflect evolving priorities and delivery capacity.

In discussion, Mr Weir sought clarity on the duration, measurability, and sequencing of the refreshed objectives, emphasising the need for them to be specific, measurable, achievable, and time-bound; and Mr Maynard Davies suggested enhancing the language used, including the addition of the term sustainable within the low-carbon objective. Ms Nealon confirmed that the ordering of objectives could be revisited and that measurable components would be incorporated within future directorate outputs.

Mr Prior supported retaining the aspirational nature of the objectives, noting that they provide an appropriate direction of travel, while Dr Bolam recommended aligning the objectives more explicitly with the annual planning cycle and integrating them into a multi-year strategic framework. Mr Weir reiterated the importance of including timeframes and measurable indicators, highlighting that the review ensures alignment with the WCFG and the refreshed Long-Term Strategy, informed by stakeholder engagement, Trade Union feedback, and external advice.

While the core themes remain unchanged, adjustments have been made to reflect changing priorities and organisational capacity. Ms Nealon agreed to incorporate suggested improvements, such as a three-year time horizon, measurable indicators where feasible, strengthened terminology (including “sustainable”), and reordered objectives to emphasise prevention, prior to submitting the final version for Board approval.

TN

Ms Nealon and Ms Rees left the meeting.

Decision:

The Committee:

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

SPC(26)19

Capital Programme for 2025-26 and Capital Governance

Ms Eldeg Rosser joined the meeting.

Ms Eldeg Rosser presented an update on the Capital Programme for 2026–27, outlining the proposed allocation of funds and associated pre-commitments. She noted an increase in the discretionary allocation from Welsh Government and highlighted the ring-fenced budgets for business case development, capital support, contingency, and a range of improvement projects. Ms Rosser also set out the key risks, including unplanned system

failures and findings from ongoing surveys; and proposed using an over-commitment approach to help manage expected in-year slippage and underspend.

Mr Weir, welcoming the proposed allocation and commending the forward planning for 2027–28, queried the corporate risk identified around delivery of the 2025–26 Capital Resource Limit (CRL). Ms Rosser indicated that the risk originated from the significant expenditure required before year-end, however, confirmed that daily monitoring and team assurances indicated that the CRL would be achieved. In response to Mrs Marks request for clarity on the long-term plans for major community projects such as the Cross Hands and Fishguard Wellbeing Centres, Ms Rosser provided updates on progress and barriers, including land acquisition challenges for the Fishguard development. The Committee acknowledged the strategic importance of these schemes and the need for timely decisions from Welsh Government.

Ms Rosser provided assurance on the 2025/26 Capital Programme and Governance Update, which confirmed a CRL of £42.087m and noted a series of in-year adjustments and additional Welsh Government allocations. The £10m Discretionary Capital Programme (DCP) had been deployed in line with Board-approved priorities, complemented by further funding for radiology, digital, estates and mental health schemes. Planning for the 2026/27 DCP is underway, though current allocations will not fully mitigate capital risks.

For 2026–27, Welsh Government confirmed an indicative DCP increase to approximately £11.2m (+12%), including £4.7m of pre-commitments for targeted estates schemes, paediatric consultation works, residential accommodation, Microbiology and Withybush Hospital (WGH) health and safety requirements. The allocation also includes ring-fenced funding for business case development and capital support, £1m held for contingency, and risk-based allocations across statutory estates, equipment, digital (£0.85m), infection control, opportunity and risk, and spend-to-save schemes. An over-commitment position of around £0.5m has been adopted to flexibly manage anticipated slippage.

The Committee noted that circa 50% of the 2025/26 programme had been spent at the time of reporting, a result of late scheme starts and in-year allocations. Although delivery remains heavily weighted towards year-end, daily oversight by Estates, Finance and Procurement teams provides assurance that completion by the end of March 2026 is on track.

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 •

ENDORSED the proposed allocation of the DCP for 2026/27 for onward ratification to Board
RECEIVED ASSURANCE AND UPDATED THE BOARD, that the seal can be applied for all schemes listed in Annex 2 •
RECEIVED ASSURANCE from the capital schemes governance update •
RECEIVED ASSURANCE from the Capital Sub Committee update in Annex 3 and
ENDORSED the Capital Sub Committee workplan in Annex 4 for 2026/27

SPC(26)20

Glangwili Hospital (GGH) Fire Phase 2 Business Justification Case

Mr Rob Elliott joined the meeting.

Mr Rob Elliott presented the final stage of the Business Justification Case (BJC) for Glangwili Hospital (GGH) Fire Phase 2, which constitutes the final phase of investment required to address outstanding Fire Enforcement Notice works. The project is divided into two work packages: internal fire-stopping and civil engineering works to improve escape arrangements. The installation of an escape lift in Block 32 has proven particularly complex due to its proximity to critical IT infrastructure, contributing to increased costs. The BJC is now costed at £20.9m, representing a reduction from the previously published figure of £22.51m, inclusive of contingency and VAT.

Mr Elliott outlined the intention to submit the BJC to Welsh Government and explore alternative options to reduce costs during the scrutiny period. Mr Thomas raised concerns regarding the potential impact on digital services and the overall project timeline; Mr Elliott assured the Committee that adjustments could be made, and that Mid and West Wales Fire and Rescue Service (MWWFRS) was likely to show flexibility if needed. Tender reviews have highlighted additional complexities that will be examined further once the case is under Welsh Government review, though this will not delay progress on the remainder of the programme.

The Committee supported submission of the BJC to the Board, subject to completion of final assessments and assurance that the Executive Director of Finance's concerns are addressed.

Mr Elliott left the meeting.

Decision:

The Committee:

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

SPC(26)21

Property Lease Arrangements Update

Mr Paul Williams, Head of Property Performance joined the meeting.

Mr Paul Williams (Head of Property Performance (HoPP)) presented an update on the current property lease arrangements, highlighting the relocation of medical records from Unit 4, Stradey Business Park, Llangennech to a new unit in Heol Cropin, Dafen, which will support the digitisation of records over the next decade. The financial implications and risks associated with this lease were outlined alongside a 12-month licence agreement with Swansea University for the use of space within Pentre Awel, enabling services such as phlebotomy, research innovation and community-bookable rooms. In addition, the Committee was updated on the extension of Therapies provision within the Rheidol Local Authority building in Aberystwyth, together with the relocation of podiatry services due to space constraints; and confirmation of a low-risk extension of the Omnicell lease with Welsh Ambulance Service NHS Trust (WAST).

Ms Hughes Moakes raised the importance of engaging with the community regarding the podiatry relocation, and Mr Williams (HoPP) confirmed that appropriate engagement would take place before finalising arrangements. In response to questions from Mr Maynard Davies regarding revenue implications, Mr Williams (HoPP) assured the Committee that financial impacts had been factored into planning. Mr Thomas further confirmed that an underspend within the medical records budget would be used to support the move.

Mr Paul Williams, Head of Property Performance left the meeting.

Decision:

The Committee:

- **RECEIVED ASSURANCE** from the progress and current status of the estate lease arrangements.
- **NOTED** 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.
- **NOTED** 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.

SPC(26)22

Annual Plan Update

Dr Daniel Warm provided an update on the 2025–26 Annual Plan, noting that it comprises ten planning objectives aligned to the relevant Committees, relating to the CSP, the Community by Design Strategic Plan (formerly the Primary and Community Strategic Plan), Estates, and Population Health. He confirmed that all objectives are currently on track, explaining that enabling actions set out by the Cabinet Secretary are reported quarterly to Welsh Government; and providing assurance on progress made, including mitigation for any areas where performance had deteriorated.

Mr Weir queried progress on the Community by Design Strategic Plan, observing that although the planning process remains on track, the plan itself has not yet been finalised. Dr Warm clarified that the planning objective relates specifically to the process rather than the delivery of the completed Plan; and confirmed that the four Planning Objectives aligned to the Committee remain on track, with most enabling actions progressing as expected, although a small number continue to be rated Red or Amber. He advised that work on the 2026/27 planning cycle is ongoing; however, the Plan is currently less mature than at the same point last year. Further work is required to ensure consistency across CCG submissions, to fully triangulate finance, workforce and performance assumptions, to integrate savings plans, and to clarify partner dependencies ahead of Board approval and submission to Welsh Government by 31 March 2026.

He provided assurance on the development of the 2026/27 Plan, noting the revised financial, performance and accountability requirements issued by Welsh Government.

Decision:

The Committee:

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

SPC(26)23

PO8: Estates Plan

Mr Paul Williams, Assistant Director of Strategy & Planning joined the meeting.

Mr Paul Williams (Assistant Director of Strategy & Planning (ADS&P)) provided an update on the Estates Plan, outlining the progress achieved as well as the delays encountered. He confirmed that the A Healthier Mid and West Wales (AHMWW) Strategy Business Case Addendum has been submitted to Welsh Government and is currently under scrutiny. Initial feedback has been positive, with consideration expected at the April 2026 Infrastructure Investment Board (IIB).

Highlighting the prioritisation of major infrastructure work, including power improvements at Prince Philip Hospital (PPH), Mr Williams (ADS&P) indicated that addressing power issues at WGH is dependent on support from Welsh Government and NHS Wales Shared Services Partnership (NWSSP).

In response to an enquiry from Mr Maynard Davies regarding the red dates shown in the report, Mr Williams (ADS&P) explained that these indicate items that have slipped beyond their original planned dates.

The Committee noted that the programme remains on track following Board approval of the AHMWW Business Case Addendum in January 2026 and its subsequent submission to

Welsh Government. Key areas of progress include development of the Addendum, a major infrastructure programme addressing high-risk estates issues (£50–55m), advancement of Phase 1 Business Justification Cases (BJCs), and preparatory work on refreshing the Estate Strategy in alignment with the CSP. Decarbonisation work is ongoing, and community infrastructure schemes, including the Aberystwyth Integrated Care Centre (ICC) continue to progress through feasibility, business case development or construction stages.

Assurance was provided on infrastructure condition and statutory compliance, with Estates teams maintaining compliance requirements across sites and actively managing ageing-estate risks such as water safety, Health Technical memorandum (HTM) compliance and fire precautions.

The Committee also received updates on backlog maintenance, including expenditure and prioritisation approaches influencing risk profiles and noted dependencies between Estates programmes and the 2025/26 and 2026/27 capital cycles. Planning Objective 8 continues to serve as the framework through which capital allocations are prioritised and sequenced; and the Estates Strategy is scheduled for refresh in 2026/27 to align with the Health Board's updated clinical strategy and long-term service reconfiguration for 2026–2030.

Ms Rosser and Mr Paul Williams, Assistant Director of Strategy & Planning left the meeting.

Decision:

The Committee:

- **NOTED** and **RECEIVED ASSURANCE** from the updates provided in this report.

SPC(26)24

Prince Philip Hospital Urgent Care Centre Implementation Plan

Ms Anna Thomas joined the meeting.

Ms Anna Thomas provided an update on the Prince Philip Hospital Urgent Care Centre Implementation Plan which is progressing toward establishing a new 12-hour (08:00–20:00) urgent care model by November 2026. Recruitment for nursing and medical staff is underway, with initial interviews scheduled for the week commencing 2 March 2026. Clinical pathways are being finalised, and a phased approach will be used to introduce the Same Day Emergency Care (SDEC) model.

Key risks identified include workforce fatigue, digital infrastructure gaps, and challenges associated with benefits realisation. The Committee considered the need for strong digital alignment and clear mapping of patient pathways under the urgent care model. Ms Hughes Moakes highlighted the importance of effective communication and community engagement to help rebuild public trust, and Mr Weir suggested that all good news be shared widely

to facilitate better public understanding and to encourage recruitment of staff.

In response to concerns raised by Mr Maynard Davies regarding recruitment delays and the availability of trained practitioners, Ms Thomas confirmed that a grow-your-own approach is being adopted for Advanced Nurse Practitioners (ANPs) and that medical recruitment is progressing well.

Although overall progress is positive, two areas remain outstanding:

- Workforce planning and recruitment, including advanced practice roles, unscheduled care medical/ senior decision-maker cover, and nursing models.
- Governance arrangements, including final pathway sign-off (triage, streaming, Urgent and Emergency care (UEC)/ SDEC interface), safety oversight, escalation processes and decision-making governance.

Progress to date includes agreement of the clinical model, pathway and workforce planning, rota design, minor estates changes, and establishment of delivery governance. Expected outcomes include improved access, strengthened clinical streaming, alignment with national UEC priorities, and a more sustainable workforce model. Operational readiness work, including recruitment, training and digital preparation will continue throughout 2026 to support the planned November 2026 go-live.

Ms Thomas left the meeting.

Decision:

The Committee:

NOTED the progress to date on the implementation of an Urgent Care Centre in Prince Philip.

RECOGNISED the indicative timeline and

REQUESTED a brief assurance update when workforce and governance items are finalised.

SPC(26)25

Mid Wales Joint Committee Report

Mr Keith Jones and Ms Nia Williams joined the meeting.

Mr Keith Jones provided an update on the Mid Wales Joint Committee's (MWJC) delivery priorities and the review of its strategic intent. He highlighted six areas that are currently off plan for this year, alongside progress on specific actions, including completion of the trial-without-catheter urology action. He noted that a workshop scheduled for April 2026 will consider the future direction of the programme, reflecting emerging priorities from partner organisations and evolving governance arrangements.

In response to Mr Maynard Davies concerns regarding potential conflicts between competing priorities and the importance of ensuring alignment with the Annual Plan, Mr Jones acknowledged the iterative nature of the planning cycle and emphasised the

continued intention to ensure coherence between organisational plans and the wider Mid Wales Programme.

Outlining progress across key regional workstreams, with most areas on track and some experiencing delays due to operational or capacity pressures, Mr Jones indicated that work is also underway to agree the 2026/27 priorities and to undertake a formal review of the MWJC's strategic intent and governance, ensuring alignment with emerging organisational strategies and regional structures. A broader review of the Committee's future role, commissioned by the three Mid Wales Health Board Chief Executives, will be considered at the April 2026 workshop involving senior health and Local Government leaders. Mr Jones agreed to include the outcome of this workshop in the next MWJC update.

KJ

Mr Jones and Ms Williams left the meeting.

Decision:

The Committee:

- **NOTED** 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.

SPC(26)26

Strategic Commissioning Report

Ms Anne Simpson joined the meeting.

Ms Anne Simpson presented the Strategic Commissioning Report, focusing on the obstetric Service Level Agreement (SLA) with Swansea Bay University Health Board (SBUHB) and updates on radiotherapy services. She explained that while the obstetric SLA enables women to choose to give birth in SBUHB, it also poses governance risks due to inconsistent clinical pathways. A phased realignment of the Long Term Agreement (LTA) was therefore proposed, alongside a review of the impact following withdrawal of the SLA. Radiotherapy updates included the successful operation of the second CT simulator at Singleton and forthcoming milestones for Linear Accelerator (LINAC) installations.

Responding to Ms Hughes Moakes request for clarification on the engagement process relating to changes in antenatal care, Ms Simpson confirmed that formal notifications would be issued following completion of service-user engagement. Mr Maynard Davies suggested that Quality, Safety and Experience Committee (QSEC) should be cited on the service change to ensure it can be assured from a quality, safety and experience perspective; and the Committee noted the importance of resolving financial agreements by the required deadlines.

AS

The Committee also noted wider commissioning developments summarised in the February 2026 update, including significant improvements in Dual-Energy X-ray Absorptiometry (DXA) scan

waits ((longest wait reduced from 25.7 to 12.9 weeks, despite ongoing workforce-related reporting delays, expected to be resolved by September 2026; and continued progress in oncology and radiotherapy modernisation. This includes operation of the second CT simulator, development of multi-phase business cases for additional LINAC capacity, and initial exploratory work on a future satellite radiotherapy centre within HDdUHB.

Ms Simpson left the meeting.

Decision:

The Committee:

- **NOTED** 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. **SCRUTINISED** the proposed cessation of the antenatal satellite clinic SLA (£22k), subject to completion of service user engagement in Q1 2026/27
- **SUPPORTED** the phased LTA realignment approach to reflect the c.35% reduction in emergency obstetric activity already evidenced.
- **NOTED** 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).
- **SUPPORTED** 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.

SPC(26)27

Climate Adaption Plan

Ms Sam Hussell joined the meeting.

Dr Bolam introduced HDdUHB's first Climate Adaptation Plan, emphasising its importance in strengthening the organisation's response to increasing severe weather risks. Developed alongside a comprehensive Climate Change Risk and Opportunity Assessment (CCROA), the Plan meets Welsh Government requirements for Health and Social Care organisations to prepare for the impacts of climate change. The assessment confirms that climate-related pressures are growing and are expected to intensify over time.

Ms Sam Hussell, highlighting a series of priority themes, including estate suitability, service access, population health, clinical and operational resilience, business continuity and supply-chain security, indicated that it is supported by a multidisciplinary governance model designed to embed climate adaptation within planning and capital development processes. Ms Hussell added that the Plan aligns with existing multi-agency arrangements for severe-weather preparedness.

The Committee welcomed the update, recognising the need for sustained, detailed work across multiple areas to build long-term resilience and acknowledging the ongoing resource, capacity and infrastructure challenges associated with delivering long-term climate resilience.

Ms Hussell left the meeting.

Decision:

The Committee:

- **RECEIVED ASSURANCE** that HDdUHB has developed a structured and evidence-based Climate Adaptation Plan in line with Welsh Government expectations
- **ENDORSED** the content for onward approval at Board on 26 March 2026.
- **NOTED** the direction of travel to embed climate adaptation within clinical, operational and strategic planning processes.
- **NOTED** the ongoing resource, capacity and infrastructure risks associated with delivering long-term climate resilience.

SPC(26)28

Partnerships Update: Area Planning Board and Population Health Improvement Report

Ms Cerys Humphreys and Mr Craig Jones joined the meeting.

Dr Bolam introduced and Mr Craig Jones presented the Partnerships Update, focusing on tobacco, alcohol and drugs. They outlined the role of the Dyfed Area Planning Board (APB), including its strategic, governance, scrutiny and performance functions, and described current priorities and delivery plans. Mr Jones highlighted proactive approaches to reducing harm, such as work to address female drug-related deaths and the hosting of a Crack and Cocaine Summit.

The Committee received assurance that statutory obligations relating to drugs, alcohol and tobacco are being met and noted progress across wider population health improvement programmes. This includes reductions in tobacco harm, with smoking prevalence now at 7.7%, one of the lowest rates in Wales, and cessation services on track to meet Tier 1 targets. The Committee emphasised the importance of sustained multi-agency collaboration to address substance misuse and wider determinants of health.

Ms Humphreys and Mr Jones left the meeting.

Decision:

The Committee:

- **RECEIVED 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.

SPC(26)29 DEFERRED: Value Based Healthcare Update

SPC(26)30 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(26)31 Strategy & Planning Committee Workplan 2025-26

The Committee **NOTED** the Strategy & Planning Committee Workplan 2025-26

SPC(26)32 Any Other Business

None.

SPC(26)33 Date and Time of Next Meeting

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

1.4

09:00, 5 Mins

1.4 - Table of Actions the Strategy and
Planning Committee meeting on 26 February
2026

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

| For discussion

Attachments

[Our Actions - Print to PDF v0a.pdf](#)

STRATEGY AND PLANNING COMMITTEE (SPC)/ PWYLLGOR STRATEGAETH A CHYNLLUNIO
26/02/2026

TABLE OF ACTIONS/TABL GWEITHREDOEDD

Key: AC-Andrew Carruthers; AG-Ardiana Gjini; ASi-Anne Simpson; BB-Bruce Bolam; HM-Helen Mitchell; HT-Huw Thomas; JM-Jo McCarthy; JW-Joanne Wilson; KJ-Keith Jones; OW-Owain Willams; TN-Trina Nealon; YP-Yvette Pellegrotti

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
18/12/2025	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	26/02/2026	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.
18/12/2025	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	26/02/2026	Complete Forward planned for 26 February 2026.

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
18/12/2025	SPC (25) 101	PO 10: Population Health • To enhance visibility of population health metrics within directorate oversight processes to improve accountability and drive outcomes.	AG	26/02/2026	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.
18/12/2025	SPC (25) 96	Strategy Refresh • To escalate concerns regarding inadequate digital infrastructure to the Digital Committee for inclusion in strategic planning discussions at Digital, Data and Innovation Committee (DDIC).	HT	26/02/2026	Complete Forward planned on the DDIC meeting Workplan.
16/01/2026	SPC(26)03	Clinical Services Plan • To include narrative reflecting QSEC assurance in the Board report for the meeting on 29 January 2026.	YP	29/01/2026	Complete Board report amended accordingly.
16/01/2026	SPC(26)06	Date and Time of Next Meeting • To arrange for the SPC meeting on 26 February 2026 to be face to face at Picton Terrace.	HM	26/02/2026	Complete Meeting scheduled as hybrid at Picton Terrace.
26/02/2026	SPC(26)15	Assurance and Risk Report on Governance • To provide an update/ mitigation plan regarding COVID-19 and general vaccine hesitancy via the Table of Actions	BB	28/04/2026	Complete Ongoing risk remains due to the multi-dose vial nature of the vaccine presentation. Mitigating actions are in place to minimise the risk of waste when delivering COVID-19 vaccines, including rotation of vaccine stock across Health Board and primary care sites to ensure effective stock management. Actions and impact are reviewed as part of planning for each immunisation booster programme in Spring and Autumn each year.

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
26/02/2026	SPC(26)18	Review of Well-being Objectives • To incorporate suggested improvements, such as a three-year time horizon, measurable indicators where feasible, strengthened terminology (including “sustainable”), and reordered objectives to emphasise prevention, prior to submitting the final version for Board approval.	TN	28/04/2026	Complete Approved by Board in March 2026
26/02/2026	SPC(26)16	Targeted Intervention Update • To share the three-year Financial Roadmap with SPC members to reinforce alignment across finance, performance, quality and workforce planning.	HT	28/04/2026	Complete Three year financial roadmap will be shared with all Board members at 26 March Board meeting.
26/02/2026	SPC(26)25	Mid Wales Joint Committee Report • To include the outcome of the Mid Wales Joint Committee (MWJC) April 2026 workshop in the next MWJC update.	KJ	02/06/2026	Complete Frward Planned for 2 June 2026 SPC meeting.
26/02/2026	SPC(26)26	Strategic Commissioning Report • To Liaise with Sharon Daniel so that Quality, Safety and Experience Committee (QSEC) can be involved in decision-making regarding service changes.	ASi	28/04/2026	Complete
26/02/2026	SPC(26)10	Table of Actions from the Strategy and Planning Committee meeting on 18 December • To provide confirmation through the routine six-monthly Pharmacy reports presented by Mr Owain Williams, that the Medicines Hub actions have been implemented via the virtual model.	OW	02/06/2026	Complete Following internal review of the function and benefit of the medicines hub, a virtual medicines hub is no longer in place. As part of business as usual within pharmacy services, a weekly governance meeting bringing together procurement, governance, medicines safety and value-based healthcare across primary and secondary care (all functions previously included within the virtual medicines hub model) together to review, discuss and agree actions is now in place. This provides a more robust structure with required senior oversight to strengthen the governance and operational support across the service.

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
26/02/2026	SPC(26)17	Progress Report for 2023/24 DPH Annual Report: Their Health, Our Future: Advancing the Agenda for CYP in Hywel Dda <ul style="list-style-type: none"> • To seek advice on governance alignment to avoid the proliferation of standalone plans prior to developing the CYP Strategic Plan. 	JM	28/04/2026	Complete Discussion held on the governance arrangements on 10th April 2026. CYP group to remain as a 'management group' however will look to strengthen visibility at committee level.

1.5

09:05, 0 Mins

1.5 - Matters Arising

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

| For information

1.6

09:05, 5 Mins

1.6 - Strategy and Planning Committee 2025-26 Annual Report

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning)

| For approval

Attachments

[SPC Annual Review 2025-26.pdf](#)

Strategy & Planning Committee (SPC)

ANNUAL REVIEW REPORT

2025/2026

1. Introduction and Chair's summary

In line with Standing Orders the Strategy and Planning Committee (SPC) must 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, setting out how the Committee has met its Terms of Reference (TOR) during the financial year.

The Board uses this Annual Report to inform:

- The ongoing development of its governance arrangements, including its structures and processes:
- Its Board Development Programme, as part of an overall Organisation Development framework.

Chair's Reflections

This has been the first year for the new Strategy and Planning Committee at Hywel Dda University Health Board (HDdUHB). It is a privilege to chair this Committee, which touches on every aspect of the work of the Health Board. The year has gone quickly, as there is much activity on-going.

My highlights as Chair have been the refresh of the Health Board Strategy, whilst recognising there is more work to be done.

- Community by Design Strategic Plan
- Co-ordination of Finance, Planning, Digital and Population Health strategies
- Achieving a balanced Integrated Medium-Term Plan which takes account of the demands, opportunities and aspirations of the Health Board

We noted and welcomed the refresh of the A Healthier Mid and West Wales Strategy, recognising that it retains the core direction of travel while more clearly articulating how care will increasingly be delivered through a strengthened social model for health and wellbeing. Members were particularly encouraged by the improved alignment with the Population Health (20four7) approach and the clearer integration with the emerging Community by Design Strategic Plan, reinforcing prevention, early intervention and care closer to home.

We also reviewed the Clinical Services Plan, acknowledging the scale and complexity of the work undertaken following public consultation and conscientious consideration. Members recognised the opportunity the Plan presents to address known fragilities across a number of clinical services, particularly where workforce sustainability and reliance on temporary staffing pose ongoing risks. We noted that extensive engagement has taken place on these proposals and that a range of emerging solutions are being developed to address longstanding challenges and stabilise services in the medium term, pending delivery of the wider Programme Business Case.

We raised to the Board's attention the estates backlog maintenance and an ever increasing need to maintain very old buildings and equipment across the Health Board. The Committee noted the work being undertaken in respect of the climate adaptation plan, which relates very much to the Wellbeing of Future Generations.

I would like to take the opportunity to highlight the unique contributions of Independent Members on this Committee, as well as the valuable support provided by the Governance team and Executive Leads.

2. Terms of Reference and Workplan

The Terms of Reference (TOR) for the Strategy and Planning Committee are reviewed on an annual basis or following any significant changes. The TOR were last reviewed on 31 January 2026.

Latest [Strategy and Planning Committee Terms of Reference 2026](#)

The Strategy and Planning Committee has a workplan to enable forward planning for the forthcoming year. The workplan is produced to incorporate the duties outlined in the Committee's Terms of Reference and any suggested areas of focus identified during the self-assessment process.

The Strategy and Planning Committee workplan covers a range of activities including statutory reporting duties, regular items of business and priority planned pieces of work which support Board and Committee's objectives.

The workplan is regularly updated throughout the year to ensure it remains responsive to emerging issues and risks.

Final SPC [workplan](#).

3. Sub-Committee

The Capital Sub-Committee reports into the Strategy and Planning Committee with its own Terms of Reference and workplan for the year.

The Sub-Committee's Terms of Reference were last reviewed on 18 December 2025.

In line with their Terms of Reference, the Sub-Committee is required to provide a report after each meeting, as well as produce an Annual Report which is scheduled to be presented to the Committee on 28 April 2026, reporting on activity throughout the year.

4. Table of attendance

Membership		24.04.25	01.07.25	28.08.25	30.10.25	18.12.25	16.01.26 (e)	26.02.26
Winston Weir	Independent Member - Committee Chair	✓	✓	✓	✓	✓	✓	✓
Maynard Davies	Independent Member - Committee Vice-Chair	✓	✓	✓	x	✓	✓	✓
Michael Imperato	Independent Member	✓	✓	✓	✓	✓	✓	✓
Chantal Patel	Independent Member	✓	✓	✓	✓	x		
Eleanor Marks	Independent Member (HDdUHB Vice-Chair)							✓
Neil Prior	Independent Member							✓
Sarah Harraway	Independent Member						✓	
In Attendance								
Lee Davies	Executive Director of Strategy and Planning	✓	✓	✓	✓	✓	✓	✓
Huw Thomas	Executive Director of Finance	✓	✓	✓	✓	✓	✓	✓
Andrew Carruthers	Chief Operating Officer	✓	✓	✓	✓	✓	✓	✓
Jill Paterson	Director of Primary Care, Community and Long-Term Care	✓	✓	✓	x			
Dr Ardiana Gjini	Executive Director of Public Health	✓	✓	✓	✓	✓	✓	x
Alwena Hughes Moakes	Communications and Engagement Director	✓	✓	✓	✓	✓	✓	✓
Joanne Wilson	Director of Corporate Governance / Board Secretary	✓	✓	x	✓	✓	✓	✓
Llais Cymru Representative		x	✓	x	x	x	x	x
Meeting quorate		Yes	Yes	Yes	Yes	Yes	Yes	Yes

A quorum shall consist of no less than three of the membership and must include, as a minimum, the Chair or Vice Chair of the Committee and two other Independent Members, together with half of the In Attendance members.

5. Committee Activities – alert, advise and assure.

The Committee is required to report to the Board after each Committee meeting by presenting a report highlighting the key discussion items at the Committee.

Alerts (*The following matters were areas where the Committee was unable to take an assurance or had a lack of confidence that the action in place was sufficient to address the issue satisfactorily and/or it was within the scope of the operational team to resolve and were alerting the Board as engagement action or intervention was required*).

The Strategy and Planning Committee had no items of which to **alert** the Board.

Advise (*The following matters were areas of concern where assurance had been taken on actions in place but required close monitoring*).

- **Annual Plan**

Throughout 2025/26, the Strategy and Planning Committee received regular updates on the development, delivery, and oversight of the Health Board’s Annual Plan, with a consistent emphasis on financial discipline, risk-based planning, and alignment with Welsh Government requirements, reaffirming its commitment to strengthening financial management. Although the Annual Plan 2025/26 did not meet the statutory duty to break even, achieving a control total of £31.5m was recognised as an important step toward restoring financial stability. Welsh Government subsequently requested the Health Board to deliver a higher level of savings, with a response due by 30 April 2025. The Annual Plan continued to align with the NHS Wales Planning Framework 2025–2028, ensuring that national priorities - including timely access, population health, mental health, and quality - were fully embedded into operational delivery. The three phase diagnostics transformation strategy formed a key part of this, aimed at eliminating urgent suspected cancer imaging backlogs and achieving 80% Single Cancer Pathway (SCP) compliance by March 2026, however SCP performance in March 2026 was approximately 64–67%. Work on the 2026/27 planning cycle continues; however, the plan is less mature than at this stage last year. Further work was required to ensure consistency, ahead of Board approval and submission to WG by 31 March 2026.

- **2025/26 Capital Programme**

The Capital Programme reported that the Board approved split of the Discretionary Capital Allocation included additional expenditure on combined heat and power plants and an increase in the Targeted Estate Fund (TEF). Remedial work

addressing Reinforced Autoclaved Aerated Concrete (RAAC) at Withybush Hospital was completed, with further survey work continuing.

The Discretionary Capital Programme (DCP) increased significantly, although this remained insufficient when set against the substantial backlog across estates, medical devices, and digital infrastructure. Submissions for additional radiology and ultrasound equipment were made to Welsh Government, with further test schemes submitted through fast-track processes. The Board approved the distribution of the capital allocation, including schemes requiring execution under seal, which are updated regularly through the Capital Sub Committee and Strategy and Planning Committee for onward submission to the Board.

Additional capital funding was secured to support radiology replacement equipment at Withybush Hospital, ultrasound equipment at Glangwili Hospital, and improvements within Mental Health and Learning Disabilities estates. Contingency funding for capital programmes was fully utilised; however, additional VAT recovery funds were identified, with a request submitted to Welsh Government to reinvest these funds into estate improving schemes and spend to save initiatives.

Emerging capital risks were highlighted, particularly the constrained availability of capital funding and a growing maintenance backlog across the Health Board's infrastructure and equipment. A key risk related to uncertainty surrounding funding for urgent remedial works to concrete cladding at Withybush Hospital, resulting in overcommitment of the DCP in anticipation of forthcoming allocations. Despite strengthened capital prioritisation processes, challenges persisted due to ageing assets, rising demand, and limited flexibility in national capital allocations. These pressures continued to impact the feasibility of delivering the capital investment plan and increased the risk of deterioration affecting service quality and safety.

Constructive engagement continued with Welsh Government on major infrastructure challenges, particularly at Withybush and Glangwili Hospitals. Assurance was provided regarding end of year capital funding allocations and the submission of an additional proposal for further capital investment. Preparatory work also commenced for 2026-27 discretionary capital allocation, with plans to manage slippage and progress multiyear schemes.

The Discretionary Capital Programme was allocated in line with Board approved priorities, supported by targeted funding for radiology, digital capability, estate resilience and Mental Health services. Planning for the 2026/27 programme recognised that, while these allocations address key risks, the overall level of capital funding remains insufficient to fully mitigate the Health Board's known and emerging capital pressures.

- **Emergency Department at Glangwili Hospital**

The Strategy and Planning Committee Chair's Action meeting held in September 2025 discussed a proposal to consider the business case developed to support an improvement in the performance, quality, safety and experience for patients attending the Emergency Department (ED) at Glangwili Hospital, to enhance Same

Day Emergency Care (SDEC) services. This initiative responded to urgent patient safety concerns and overcrowding identified by the Ministerial Advisory Group (MAG), Getting It Right First Time (GIRFT), and NHS Executive visits. The scheme, which includes net-zero compliance, and has contingency plans for winter operational pressures, aligns with the Health Board's wider integrated Urgent and Emergency Care Strategy and received clinical sign-off. The Same Day Emergency Care (SDEC) facility has undergone a major refurbishment and formally reopened to patients and staff on 30 March 2026. The refurbished unit provides increased clinical capacity through additional consultation rooms, an improved patient reception area and an enhanced care environment, with the explicit aim of reducing pressure on the Emergency Department and improving patient flow and experience.

- **Major Infrastructure Business Continuity - Risks and Patient Impact Report**

The report highlighted the implications for patient care arising from the risks the Health Board continues to carry in relation to its estate. The report provided assurance that the most significant risks will be partially mitigated over the next three to four years; however, it also noted that the anticipated funding is significantly below that set out in the previous Programme Business Case and does not include funding for condition upgrades such as flooring, decoration, painting, ceilings and lighting, which remain significant issues across the estate. The report was developed in conjunction with NHS Wales Shared Services Partnership and submitted to Welsh Government and was included amongst a small number of prioritised and supported projects for the Health Board.

- **Planning Maturity Matrix**

Most areas of the Planning Maturity Matrix remained steady or showed improvement; however, Domain One: Strategy Development was assessed as having regressed, reflecting ongoing uncertainty regarding the longterm strategic plan for the acute hospital sites. The requirement for a robust multiyear financial sustainability plan was acknowledged, alongside the need to strengthen alignment between strategic ambition and operational planning. Concerns were raised regarding the consistency of operational planning and coordination during a period of strategic transition. The Maturity Matrix process highlighted that the current organisational strategy is outdated, reinforcing the need for a Strategic Refresh to update assumptions, time horizons and delivery priorities, while continuing to build on the Health Board's established strategic direction. The Committee emphasised that the success of the Strategic Refresh will depend on stable leadership, clear accountability frameworks, effective programme governance and functional digital infrastructure to support delivery and performance oversight.

- **Targeted Intervention**

During 2025/26, the Committee maintained oversight of Targeted Intervention, receiving regular updates on financial sustainability, governance maturity, and progress against Welsh Government requirements.

The Committee reviewed progress against Targeted Intervention and noted that the Health Board had identified £22.5m in potential savings and introduced a strengthened Quality Impact Assessment framework to ensure patient safety, although operational pressures continued to affect areas such as Stroke and Cancer. The subsequent De-escalation Assessment Report confirmed significant financial risk, with Welsh Government reducing the control total and the Health Board submitting a revised deficit forecast. While the revised Clinical Services Plan (CSP) had not yet been approved, progress was demonstrated across all de-escalation criteria, supported by improved planning maturity and strong engagement with the Plan.

Further progress was reported towards meeting the revised control total, although recurrent financial sustainability challenges remained. By February 2026, the Committee received assurance of continued improvements in governance, strategic planning, and CSP development, while recognising that financial and planning gaps persist. Delivery of the three-year Financial Roadmap, supported by conditional Welsh Government funding, remains essential.

The Committee recognised improved governance maturity and strengthened planning processes. However, given ongoing financial risk and the need for a credible, sustainable financial strategy, continued enhanced oversight remains necessary before any future consideration of de-escalation.

Assure (*The following matters were areas where there was confidence that robust actions are in place and are sufficient to address the issues to operate effectively*).

- **A Healthier Mid and West Wales**

The Committee received regular updates on the refresh of the *A Healthier Mid and West Wales* (AHMWW) Strategy, originally published in 2018. During the year, work focused on ensuring that the Strategy remained aligned with population health needs, organisational priorities and evolving models of care.

Extensive engagement was undertaken with key leads to identify which elements of the 2018 Strategy required updating, including opportunities to inform long-term planning assumptions and emerging priority areas. Public engagement activity was broadened across the region and supported by a Board approved Communications Plan. To minimise consultation fatigue following recent Clinical Services Plan-related engagement, feedback was gathered primarily through existing engagement events where possible. Collaborative discussions were also initiated with Swansea Bay

University Health Board and Mid Wales partners to support a shared understanding of regional strategic priorities.

Drawing on this engagement, the Strategy Refresh focused on understanding population priorities for health and wellbeing rather than proposing specific service changes, ensuring alignment with the emerging Clinical Services Plan and reinforcing an approach grounded in evidence, prevention and long-term planning. The refreshed 'A Healthier Mid and West Wales strategy' was approved by the Board at its public meeting on 29 January 2026, establishing a clear and agreed long-term strategic framework to guide organisational priorities and decision-making through to 2040.

The most recent phase of engagement reaffirmed the strength of the evidence base underpinning the AHMWW strategy and highlighted the need to transition from high-level strategic development towards delivery and implementation. The refresh process confirmed the Strategy's critical role in guiding future priorities and supporting a coherent, credible and system aligned approach alongside the Clinical Services Plan and wider transformation agenda.

- **Climate Adaptation Plan**

A comprehensive Climate Adaptation Plan and Climate Change Risk and Opportunity Assessment (CCROA) has been developed, in line with Welsh Government requirements for all health and social care organisations to prepare for climate impacts. The assessment confirmed growing climate-related pressures with risks expected to intensify. The Plan outlined priority themes including estate suitability, service access, population health, clinical and operational resilience, business continuity and supply-chain security, supported by a structured multi-disciplinary governance model to integrate adaptation into planning and capital development.

- **Clinical Services Plan**

The Committee received assurance from the Clinical Services Plan which sets out a medium-term approach to stabilising key clinical services while the longer-term AHMWW Strategy progresses. The CSP addresses significant challenges across critical pathways - including Critical Care, Planned Care, Emergency General Surgery, Stroke, and Diagnostics - arising from service fragility, workforce pressures, and reduced post-COVID activity.

Following a 13.5-week public consultation (May - August 2025), a comprehensive suite of assessments was produced to support the Board's decision-making. These included workforce and finance modelling, capital assessments, equality and Welsh language impact assessments, the draft consultation report, and conscientious consideration documentation. The evidence indicated ongoing risks across multiple service areas, including fragile rotas, workforce gaps, and activity levels below

pre-pandemic baselines. The CSP aimed to mitigate these risks, improve access and quality of care, and support sustainable models of delivery.

At the Extraordinary Public Board meeting held over 18–19 February 2026, the Board considered the independent consultation findings alongside updated evidence on workforce resilience, estate condition, operational pressures, clinical standards and regional working. The Board carefully reviewed a wide range of consultation feedback, including alternative options put forward by stakeholders, and took decisions on the future models of care for the nine services within scope of the CSP. These decisions were intended to mitigate immediate clinical risks, improve access and quality of care, and provide a more sustainable basis for service delivery while longer term strategic and infrastructure solutions continue to be developed.

- **Commissioning Update**

The Strategic Commissioning bi-annual reports outlined national discussions on future immunology and allergy service models and highlighted an increasing trend of commissioned providers issuing formal notices to cease or restrict services due to funding pressures or lack of formal commissioning arrangements. Regional Service Level Agreements were reviewed to ensure funding appropriately reflected the services delivered to Hywel Dda UHB patients.

Progress was reported in key areas, including improved Dual Energy X-ray Absorptiometry (DXA) scan waits and significant developments in oncology and radiotherapy modernisation. This included the operational launch of a second Computerised Tomography Simulator (CTSim), development of multi-phase business cases for additional Linear Accelerator (LINAC) capacity, and early scoping of a potential satellite radiotherapy centre within Hywel Dda University Health Board.

- **Community by Design Strategic Plan (formerly Primary Care and Community Strategic Plan)**

The Community by Design Strategic Plan set out Hywel Dda University Health Board's intention to transform primary and community care as part of the wider A Healthier Mid and West Wales strategy. Rising demand, workforce pressures, rural challenges, and fragmented service models highlighted the need for a fundamental shift toward prevention, early intervention, and community-based care. Engagement with staff, contractors, partners, and patients shaped the development of the draft Plan and surfaced key themes including sustainability, digital innovation, improved access, and better integration. These insights informed six strategic priorities focused on prevention, partnership working, access, digital capability, estates and infrastructure, and workforce sustainability.

The next phase of the Community by Design Strategic Plan will focus on moving from strategy development to delivery. Subject to finalisation and approval through the Health Board's governance processes, the Plan will be translated into a phased

implementation programme with clear priorities, accountabilities and milestones. This will include the development of supporting delivery plans, integration with the Integrated Medium-Term Plan (IMTP), alignment with the Clinical Services Plan and A Healthier Mid and West Wales Strategy, and continued engagement with primary care contractors, partners, staff and communities. Ongoing oversight will emphasise delivery of improved outcomes, workforce sustainability and reduced reliance on hospital-based care, supported by strengthened digital capabilities and estates planning.

- **Director of Public Health (DPH) Annual Report 2023/24: Progress Update**

The update on progress on recommendations outlined in the Director of Public Health (DPH) Annual Report 2023/24: 'Their Health, Our Future: Advancing the Agenda for Children and Young People in Hywel Dda' highlighted strengthened partnership working, early benefits from knowledge-mobilisation, and a range of programmes underway to improve outcomes for children and young people. Planned next steps include increasing capacity, developing a robust evaluation framework, sustaining successful programmes, and moving toward a long-term strategic plan for children and young people.

- **Energy Performance Contract**

The Energy and Carbon programmes aim to improve energy efficiency, reduce emissions, and strengthen estate resilience through Energy Conservation Measures (ECMs) across multiple sites. The programme includes an Investment Grade Proposal, a bid for Invest to Save funding, and projected annual savings of £789k. The new Energy Performance Contract is funded via a repayable loan, with financial outcomes dependent on utility prices and the performance of Energy Conservation Measures. A robust monitoring and verification process is in place to oversee delivery of the guaranteed savings, with regular reporting through established governance arrangements. While the risk of underperformance or operational downtime remains live, no material variances were reported during the year, and ongoing scrutiny is in place to ensure timely identification and management of any emerging issues.

- **Estates Plan**

The Committee received regular updates on the Health Board's Estates Plan, which continues to highlight significant challenges across the estate and the requirement for long-term strategic investment. Early engagement identified substantial concerns regarding the deteriorating condition of the Health Board's estate. Discussions with Welsh Government focused on expectations for future investment and the strategic direction required, noting the complexity of reaching agreement in the current political context. Consideration was given to the condition of the Worthybush and Glangwili Hospital sites, with work undertaken to narrow the range of possible

redevelopment options. Welsh Government acknowledged the scale of need, estimating that approximately £1bn of capital investment will be required across West Wales.

Following the rebasing of the programme, the Estates Plan remained aligned to Planning Objective 8 (PO8), with progress reported as on track. Welsh Government requested that the Health Board explore a phased redevelopment of Wityhush Hospital, ensuring alignment with the organisation's wider strategic direction. In parallel, work commenced to develop an interim Estate Strategic Plan. The Health Board continued to actively manage its top ten estate risks, ensuring these were integrated with broader strategic and operational priorities.

- **Regional Joint Committee**

The report on delivery of the Regional Joint Committee (RJC) Priorities and Delivery Plan for 2025/26 up to 31 January 2026 confirmed progress across key regional workstreams, with most areas on track and some experiencing delays due to operational or capacity pressures. Work was underway to agree the 2026/27 priorities, alongside a formal review of the RJC's strategic intent and governance arrangements to ensure alignment with evolving organisational strategies and regional structures.

- **Monitoring of Welsh Health Circulars and Ministerial Directions**

Monitoring Updates on Welsh Health Circulars (WHCs) and Ministerial Directions (MDs) were reviewed at each Committee meeting, providing regular assurance that actions required by Welsh Government were being appropriately addressed. The reports confirmed that no instances of noncompliance with Ministerial Directions were identified during the year, and that arrangements were in place to track, manage and escalate delivery of actions arising from both WHCs and MDs through established governance and assurance processes.

- **Partnerships and Regional Collaboration**

The Health Board continued to strengthen partnership working across regional and statutory structures, with updates demonstrating sustained progress in public health improvement, statutory partnership governance and the development of integrated models of care.

The Public Services Boards (PSBs) Well Being Assessments provided assurance that the Health Board is working effectively with statutory partners to meet its obligations under the Wellbeing of Future Generations (Wales) Act 2015 and the Social Services and Wellbeing (Wales) Act 2014. The Assessments confirmed that joint working through PSBs, the Regional Partnership Board (RPB) and the Prevention Board continue to support family strength, early intervention and the prevention of child abuse and neglect through coordinated policy development,

education programmes, targeted funding and collaborative delivery. The assessments, last undertaken in 2022 and operating on a minimum three-year cycle, highlighted ongoing work to align and merge common priorities across the region, reducing duplication and moving away from a purely Local Authority based approach. This provides assurance of a more streamlined and regionally coherent approach to improving community wellbeing, despite differing political contexts across partner organisations.

Work through the Dyfed Area Planning Board (APB) reported continued progress in addressing substance misuse, reducing tobacco harm and tackling the wider determinants of health. Smoking prevalence across the region has reduced to 7.7%, with cessation services reporting performance on track to meet Tier 1 targets, demonstrating the impact of sustained partnership led population health interventions. Wider APB led activity continued to support improvements in population health and preventative services across the region.

The Partnership Governance Assurance Report confirmed that governance arrangements for statutory partnerships, including PSBs and the West Wales Regional Partnership Board (WWRPB), remain robust, transparent and aligned to shared regional priorities. These partnerships continue to play a central role in integrating health and social care, supporting wellbeing objectives and coordinating responses to crosscutting challenges such as poverty, sustainability and prevention. PSBs also progressed exploratory work on future collaboration opportunities, including consideration of structural changes such as the proposed Pembrokeshire PSB merger, to further strengthen regional alignment and delivery efficiency.

The WWRPB continued to provide strategic leadership across key regional programmes, including Urgent and Emergency Care and Home First, working collaboratively with Local Authorities and health partners to align regional transformation with national policy direction and Welsh Government expectations. Alongside programme delivery, work progressed to strengthen coordination, communication and delivery oversight across the regional partnership landscape.

In parallel, progress continued on implementation of the Integrated Community Care System (ICCS), the national framework for delivering seamless, preventative and person-centred care. In preparation for the planned withdrawal of Regional Integration Funding (RIF), the Integrated Executive Group (IEG) commenced transition planning, with Gateway One completed and benefits realisation activity underway for priority programmes. Regional partnership bodies are now developing statutory plans to embed ICCS as the long-term model for integrated care delivery across West Wales.

- **Planning Objectives**

The Committee oversaw four Planning Objectives transferred from the former Strategic Development and Operational Delivery Committee (SDODC), with the Clinical Services Plan, Community by Design Strategic Plan and Population Health progressing as planned, and earlier delays in the Estates Plan subsequently brought

back on track. These objectives remained central to delivery of the Health Board's Annual Plan, underpinned by accurate data reporting and a transparent review process that addressed delays in completing the 2024/25 Planning Objectives. This demonstrated the Health Board's commitment to accountability, flexible planning, and maintaining progress despite evolving operational requirements.

Throughout the year, assurance was provided through highlight reports and deep-dives, confirming steady progress across all four planning objectives while recognising capacity pressures and the need to adapt to financial and performance expectations. By early 2026, the Committee was assured that the objectives continued to underpin delivery of the 2025/26 Annual Plan and development of the emerging Integrated Medium-Term Plan, ensuring strong alignment with strategic priorities, Welsh Government requirements, and long-term organisational ambitions.

- **Population Health**

The quarterly Population Health Progress Update provided oversight of key health-improvement priorities, including healthy weight initiatives and efforts to reduce harms associated with tobacco, drugs, and alcohol. It also highlighted work on local health protection system leadership, vaccination and immunisation delivery in partnership with Primary Care, and wider collaborative activity aimed at strengthening the Health Board's position on health equity and the broader determinants of health. This included ongoing development of the Social Model for Health and Wellbeing, supported through joint working with Public Services Boards (PSBs) and Regional Partnership Boards (RPBs).

The Population Health update also reported progress against Planning Objective 10, with a continued focus on advancing the Social Model for Health and Wellbeing (SMfHW). Supported by the 20-four-7 framework, this work is aimed at strengthening prevention and reducing health inequalities. Key developments included the creation of a community of practice and the rollout of tools to support health equity assessments.

- **Property Lease Arrangements**

Progress in delivering the 2023–2026 Property Asset Strategic Plan continued throughout the year, with a broad range of lease related actions supporting service continuity, estate rationalisation and transformation objectives. Key developments included the relocation of medical records services from Unit 4, Stradey Business Park, Llangennech to new accommodation in Heol Cropin, Dafen, enabling the digitisation of records and supporting long term estate efficiency. New lease arrangements were also progressed for Units 2A and 3 at Dafen, with endorsement to terminate the Unit 4 Llangennech lease upon completion, reducing reliance on inefficient estate and supporting service consolidation.

Opportunities were secured to utilise Swansea University space within Pentre Awel through a time limited licence arrangement supported by Local Authority funding, enabling the delivery of services including phlebotomy, research and innovation

activity, and community bookable rooms. Lease variations and extensions were also agreed with Local Authorities to support the expansion and reconfiguration of Therapies and Musculoskeletal (MSK) services within the Rheidol Building in Aberystwyth, improving service integration and workforce sustainability while maintaining a low risk financial profile.

In addition, the Committee received assurance on a number of low-risk lease renewals and extensions, including the continuation of the Omnicell lease with the Welsh Ambulance Services NHS Trust, ensuring ongoing medicines management arrangements. Across the year, lease surrenders, renewals, holding over arrangements and new agreements were actively managed through established governance processes, with a focus on reducing estate risk, enabling service change, and aligning accommodation decisions with the Health Board's longer-term strategic direction.

- **Review of Clinical Pharmacy Services**

The Welsh Government-commissioned Review of Clinical Pharmacy Services identified 60 actions across four themes: optimising pharmacy roles, developing clinical care, strengthening governance, and leveraging digital technology. To date, 35% of actions have been completed, with HDdUHB actively involved in national Delivery Assurance Groups. Key achievements include expanded prescribing roles, Electronic Prescribing and Medicines Administration (EPMA) rollout in Quarter 1 2026, and improved emergency care interventions. Although workforce pressures and service integration challenges remain, alignment with national priorities and ongoing service improvement is well evidenced.

- **Social Model for Health and Wellbeing**

The Well-being of Future Generations Annual Report highlighted progress in setting and publishing the Health Board's well-being goals, including case studies demonstrating alignment with the Social Model for Health and Wellbeing and the 20-four-7 framework, alongside continued collaboration with Public Services Boards and Local Authorities. This was the final report under the current objectives, and the Health Board completed a review of its Well-being Objectives to ensure alignment with the Well-being of Future Generations (Wales) Act 2015 and the refreshed long-term strategy. The review, informed by stakeholder engagement, trade union partnership working, and external advice, confirmed the relevance of existing themes while identifying areas requiring refinement.

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

As part of the Committee's consideration of Deep Dive PO7: Community by Design Strategic Plan update, learning from the Starting and Developing Well Team (Public Health) highlighted ongoing challenges in dentistry and general practice recruitment,

which continue to affect the sustainability of primary care services across the Health Board area. These pressures are compounded by evolving service expectations within community pharmacy and optometry, alongside increased reliance on managed practices where independent provider sustainability has been impacted.

The report reflected an increased emphasis on early intervention, prevention and partnership working, with a series of engagement events involving the clinical workforce and local stakeholders used to explore opportunities and codesign options for future service development. This work has helped to surface systemwide learning relevant to the development of the Community by Design Strategic Plan and its alignment with the refreshed 'A Healthier Mid and West Wales Strategy'.

The Committee noted that the emerging learning and themes from the Impact and Learning Report will be used to inform the next phase of strategic development, with further refinement through established governance arrangements. Key findings and proposed areas of focus are intended to be consolidated and brought forward for Board level consideration, supporting assurance on how early years and primary care prevention priorities are being embedded within the Health Board's long term strategic framework.

- **Value Based Healthcare**

The Value Based Healthcare (VBHC) Programme continues to play a significant role in driving improvements in care quality, patient outcomes, and resource utilisation across the Health Board. The programme remains focused on investing in models of care that deliver greater value and supporting the organisation to cease low value activities. This proactive approach ensures that decision making is driven by evidence and data, with a refreshed VBHC Plan under development.

Progress was reported on service redesign across key pathways including Diabetes, Orthopaedics, Cardiology and Respiratory Disease, supported by demonstrable outcome data. The Health Board also continues to be a national leader in the use of Patient Reported Outcome Measures (PROMs), contributing approximately 60% of all PROMs collected across Wales. Opportunities to further embed patient insight into strategic planning, including the Clinical Services Plan, were explored.

Updates emphasised the need for transformational change, with a particular focus on prevention, population health, and the development of a comprehensive frailty model to support an ageing population. The rapid value programme continues to progress, with plans advancing to embed VBHC principles across organisational priorities through strengthened regional collaboration and improved cases for change.

- **Winter Vaccination Programme**

The delivery plan for the Winter Vaccination programme included actions to improve staff take up including offering vaccinations separately during 2025/26.

For Approval

Items recommended for approval by the Committee during the year were as follows:

- SDODC Annual Report 2024-25
- Maturity Matrix
- SPC Terms of Reference
- 5th Linac (Radiotherapy Treatment machine)/ 6th Bunker at Morriston Hospital Business Case
- Withybush Hospital Fire Prevention Scheme Phase 2 Business Justification Case
- Glangwili Hospital Front Door - Opportunities for Improved Patient Flow
- Targeted Estates Fund (TEF) Projects: Provision of Second Generators at Glangwili and Withybush Hospitals
- Clinical Services Plan
- AHMWW Business Case Addendum
- Review of Well-being Objectives
- Capital Sub Committee 2026-27 Workplan
- Glangwili Hospital (GGH) Fire Phase 2 Business Justification Case
- Climate Adaptation Plan

6. Committee Effectiveness - Feedback from self-assessment process

As stipulated within Standard Orders, the Board introduced a process of regular and rigorous self-assessment and evaluation of the performance of the Strategy and Planning Committee.

- This involved the completion of a short digital form which requested feedback on the following areas:
 - Strategic Oversight and Alignment
 - Integrated Planning and Integrated Medium Term Plan Development
 - Stakeholder Engagement and Collaboration
 - Performance, Delivery and Impact
 - Capital Planning, Expenditure and Management

The results from which were fed into an action plan, combining information and Auditor/Regulator feedback.

The process was undertaken during the year and reported to the Committee on 28 February 2026.

Strategy and Planning Committee [Outcome](#) report.

Prior to this, the Committee received an update on progress on 28 August 2025.

Strategy and Planning Committee Self-Assessment Outcome report 2025-26 – Progress [Update](#).

Following the six-month progress update on actions from the 2024/25 SDODC Self-Assessment and the full Strategy and Planning Committee Self-Assessment for 2025/26, the Committee noted continued maturation of the Strategy and Planning

Committee's governance role, with stronger challenge, clearer assurance, and improved alignment with organisational strategy and Welsh Government expectations.

Key improvements included strengthened governance and reporting - supported by enhanced report-writing training, refreshed Committee structures, and clearer escalation pathways. Oversight of major strategic programmes (including the AHMWW Strategy Refresh, Clinical Services Plan, Community by Design Strategic Plan and IMTP development) was reinforced, alongside strong assurance on capital planning through the Capital Sub-Committee. Committee dynamics were positive, with constructive challenge from Independent Members and reflective sessions helping embed a culture of continuous improvement.

Self-assessment results confirmed effective performance across core domains, with strong ratings for strategic oversight, planning, and capital management. Areas identified for further improvement included strengthening links between planning assumptions and performance, improving report quality and timeliness, enhancing visibility of stakeholder engagement, and ensuring clearer alignment between capital spend and strategic priorities. Forward actions were agreed to address these points, including earlier sight of key planning documents and improved triangulation of planning, resources, and performance.

Overall, the assessments confirmed the Strategy and Planning Committee's growing governance maturity and its vital role in supporting integrated planning, aligning resources with priorities, and strengthening organisational focus on outcomes. The Committee is well-positioned to continue driving strategic clarity and assurance across the Health Board.

7. Conclusion

The Committee is satisfied that it operated effectively and in line with its Terms of Reference. Issues were escalated to Board as appropriate, and the Committee used feedback from the self-assessment process to evolve and improve.

This Annual Report marks the first year of operation for the Strategy and Planning Committee following the introduction of revised governance arrangements from April 2025. Established as part of the new governance framework, the Committee has focused on embedding its role, refining its remit, and developing effective oversight and assurance mechanisms. This report reflects on the Committee's early work, key priorities, and initial achievements over its inaugural year, providing an overview of progress made and lessons learned as the Committee continues to mature and strengthen its contribution to effective governance and strategic oversight.

1.7

09:10, 15 Mins

1.7 - Assurance and Risk Report

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Huw Thomas (Hywel Dda UHB - Director of Finance)

Including:

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

| For assurance

Attachments

[1.7 SPC CRR Assurance and Risk Report April 2026 FINAL.pdf](#)

[1.7 Appendix 1 - SPC Corporate Risks - Mar 26.pdf](#)

[1.7 Appendix 2 - SPC -Audit Inspections Overdue Recommendations March 2026.pdf](#)



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CYMRU
NHS
WALES

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Assurance and Risk Report

Strategy & Planning Committee – 28 April 2026

This report provides the Strategy and Planning Committee (SPC) with the status of the corporate risks, audit and inspections recommendations and Ministerial Directions.

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

Principal risks, operational risks, and Welsh Health Circulars are reported at alternate meetings, and due to be presented to SPC at its next meeting in June 2026.

Corporate Risks:

2

Audits & Inspection
Reports

7

Ministerial Directions

0

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 or Executive Function (hereto referred to as "Functions"), and each has a designated risk lead responsible for reviewing in a timely and comprehensive manner.

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

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



Corporate risks assigned to SPC



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Hywel Dda Risk Heat Map					
	LIKELIHOOD →				
IMPACT ↓	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Catastrophic 5	Yellow	Orange	Red	Red	Red
Major 4	Yellow	Orange	Orange	2212 Red	Red
Moderate 3	Light Green	Yellow	Orange	2204 (NEW) Orange	Red
Minor 2	Light Green	Yellow	Yellow	Orange	Orange
Negligible 1	Light Green	Yellow	Yellow	Orange	Orange

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

These risks have been identified by individual Directors via a top down and bottom-up approach and are either:

- Associated with the delivery of the Health Board objectives; or
- Significant escalated operational risks that are of significant concern and require corporate oversight and management.

There are 2 corporate risks currently aligned to SPC (out of the 24 that are currently on the CRR at 25 March 2026).

The following slide provides a summary of the reportable corporate risk aligned to SPC. The Corporate Risk Register attached at **Appendix 1**, provides full detail of the risk, including control measures in place, a risk action plan to further manage and mitigate the risk, and sources of assurance.

Corporate Risks assigned to SPC



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Risk Reference & Title	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
2212 - There is a risk that the Health Board will not have an approvable Integrated Medium-Term Plan (IMTP) by March 2028.	Director of Strategy and Planning	12	16 (↑) (Reviewed 23/03/2026)	4	31/03/2028

Rationale for Current Risk Score

The Health Board's 2026/27 Annual Plan sits within a three year horizon but still cannot meet the requirements for an approvable IMTP. The statutory breach of the NHS (Wales) Act 2006 continues. The Health Board remains in Targeted Intervention (TI) in planning, finance, urgent and emergency care, and hospital acquired infections. Whilst the plan is more mature, using risk led prioritisation, integrated priority bundles, clearer demand and capacity modelling, and updated strategic decisions, it exposes a more challenging reality. The financial trajectory does not reach breakeven and forecasts a £41m deficit, a deteriorating position than both the previous £31.5m control total and the £22m outturn for 2025/26. The plan acknowledges that TI criteria cannot be met within current resources while maintaining safe services.

The absence of an approvable IMTP now carries greater consequences. The plan identifies 656 organisational risks, including 391 scoring 12+, 63 scoring 20+, and 9 scoring 25. Significant quality and safety concerns remain with 226 high and extreme scoring patient safety risks, acknowledging ongoing harm from surge and boarding pressures, the discontinuation of e-prescribing, workforce fragility, and over 100 estate related risks. A clearer understanding of these pressures justifies the increased current risk score from 12 to 16, recognising six of ten dimensions since 2025/26.

Rationale for Target Risk Score (TRS)

The target risk score of 4 and expected achievement date of 31/03/2028 were agreed by the Formal Executive Team in November 2025. Achievement of a financially balanced and approvable plan remains a key driver for de-escalation from Targeted Intervention. The increase in current risk score from 12 to 16 widens the gap to target and should prompt consideration of whether the March 2028 target date remains realistic, given that the plan's own financial trajectory does not achieve breakeven within the three-year horizon.

The score of 16 will be reviewed following: Welsh Government's formal assessment of the 2026/27 plan submission; the Senedd election and any resulting changes to funding or priorities; the Q2 financial review (savings programme delivery); and the Welsh Government recovery funding decision (at the point of writing Welsh Government have stated there are no additional monies).

TRS and expected date to achieve have been agreed by Formal Executive Team in November 2025

Corporate Risks assigned to SPC



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Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
2204 - Risk of the Health Board being unable to meet statutory Capital Resource Limit (CRL) due to uncertainties around funding provision and capital commitments	Director of Strategy and Planning	12 (NEW) (Reviewed 09/03/2026)	8	31/03/2026

Rationale for Current Risk Score

There is a significant level of spend remaining within the capital programme, approximately 60% at end of January 2026 due to:

- Planned programmes of work in quarter 4. Whilst plans in place, spend has yet to be incurred. There are key projects which should they not be delivered, would have a significant impact on the ability of the Health Board to achieve the CRL.
- Approval of Welsh Government capital funding in latter half of the year - this equates to £8m to date from November 2025.
- Given the significant value and volume of schemes to be delivered the risk profile is increased. The Health Board have currently declined any additional end of year capital funding from Welsh Government.
- The consequences of significantly underspending against the Health Boards' capital programme would be: -
 - A breach of the Health Boards statutory duty to breakeven against its CRL;
 - Commitments being carried forward to the next financial year, detrimentally impacting on capital allocations in 26/27; and
 - Underspending 2025/26 schemes would need to be funded from the 2026/27 Discretionary Capital Programme (DCP), leading to an adverse impact on future years DCP.

Rationale for Target Risk Score (TRS)

In order to achieve the target risk score, the Health Board will need to demonstrate that it is able to manage its capital position effectively and meet its CRL requirements for the financial year, cognisant of the risks which are inherent in the delivery of safe and timely care.

A prioritised list of capital purchases with associated timelines for delivery is available to mitigate against any slippages / underspends which are identified. which when actioned will support the reduction of the current risk score.

TRS and expected date to achieve have been agreed by Formal Executive Team in February 2026

Audits and Inspections - Overview



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The Health Board remains in Level 4 status with Welsh Government (WG) as a result of challenges relating to financial sustainability, strategy and planning, service delivery and organisational performance. Whilst the Health Board has been de-escalated for 'Leadership and Governance' from Level 3 to Level 1, the Health Board must meet the revised criteria:

- Evidence that all recommendations from the Royal Colleges / Health Inspectorate Wales (HIW) and other reviews specific to Hywel Dda UHB are discharged and either verified or delivered or scheduled for delivery within the Health Board's longer-term improvement plan;
- Support the implementation and realisation of GIRFT and the national programme reviews opportunities;
- Support the implementation and realisation of the three Ps policy, GIRFT, theatre optimisation, CIN optimisation programmes and related national improvement recommendations; and
- Develop a prompt response to any HIW unannounced inspections, Audit Wales and Royal College recommendation, developing and completing action plans that demonstrate sustainable evidence.

All reports from audits, inspections and reviews undertaken across the Health Board are logged and tracked on AMaT (Audit Management and Tracking), with progress updated by relevant service leads against each recommendation, with evidence required to be uploaded to demonstrating progress and implementation, and any barriers to completion clearly noted.

AMaT enables services to directly update progress against all recommendations via one central system, promoting a consistent approach with regards to processes and reporting, improvement in transparency and accountability, supporting services with their governance arrangements, and improvement in information flow. Progress is monitored via the utilisation of a traffic light system based on performance against original completion dates.

Status Category	Definition
Overdue	The recommendation is behind schedule to the timescale provided by the lead officer.
Unable to Complete	The recommendation 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.
Pending Decision	The recommendation is pending a decision in order to implement e.g. outcomes of annual planning process, approval of funding requests, outcome of a QIA panel. Committee updates will detail whether the recommendation is overdue or not whilst decision pending.
In Progress	The recommendation is currently in progress, and within the agreed original timeframe for implementation.
Reliant on External Factors	The recommendation is considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation to implement.
Complete Pending Formal Approval	The Service / Function have completed the recommendation and currently awaiting formal approval to close.
Complete	The recommendations has been confirmed as completed by the CCG / Function Lead and formal approval to close has been received.

Audit & Inspections – Summary

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There are 10 open reports aligned to SPC to enable them to undertake the following responsibility set out in their Terms of Reference:

3.1.22. Seek assurance on the delivery of the requirements arising from Health Board's regulators, Welsh Government and professional bodies.

Full detail of recommendations that are overdue are included in Appendix 2.

Report issued by	Report Title	Clinical Care Group / Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Total number of recs	Overdue	In Progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Unable to Complete	Any Barriers to Completion Noted?
Welsh Government	Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales (issued Sep 23)	Primary Care, Community Strategy & Long-Term Care	Chief Operating Officer	Apr-31	Apr-31	16	1	8	0	2	4	1	Lack of space within Health Board to support medicine hub.
Audit Wales	Primary Care Follow-up Review (issued Nov 23)	Primary Care, Community Strategy & Long-Term Care	Chief Operating Officer	Mar-25	N/K	2	1	0	0	0	0	1	Success will be achieved when CIVICA is available for use across Primary Care contractors
Audit Wales	Structured Assessment 2024 (issued Nov 24)	Corporate Services	Director of Corporate Governance	Mar-26	Mar-26	3	0	1	2	0	0	0	None noted.
Internal Audit	Energy Management Final Internal Audit Report 2024/25 (issued Nov 24)	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	Mar-26	8	0	0	5	3	0	0	None noted.

Audit & Inspections – Summary

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Report issued by	Report Title	Clinical Care Group / Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Total number of recs	Overdue	In Progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Unable to Complete	Any Barriers to Completion Noted?
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – (issued May 25)	Community & Integrated Medicine	Chief Operating Officer	Dec-25	N/K	14	8	0	5	1	0	0	Assurance & Risk Officer scheduling meeting with Transformation Principal Programme Manager to support updating AMaT
Internal Audit	Commissioning – Long Term Agreements Final Internal Audit Report 2025/26 (issued Sep 25)	Director of Strategy and Planning	Director of Strategy and Planning	Apr-26	Apr-26	1	0	1	0	0	0	0	None noted.
Internal Audit	Vaccination & Immunisation Final Internal Audit Report 2025/26 (issued Feb 26)	Director of Public Health	Director of Public Health	Jun-26	Jun-26	9	0	9	0	0	0	0	None noted.



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



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Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Mar-26	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score
2212	Risk the Health Board will not have an approvable Integrated Medium-Term Plan (IMTP) by March 2028.	Davies, Lee	Statutory duty/inspections	4×3=12	4×4=16	↑	1×4=4	31/03/2028
2204	Risk of HB being unable to meet statutory CRL due to uncertainties around funding provision and capital commitments	Davies, Lee	Finance inc. claims	NA	4×3=12	NEW	4×2=8	31/03/2026

RISK SCORING MATRIX

Likelihood x Impact = Risk Score					
Likelihood	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Frequency - How often might it/does it happen? <small>(how many times will the adverse consequence being assessed actually be realised?)</small>	This will probably never happen/recur (except in very exceptional circumstances).	Do not expect it to happen/recur but it is possible that it may do so.	It might happen or recur occasionally.	It might happen or recur occasionally.	It will undoubtedly happen/recur, possibly frequently.
	Not expected to occur for years.*	Expected to occur at least annually.*	Expected to occur at least monthly.*	Expected to occur at least weekly.*	Expected to occur at least daily.*
* time-framed descriptors of frequency					
Probability - Will it happen or not? <small>(what is the chance the adverse consequence will occur in a given reference period?)</small>	(0-5%*)	(5-25%*)	(25-75%*)	(75-95%*)	(>95%*)
	*used to assign a probability score for risks related to time-limited or one off projects or business objectives.				
Risk Impact Domains	Negligible - 1	Minor - 2	Moderate - 3	Major - 4	Catastrophic - 5
Safety of Patients, Staff or Public	Minimal injury requiring no/minimal intervention or treatment.	Minor injury or illness, requiring minor intervention.	Moderate injury requiring professional intervention.	Major injury leading to long-term incapacity/disability.	Incident leading to death.
	No time off work.	Requiring time off work for >3 days	Requiring time off work for 4-14 days.	Requiring time off work for >14 days.	Multiple permanent injuries or irreversible health effects.
		Increase in length of hospital stay by 1-3 days.	Increase in length of hospital stay by 4-15 days. Agency reportable incident. An event which impacts on a small number of patients.	Increase in length of hospital stay by >15 days. Mismanagement of patient care with long-term effects.	An event which impacts on a large number of patients.
Quality, Complaints or Audit	Peripheral element of treatment or service suboptimal.	Overall treatment or service suboptimal.	Treatment or service has significantly reduced effectiveness.	Non-compliance with national standards with significant risk to patients if unresolved.	Totally unacceptable level or quality of treatment/service.
	Informal complaint/inquiry.	Formal complaint.	Formal complaint -	Multiple complaints/ independent review.	Gross failure of patient safety if findings not acted on.
		Local resolution.	Escalation.	Low achievement of performance/delivery requirements.	Inquest/ombudsman inquiry.
		Single failure to meet internal standards.	Repeated failure to meet internal standards.	Critical report.	Gross failure to meet national standards/performance requirements.
		Minor implications for patient safety if unresolved. Reduced performance if unresolved.	Major patient safety implications if findings are not acted on.		

Workforce & OD	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/ service due to lack of staff.	Uncertain delivery of key objective/service due to lack of staff.	Non-delivery of key objective/service due to lack of staff.
			Unsafe staffing level or competence (>1 day). Low staff morale.	Unsafe staffing level or competence (>5 days). Loss of key staff.	Ongoing unsafe staffing levels or competence. Loss of several key staff.
			Poor staff attendance for mandatory/key training.	Very low staff morale. No staff attending mandatory/ key training.	No staff attending mandatory training /key training on an ongoing basis.
Statutory Duty or Inspections	No or minimal impact or breach of guidance/ statutory duty.	Breach of statutory legislation. Reduced performance levels if unresolved.	Single breach in statutory duty.	Enforcement action	Multiple breaches in statutory duty.
			Challenging external recommendations/ improvement notice.	Improvement notices.	Prosecution. Complete systems change required.
				Low achievement of performance/delivery requirements.	Low achievement of performance/delivery requirements.
				Critical report.	Severely critical report.
Adverse Publicity or Reputation	Rumours.	Local media coverage – short-term reduction in public confidence. Elements of public expectation not being met.	Local media coverage – long-term reduction in public confidence.	National media coverage with <3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. AMs concerned (questions in the Assembly).
	Potential for public concern.				Total loss of public confidence.
Business Objectives or Projects	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national 10–25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
Finance including Claims	Small loss.	Loss of 0.1–0.25 per cent of budget.	Loss of 0.25–0.5 per cent of budget.	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget.	Non-delivery of key objective/ Loss of >1 per cent of budget.
	Risk of claim remote.	Claim less than £10,000.	Claim(s) between £10,000 and £100,000.	Claim(s) between £100,000 and £1 million.	Failure to meet specification/ slippage Claim(s) >£1 million.
Service or Business interruption or disruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours.	Loss/interruption of >1 day.	Loss/interruption of >1 week.	Permanent loss of service or facility.
		Some disruption manageable by altered operational routine.	Disruption to a number of operational areas within a location and possible flow onto other locations.	All operational areas of a location compromised. Other locations may be affected.	Total shutdown of operations.
Environmental	Minimal or no impact on the environment.	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic/critical impact on environment.
Health Equity	Minimal or no impact on our attempts to improve health equity	Minor impact on our attempts to improve health equity or low level of certainty on the impact we are having on health equity	Moderate impact on our attempts to improve health equity or a lack of sufficient information that would demonstrate this. Indications that we are not having a positive impact on health improvement or health equity	Major impact on our attempts to improve health equity. Validated data suggesting that we are not improving the health of the most disadvantaged in our population whilst clearly supporting the least disadvantaged. Validated data suggesting we are having no impact on health improvement or health equity.	Validated data clearly demonstrating a disproportionate widening of health inequalities or a negative impact on health improvement and/or health equity.

RISK MATRIX




IMPACT ↓	LIKELIHOOD →				
	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5	5	10	15	20	25
MAJOR 4	4	8	12	16	20
MODERATE 3	3	6	9	12	15
MINOR 2	2	4	6	8	10
NEGLIGIBLE 1	1	2	3	4	5

RISK ASSESSMENT - FREQUENCY OF REVIEW

RISK SCORED	DEFINITION	ACTION REQUIRED (GUIDE ONLY)	MINIMUM REVIEW FREQUENCY
15-25	Extreme	Unacceptable. Immediate action must be taken to manage the risk. Control measures should be put into place which will have an effect of reducing the impact of an event or the likelihood of an event occurring. A number of control measures may be required.	This type of risk is considered extreme and should be reviewed and progress on actions updated, at least monthly.
8-12	High	Very unlikely to be acceptable. Significant resources may have to be allocated to reduce the risk. Urgent action should be taken. A number of control measures may be required.	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	Moderate	Not normally acceptable. Efforts should be made to reduce risk, providing this is not disproportionate. Establish more precisely the likelihood & harm as a basis for determining the need for improved measures.	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	Low	Risks at this level may be acceptable. If not acceptable, existing controls should be monitored & reviewed. No further action or additional controls are required.	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

Assurance Key:

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


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

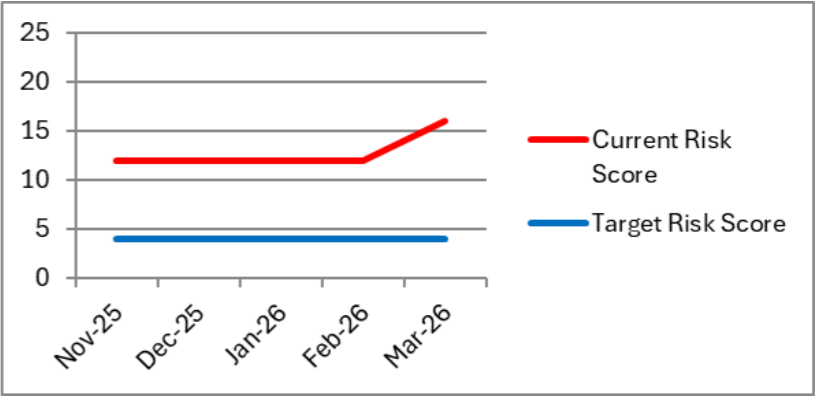
Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective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

Date Risk Identified:	Sep-25
Strategic Objective:	3. Great Care

Executive Director Owner:	Davies, Lee	Date of Review:	Mar-26
Lead Committee:	Strategy and Planning Committee	Date of Next Review:	Apr-26

Risk ID:	2212	Corporate Risk Description:	There is a risk that the Health Board will not have an approvable Integrated Medium-Term Plan (IMTP) by March 2028. This is caused by the Health Board not maintaining the 2024/25 outturn position of £24.1m as an absolute minimum at end of 2025/26, with a clear trajectory toward breakeven by 2027/28 as specified in our escalation framework. This could lead to an impact/affect on the Health Board meeting its statutory duty to breakeven, increased escalation and loss of public and stakeholder confidence.
Does this risk link to any Directorate (operational) risks?			2086

Risk Rating:(Likelihood x Impact)	
Domain:	Statutory duty/inspections
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	1×4=4
Expected Date To Achieve TRS:	31/03/2028
Trend:	



Month	Current Risk Score	Target Risk Score
Nov-25	12	4
Dec-25	12	4
Jan-26	12	4
Feb-26	16	4
Mar-26	16	4

Rationale for CURRENT Risk Score:

The Health Board's 2026/27 Annual Plan sits within a three year horizon but still cannot meet the requirements for an approvable IMTP. The statutory breach of the NHS (Wales) Act 2006 continues. The HB remains in Targeted Intervention (TI) in planning, finance, urgent and emergency care, and hospital acquired infections. Whilst the plan is more mature, using risk led prioritisation, integrated priority bundles, clearer demand and capacity modelling, and updated strategic decisions, it exposes a more challenging reality. The financial trajectory does not reach breakeven and forecasts a £41m deficit, a deteriorating position than both the previous £31.5m control total and the £22m outturn for 2025/26. The plan acknowledges that TI criteria cannot be met within current resources while maintaining safe services.

The absence of an approvable IMTP now carries greater consequences. The plan identifies 656 organisational risks, including 391 scoring 12+, 63 scoring 20+, and 9 scoring 25. Significant quality and safety concerns remain with 226 high and extreme scoring patient safety risks, acknowledging ongoing harm from surge and boarding pressures, the discontinuation of e prescribing, workforce fragility, and over 100 estate related risks. A clearer understanding of these pressures justifies the increased current risk score from 12 to 16, recognising six of ten dimensions since 2025/26.

Rationale for TARGET Risk Score:

The target risk score of 4 and expected achievement date of 31/03/2028 were agreed by the Formal Executive Team in November 2025. Achievement of a financially balanced and approvable plan remains a key driver for de-escalation from Targeted Intervention. The increase in current risk score from 12 to 16 widens the gap to target and should prompt consideration of whether the March 2028 target date remains realistic, given that the plan's own financial trajectory does not achieve breakeven within the three-year horizon.

The score of 16 will be reviewed following: Welsh Government's formal assessment of the 2026/27 plan submission; the Senedd election and any resulting changes to funding or priorities; the Q2 financial review (savings programme delivery); and the Welsh Government recovery funding decision (at the point of writing Welsh Government have stated there are no additional monies).

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
1. A Healthier Mid and West Wales Strategy agreed by Board in 2018 forms the basis of the Health Board's Annual Plan 2. Financial roadmap has been developed and periodically updated to align to the planning cycle 3. Clear annual planning process led by the Planning Team in place - set out in Annual Plan Report to Board 25/09/25 4. Regional working partnerships in place 5. Planning Co-ordination Group in place with membership from corporate and operational/CCG representation 6. Continued dialogue with Welsh Government 7. Annual WG Planning Framework 8. Engagement with Stakeholder Reference Group on Annual Plan for 2026/27 - planned for November 2027 9. Commissioning team is a member of the Specialist Services Commissioning Group (SSCG) which meets bi-monthly, and reports to the JCC. 10. Commissioning and Contracting Oversight Group established, which meets quarterly 11. Regional Clinical Service Planning Subgroup in place 12. Operational management structures in place including Clinical Care Groups; Value and Sustainability Group; A Healthier Mid and West Wales Group; Integrated Quality, Performance and Finance Delivery Group.	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
	1. Implications of the strategy refresh of AHMWW and the development of the Clinical Services Plan on the annual planning for 2026/27 and 2027/28 are currently not known or understood 2. Health Board's Financial Roadmap does not yet align to WG expectations with assured recurrent savings schemes to achieve breakeven in 2027/28	The Annual Plan 2026/27 will be written in the context of a 3 year plan cycle, the implications of the strategy refresh and CSP will be factored into year 2 (2027/28).	Davies, Lee	31/03/2026	The planning cycle will be continually reviewed throughout 2026/27 in the wider context of the delivery of an approvable IMTP. Operational risk registers have been fundamental in the approach to developing the annual plan for 2026/27. of Year 1 will focus on addressing the implications of the strategy refresh and CSP, which are due to be presented to Board in Q4 of 2025/26.
	3. Feedback from WG includes the need for clearer delivery plans within the Annual Plan going forward	Sufficient and assured recurrent savings schemes are planned across Clinical Care Groups	Carruthers, Andrew	31/03/2026	Progress update to be provided at next risk review
	4. Closer working with the NHS Wales Joint Commissioning Committee (JCC) in regard to all-Wales commissioning decisions 5. Stronger regional planning and delivery actions through the Regional Joint Committee with Swansea Bay UHB on priority areas 6. Operational risks create compound effects that make planning assumptions unachievable 7. There is a gap in the organisations ability to deliver change	Share WG feedback of last year's Annual Plan at the scheduled Planning Workshops throughout Autumn 2025 (Oct, Nov and Dec) with clear expectations of input and output, with support from the Planning Team.	Davies, Lee	Completed	Series of workshops held during Autumn 2025, with feedback from Welsh Government to date shared. The Health Board are still awaiting the Planning Framework to be published by Welsh Government, expected by the end of first week of December 2025 in order to fully address this action, which will also define the regional approach.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
	Planning Co-ordination Group	1st								
	Regular updates on development of annual Plan discussed at Business Executive Team	2nd								
	Strategy and Planning Committee receive assurance on the development of the Annual Plan	2nd								
	Finance & Performance Committee to review and approve financial roadmap and financial plan	2nd								
	PODCC and FPC provide guidance on people and finance elements of Annual Plan	2nd								
	Planning Maturity Matrix is annually reviewed and presented to Board and WG	2nd								
	Regular oversight by WG of our Annual Plan through JET, TI, IQPD and informal touchpoint meetings with WG Planning Team	3rd								
	IA Annual Planning - May25 (Reasonable)	3rd								
	Addressing feedback from WG on Annual Plan 2025/26 to incorporate into planning process and product	3rd								

Date Risk Identified:	Oct-25
Strategic Objective:	2. Healthier Communities

Executive Director Owner:	Davies, Lee	Date of Review:	Mar-26
Lead Committee:	Strategy and Planning Committee	Date of Next Review:	May-26

Risk ID:	2204	Corporate Risk Description:	There is a risk that the Health Board is unable to maximise the opportunities presented by capital funding made available to it. This is caused by the uncertainty on levels of funding provided by Welsh Government, and capital commitments within the financial year being lower than anticipated. This could lead to an impact/affect on the ability of the Health Board to meet the statutory Capital Resource Limit requirements, and detrimentally impact on the health Board's Discretionary Capital Programme in future years.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)		No trend information available.
Domain:	Finance inc. claims	
Inherent Risk Score (L x I):	4x5=20	
Current Risk Score (L x I):	4x3=12	
Target Risk Score (L x I):	4x2=8	
Expected Date To Achieve TRS:	31/03/2026	
Trend:		

Rationale for CURRENT Risk Score:	
<p>There is a significant level of spend remaining within the capital programme, approximately 60% at end of January 2026 due to:</p> <ul style="list-style-type: none"> -Planned programmes of work in quarter 4. Whilst plans in place, spend has yet to be incurred. There are key projects which should they not be delivered, would have a significant impact on the ability of the Health Board to achieve the CRL -Approval of Welsh Government capital funding in latter half of the year - this equates to £8m to date from November 2025. <p>Given the significant value and volume of schemes to be delivered the risk profile is increased. The Health Board have currently declined any additional end of year capital funding from Welsh Government.</p> <p>The consequences of significantly underspending against the Health Boards capital programme would be:-</p> <ul style="list-style-type: none"> -a breach of the Health Boards statutory duty to breakeven against its CRL; -commitments being carried forward to the next financial year, detrimentally impacting on capital allocations in 26/27; and -Underspending 25/26 schemes would need to be funded from the 26/27 DCP, leading to an adverse impact on future years DCP. 	

Rationale for TARGET Risk Score:	
<p>In order to achieve the target risk score the Health Board will need to demonstrate that it is able to manage its capital position effectively and meet its CRL requirements for the financial year, cognisant of the risks which are inherent in the delivery of safe and timely care.</p> <p>A prioritised list of capital purchases with associated timelines for delivery is available to mitigate against any slippages / underspends which are identified. which when actioned will support the reduction of the current risk score.</p>	

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
1. Timely financial reporting to Capital Monitoring Group, Capital Sub-Committee, Strategy and Planning Committee, Finance and Performance Committee, Board and Welsh Government as key areas of concern emerge. 2. Bi-Monthly reporting to the Capital Sub-Committee, Strategy and Planning Committee and Finance and Performance Committee regarding the capital risk. 3. Prioritised replacement Medical and Digital equipment lists developed with lead times for delivery included. 4. Vesting / Bonding of equipment where delivery is unable to be achieved by the 31 March. 5. Enhanced reporting to scheme Project Managers with immediate escalation where underspends / slippage are identified.

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Significant level of spend remaining at end of January approximately 60% spread across circa 200 different capital schemes.	Develop a programme of capital schemes to an advanced stage to ensure that the UHB can maximise on funding availability and allow for earlier commitment and spend during the financial year.	Chiffi, Simon	30/09/2026	To be provided at next risk review
Operational capacity due to current demand to ensure all required purchase orders are on the system for processing and payment during Q4 2025/26	Ongoing identification of slippage on capital projects by Finance and allocation of slippage on projects that are deliverable by 31Mar26. List of projects are managed by the Capital Planning and Finance teams.	Rosser, Eldeg	31/03/2026	To be provided at next risk review

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level
Performance against the Capital Resource Limit	Performance against plan monitored through Capital Monitoring Group with key internal stakeholders	1st	1st
	Detailed prioritisation to be agreed through Capital Planning Group	1st	1st
	Performance reports through to Capital Sub-Committee	1st	1st
	Finance and Performance Committee oversight of current performance	2nd	2nd
	Capital report to Strategy and Planning Committee	2nd	2nd
	WG Scrutiny through bi-monthly monitoring	3rd	3rd

Control RAG Rating (what the assurance is telling you about your controls)
1st

Latest Papers (Committee & date)
Strategy and Planning Committee (26/02/2026) Finance and Performance Committee (24/02/2026) Capital Sub-Committee (17/03/2026)

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress
	Further action necessary to address the gaps			

Report Issued By	Report Title	Clinical Care Group/ Executive Function	Recommendation	Management Response	Recommendation Owner	Original Completion Date	Revised Completion Date	Status Category
Welsh Government	Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales (issued Sep 23)	Medical Director	R2.1 Improving pharmacy workforce planning b) Health boards and Velindre University NHS Trust chief pharmacists should ensure the organisation has a pharmacy workforce plan to support and expand advanced and consultant pharmacist practice and to identify more clinical roles for pharmacy technicians	MD22/1 Work currently ongoing to develop workforce plan. Beginning planning for development and training of consultant and advanced practice pharmacists. Expand the role of pharmacy technicians using enhanced training courses.	Elizabeth Williams	Apr-25	Apr-25 N/K	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	Community & Integrated Medicine	R2. To support the on-going delivery of Six Goals related initiatives, the Health Board needs to clarify and confirm the funding arrangements for schemes beyond March 2025. Plans for future years should also identify any funding needs beyond their current annual allocation	The Six Goals 2025/26 Financial plan is currently being finalised with financial colleagues and workstream leads. This sets out spending over the next year on a range of schemes and is match funded by the Health Board. For planning in future years beyond annual allocation, the team have recently completed an evaluation on a pilot with regard to seven-day clinical streaming hubs. This will form the basis of an options appraisal that will lay out the recommended models and funding requirements for this financial year and beyond.	Peter Skitt	Jul-25	Nov-25 N/K	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	Community & Integrated Medicine	R3. To help address the high demand for urgent care due to dental problems the health board should ensure dental practices provide clear, accessible information about urgent and emergency care services on their websites and conduct a future audit to ensure compliance.	A dental nurse triage review of calls received from 111 for patients requiring urgent access to NHS Dental Services indicated that out of 800 calls, 300 patients did not require an urgent dental appointment. Without clinical triage at source this is skewing the data on the actual demand for urgent dental care.	Rhian Bond	Aug-25	Aug-25 N/K	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	Community & Integrated Medicine	R3. To help address the high demand for urgent care due to dental problems the health board should ensure dental practices provide clear, accessible information about urgent and emergency care services on their websites and conduct a future audit to ensure compliance.	The demand for urgent dental care currently outstrips the level of service that Practices are willing to provide. Consideration to pilot putting Dental Nurse triage in at the end of the week and over the weekend has recently been discussed and a plan will be developed.	Rhian Bond	Jun-25	Jun-25 N/K	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	Community & Integrated Medicine	R3. To help address the high demand for urgent care due to dental problems the health board should ensure dental practices provide clear, accessible information about urgent and emergency care services on their websites and conduct a future audit to ensure compliance.	An agreed format of words will be developed and shared with all Dental Practices for consistent use; a review of this will be included as part of the Practice visiting programme Link to “My Health, My Choice” videos to be recirculated	Rhian Bond	Jun-25	Jun-25 N/K	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	Community & Integrated Medicine	R5. To ensure alignment between the information held by the Health Board and by WAST on available pathways and referral mechanisms, the Health Board should work with WAST to set out clearly how its clinical streaming hubs and the WAST directory of service work together effectively	The purposing behind co-locating MDT staff in the hubs is to create a living DoS options to deploy, so when the PTAS/ WAST stack attack is active the direction of enquiry is usually to the CSH MDT of what alternative options can be deployed locally in a reasonable timeframe, this will be further reinforced when 7 Day functionality is deployed.	Gareth Cottrell	Nov-25	Nov-25 N/K	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	Community & Integrated Medicine	R6. Data reviewed as part of this work identified that demand in the region relating to urgent dental services is significantly higher than the all-Wales average, despite performance against contracts being poor. To ensure it is maximising efficiency and mitigating this pressure, the Health Board should undertake a deep dive into its urgent care demand for dental services	A review of the current demand for urgent dental care will be undertaken in line with the report. As the demand for urgent dental access peaks over the summer period the timescale for review needs to include “normal” periods of demand for comparison. The number of NHS dental contract resignations with Practices opting to provide private dental care, coupled with the rural geography has proven to be a challenge. The Health Board has an agreed dental commissioning plan which is in progress to procure additional routine NHS dental access. Given the level of calls that have been redirected on clinical triage there appears to be a cultural approach to access “urgent” dental care when the requirement is routine	Rhian Bond	Dec-25	Dec-25 N/K	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	Community & Integrated Medicine	R7. To ensure the Health Board is maximising the learning identified in its busiest day review in November 2023, it should provide the Finance and Performance committee with an update against recommendations	The Busiest Day Audit has been used in the creation of the “Blueprint” UEC model and the recommendations for the Audit form a part of the ongoing 6 Goals improvement work. The 6 Goals team will update Finance and Performance on progress	Peter Skitt	Oct-25	Oct-25 N/K	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	Community & Integrated Medicine	R9. The Health Board should review the feasibility of enabling the Same Day Urgent Care Centre access to GP records to improve efficiency of the service	The access to GP records and also the feedback into GP Records is a central part of the access work stream, developments in Digital solutions to include Electronic Observation and Patient Flow and a standardised GP system across the HDUHB area will support this development	Peter Skitt	Nov-25	Nov-25 N/K	Overdue

Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	Community & Integrated Medicine	R11. To ensure the Health Board is building on feedback from patients, future plans for urgent and emergency care should demonstrate how they have considered patient feedback	Regular reports on patient experience and feedback through QSEC, also patient stories have formed the basis of evaluation for Clinical Streaming Hubs and the Enhanced Community Falls pilot. UEC programme has built close links with Llais, they are part of the Six Goals Integrated Operational Group membership and the Health Board regularly meet with them on UEC matters.	Anna Chiffi	Jun-25	Jun-25 N/K	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	Community & Integrated Medicine	R14. To strengthen its reporting of the benefits achieved from its Six Goals Programme work and associated use of funding, the Health Board should develop and communicate guidance for staff on how to evaluate the effectiveness of projects, initiatives and service changes relating to urgent and emergency care services	Knowledge Exchange Forum currently being set up through the Strategy and Planning Directorate. This will bring staff together to find out about, discuss and appraise, e.g. Research, ideas, evidence, current thinking, data, information and examples of good practice. Various types and sources of information will be discussed at Knowledge Exchange Forum sessions, e.g. Journal articles, conference proceedings, policy documents, evidence reviews, case studies or internal reports.	Nathan Davies	Aug-25	Aug-25 N/K	Overdue

1.8

09:25, 10 Mins

1.8 - Targeted Intervention Update

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

| For assurance

Attachments

[1.8 SPC Targeted Intervention Update - April 2026.pdf](#)



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Escalation Update – April 2026

Shaun Ayres



Purpose

This report provides the Committee with an assessment of progress against the five targeted intervention criteria within its remit. Each criterion is rated using the Alert, Advise, Assure framework to support the committee in discharging its assurance responsibilities.

Escalation history

- September 2022: escalated to targeted intervention for finance and planning
- January 2024: escalated to level 4 across all domains
- March 2025: de-escalated to level 3 for planned care, Child and Adolescent Mental Health Services (CAMHS), and leadership and governance
- July 2025: de-escalated to level 3 for cancer; level 1 for CAMHS
- December 2025: de-escalated to level 1 for leadership and governance
- February 2026: de-escalated to level 1 for cancer

Current status - we remain at level 4 for finance, strategy and planning, and performance and outcomes (Urgent and Emergency Care (UEC), Health Care Acquired Infections (HCAIs), fragile services), and level 3 for planned care.



Five criteria from the February 2026 Escalation Framework are aligned to this Committee. The ratings below reflect the latest evidence, including the Annual Plan submission, the Welsh Government (WG) scrutiny session (12 March 2026), the Planning Maturity Matrix feedback letter (19 January 2026), and the current position matrix against the 2026/27 planning cycle.

- **Criterion 5: Submission of an acceptable annual plan - ALERT**
- **Criterion 6: Evidence of integrated planning - ADVISE**
- **Criterion 7: Clear roadmap and implementation of the Clinical Services Plan - ASSURE**
- **Criterion 8: Welsh Government confidence via planning maturity matrix - ALERT**
- **Criterion 9: Progress with regional planning - ADVISE**

The 2026/27 Annual Plan was submitted to WG on 26 March 2026 as a deficit plan (£41.0m). Following the scrutiny session, WG was clear that a deficit plan cannot be supported and the financial position must not deteriorate. The corporate risk score for the annual plan (Risk 2212) has been assessed at 16, an increase from 12, reflecting the deterioration in the financial position.



Assessment: ALERT

Plan submission

The 2026/27 Annual Plan was approved by the Board on 26 March 2026 and submitted to WG with an Accountable Officer notification, recognising a planned deficit of £41.0m (£27.9m excluding Welsh Risk Pool costs).

This represents a deterioration from the 2025/26 revised target control total outturn of £22.1m. The plan does not meet the financial trajectory expectations set out in the February 2026 Escalation Framework and will not deliver the statutory breakeven duty. A qualified regularity opinion is anticipated.

The corporate risk score for the annual plan (Risk 2212) has been increased from 12 to 16, reflecting the deterioration in the planned financial position.

Key financial context

- Underlying deficit: £58.4m
- Savings identified at the point of scrutiny: £17.6m against a £47m total requirement, leaving a £30m gap
- Of £28.9m non-recurrent savings in 2025/26, a significant proportion are one-off benefits not repeatable in 2026/27
- The plan assumes £42.8m total savings delivery in 2026/27
- Conditionally recurrent funding is at risk if breakeven is not achieved within the required timeframe



Welsh Government scrutiny session (12 March 2026)

The scrutiny session reviewed the Health Board's financial position and plan submission. The formal response letter from Samia Edmonds, dated 31 March 2026, set out the following position:

- WG cannot support or accept a deficit plan; the financial position must not deteriorate
- No additional funding is available; the Health Board must work within existing resources
- Savings governance processes need to be updated to accelerate delivery and improve confidence levels

Welsh Government required four specific actions:

- Deliver recurrent savings from 2025/26 into 2026/27
- Undertake a follow-up performance discussion with NHS Performance and Improvement (P&I)
- Strengthen the ambition and clarity of the plan
- WG to share its own assessment of enabling actions

CEO response (1 April 2026)

The CEO acknowledged that the plan does not meet WG expectations and that the Board itself is not satisfied with the financial position. The response confirmed the Health Board's immediate focus on financially de-risking through Q1 2026/27 and working towards the revised target control total of £22.1m.



Immediate priorities

- Financially de-risk the plan through Q1 2026/27 and clarify the trajectory to the revised target control total of £22.1m
- Undertake the follow-up performance discussion with NHS P&I as required by WG
- Convert non-recurrent savings to recurrent schemes wherever possible, recognising that £9.0m of 2025/26 savings were one-off benefits
- Accelerate savings governance to improve the confidence level of identified schemes and close the £30m gap

Assurance on planning quality

Internal Audit has independently validated the planning process in 2025/26: reasonable assurance for plan development and substantial assurance for planning governance. This provides confidence that the planning framework is sound, even where the financial outcome does not yet meet the required trajectory.

Key constraints

- Workforce recruitment lead times of six months or more limit the pace at which planned service changes can deliver financial benefit
- Capital estate constraints, particularly at Glangwili theatres, affect capacity-dependent savings
- Diagnostic funding remains subject to WG allocation decisions

The Q1 financial position and trajectory to the target control total will be the first substantive test of the plan's deliverability.



Assessment: ADVISE

Current position

We have moved from fragmented, bid-driven planning towards a more integrated, risk-based and resource-constrained approach. Each Clinical Care Group and enabling function presents its three highest risks into the planning process, underpinned by data and narrative.

Evidence supporting Advise

- Planning workshops identified three cross-cutting clusters: Flow and Frailty; Cancer Diagnostics and Capacity; and UEC Configuration and Sustainability
- An integrated impact framework tracks quality, outcomes, performance, workforce and finance for each Clinical Care Group
- The refreshed AHMWW strategy and community schemes (Cardigan, Aberaeron, Pentre Awel, Carmarthen Hwb) are positioned as integrated enablers of flow and intermediate care
- Internal Audit confirmed triangulation of critical enablers aligned to Ministerial Priorities and targeted wider escalation actions
- Integrated Governance Groups meet fortnightly across all domains

Why not Assure

Some Clinical Care Groups are more advanced than others. Links between local authority partnership programmes and the core annual plan could be more systematic. The new planning model is still maturing.



Assessment: ASSURE

Current position

The Clinical Services Plan (CSP) consultation was completed over 13.5 weeks, managed independently by Opinion Research Services (ORS), with more than 4,100 questionnaire responses alongside extensive public and staff engagement. The CSP is now being integrated with the AHMWW strategy refresh, community schemes and the Finance Roadmap.

Evidence supporting Assure

- Three-phase roadmap completed on schedule: clinical case (Phase 1), options (Phase 2), and public consultation (Phase 3)
- Independent quality assurance by Hugh Irwin and Company under the Enhanced Consultation Framework
- Rigorous hurdle criteria testing against clinical sustainability, deliverability, accessibility, strategic alignment and financial sustainability
- Granular workforce modelling for each service configuration including establishments, recruitment, training and rota sustainability
- Quality, Health, Equality and Regional impact assessments completed as live documents

Areas for continued focus

Travel and access mitigations, workforce deliverability of preferred configurations, and building public confidence. Board decisions and detailed implementation planning are the priority for 2026/27.



Assessment: ALERT

WG feedback (19 January 2026)

WG commended the Health Board for approaching the self-assessment with commendable transparency and constructive self-critique. The submission demonstrated strong engagement and internal discussion, adding credibility to the scoring process.

However, two areas did not fully meet expectations:

- Evidence was limited, relying primarily on high-level bullet points rather than detailed examples or embedded documents. Reviewers drew on their own knowledge to provide feedback
- The submission did not include associated actions, which WG considers one of the most critical components of the process

WG agreed our self-assessed levels across all nine domains:

- Level 1: Strategy Development; Realistic and Deliverable
- Level 2: Strategy Alignment and Integrated Medium Term Plan (IMTP); Dynamic and Engaged Planning; Operational Planning; Best Practice Approach; Systems and Accountability; Measurable and Improving Performance; Assurance

WG also highlighted the need to strengthen planning capacity across the organisation, building on the findings of the Sally Attwood review, and to embed planning intentions within delivery teams. For the key consideration of operational delivery disconnect from planning intentions, WG encouraged the Health Board to reflect on ways to address this as part of its action plan development.



The 2026/27 planning round has tested our self-assessed position in practice

The planning architecture we have developed – the risk-based approach, integrated impact framework, and Clinical Care Group-based working - is sound in design. However, the 2026/27 cycle has exposed a gap between the architecture and our capacity to populate it consistently across the organisation.

The domains most affected relate to operational execution and measurable delivery:

- Operational Planning and Realistic & Deliverable: consistent demand and capacity modelling and cost-impact testing at scale has not yet been evidenced; the plan's affordability and gap-closure pathway remain the highest material risk
- Systems & Accountability and Measurable & Improving Performance: validated trajectories and measurable indicators are not yet consistently in place across the system
- The pace and consistency of planning submissions during the 2026/27 cycle did not meet the standard required, and this will be a factor in WG's next assessment

Key mitigation

The proposal for planning capability and capacity is recognised as the critical enabler. Building on the Sally Attwood review, this is intended to close the gap between planning design and delivery by strengthening capacity within Clinical Care Groups and enabling functions. Until additional capability is in place, the ability to consistently demonstrate measurable improvement across all domains remains constrained.

The next formal PMM assessment, following the annual plan submission, will provide the definitive position for 2026/27.



Assessment: ADVISE

Current position

Formal regional governance is in place through the Regional Joint Committee and thematic sub-groups covering urgent and emergency care, stroke, orthopaedics, diagnostics and other shared priorities. Furthermore, work continues to be progressed in mid Wales through the Mid Wales Joint Health and Social Care Committee. A detailed update was provided to the February 2026 Strategy and Planning Committee.

Progress by service

- Orthopaedics: both health boards achieved the 104-week ministerial target; regional Standard Operating Procedure (SOPs) for arthroplasty implemented; 50 longest-waiting Swansea Bay University Health Board (SBUHB) patients treated at Prince Philip Hospital
- Ophthalmology: region broadly maintaining compliance; four subspecialty charters approved; single service model design underway
- Stroke: Regional Programme Board re-established; baseline pathway mapping and demand modelling complete; video triage pilots operational
- Urology and Upper Gastrointestinal (GI): included within CSP consultation; no dedicated regional workstream yet established

Why not Assure

A single consolidated view of regional programmes, milestones, risks and their links to the Annual Plan, Finance Roadmap and CSP is not yet in place. More systematic documentation and Board-level visibility are needed.



The Committee is asked to:

Note

- The overall position across the five criteria: two at Alert (annual plan and planning maturity), two at Advise (integrated planning and regional planning), and one at Assure (Clinical Services Plan)
- The WG scrutiny session letter of 31 March 2026, which confirmed that a deficit plan cannot be supported and that the financial position must not deteriorate
- The corporate risk score for the annual plan (Risk 2212) has increased from 12 to 16, reflecting the deterioration in the planned financial position
- The current position matrix against the Planning Maturity Matrix shows four of nine domains at RED, indicating that planning maturity progress has not yet translated into consistent organisational delivery

Advise

- The Health Board will undertake a financial de-risking exercise and trajectory to the £22.1m target control total in Q1 that will be presented to the appropriate committees and Board at the earliest opportunity

Be assured

- That the Clinical Services Plan process and roadmap (Criterion 7) demonstrates mature programme management and organisational readiness for complex transformation
- That the assessment methodology is evidence-based, drawing directly on WG correspondence, the Annual Plan, the Planning Maturity Matrix self-assessment, and the current position matrix

2 - Population Health, Primary and Community

2.1

09:35, 10 Mins

2.1 - PO10 Population Health & Prevention
Year End Report

*Bruce Bolam (Hywel
Dda UHB - Deputy
Director Public
Health/Consultant in
Public Health)*

| For assurance

Attachments

[2.1 PO10 Population Health and Prevention Year End Report 2025 26.pdf](#)



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PO10: Population Health & Prevention Year End Report Strategy & Planning Committee

28 April 2026

Executive Lead: Dr Ardiana Gjini



Throughout the past year, we aligned our local objectives with ministerial priorities and continued to make prevention everyone's business. Our approach involved closer collaboration between healthcare services, local authorities, the third sector, and the communities we serve. By taking this more holistic view of health, we aimed not only to tackle immediate risks but also to create sustainable foundations for improved wellbeing in the years ahead.

Key focus on delivering:

1. Strengthening prevention and population health programs
2. Advancing prevention in healthcare services
3. Embedding the Social Model for Health & Wellbeing
4. Addressing priority population-level risks
5. Driving innovation and system development

2025/26 Annual Plan Milestone Progress

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Q4 Progress updates	RAG Status	
1. Strengthening Prevention and Population Health Programs	Strengthened immunisation outreach, including planning for targeted GP and school-based interventions.	Mid-year review of immunisation uptake, refining targeted outreach approaches.	Expansion of flu vaccine outreach in high-risk populations.	Evaluation of immunisation progress, defining future strategy.	<p>Teenage vaccination focussed video commissioned with reTHINK, this will involve filming local teenagers and empowering more discussion on teenage vaccinations (our investigations have found teens are fairly passive and rely on parental decisions around vaccines at present). 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 ++demand for those children caught in the crossover period and needing to wait until 3years for MMR2, and also to highlight the change in programme where highlighting it may cause additional confusion.</p> <p>Flu delivery increased uptake in all groups (comparison to 2024/25 campaign);- 65 yr and older - Increase 5.8%. Clinical risk group 16 yr-64 yr - Increase 8.4% 2-3 yr olds - Increase 11.1%. Staff Uptake - Increase 15.4%</p> <p>COVID delivery- Immunosuppressed - increase 21.2%. 75 yr and over- Increase 3.2% Care home residents - Decline 1.3% Successful pilot of an econsent package initially trialled for HPV in Ceredigion county schools only. The eConsent system is now being trialled further through expansion across all three counties, with its use extended to include the MenACWY and Td/IPV teenage booster programmes.</p>	Yellow	
	Planning for early years and school health promotion initiatives, including embedding 'Whole School Approaches' to health and wellbeing.	Implementation of expanded school-based prevention and mental wellbeing initiatives as schools reopen.	Strengthened partnership-based delivery of prevention programs in schools and early years settings.	Published review of school and early years health promotion impact.	<p>Infant feeding service pilot has produced meaningful change in the continuity and overall breastfeeding rates over the first six months. The most significant improvements have been recorded at 6 weeks (5.6% increase) and 6 months (2.1% increase). Work is continuing in partnership with Maternity & Health Visiting services to support the scale and sustainability of the Infant Feeding Service as part of 'business as usual' operations. 79 pre-school health aspects completed over the last 4 quarters, which is currently 141% of annual target. As of Q3, 96% of all schools* are engaged in an 'active offer' - updated figured for Q4 will be finalised in April 2026. WSAEMWB - Q4 has seen an increase of 10% of all schools** 'action planning' for Emotional & Mental Wellbeing bringing the total to 44% (202 out of 215). This surpasses our local end of year target of 90%. Specific challenges remain in relation to the schools that have yet to be recorded as having completed their action planning. However, this doesn't necessarily indicate that they lack specific EMWB related actions within their wider school improvement plans.</p>		Green
	Planning for smoking cessation and vaping prevention initiatives, setting targets and aligning with Welsh Government guidance.	Implementation of smoking cessation and vaping prevention initiatives, including targeted engagement in high-prevalence areas.	Strengthened CO-validation, pharmacy engagement, and follow-up support for quitters.	Full-year analysis of smoking cessation outcomes and equity impacts.	<p>Recently submitted data to WG for Q3 shows 8.17% treated smokers achieved in Hywel Dda, this exceeds the 5% target for the full year with a quarter left to report. Co validations rates are at 26% compared to 5.26% for the same period last year. 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.</p>		

2025/26 Annual Plan Milestone Progress

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2. Advancing Prevention in Healthcare Services	Developed 20-4-7 prevention model, defining core interventions for priority communities.	Initial implementation in select GP clusters and high-risk healthcare settings.	Strengthened integration of prevention into chronic disease pathways (CVD, Type-2 diabetes, cancer).	Evaluation of the 20-4-7 model, defining next steps for system-wide scaling.
	Planning and consultation for improved screening for HIV, Hepatitis B & C, aligning with Welsh Government targets.	Coordination of implementation - improved screening, workforce capacity building and data.	Review and revision of implementation with operations and clinical leaders.	Evaluation of improved screening impact, aligning with national elimination targets.
	Implement the Health Coach business case - Endorsement of required model and investment for sustainable VBHC. Implementation of evidence-based digital and face-to-face health coach service provision focused on physical activity, nutrition, alcohol and smoking (SNAP).			
	Ensure preparedness for the roll out of lung cancer screening programme - Clear costed and resourced plans ratified through the Screening Oversight Group and agreed at Exec. A clear monitoring plan post roll out.			
	Strengthen work on screening programmes, Set up a screening governance group for HDdUHB - A functioning screening oversight group with clear reporting lines and governance structures, reviewing equity, uptake and operational issues around delivery in HDd.			
	Pilot a health screening for workforce model with People Directorate			
	Improve healthy food provision within UHB - Measures of healthier food in canteens, vending machines, etc			

Q4 Progress updates	RAG Status
The delivery plan has been completed and is progressing for formal endorsement by the Executive Team (ET), and incorporated into the annual plan. 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.	
Multiagency meetings in place for both HIV and Hepatitis B/C. Action plan in place and reviewed for Hep B/C. Screening increase in place with Gilead pilot, slow start but currently increasing. Hep C maternal policy currently in consultation. PHW Test & Post had issues with safeguarding. This led to internal review and HDdUHB was found to have actioned all referrals sent and managed these within the frameworks for safeguarding. Further review and actions are in place for PHW to improve safeguarding aspects. PHW has developed a Diseases of Elimination Dashboard (DOE-D), to encompass data for TB, HIV and Hep B/C. Discussions are underway to set up a Diseases of Elimination Strategic group to bring together the 3 disease of elimination groups to ensure cross working, links across the action plans and oversight of the data for the 4 DOE	
Currently 70 people are in service with a further 20 having been assessed as being appropriate for health coaching. data collection is taking place at pace but due to people onboarding at different times, there is no definitive 'before and after' data sets yet available to compare. Further developmental work has taken place to commission a training course for primary care staff to have short, but effective, 'healthy conversations' with patients to allow them to refer to Health Coaching in addition to GPs. MDT partners such as pharmacy, physio and optometry are also primed to refer when capacity grows. Ongoing work around the funding of an enhanced programme is also continuing.	
All on track, there is nothing additional that the HB should be doing at the moment. A paper was prepared for ET, but there are no decisions needed so this is for information only at present. At an appropriate point board and SPC should be notified of plans. We have confirmed that radiology resource will not be sought locally for this programme.	
This is complete. The group will function to troubleshoot local screening related issues, support with venue sourcing, work on local projects to decrease screening related inequalities and serve as a central link point for local events where screening teams could attend to share screening related messages. Screening oversight reports through Health Protection Oversight. Formal governance around screening programmes remains with PHW	
Successful bid through Hywel Dda charities	
Regional PSBs have agreed to prioritise healthier food procurement in the public sector as the priority for whole system work tackling obesity. The internal Health Board Task and Finish Group to progress this is being established, in alliance with the health economy workstream of the regional HB committee with SBUHB, with the same priority being agreed by PSBs in that catchment. Internal project capacity to deliver in the next FY will be strengthened by aligning our effort with SBUHB through the whole system project staff working across both	

2025/26 Annual Plan Milestone Progress

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
3. Embedding the Social Model for Health & Wellbeing	Social Model for Health, prevention, and population health plans approved and commenced.	Strengthened community health partnerships to connect individuals to prevention initiatives.	Food access and social innovation partnerships in place, embedding community-led approaches.	Progress embedding the principles of the Social Model for Health and Wellbeing in our long-term strategy, aligned with our well-being objectives and strategic partnership plans.

Q4 Progress updates	RAG Status
<ol style="list-style-type: none"> 1. 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). 2. Key SMfHW components are being integrated into the revised Well-being of Future Generations Progress Tracker, due for launch in June 2026. 3. A Community of Practice with 80+ members continues to mature, with three meetings held and a handbook published. 4. See HARP update below. HDdUHB exploring opportunity to pilot Nature Wellbeing Calendar with PHW. 5. Volunteering will be baselined with third-sector partners, alongside development of joint campaigns to reinforce community-led delivery 6. A joint comms plan with the RPB, Carmarthenshire LA and third sector is in place, with weekly SMfHW posts underway, and options being developed for a public-facing webpage on the Connect Platform. 	

2025/26 Annual Plan Milestone Progress

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
4. Addressing Priority Population-Level Risks	Climate Adaptation Plan developed, outlining system-wide resilience measures.	Climate Adaptation Plan refined and finalised for approval.	Climate Adaptation Plan approved, enabling system-wide implementation.	Implementation phase initiated, integrating climate resilience into service planning and delivery.
	Planning and consultation on expanding MECC training, digital prevention initiatives, health coaching, and weight management/diabetes prevention capacity with operations, finance and related teams.	Service enhancements delivered at scale, integrating workforce development into primary and secondary care.	Strengthened cross-sector community partnerships for population health.	Evaluation of workforce and service enhancements, informing 2026/27 capacity planning.

Q4 Progress updates	RAG Status
Climate Adaptation plan developed and endorsed by Formal Executive Team on 4 February 2026 and the Strategy & Planning Committee on 26 February 2026. Plan presented to Board on 26 March for final ratification ahead of submitting to WG by the end of March 2026.	
Hywel Dda has been given in confidence advice of the success of the Innovate UK national grant submission, securing £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.	

2025/26 Annual Plan Milestone Progress

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
5. Driving Innovation and System Development	Planning and consultation with operations, finance, board, and VBHC teams to align prevention in system-wide transformation.	Initiation of change processes, embedding prevention into Health Board strategies.	Review of implementation fidelity, ensuring alignment with UHB strategies and financial planning.	Integrated long-term prevention planning into Health Board's annual plan/IMTP for 2026/27.
	Plans drawn up and partnership opportunities scoped for digital innovation and rural public health research.	Pilot phase launched for social innovation, digital tools and AI-driven activity.	Monitoring, review and revision of digital and social innovations.	Evaluation of progress and initial research findings, informing future research and expansion priorities.

Q4 Progress updates	RAG Status
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 Co-Chaired by public health and VBHC. Development of pilot activity and business cases relating to health coaching and community health and wellbeing workers is proceeding to schedule.	
Public health input to partnership to enable deliver of the agreed workplan for with the Centre for Social Innovation is proceeding, with a primary focus on development of the business case for community health and wellbeing workers. An internal Health Board community of practice to support staff engagement in Park Run has commenced. A potential MOU with an Australian rural health research centre is being explored.	



- Immunisation Coverage:
 - Flu Immunisation rates increased among young children and frontline staff. 2-3 yr olds - Increase 11.1%. Staff Uptake - Increase 15.4% .
 - Measles Mumps Rubella vaccination (MMR)1 by age 2: **96.1%**; MMR2 by age 5: **93.5%**;
 - 4 in 1 Pre School Booster: 89.2%; Human Papilloma Virus vaccination (HPV): 77.1%
- Smoking Cessation & Harm Reduction:
 - Smoking Cessation Services continue to exceed the national targets (5%) due to enhanced outreach, and inpatient support. Carbon monoxide validations have improved to 26% from 8%, exceeding our local target of 20% by year end.
- Increase Early Years, Children and Young People Health Improvement:
 - 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)

Key achievements



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

- Teenage vaccination focussed video commissioned with reTHINK, this will involve filming local teenagers and empowering more discussion on teenage vaccinations
- 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, health & wellbeing events, pharmacy tech, Dyfed Drug and Alcohol Service (DDAS), Pembrokeshire Council staff, Student nurses within Mental Health 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 Social Model for Health and Wellbeing 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 achievements



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

- Multi-agency collaboration strengthens screening for HIV, Hepatitis B/C, and TB, expanding access to underserved groups.
- Health Coaching: 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
- Making Every Contact Count (MECC) training - funding has been secured to support community asset development with external expertise
- Our Population Health Dashboard has launched, providing clear metrics to track prevention impact.
- The Directorate achieved agreed outcomes against planning objectives, despite capacity gaps, and have built on these for the 2026/27 plan.



- 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 development to support public health programmes.



- The Committee is asked to **RECEIVE ASSURANCE** on 2025/26 progress and the Directorate's continued commitment to improving population health and wellbeing through embedding prevention and reducing inequities into 2026/27 .

2.2

09:45, 15 Mins

2.2 - Embedding the 20four7 Prevention Model
in System Delivery – Governance, Planning
and Primary Care Readiness (2026/27)

*Bruce Bolam (Hywel
Dda UHB - Deputy
Director Public
Health/Consultant in
Public Health)*

| For assurance

Attachments

[2.2 SPC SBAR Report 20four7 Update Apr26-final.pdf](#)

[2.2 APPENDIX 1 - 20four7 Update Apr26 final.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 April 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Embedding the 20four7 Prevention Model in System Delivery – Governance, Planning and Primary Care Readiness (2026/27)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Ardiana Gjini, Executive Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICERS:	Alistair Fisher, Public Health Programme Manager Craig Jones, Population Health Manager Dr Bruce Bolam, Deputy Director / 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 report is to provide the Strategy and Planning Committee with assurance that the Health Board has a coherent, deliverable and well-governed approach to embedding the 20four7 Prevention Model across the system during 2026/27, with particular focus on readiness within primary care, clusters and Clinical Care Groups (CCGs).

The paper brings together prior discussions at A Healthy Mid and West Wales (AHMWW) on delivery of the 20four7 across the Health Board plan and the role of primary care and clusters in meeting Welsh Government prevention and population health expectations for 2026/27, notably:

- Reduce avoidable deaths caused by social, economic, and place-based inequalities.
- improving healthy-weight outcomes, particularly for children and families in deprived communities;
- reducing inequalities in vaccination, screening, and diabetes care uptake;
- strengthening proactive frailty identification and management; and

The Committee is asked to take assurance on progress with governance, planning and delivery arrangements for the 20four7 Prevention Model towards a coherent and enabling framework to support system-wide prevention activity in 2026/27.

Cefndir / Background

Hywel Dda University Health Board (HDdUHB) has made a clear commitment to shift from a system primarily focused on the treatment of illness to one that actively promotes population health, prevention and early intervention with aim of reducing inequalities in health and improving health outcomes, as set out in:

- the Well-being of Future Generations (Wales) Act;
- the refreshed *A Healthier Mid and West Wales* (AHMWW) Strategy; and
- the NHS Wales Planning Framework; and
- the recent development of the Community by Design programme.

The 20four7 Prevention Model is the Health Board's organising framework for this shift, focusing on:

- the most deprived 20% of the population;
- four modifiable behavioural risk factors (smoking, nutrition, alcohol and physical activity); and
- seven priority areas driving avoidable morbidity and system pressure.

The 20four7 model although was conceptually developed before it aligns closely with the Welsh Government programme for Community by Design (CbD). Work is progressing well with integrating delivery of CbD also though operationalisation and governance arrangements of 20four7.

During 2025/26 the model has moved from development into early implementation. At the same time, Welsh Government delivery expectations for 2026/27 direct Health Boards to deliver measurable improvements in prevention and population health, the majority of which rely on coordinated delivery across primary care, community services and Public Health, with clusters playing a key role.

Asesiad / Assessment

Overall assessment

The Health Board has developed a shared language and a strong strategic framework for population health and prevention through the 20four7 Prevention Model. The model is clearly aligned with national policy, planning objectives and the refreshed organisational strategy, and executive-level leadership and governance arrangements are now substantially in place.

Assessment of delivery readiness indicates that primary care, clusters, CCGs and wider clinical and staff engagement represent critical delivery opportunities for 2026/27, with associated risks if capacity, capability and support arrangements are not sufficiently embedded.

1. Delivery capability and variation

Evidence from engagement with primary care clinician and cluster teams during 2025/26 indicates:

- variation in governance maturity and planning capability;
- continued emphasis on short-term and reactive delivery to address current demand pressures;
- inconsistent use of population health intelligence and equity-focused tools (including linked datasets, population health management, Health Impact Assessment and co-production); and
- variable access to prevention capacity, such as health coaching, proactive frailty support and systematic identification of people at risk of diabetes.

If not addressed, this variation risks uneven and inequitable delivery of preventive interventions, limited impact on avoidable demand and system pressures, and reduced readiness for further development of Population Health Management approaches.

2. Governance and assurance

The 20four7 Integrated Delivery Plan (2026/27) provides a clear governance framework for executive and system-level oversight of implementation and aligns agreed 2026/27 delivery priorities with:

- Welsh Government expectations on reducing inequalities and avoidable deaths;
- healthy weight, inequalities in preventive service uptake, frailty and diabetes care;
- Health Board transformation programmes, including CbD and Urgent and Emergency Care;
- existing Quality Improvement programmes, including EQiP; and
- mechanisms to measure impact and maximise organisational learning through the Our Population Health Dashboard, escalation framework and evaluation.

The delivery plan is organised around four core themes shown in Table 1 below. A detailed version of the plan, drawn from the Health Board's Annual Plan for 2026/27, is included at Appendix 1.

Table 1. 20four7 Integrated Delivery Plan: Organising themes

Theme	Aim
1. Leadership and Governance	To establish clear leadership and robust governance arrangements for the 20four7 Prevention Model, anchored within HDdUHB's CCG, primary Care clusters and Directorate operational structures to optimise adoption and maintenance. To align the leadership and governance with the recent Community by Design programme.
2. Enabling Our Workforce	Enhance the capability and opportunities for staff to deliver the 20four7 Prevention Model, support our staff to maintain healthy lifestyles, and empower our staff as health champions at home and within their local communities.
3. Operational Delivery	To set a clear implementation plan to coordinate the delivery of the 20four7 Prevention Model across CCGs and Directorates, aligned to Ministerial priorities, the NHS Wales Planning Framework, the quadruple aim of the AHMWW strategy refresh, and the refreshed Health Board's Wellbeing Objectives.
4. Monitoring and Evaluation	To embed a monitoring and evaluation approach within the 20four7 Prevention Model to support Health Board wide learning, accountability and drive continuous improvement. And to share the learning externally.

3. Focus and prioritisation

Executive sponsorship and governance now need to translate into consistent change in frontline practice. This requires a clear connection between the strategic ambitions of the 20four7 Prevention Model and CCG and cluster-level planning, performance monitoring and reporting, to support assurance on progress in improving population health outcomes and reducing inequalities.

Evidence from national improvement programmes and local clinician and staff feedback demonstrates that greatest impact is achieved through focus on a small number of high-priority prevention objectives, supported by clear expectations, practical tools, protected time and meaningful data. Engagement with CCG leads and professional forums is informing prioritisation and next steps across all delivery plan themes.

4. Service delivery supports

The umbrella of process, and service developments across the Health Board support the objective of strengthening the Health Board's ability to reduce inequalities, reduce avoidable mortality, improve health outcomes, these include the recent development of:

- Development and roll out of Population Health Domain as part of the Escalation Framework;
- Development of Our Population Health Dashboard;
- Development and utilisation of Equity informed Health Impact Assessment Tool;
- Development of Make Every Contact Count programme for HB, Primary Care Clusters, and our strategic partners (such as PSBs)
- Development of business cases and initiation of the roll out of preventative Health Board wide services, including Health Coaching, Weight management for Children and Young People, business case for a pilot Community Health and Wellbeing Workers service.

Health Coaching and Community Health & Wellbeing Workers form part of the Health Board's planned approach to strengthening delivery capacity and capability for the 20four7 Prevention Model from 2026/27 onwards.

Health Coaching is an established service model that supports behaviour change and self-management, particularly for people at higher risk of poor health outcomes. During 2026/27, approximately £615,000 has been allocated to support a phased expansion of a core service offer across the region, with the intention that each primary care cluster will have the full pathway including an embedded Health Coach by the end of 2027/28.

Building on a successful pilot in Carmarthenshire, provision expanded from January 2026 to five GP practices in Ceredigion with higher relative deprivation, demonstrating early evidence of appropriate demand and engagement. A monitoring and evaluation framework is being developed with TriTech and other established Research and Evidence (R&E) partners, alongside commissioning of enhanced Making Every Contact Count training for primary care staff to support routine lifestyle conversations and appropriate referral.

This approach establishes core prevention capacity within existing pathways, enabling learning about scale, effectiveness and integration. Future capacity development, including digitally enabled service models, would be subject to evaluation findings, affordability and separate business case approval.

In parallel, a Community Health & Wellbeing Workers (CHWW) Business Case has been developed by the Centre for Social Innovation as commissioned by the Executive Director of Public Health, informed by UK-wide and international evidence and supporting the equity-focused, place-based ambitions of the 20four7 model. Community health and wellbeing workers are trusted, non-clinical staff who work proactively with defined neighbourhoods or households to address everyday wellbeing needs and improve access to local support. The CHWW Business Case sponsored by the Executive Director of Public Health will be reviewed through the standard governance process in the Health Board.

Service development of both initiatives is being informed by existing regional and local services, partnerships and pathways. For Health Coaching, this includes the adult weight management pathway, the Diabetes Prevention Programme, GP-led lifestyle medicine clinics in Pembrokeshire which aligns very closely with the Health Coaching model, and pharmacy and physiotherapy services. For Community Health & Wellbeing Workers, alignment includes the Community Development and Outreach Team, social prescribing and community connectors, ensuring any new roles and service complement and strengthen existing provision. Based on needs assessments and in line with the 20four7 model further invest to save programmes of work, such as Case Finding and Risk Reduction Management Programmes (for eg for Cardiovascular Disease (CVD), Cancer, Chronic Obstructive Pulmonary Disease (COPD), etc) will be developed in 2026-27 for consideration through the further annual planning process.

5. Risk and opportunity

If delivery capability is not strengthened through the enabling actions set out within the 20four7 Integrated Delivery Plan during 2026/27, the Health Board faces risks including under-delivery against Welsh Government prevention expectations, persistent inequalities in preventive service uptake, missed opportunities to reduce future demand on acute services and reputational risk associated with high-profile national priorities.

Conversely, effective embedding of the 20four7 Prevention Model within primary care, clusters and CCG governance, alongside proportionate investment in enabling capacity, presents a significant opportunity to demonstrate a value-based, prevention-led approach to system transformation.

Argymhelliad / Recommendation

The Strategy and Planning Committee is asked to:

- **TAKE ASSURANCE** that the 20four7 Prevention Model:
 - is progressing from development to implementation phase; and
 - provides a coherent strategic framework for prevention delivery in 2026/27.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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. 3.1.15. Seek assurances on the development and delivery of the Primary Care and Community Strategic Plan.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Principal Risk 1194
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd:	6. All Apply

Enablers of Quality: Quality and Engagement Act (sharepoint.com)	
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	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:	<p>NHS Wales (2026) NHS Wales Technical Planning Guidance 2026-29</p> <p>Welsh Government (2026) Welsh Health Circular: Population Health Management</p> <p>Well-being of Future Generations (Wales) Act 2015</p> <p>ARCH Health Needs Assessment</p> <p>PHW (2025) Prevention Based Health and Care: A framework to embed prevention in the health and care system.</p> <p>Allied Health Professions Federation. UK Allied Health Professions Public Health Strategic Framework 2019-2024. 2019.</p> <p>PHW (2025) Identifying policy options to tackle health inequalities: policy analysis and opportunities for learning for Wales.</p> <p>PHW (2023) Working together for a healthier Wales: Our long-term strategy 2023-2035.</p> <p>PHW (2025) Investing in a Healthier Wales: prioritising prevention.</p>
Rhestr Termiau: Glossary of Terms:	<p>Population Health Management (PHM): PHM is an approach that improves population health by data-informed planning and delivery of proactive care to achieve maximum impact for the health and wellbeing of the population.</p> <p>Prevention: Prevention refers to actions taken by NHS organisations that will directly or indirectly contribute to prevention of ill health and/or premature mortality within the population. Prevention actions should occur at all</p>

	<p>levels within the NHS: from preventing a health problem or condition from developing in the first place, to early detection of disease to facilitate early intervention and treatment, and to actions taken to minimise adverse consequences from an existing health problem.</p> <p>Health Impact Assessment (HIA): To address the wider determinants of health, the Welsh Government has a longstanding commitment to a ‘health in all policies’ approach. To support this approach, the Welsh Government has championed embedding the use of HIAs.</p>
<p>Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:</p>	<p>A Healthier Mid and West Wales Group</p>

Effaith: (rhaid cwblhau) Impact: (must be completed)	
<p>Ariannol / Gwerth am Arian: Financial / Service:</p>	<p>The paper does not seek approval for new funding. Activity described for 2026/27 is being delivered within existing and agreed resources, including approved allocations to support phased health coaching implementation. Future investment opportunities (e.g. further service expansion or digital supports) would be subject to separate business case development, affordability assessment and approval through established governance routes. Embedding prevention within core planning and delivery arrangements supports longer-term value for money by targeting avoidable demand and reducing inequalities.</p>
<p>Ansawdd / Gofal Claf: Quality / Patient Care:</p>	<p>Strengthening the delivery of the 20four7 Prevention Model is expected to have a positive impact on quality and patient outcomes by supporting earlier intervention, more proactive care and improved uptake of preventive services. The approach promotes consistency, equity and evidence-based practice across pathways, particularly for populations at higher risk of poor outcomes. No adverse impacts on quality or patient safety are anticipated.</p>
<p>Gweithlu: Workforce:</p>	<p>The paper focuses on embedding prevention within existing workforce roles and structures and on phased development of specific enabling roles. There are no anticipated adverse workforce impacts arising from the proposals. Workforce implications associated with future service development would be subject to separate consideration and approval, including appropriate engagement and workforce planning.</p>

Risg: Risk:	<p>The principal risk addressed by this paper is the risk of under-delivery against Welsh Government prevention and population health expectations if governance, planning and delivery arrangements are not sufficiently aligned and embedded. The 20four7 Prevention Model and associated delivery plan provide mitigation through clearer prioritisation, strengthened governance and improved use of population health intelligence. No new or additional risks requiring escalation through the Datix register are identified at this stage.</p>
Cyfreithiol: Legal:	<p>No direct legal implications or risks are identified. The approach aligns with statutory duties under the Well-being of Future Generations (Wales) Act and relevant NHS Wales policy frameworks.</p>
Enw Da: Reputational:	<p>The paper supports delivery of nationally visible prevention priorities and therefore has the potential to positively influence organisational reputation. Failure to demonstrate progress in these areas would carry reputational risk; however, the approach outlined provides a credible and proportionate framework for delivery and assurance.</p>
Gyfrinachedd: Privacy:	<p>Activity described is consistent with existing information governance arrangements. Use of population health and service data will continue to comply with data protection and confidentiality requirements. No additional privacy risks are anticipated because of this report.</p>
Cydraddoldeb: Equality:	<p>The 20four7 Prevention Model is explicitly equity-focused, prioritising populations experiencing the highest levels of deprivation and unmet need. The approach is expected to have a positive impact on reducing health inequalities. No negative equality impacts are identified. Equality considerations are embedded within planning and delivery processes, with further assessment undertaken as appropriate for specific service developments.</p>

APPENDIX 1: 20four7 Integrated Delivery Plan

Theme	Priority Actions for 2026/27
<p>Leadership and Governance <i>Establish clear leadership and robust governance arrangements, anchored within existing Clinical Care Groups (CCG) and Directorate structures.</i></p>	<ul style="list-style-type: none"> • Embed the 20four7 leadership model across CCGs, Directorates and primary care clusters to provide clear ownership and accountability. • Enhance clinical engagement to support shared ownership and integrated prevention-focused practice. • Establish the 20four7 Prevention Model as a standing agenda item at CCG and Directorate monthly Integrated Governance meetings. • Consider the merits and feasibility of establishing a Population Health Subcommittee to oversee, and ensure delivery of the prevention model across the HB. • Align 20four7 as one of the transformation programmes of the Health Board as matrix integration with Community by Design and Integrated Urgent and Emergency Care (iUEC). • Identify governance structures requiring updates on 20four7 delivery and schedule regular attendance within forward plans. • Transform the 20four7 Task and Finish Group into an Operational Delivery Group.
<p>Enabling Our Workforce <i>Enhance capability and opportunities for staff to deliver the 20four7 model, support healthy lifestyles, and empower staff as health champions.</i></p>	<ul style="list-style-type: none"> • Undertake a Training Needs Assessment focused on prevention, positioning Making Every Contact Count (MECC) as a key deliverable. • Empower staff to embed prevention into day-to-day practice through a comprehensive staff engagement plan supported by the 20four7 toolkit. • Support staff to make positive choices about their own health through a wellbeing programme aligned to Asset Based Community Development approaches. • Develop the 20four7 toolkit to strengthen staff capability, confidence and consistency. • Scope potential for aligning clinical workforce roles to include explicit prevention-focused responsibilities.
<p>Monitoring and Evaluation <i>Embed an evaluation and performance approach to support Health Board-wide learning, accountability and continuous improvement.</i></p>	<ul style="list-style-type: none"> • Develop and implement a 20four7 Monitoring and Evaluation framework, collaborating with the Research and Innovation team and relevant partners. • Produce materials for publication on the development and the roll out to facilitate scaling and spread of the 20four7 model.

	<ul style="list-style-type: none"> • Launch and refine the Our Health Population Health Dashboard, incorporating service-level data from primary, community and secondary care with a focus on Support Needs Approach for Patients (SNAP) behaviours. • Develop metrics enabling the Health Board to use avoidable under-75 mortality (preventable and treatable) as a driver for prevention-focused action. • Integrate preventable and treatable mortality as an indicator in the Harms Dashboard. • Integrate the Population Health Dashboard with the escalation framework to ensure emerging risks trigger timely, proportionate system responses.
<p>Operational Delivery <i>Set a clear implementation plan across CCGs and Directorates, aligned to Ministerial priorities, the Planning Framework, and the Health Board's Wellbeing Objectives.</i></p>	<ul style="list-style-type: none"> • Align and integrate as appropriate the 20four7 model with the Community by Design transformation programme, using intelligence and data on place, background and circumstance to identify those at highest risk. • Ensure Health Board estates, facilities and buildings promote healthy choices across all SNAP behaviours, applying legislation or local powers where required. • Expand the structured Health Coaching model delivered by Health and Wellbeing Coaches, wellbeing champions and multidisciplinary partners. • Develop a programme of clinical audit focused on 20four7, using systematic measurement against standards to drive improvement. • Run two Socio-Technical Allocation of Resources (STAR) analyses on two of the seven burden of disease areas, informing a three-year approach for targeted high-value prevention activity. • Establish prevention and population health plans for each of the seven priority areas of 20four7 for 2027/28.

3 - Capital and Estates

3.1

10:10, 30 Mins

3.1 - Capital Programme Update

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

| For approval

Attachments

[3.1 Capital Programme Update Apr 26 v1.pdf](#)

[3.1 Annex 1 - Sealing schedule SPC Apr 26.pdf](#)

[3.1 Annex 2 - CSC Update \(3As\) Report.Template.V1 April 26.pdf](#)

[3.1 Annex 3 - CSC Annual Report 25 26.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 April 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Capital Programme Update for 2025/26, 2026/27 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 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 26 February 2026 and the CSC meeting held on 17 March 2026.

The available capital allocation for 2026/27 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 (CRL) 2025/26

The CRL for 2025/26 has been issued with the following allocations:

Allocation	£'m
All Wales Capital Programme (AWCP)	33.434
Discretionary Programme (DCP)	6.850
Disposal Proceeds	0.019
International Financial Reporting Standards (IFRS) 16 Leases	2.133
Total	42.436

*Adjustments are expected between the AWCP and DCP allocations to account for year-end slippages on AWCP schemes.

In addition to the above the following were available for use:

- £0.578m of value added tax (VAT) recovery following completion of the review of the 2024/25 programme.
- £0.923m following a review of aged accruals on the Balance Sheet.

These have been utilised to address some of the Health Board's backlog estates and medical / digital equipment replacement.

Since the previous report, the following changes to the CRL have been made:

Scheme	£m	Description
Microbiology Lab Work	0.018	Transfer of funding from public Health Wales for remedial works in microbiology labs at Glangwili
Commercial Research Delivery Equipment Call Funding	0.048	Clinical Research Facility refurbishment and equipment
National Programme Theatre Laptop	0.003	Transfer of funding from HEIW. Laptops for theatre training
Transfer from DHCW - WICIS Monitors	0.005	Transfer of funding from DHCW, to fund monitors for the WICIS (Welsh Intensive Care Information System) project.
Total	0.074	

In addition to the resource allocated through the CRL and the net book value of disposals, the Health Board is able to make capital purchases through donations.

Allocation	£m
All Wales Capital Programme (AWCP)	33.434
Discretionary Programme (gross allocation)	6.850
Disposal Proceeds	0.019
Donations	0.200
International Financial Reporting Standards (IFRS) 16 leases	2.133
Total Resource Available	42.636

The un-audited Capital Expenditure position for 2025/26 is detailed in the table below:

Scheme	Un-audited Spend 2025/26 £m
AWCP	
Glangwili - Fire Enforcement works - Phase 2 - Fees	0.802
Backlog Maintenance - 2024-25	0.995
Diagnostic Equipment 2024-25	0.000
Aberystwyth Sexual Assault Referral Centre	1.801
Block C, Picton Terrace, Carmarthen	2.430
Main Chilled Water Plant, Withybush General Hospital	2.539
EFAB - Infrastructure	0.070
Year End Funding – October 2024	0.150
TEF - Fire	0.537
TEF - Infrastructure	2.313
TEF - Decarbonisation	0.011
TEF - Mental Health	1.733
TEF - Infection Prevention Control	0.591
TEF - Decontamination	0.419
Carmarthen Hwb - Equipment and Fit-out costs	1.633
Fishguard Health and Wellbeing Centre	0.054
DPIF - Digital Maternity Cymru System Programme 2025/26	0.203
Non-Radiology Ultrasound Replacement	0.765
DPIF - RISP	0.429
Aseptic Unit, Withybush Hospital	1.658
Gamma Camera/SPECT-CT Upgrade, Withybush General Hospital	0.483
Mental Health Quality and Safety Schemes	1.330
MRI Upgrade, Glangwili General Hospital	1.277
Radiology Ultrasound Replacement, Prince Philip Hospital	0.104
Hospital Helicopter Landing Sites Schemes 2025-26	0.034
Withybush - RAAC Fees and Works VAT Recovery	(0.900)
EFAB VAT Recovery	(0.394)
Front Door Project, Glangwili General Hospital	2.028
Fire Enforcement and Associated Works, Withybush General Hospital - Phase 2	0.879
Decarbonisation Project	1.969
DPIF - Connecting Care	0.655
End of Year Digital Funding 2025-26	0.630

Bronglais - Fire Precaution Upgrade Works - Fees	0.429
Major Infrastructure Investment Plan, Phase 1 BJC Fees	0.061
End of Year Funding 2025-26	1.379
Ultrasound Replacement	0.210
End of Year Digital Funding - December 2025	0.935
End of Year Estates and Equipment Funding - December 2025	0.980
End of Year Funding - January	0.842
End of Year Digital Funding - January	0.300
End of Year Estates Funding - January	0.182
Microbiology Lab Work, Bronglais General Hospital	0.018
Commercial Research Delivery Equipment Call Funding	0.024
Transfer from HEIW for National Programme Theatre Laptop	0.003
Transfer from DHCW - WICIS Monitors	0.005
Sub-total AWCP	32.596
Discretionary	
Digital	2.994
Equipment	2.241
Statutory Compliance	0.409
Estates	1.662
Mental Health	0.06
Other	0.304
Sub-total Discretionary	7.670
Donated & Granted Assets	0.200
IFRS 16	
New and renewed leases	2.133
Sub-total IFRS 16	2.133
TOTAL	42.599

Against the resource available, the unaudited expenditure position for the year is expenditure of £42.599m. This represents an **underspend** against the CRL of **£0.037m**.

Equipment vested / bonded at year end

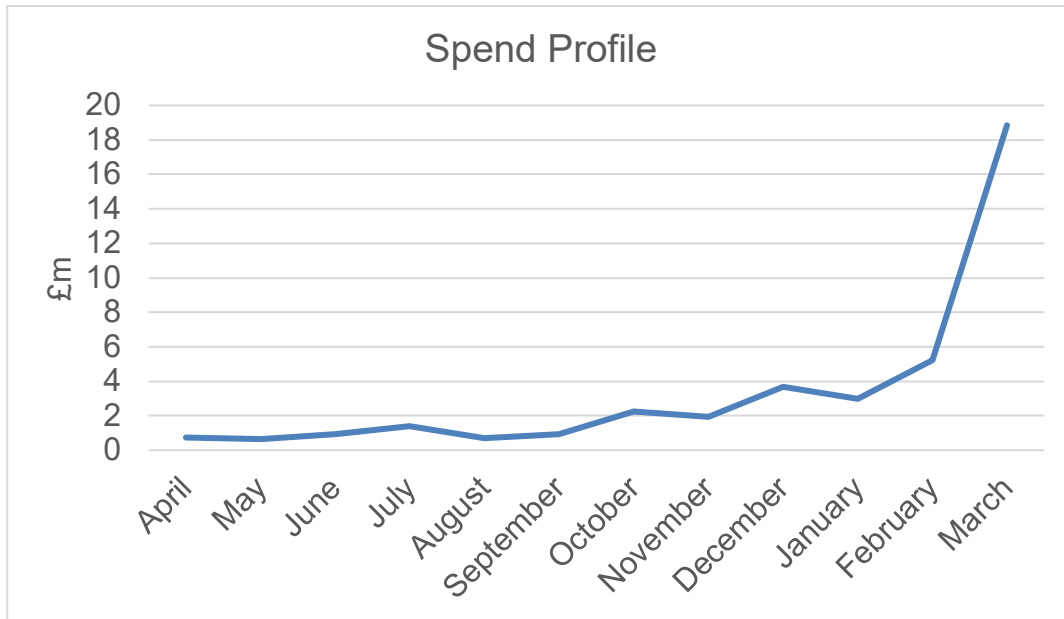
As previously reported, there was a requirement to vest some items of equipment.

These are detailed below:

Item of equipment	£m
Decarbonisation Project – LED lighting	1.760
Carmarthen Hwb Furniture	0.223
Total	1.983

Risk 2204

A risk was placed on the risk register to reflect the risk of underspending against our CRL. This risk did not materialise, but the graph below shows the risk that the health Board had to manage with the significant level of expenditure incurred in March



Discretionary Capital Allocation (DCP)

2026/27

The Board in their meeting on 26 March 2026 approved the following programme for 2026/27 and the provisional split of the allocation for 2027/28.

Discretionary Capital Programme		
2026/27		
	£m	£m
Pre-Commitment	4.756	
Business Case Development	0.400	
Capital Support	0.200	
Contingency Reserve	1.000	
Opportunity risks	0.500	
Spend to Save	0.281	
Refurbishment of clinical areas	0.600	
Statutory and estates programme	0.450	
Equipment	1.600	
Digital	0.850	
Allocation via matrix	1.100	
Total	11.737	11.228

The current schedule of pre-commitments for 2026/27 is listed in the table below:

Pre-Commitments 2026/27		
	Option	
	£m	
TEF 2026/27	2.546	
Paediatric Consultation	1.200	
Pentre Awel contribution		
25/26 slippage/underspend managed into 26/27**		
Residential Accommodation	0.200	
WG payback Picton Terrace	0.110	
Dinefwr Ward bathrooms	0.300	
Microbiology WGH – H&S notice	0.400	
Total	4.756	

** nothing to report currently but position may change following the closedown of 2025/26 year end

This will overcommit the HDdUHB's capital allocation at the beginning of the year and will enable UHB to progress against most of the pre-commitments. Work undertaken by the Capital Finance Team recently have confirmed that most other UHB's in Wales overcommit their capital programme at the start of the year to enable them to manage the inevitable slippage that occurs on schemes in year

It is currently anticipated that the specific allocation will be utilised as follows:

Equipment:

- £1.000m for the endoscopy gastroscopy replacement plan
- £0.600m for equipment replacement priorities currently being finalised

Statutory and estates:

- £0.020m firecode and safety compliance
- £0.072m legionella compliance
- £0.045m asbestos compliance
- £0.018m ISO 14001
- £0.040m lift compliance
- £0.040m medical gas compliance
- £0.120m fixed and PAT testing compliance
- £0.065m ductwork cleaning and damper compliance
- £0.020m f-gas compliance
- £0.010m radon compliance

Digital

- £0.100m Close Circuit Television
- £0.300m New and replacement IT equipment
- £0.100m E-Observation devices
- £0.350m Electronic Prescribing and Medicines Administration (EPMA)

2027/28

It is also proposed that the following allocations are made for 2027/28 so that we can start the planning process early.

Pre-Commitments 2027/28		
	£m	
TEF 2027/28	2.200	
WG payback Picton Terrace	0.110	
Total	2.110	

	£m
Pre-Commitment	2.110
Business Case Development	0.400
Capital Support	0.200
Contingency Reserve	1.000
Opportunity risks	1.000
Spend to Save	0.300
Refurbishment of clinical areas	1.500
Statutory and estates programme	0.450
Equipment	1.000
Digital	1.000
Allocation via matrix	3.350
Total	11.860

Work on planning the use of these allocations will start in early 2026/27.

Potential contracts for sealing

The Board has approved the distribution of HDdUHB's capital allocation and plan. The delivery of this plan requires the Health Board to enter works and construction contracts which may require sealing. Works and construction contracts executed under seal provide an extended latent defects period cover, an extension from six years to 12 years.

Schemes listed in Annex 1, are the schedule of projects that are currently in our capital plan for 2025/26 where there may be associated works contracts that require sealing. This schedule is updated for Capital Sub Committee and SPC on an ongoing basis so that it can be submitted to Board with the Committee update.

Capital Governance – Project Updates

At the March 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:
Fishguard Health and Wellbeing Centre	ALERT	Strategic Assessment	Land availability is challenging resulting in land workshop being further postponed. 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:	Clarification on land availability.		

Project:	RAG Indicator:	Stage:	Matters for Sub Committee attention:
Atriwm (formerly Carmarthen Hwb) - led by Carmarthenshire County Council	ALERT	Construction	Construction work started on site on 15/07/2024 – internal works programme planned completion mid-April 2026. Brickwork supports and façade works scheduled to begin January 2026, delayed completion date now December 2026, anticipated opening January 2027. HDdUHB to finalise and sign Agreement for Lease.
Next Key Milestone:	Commissioning		

Projects led by other organisations:

Carmarthen Hwb (led by Carmarthenshire County Council)

Additional work that are 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 with the anticipated opening in January 2027. 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 and the Hydrotherapy Pool Launch event was held on 16 February 2026. The hydrotherapy pool is now open with patient treatment being carried out in the pool since early March 2026. Work is being undertaken to occupy Block B in the building from the middle of May with the Clinical Delivery Unit scheduled to be complete in late 2026.

Cylch Caron (led by Ceredigion County Council)

Ceredigion CC have agreed the options for the accommodation elements of this scheme and a briefing paper is being prepared for WG detailing the proposed next steps for the OBC refresh.

Regional Cellular Pathology (led by Swansea Bay UHB)

WG have now agreed to the fees required to develop the business case for this project.

Targeted Estates Fund Update

Targeted Estates Funding (TEF) is a Welsh Government capital funding programme intended to address urgent estate risks and priority infrastructure investment within NHS Wales. The programme supports schemes that improve patient safety, statutory compliance, resilience and sustainability of the NHS estate.

The Programme window has schemes being delivered across **2025/26–2026/27**. The funding model is

- Welsh Government funds **70%** of approved scheme costs.
- Health Boards are required to fund **30%** via Discretionary Capital Programme (DCP).

The Programme is coordinated nationally by NWSSP – Specialist Estates Services (SES) on behalf of Welsh Government.

Bids were invited against six priority areas:

- Fire Safety
- Backlog Maintenance & Estate Infrastructure
- Mental Health / Learning Disability
- Decarbonisation
- Infection Prevention & Control
- Decontamination

In 2025/26 we spent £5.604m against the TEF allocation received.

In 2026/27 we expect to receive a TEF allocation of £8.461m

During 2025/26 post-tender cost inflation did result in overspends on some schemes which were managed through cost mitigation and the reprofiling of other TEF scheme allocations all of this was done with the agreement of NWSSP – Specialist Estates Services (SES).

The strategic importance of this funding is that it provides a critical funding lever to address statutory compliance, high-risk infrastructure and business continuity risks and the programme reduce pressure on the Discretionary Capital Programme by partially offsetting compliance-driven investment.

Update from Capital Sub Committee

Attached in Annex 2 is the update from the CSC held on 17 March 2026.

There are:

- Nil item to alert the Committee
- 1 item to advise the Committee
- 10 items to assure the Committee

The Capital Sub Committee Annual Report for 2025/26 is attached in Annex 3 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 Board endorsed allocation of the DCP for 2026/27
- **RECEIVE ASSURANCE AND UPDATE THE BOARD**, that the seal can be applied for all schemes listed in Annex 1
- **RECEIVE ASSURANCE** from the capital schemes governance update
- **RECEIVE ASSURANCE** from the Capital Sub Committee update in Annex 2, and
- **APPROVE** the 2025/26 Annual Report in Annex 3

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.

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	
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	24/02/2025	13/10/2025	
Provision 2nd generator at Glangwili Site	GGH	WG - TEF	TR Jones	24/02/2026	04/05/2026	
Provision 2nd generator at Witybush	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 (Project Cancelled)	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	12/11/2025	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	24/02/2026	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	20/04/2026	
St Non's Point of Ligature		WG - TEF	Lewis Construction	12/01/2026	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	21/01/2026	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	04/11/2025	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		Lewis Construction	24/02/2026	25/08/2025	
Cwm Seren Fire Doors	Cwm Seren	WG - TEF	John Weaver	22/01/2025	30/06/2025	
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 (Nuclear Medicine) - Section 2 National Imaging Programme	WGH	Diagnostic	Lewis Construction	to be added when known	02/03/2025	
GGH Front Door	GGH	AWCP - Wales Funding	John Weaver	12/11/2025	17/11/2025	
MRI Upgrade in Glangwili - Section 1 National Imaging Programme	GGH	Diagnostic	Lewis Construction	to be added when known	to be added when known	
Chiller Works	PPH	WG - TEF	Weavers	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	Lewis Construction	15/01/2026	02/02/2026	
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	
Energy Performance Contract	Multiple Sites	programme	Vital Energi	10/12/2025	Mar-26	
MIIP Survey Investigations for Workstream 1 Projects	Multiple Sites	WG - MIIP Fees	Lewis Construction	TBC	TBC	

CAPITAL SUB COMMITTEE UPDATE REPORT

Date of last meeting: 17th March 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:

Advise¹ (to monitor)

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

1. Capital Resource Limit 25/26:

- £18.9m remaining at start of March; just under 50%. This is due to late WG allocations and construction scheme timings for end of March 2026.
- Significant challenge to manage and a risk has been added to the Corporate risk register regarding not achieving the CRL.

2. Discretionary Capital Programme (DCP)

- £14m+ additional WG allocations received in-year; not part of original plan for 2025-26.
- Programme for 2026-27 brought to January CSC and endorsed by SPC for onward ratification by March Board.
- Bronglais General Hospital (BGH) DEXA scanner funding awarded.
- Fees to progress Cross Hands Full Business Case and Bandi Business Justification Case approved.
- Bids for Mental Health & Learning Disabilities (MH&LD) estate improvements submitted with notification to be received prior to election period.

Assure

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

1. **Committee Key Actions** have been reviewed and items noted for information
2. **Self-assessment of Sub-Committee Effectiveness** Annual Report was endorsed by CSC for onward submission to SPC in April 2026
3. **Capital Governance Update.** Capital Sub Committee have taken assurance on
 - the 13 projects rag rated green, and were advised on the 5 schemes rag rated amber.

¹ 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.

- The CSC were alerted to the 2 schemes rag rated red
 - led by the UHB: Fishguard Health & Well-being Centre (Land availability challenges resulting in land workshop delay).
 - Led by Carmarthenshire CCC - Atriwm' (formerly Carmarthen Hwb): delayed completion date with December 2026 completion; opening January 2027. Working group established and work ongoing to mitigate the impact of the delay
4. **Welsh Government Dashboard Reports** submitted in February were returned to WG on time; no comments had been received.
 5. **Targeted Estates Funding Update Report - CSC noted**
 - the content of the report and the Green overall programme status
 - All projects on time and on track to close out expected spend by FYE and no concerns around risks
 - There are four additional MH&LD schemes bid for, with 100% funding by WG. Response to bids awaited.
 - As part of the Capital update provided to SPC, this will in future cover detail of the TEF schemes
 6. **Fire Schemes Update** – CSC received assurance that
 - the schemes on the Letters of Fire Safety are being progressed.
 - The CSC acknowledged and gained assurance from the agreements reached with MWWFRS for the future programme on Fire Investment Projects, and noted that further updates will be presented at future CSC meetings
 7. **The updated Capital Planning Group and Capital Monitoring Forum Terms of Reference** were reviewed and approved for onwards submission to SPC for approval
 8. **AHMWW Programme Business Case (PBC) Update.** The CSC took assurance from the update, Key points include:
 - WG have indicated the PBC addendum to be considered at 17/04/26 Infrastructure Investment Board (IIB)
 - NHS Wales Chief Executive & Deputy Chief Executive visit on 02/04/26.
 - Parallel work on OBC preparations recommended by WG, as any service or activity modelling can support the case for change; this must be funded through DCP.
 - Meeting held with WG w/c 16/03/26 to review scrutiny comments on PBC addendum and NWSSP reviewing submitted documents.
 9. **Infrastructure Investment Plan** CSC approved the IIP and noted this would be submitted to Welsh Government Capital team for information.
 10. **Arts and Health Annual Update** CSC noted the:

- Multiple arts-based environmental enhancement projects that have been delivered, notably the Leri Cancer Unit flagship project
- Increasing demand for arts integration across departments.
- Challenges include: limited team capacity and resource; fragmented approach with development of public art framework being looked at; procurement complexities; gaps in funding; barriers to participation; gaps in artist skills for clinical settings; evaluating the work.

Papers for information were noted by the CSC as follows:

- Capital Review Meeting Notes 08/01/26
- Capital Planning Group – Notes not yet available
- Capital Monitoring Forum Minutes 11/11/25, 13/01/26, 10/02/26
- CSC Terms of Reference
- Bandi Scrutiny Grid
- Property Leases update
- Regional Pathology Update

Review of Risks

1. **Capital Resource Limit 25/26** - Significant challenge to manage and a risk has been added to the Corporate risk register regarding not achieving the CRL. Two areas of biggest risk, as these consist of many different orders:
 - Carmarthen Hwb c. £1.3m outstanding.
 - Medical Equipment Replacement c. £1.7m outstanding.
 - Other outstanding items awaiting spend:
 - Digital (£2m remaining); assurance received but multiple items increases risk.
 - Decarbonisation (c. £1.8m). Some assurance can be given as this consists of vested equipment, therefore lower risk.
 - Mitigations include:
 - Procurement teams are actively chasing suppliers for delivery confirmation dates.
 - Regular liaison with project managers.
2. **Discretionary Capital Programme (DCP) Risks for 2026-27** not yet factored into plan:
 - RAAC survey outputs.
 - WGH façade survey works.
 - PPH Minor Injury Unit (MIU) potential works following the consultation.
 - Fishguard Health Centre roof issues.
 - Intensive Care Unit (ICU) beds.
 - Laboratory Information Management System (LIMS) overspend.
3. **AHMWW Programme Business Case (PBC)** CSC were advised there was a risk that although pre-OBC work could be funded via DCP, if the PBC was not endorsed, this work would ultimately be a revenue cost. Without firm

commitment from WG this could not be capitalised. It was noted that usually, funding would be received and there was a product (the business case) that could be capitalised. This stage had not yet been reached, thus all costs so far had been revenue.

Lessons Learnt

The CSC noted:

The Capital Programme 2024-25 Lessons Learnt. Key points:

- Discussion with capital finance counterparts in other Health Boards took place following update to CSC in July 2025, for mutual learning, with points including:
 - Common practice to over-commit annual capital plan. This has been adopted by the Capital Planning Group (CPG) for the upcoming financial year.
 - Stronger controls on revenue impact sign-off for capital bids.
- Further sessions will be held to discuss further learning including the expenditure profile of the current year.

There was agreement that when proceeding with a capital bid, any revenue impact must be understood and formally signed off by the appropriate authority. A small group will look at how to improve the process.

The CSC the Arts & Health Programme Annual Update

The presentation provided an update on learning from the project:

- Public Art Group essential; Early shared vision streamlined commissioning; clear protocols for infection control, fire safety and signage required.
- Challenges include: limited team capacity and resource; fragmented approach with development of public art framework being looked at; procurement complexities; gaps in funding; barriers to participation; gaps in artist skills for clinical settings; evaluating the work.

Recommendation

The Strategy and Planning Committee is asked to:

- Note the items the Sub-Committee is advising them of.
- Take assurance from the items that the Sub-Committee is providing assurance on.

CAPITAL SUB-COMMITTEE

ANNUAL REVIEW REPORT

2025/2026

1. Introduction and Chair's summary

In line with Standing Orders the Capital Sub-Committee must submit an Annual Report to the Board through the Chair within 6 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 Groups it has established, setting out how the Sub-Committee has met its Terms of Reference during the financial year.

The Board uses this annual report to inform:

- The ongoing development of its governance arrangements, including its structures and processes:
- Its Board Development Programme, as part of an overall Organisation Development framework: and

Chairs Reflections

During 2025/26, the Capital Sub-Committee has provided effective assurance to the Strategy and Planning Committee on the planning, governance and delivery of the Health Board's capital programme. Operating consistently within its Terms of Reference, the Committee maintained a strong focus on prioritisation, affordability and risk management in a challenging financial and delivery environment. Progress has been supported by high-quality reporting, constructive challenge and close engagement with Welsh Government, ensuring clear oversight of risks, delivery performance and alignment with the Health Board's strategic objectives.

2. Terms of Reference and Workplan

The TOR for the Capital Sub-Committee is reviewed on an annual basis or following any significant changes. The terms of reference detail the Sub-Committee's purpose to provide assurance to the SPC around the organisation's Capital Strategy, ensuring that there is an accurate reflection of planning, governance, and monitoring to deliver against gaps in assurance.

The Sub Committee reviewed its Terms of Reference as part of the Annual Review which was endorsed by the Strategy and Planning Committee (SPC) on 18th December 2025.

The Capital Sub-Committee has a work plan to enable forward planning for the forthcoming year. The workplan is produced to incorporate the duties outlined in the Sub-Committee's Terms of Reference and any suggested areas of focus identified during the self-assessment process.

The Capital Sub-Committee workplan covers a range of activities including statutory reporting duties, regular items of business and priority planned pieces of work which support Board and Committee's objectives.

The work plan is regularly updated throughout the year to ensure it remains responsive to emerging issues and risks.

3. Group/s (if applicable)

The following groups reports into the Capital Sub-Committee with its own terms of reference and workplan for the year.

Capital Planning Group – established to:

- Provide assurance to the Capital Sub Committee around the development and allocation of the Discretionary Capital Programme.
- Ensure robust processes are in place for the prioritisation of capital bids in line with the Health Board's risk management processes and strategic objectives.
- Ensure that the Capital Sub-Committee are aware of the projects/schemes that cannot be progressed with the available DCP
- Receive and review the monthly Dashboard reports linked to AWCP funded projects approved by Project Directors and submitted to Welsh Government (these also form part of the CRM agenda).

Capital Monitoring Forum – established to:

- Provide assurance to the Capital Sub Committee around the management and monitoring of the delivery of the capital investment programme and Capital Resource Limit.

- Keep the Capital Planning Group informed of progress on the delivery of the Capital Programmes and variances on expenditure/timescales which require attention.

In addition to the above, the work undertaken by the following groups is received in the form of update reports and minutes presented to the Capital Sub-Committee.

Capital Review Meetings – bi-monthly meetings held between the Health Board and Welsh Government’s Capital Division to discuss all capital related issues. The minutes of these meetings are circulated to the Capital Sub-Committee.

Capital Project Groups - Each capital project is managed by a Project Group led by an appointed Executive Lead (Senior Responsible Officer) and Service Lead (Project Director). Bi-monthly project highlight reports are received by the Capital Sub-Committee which report on project risks and progress and escalated to the SPC. The report provides a RAG rating for each project; SPC receive a summary position on all red RAG rated projects.

Where appropriate for the scheme value/programme, a Finance Subgroup will meet prior to the Project Group to go through the detail of the financial status of the project chaired by the Finance Lead. This Subgroup will then present a highlight report to the main Project Group. For All Wales Capital Planning, dashboards are submitted to Welsh Government as well as to the Capital Sub-Committee.

The Group’s TOR were last reviewed on 17th March, 2026

In line with their Terms of Reference, the Groups are required to provide a report after each meeting.

4. Table of attendance

Capital Sub Committee – Record of Attendance 2025/26

Present	Delegated Member Present	Apologies	Absence	Not required
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Member/In Attendance	Delegated Member	May	July	Sept	Nov	Jan	Mar
Executive Director of Strategy and Planning (Chair)	Assistant Director of Strategic Planning & Development (Chair in absence of DOPP&C)						
Assistant Director of Strategic Planning & Development (Vice Chair)							
Independent Member							
Director of Estates and Facilities or deputy	Major Capital Development Manager						
Programme Director Major Infrastructure Projects							
Discretionary Capital Project Manager							
Head of Property Performance							
Director of Nursing and Control of Infection Representative	Head of Infection Prevention						
Senior Finance Business Partner							
Head of Facilities Information & Capital Management							
Deputy Director of Operations							
Assistant Director, Medical Directorate							
Digital Director							
Assistant Director of Primary Care							
Assistant Director of Assurance & Risk	Corporate Governance						
Head of Procurement	Senior Procurement Business Manager						
Head of Capital Planning							
Director of Mental Health and Learning Disabilities							
County Director - Carmarthen							
County Director - Ceredigion							
County Director - Pembrokeshire							
Head of Radiology							
General Manager, Women & Children's Directorate							
Head of Pathology							
Chair of the Medical Devices Group							
Head of Capital Audit (Quarterly attendance only)	Audit & Assurance Services						
Capital Programme Manager, Capital Planning	Project Manager						

Member/In Attendance	Delegated Member	May	July	Sept	Nov	Jan	Mar
Project Manager, Capital Planning							
Capital Programme Manager, Regional Partnership Board							
Clinical Director of Pharmacy and Medicines Management							
Head of Maintenance & Engineering							

A quorum shall consist of no less than a third and must include as a minimum the Chair or Vice Chair of the Sub-Committee.

5. Sub-Committee Activities – alert, advise and assure.

The Sub-Committee is required to report to the Strategy and Planning Committee after each Sub-Committee meeting by presenting a report highlighting the key discussion items at the Sub-Committee.

Alert – *The following matters were areas where the Sub-Committee was unable to take an assurance or had a lack of confidence that the action in place was sufficient to address the issue satisfactorily and/or it was within the scope of the operational team to resolve, and were alerting the Board as engagement action or intervention was required.*

CSC 15/5/25

- **Capital Governance Report -: Cross Hands** - Footprint substantially reduced with consequences for elements of the original plan not being progressed. This has implications for how HDUHB delivers services. There is an upcoming meeting with WG where the implications of this decision-making can be reviewed. The original plan, although costing more would provide more value for money. *While acknowledging the UHB need to reach an agreement with WG, CSC registered concern regarding this significant deviation. CSC endorsed discussion with WG on the above*

CSC 17/7/25

- No items to alert

CSC 18/9/25

- No items to alert

CSC 14/11/25

- **AHMWW Programme.** The Health Board has had further constructive discussions with Welsh Government on the infrastructure challenges facing the organisation, in particular at the Withybush and Glangwili sites.

Welsh Government (WG) has recently requested the Health Board produce, by early in the New Year, an addendum to the Programme Business Case (PBC) submitted in February 2022. This is a significant piece of work, which is currently being scoped, but at this stage the intention is to present this to Public Board in January 2026. There is a risk that this is will be unachievable in the timeline as the UHB has still to finalise with WG officers the scope of work required for the Addendum. There is also a risk that the capital cost may be in excess of WG expectations

CSC 15/1/26

- **Capital Resource Limit 25/26:**
 - Spend to end of December 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 CRL target could be breached; there could be an adverse impact on 26/27 Discretionary Capital Programme.
 - 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 the UHB not meeting its CRL in 25/26 has now been discussed at Executive Team and raised to a corporate risk.

CSC 17/3/26

- No alert items

Advise – *The following matters were areas of concern where assurance had been taken on actions in place but required close monitoring.*

CSC 15/5/25

- **The CSC Work Plan 2025-2026** approved by CSC
- **Capital Governance Arrangements** reviewed by Internal Audit (an advisory piece of work on the governance arrangements between CSC and the AHMWW Infrastructure and Estates sub-group as there were several crossover items in the agendas, and to aid clarity on reporting). The report provided some assurance in noting there were no gaps in the agendas although there was some duplication. A management response report to be drafted and to be reviewed at CSC.
- **Targeted Estates Funding (TEF) approved by Welsh Government.** CSC took assurance that all projects were to be deliverable by the end of the financial year and any slippage would be highlighted and risk rated.
- **Capital Resource Limit 24/25:**
 - The unaudited position is an underspend of £85k; the HB has met the statute target of being within £0.5m of the CRL.
 - Significant slippages were identified towards the end of the financial year, with a net impact of ~£1.2m, which will need to be funded from this year's DCP.
- **Capital Programme 2025/26:**

- There are some additional allocations that the HB can bid for this year:
- From the All-Wales Diagnostic Imaging pot, the HB has been asked to provide costs for:
- Replacement of the nuclear medicine equipment in WGH.
 - Upgrade of the MRI in GGH. The HB has been asked to submit budget costing for the MRI in GGH to WG by the end of May.
 - The HB has been informed that the replacement of the CT scanner in GGH and the DEXA scanner in BGH are unlikely to be funded through this source.
- The UHB has been asked to submit bids for a replacement of ultrasound scanners outside radiology. These bids are being collated and are due to be submitted to WG by 13/06/25.
- Going forward, the capital governance report will include as a standing item an annex listing a schedule of potential contracts that may require the use of the UHB seal. This will go to S&PC and to Board as part of the S&PC update, so that the Board have been sighted on the requirements to use the seal on these schemes.
- **Capital Governance - Regional Pathology project.** The original regional plan was not supported by WG and an alternative plan is needed. The development of the Cell Path facility is being prioritized with options to be taken to Board in September and this was currently on track. *CSC took some assurance that there was a process underway to reach a conclusion on this and the CSC wish to advise the S&PC on the revised plan.*

CSC 17/7/25

- **Capital Programme 2025/26:**
 - Bids have been submitted for:
 - Radiology Replacement equipment.
 - Ultrasound Scanners outside of radiology.
 - Accelerating TEF schemes from 26/27 schedule of bids.
 - Mental Health Estates Targeted Improvements Bids.
 - Response received on ultrasound scanners – all 10 have been supported with confirmed allocation of £761k.
 - £1m of contingency originally set aside for this year. £909K of this has been committed, leaving a balance of £91k.
 - VAT recovery of an additional £750k has been identified and Capital Planning Group (CPG) proposal was to put this against the contingency allocation and was supported by CSC.
- **Capital Governance Update - Capital Sub Committee have**
 - Taken assurance from the meeting held with WG to agree next steps for the Cross Hands scheme.
 - Been advised on the WGH fire precaution scheme and the GGH fire precaution upgrade scheme.

- For Aseptics, advised that WG have now approved the business case and funding to progress the scheme.
- For the Radiology scheme, advised that the existing WGH Gamma Camera will be upgraded, not replaced.
- Advised that work is currently being undertaken for a solution to the cellular pathology service.
- Taken assurance from Pentre Awel's public opening and advise that the Hydrotherapy Collaboration Agreement is pending resolution of outstanding issues.
- Discussed Cylch Caron's tender process closed with no tender returns

CSC 18/9/25

- **Capital Resource Limit 25/26:**

- CRL is just under £37m. Over £8.2m funding has been received since the previous CSC meeting.
- The Finance team have been meeting with project managers to assess any related risks, with slippages identified on the Aseptics scheme and the Fishguard scheme. WG has been notified of these slippages so they can be managed into next year.

- **Capital Programme 2025/26:**

- There have been additional allocations from WG. The HB has been asked to submit bids for digital capital investments for this year, above what has already been received.
- The HB has also been asked to submit bids for capital other than digital that can be delivered by 31st March.
- Over the next weeks, potential internal slippage will be looked at and what will need to be pre-commitments on next year. This may give some flexibility around potentially increased costs on other schemes.

- **Capital Governance Update** Capital Sub Committee have:

- Taken assurance on seven projects currently rag rated green: Business Continuity (Major Infrastructure), Aberystwyth Integrated Care Centre, Chemotherapy Day Unit BGH, Corporate HQ, Bandi Children's Centre, Cellular Pathology and Carmarthen Hwb (led by CCC)
- Been alerted that the Cross Hands Health and Wellbeing Centre continues to be RAG rated red. There have been recent work with WG on feasibility work on GGH for potential relocation of services from GGH that could potentially go back into Cross Hands.
- Been advised that eight schemes were rag rated amber: Fishguard Health and Wellbeing Centre scheme, Sexual Assault and Referral Centre (SARC), Glangwili Fire Precaution scheme, Wityhush Fire Precaution scheme, Aseptics, Radiology, Pentre Awel, Cylch Caron

- **Major Infrastructure (Business Continuity) Investment Programme (MIIP).** There are now 10 individual projects agreed with NWSSP and WG

which represent the highest risks for the HB in terms of Estate fragility. Options have now been selected and agreed with NWSSP with likely capital expenditure c. £55m to be delivered over 4 years. Rather than a full programme business case, WG have now asked for a strategy document.

- **Digital Capital Annual Update** An update on the UHB's digital plans was presented there were potential capital implication associated with the plan. WG may provide some capital to support this. Any capital requirement for DCP next year would be kept realistic; and linked to flexibility to bid for year end funding and other additional bids to WG. It was highlighted to the CSC that if funding was not available, there would be some shortfall against the following programmes.
 - Major programmes that will need additional capital:
 - Digital Maternity (DMC) - implementation of a new maternity system.
 - Critical Care (WICCIS) - implementation of a critical care system.
 - Digital Medicines (EPMA)
 - Local programmes:
 - Digitally connected patients
 - Digitally enabled workforce.
 - Replacement programme

Phasing was being looked at and that Digital Planning Improvement Fund (DPIF) had provided funding quite early in the year. There was still discussion on DPIF funding for devices; whether this was the same funding as the All-Wales funding was being clarified with WG.

- **Estates Backlog annual update** - The Estate Backlog reported to WG via the Estate and Facilities Performance Management System for the HB for the period 2024/25 is circa £265.8m. This is an increase from £255.5m reported in 2023/24. High risk for 24/25 is £36m. This includes the major infrastructure projects on fire precautions and RAAC. It is key to deliver on short- and medium-term investment plans and focus on the 6-facet survey which will help to better predict estate failures, where spend was needed, and support future business cases and strategic plans. A resource paper is proposed to set out how the HB can deliver the 6-facet survey.
- **Estate Condition - 6 Facet Survey** - NHS England are consulting on a refreshed master Estatecode guidance. This sets out the plans for land and property management including backlog and condition. WG are keen to mirror the changes being made to NHS England Estatecode. HB Estates were keen to adopt this and conduct the survey; traditional surveys had not given consistency on risk, backlog, functionality, space utilisation reporting. The HB was advocating for this within the All-Wales forum.

CSC 14/11/25

- **Capital Resource Limit 25/26:**

- Spend against capital programme at the end of October has increased at 22%; this is lower than spend in previous financial years, due to:
 - Funding approvals received mid-year.
 - Profile spend of TEF scheme.
 - At end of September, reporting overspend position against capital programme of £845k due to assumption that WG would fund WGH cladding
 - At end of October, funding returned to WG for underspend against capital schemes as usual; £804k underspend reported with largest part related to Carmarthen Hwb.
 - £1.5m returned as slippage; just under £1m of this linked to Pentre Awel and Carmarthen Hwb due to the commissioning periods going into 2026-27. The other funding is linked to TEF schemes
- **Capital Programme 2025/26:**
 - Position on end-of-year capital:
 - The UHB had submitted schedules to WG for any available end-of-year allocations
 - In last fortnight, approval has been received to proceed with the GGH front door scheme which is now proceeding at pace.
 - The current planning assumption is that the DCP allocation for 2026/27 will remain at £10m. Pre-commitments are approx £3.7m.
 - Conversations have taken place in CPG regarding looking at over-committing at the beginning of the year, given delay and slippage is inevitable.
 - Discussion with WG in recent CRM around potential for TEF 2; while there was no guarantee, an allocation was hoped for. Therefore planning for these schemes should begin, for surety regarding
 - Developing a programme that would over-commit would be taken to Executive Team
 - **Targeted Estates Funding (TEF)**
 - Five of the tenders had returned over budget, have approximately £1.2m shortfall. Met with WG and currently no slippage for the UHB and will need to fund internally with previously approved schemes.
 - Looking at potential pause on PPH generator scheme as timing is behind the WGH and GGH schemes and has better road links if a temporary generator is needed.
 - **Joint Capital Construction Framework** - CSC noted the FCSG approval to proceed, endorsed Hywel Dda UHB's participation in the joint framework and approved submission to the next governance stage in line with procurement timelines

CSC 15/1/26

- **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.

- **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.
 - Paper taken to Executive Team 07/01/26 and contents approved with need to consider pending security related capital works.
 - 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

CSC 17/3/26

- **Capital Resource Limit 25/26:**
 - £18.9m remaining at start of March; just under 50%. This is due to late WG allocations and construction scheme timings for end of March 2026.
 - Significant challenge to manage and a risk has been added to the Corporate risk register regarding not achieving the CRL.
- **Discretionary Capital Programme (DCP)**
 - £14m+ additional WG allocations received in-year; not part of original plan for 2025-26.
 - Programme for 2026-27 brought to January CSC and endorsed by SPC for onward ratification by March Board.
 - Bronglais General Hospital (BGH) DEXA scanner funding awarded.
 - Fees to progress Cross Hands Full Business Case and Bandi Business Justification Case approved.
 - Bids for Mental Health & Learning Disabilities (MH&LD) estate improvements submitted with notification to be received prior to election period.

Assure – *The following matters were areas where there was confidence that robust actions are in place and are sufficient to address the issues to operate effectively.*

CSC 15/5/25

- **The Audit Recommendation Update Report** and the progress of the implementation of the outstanding capital themed audit recommendations.
- **The AHMWW Update** and the follow up meeting arranged with WG on 3rd July, 2025
- **Aseptics update** - HDUHB response to the first set of scrutiny questions from WG and Shared Services.

- **WGH Fluoroscopy update** - SBAR is being taken to Board, and highlights that the contract is more than £1m.
- **LINAC update** - a paper will be taken to SBUHB and to HDUHB Board at end of May. Will now include 6th bunker whereas originally included 5th LINAC only.
- **EFAB Update Report** - the GGH lift replacement project will run into the autumn of 2025 with the agreement of Shared Services and WG.
- **Welsh Government (WG) Dashboard Report** on the All Wales Capital Programme (AWCP) and Integration & Rebalancing Capital Fund (IRCF) funded projects, reflecting progress up to the end of April 2025.
- **Capital Governance Report** - CSC noted the projects currently reporting a red ALERT rag status and schemes with significant increase in rag status since the March meeting. The following projects were discussed:
 - Fire Enforcement schemes timelines. *The CSC accepted the advice of the report that the revised timelines were necessary and took assurance on how this had been managed with MWWFRS.*

CSC 17/7/25

- **Capital Resource Limit 25/26** - there is assurance provided on delivery of the CRL.
- The membership updates undertaken to the **CSC Terms of Reference** following Operational OCP
- **The Regional Capital Plan** Update
- **The Welsh Government Dashboard Reports** - 75% of dashboards submitted on time
- **Targeted Estates Funding (TEF) approved by Welsh Government** - CSC took assurance on the schemes noted, excepting the GGH HSDU washer replacement project and the planned 2026/27 EV project, on which CSC was advised, and these would be closely monitored.
- **Capital Governance Arrangements Draft Management Response** The report provided assurance that there were no gaps although there was some duplication. The recommendation was that no changes to be made at this time, pending outcome of further discussions with WG on the work programme.
- **Fire Schemes Update** assurance on the agreements reached with MWWFRS, and the reassurance received from WG on future capital support.
- **Property Asset Strategic Plan Update** and that in 2026 the property plan will need to be refreshed. This will include consultation with services and alignment to Clinical Services Plan. This will also link to the wider estates strategy to support strategic developments.
- **Audit Wales – Report on Review of Capital Investment Prioritisation** - One recommendation was provided which HDUHB accepted. To ensure the Operational directorate was aware of the processes and procedures in place for procuring capital, and to ensure understanding of the requirement for the involvement of the clinical engineering team in this process.

- **AHMWW update** and the meeting with WG 03/07/25. Key points from the discussion include:
 - There was recognition action was needed for both infrastructure and service sustainability.
 - There was discussion on what the fixed points in the programme would be, including WGH with RAAC and other infrastructure issues.
 - WG offered potential opportunity for first phase redevelopment of WGH with suggestion of a short form strategy paper, outlining a first phase as part of the planned site redevelopment, for September.
 - Next meeting date 10/10/25.
- **Medical Devices Annual Update**

CSC 18/9/25

- **The Welsh Government Dashboard** there were two projects for which dashboards were submitted, with 100% returned on time.
- **Targeted Estates Funding (TEF)** tracker was submitted to NWSSP in August with no comments back at this time. All schemes are RAG rated green
- **Audit Recommendation Update Report.** The CSC took assurance from the content of the report and noted the number of outstanding actions against recommendations.
- **AHMWW Programme.** HB are currently having ongoing discussions with WG around the feasibility of a phased development at WGH. could look like. This would address WGH infrastructure issues, however, clinical colleagues may consider this would not address the highest clinical issues. The intention is to outline how WGH might be modernised to mitigate estate infrastructure risks in a phased way. It would look at estate rather than service scenarios. Next meeting scheduled for 04/11/25 with WG to discuss these plans, the major infrastructure programme and potentially lining up with the 6-facet survey. Modernisation at WGH could only be taken to a point before investment was needed elsewhere, particularly GGH for consistency with the AHMWW clinical strategy

CSC 14/11/25

- **Committee Key Actions** have been reviewed and items noted for information
- **Terms of Reference** have been reviewed with membership reviewed and updated. These are attached for approval by SPC
- **Capital Governance Update** - Capital Sub Committee have taken assurance on the schemes progressing as planned and rag rated green, and were advised on the schemes rag rated amber. The CSC had discussed and were alerted to the schemes rag rated red Fishguard and TEF, and Cross Hands.
- **Welsh Government Dashboard Reports** submitted to WG on the All Wales Capital Programme (AWCP) and Integration & Rebalancing Capital Fund (IRCF) funded projects, reflecting progress up to the end of September 2025.
- **Fire Safety Management Update** on the fire programme.
 - WGH – This is the final stage of works needed at WGH and has now been fully approved by WG.
 - GGH – The business case is on programme to be ready Feb/ Mar 2026.

- BGH – this is a Letter of Fire Safety. PBC submission to WG was in April. There was confidence that this would be endorsed in November.
- **Procurement Update and governance and compliance around the Procurement Act 2023** that came into force in February 2025, introducing new obligations.

CSC 15/1/26

- **Committee Key Actions** have been reviewed and items noted for information
- **Capital Governance Update**
 - Capital Sub Committee have taken assurance on the 9 projects rag rated green, and were advised on the 9 schemes rag rated amber.
 - The CSC were alerted to the 2 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.
- **Audit Recommendation Update Report** - the CSC took assurance from the content of the report and noted the number of outstanding actions against recommendations.
- **Welsh Government Dashboard Reports** submitted to WG on the All Wales Capital Programme (AWCP) and Integration & Rebalancing Capital Fund (IRCF) funded projects, 3 out of 4 submissions were on time for the period.
- **Targeted Estates Funding Update Report** - CSC noted the content of the report and the tracker
 - 3 projects are complete.
 - 5 projects are now on site.
 - Detailed Design Work has commenced on 6 projects.
 - It was agreed to defer 3 projects to future TEF programmes with the aim to bid for TEF slippage funds if they arise.
- **Major Infrastructure Update**
 - Strategic document submitted and supported by WG includes 10 projects broken into 3 phases.
 - £895k in fees released to develop BJs for first three schemes:
 - Discussions underway with WG regarding releasing funds for 2nd phase.
 - Team to consider capacity to deliver schemes at pace.
- **Reinforced Autoclaved Aerated Concrete (RAAC) Update**
 - Although still a significant issue for the UHB, RAAC was being proactively managed, and 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.
- **Infection Control Update**
 - The 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.
- **AHMWW Programme Business Case (PBC) Update**
 - Draft PBC Addendum prepared and taken to special Strategy & Planning Committee 16/01/26 and Board 29/01/26.
 - The addendum introduces a new 'do medium' option which doesn't have a community hospital development on the GGH site. If all was to go as planned, this would be taken to Infrastructure Investment Board (IIB) late Feb-March and considered by WG ahead of the election.
- **Infrastructure Investment Plan**
 - Noted and to be finalised ahead of the Annual Plan, during Feb-March.
- **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.
- **Regional Capital Plan Update**
 - Programme includes Carmarthen Hwb, Cross Hands, Fishguard, Bandi and two partner-led schemes (Cylch Caron, North Pems Care Campus).
 - Regional drawdown:
 - £14m in 2025/26
 - £16.5m estimated for 2026/27

CSC 17/3/26

- **Committee Key Actions** have been reviewed and items noted for information
- **Self-assessment of Sub-Committee Effectiveness** Annual Report was endorsed by CSC for onward submission to SPC in April 2026

- **Capital Governance Update.** Capital Sub Committee have taken assurance on
 - the 13 projects rag rated green, and were advised on the 5 schemes rag rated amber.
 - The CSC were alerted to the 2 schemes rag rated red
 - led by the UHB: Fishguard Health & Well-being Centre (Land availability challenges resulting in land workshop delay).
 - Led by Carmarthenshire CCC - Atriwm' (formerly Carmarthen Hwb): delayed completion date with December 2026 completion; opening January 2027. Working group established and work ongoing to mitigate the impact of the delay

- **Welsh Government Dashboard Reports** submitted in February were returned to WG on time; no comments had been received.

- **Targeted Estates Funding Update Report** - CSC noted
 - the content of the report and the Green overall programme status
 - All projects on time and on track to close out expected spend by FYE and no concerns around risks
 - There are four additional MH&LD schemes bid for, with 100% funding by WG. Response to bids awaited.
 - As part of the Capital update provided to SPC, this will in future cover detail of the TEF schemes

- **Fire Schemes Update** – CSC received assurance that
 - the schemes on the Letters of Fire Safety are being progressed.
 - The CSC acknowledged and gained assurance from the agreements reached with MWWFRS for the future programme on Fire Investment Projects, and noted that further updates will be presented at future CSC meetings

- **The updated Capital Planning Group and Capital Monitoring Forum Terms of Reference** were reviewed and approved for onwards submission to SPC for approval

- **AHMWW Programme Business Case (PBC) Update.** The CSC took assurance from the update, Key points include:
 - WG have indicated the PBC addendum to be considered at 17/04/26 Infrastructure Investment Board (IIB)
 - NHS Wales Chief Executive & Deputy Chief Executive visit on 02/04/26.
 - Parallel work on OBC preparations recommended by WG, as any service or activity modelling can support the case for change; this must be funded through DCP.

- Meeting held with WG w/c 16/03/26 to review scrutiny comments on PBC addendum and NWSSP reviewing submitted documents.
- **Infrastructure Investment Plan** CSC approved the IIP and noted this would be submitted to Welsh Government Capital team for information.
- **Arts and Health Annual Update** CSC noted the:
 - Multiple arts-based environmental enhancement projects that have been delivered, notably the Leri Cancer Unit flagship project
 - Increasing demand for arts integration across departments.
 - Challenges include: limited team capacity and resource; fragmented approach with development of public art framework being looked at; procurement complexities; gaps in funding; barriers to participation; gaps in artist skills for clinical settings; evaluating the work.

6. Conclusion

The Sub-Committee is satisfied that it continues to operate effectively and in line with the Terms of Reference. Issues have been escalated to the Committee as appropriate to evolve and continually improve.

3.2

10:40, 15 Mins

3.2 - Targeted Estates Fund (TEF) Project: Provision of Second Generator at Prince Philip Hospital

*James Severs (Hywel
Dda UHB - Executive
Director of Allied
Health Professions
and Health Science),
Simon Chiffi (Hywel
Dda UHB - Head of
Operations), Julian
Wheeler Jones
(Hywel Dda UHB -
Discretionary Capital
Projects Manager)*

| For approval

Attachments

[3.2 SPC SBAR Second Generator @ PPH.pdf](#)

[3.2 Appendix 1 - Integrated Impact Assessment Second Generator @ PPH.pdf](#)

[3.2 Appendix 2 - EqIA Screening - Second Generator & PPH.pdf](#)

**TÎM CYFARWYDDWYR
STRATEGY AND PLANNING COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 April 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Targeted Estates Fund (TEF) Project: Provision of Second Generator at Prince Philip Hospital
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy & Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Simon Chiffi, Head of Operations

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 position with regards to the proposed Second Generator provision and associated electrical installations, groundworks & controls works at Prince Philip Hospital (PPH).

Funded by Welsh Government support (Targeted Estates Funding (TEF)), approval is sought to award the contract to deliver the main contract works, in line with Welsh Government guidance.

Cefndir / Background

Hywel Dda University Health Board (HDdUHB) has received funding from the Welsh Government (WG) to support the provision of a Second Generator at PPH to significantly improve site resilience and continuity of our healthcare services in the event of a network power-outage and support alignment with the requirements of WHTM 06-01.

The WG confirmed a commitment totalling £5.269 million of Infrastructure funding to HDdUHB on 21/03/2025, with the provision of the Second Generators being a key element of the programme. This investment will support the purchase of second generators and associated infrastructure upgrading to improve site resilience, reflecting our dedication to sustaining healthcare services for our communities. By working closely with the NHS Wales Shared Services Partnership (NWSSP) and the Welsh Government, we are ensuring these improvements align with wider efforts to strengthen estate resilience and ensure service continuity.

This funding and the planned upgrades reflect our commitment to meeting essential service needs and delivering better care for all.

Asesiad / Assessment

The Contract Award is in line with Section 10 of the NHS Wales Infrastructure Investment Guidance. Paragraph 13 (3) of Schedule 2 to the National Health Service (Wales) Act 2006

requires Local Health Boards to obtain Welsh Ministers' consent to acquire and dispose of property and enter into contracts. Contract approvals over £1m for individual schemes will be sought as part of the normal business case submission process where funding from the NHS Capital Programme is required.

The Contract will be funded via the £5.269m WG funding & HDdUHB Discretionary Capital match-funding and is in line with NHS Wales Shared Services Partnership's ("NWSSP") Construction Framework West: HDdUHB - £200k to £2m compliant with UK/EU procurement legislation. This framework included several potential providers who had achieved inclusion on the framework following a qualification process.

The HDdUHB Estates & Facilities directorate seeks to establish a single call-off contract for the provision of a Second Generator and associated infrastructure works at PPH. The Call-off Contract will be actioned by HDdUHB, utilising standard Joint Contracts Tribunal (JCT) contract templates (Intermediate Form of Contract and Agreements in place by Legal Team - Bevan Brittan). The framework is structured by awarding contracts on a rotational basis. The Call-Off option of direct award is available subject to supplier being next on rotation.

This multi-supplier framework agreement covers the provision of qualified construction contractors to undertake various packages of minor/intermediate and major works which meets HBUHB's requirements. All suppliers have been added to the framework following a robust and compliant tendering process, enabling the inclusion of suppliers both willing and able to provide customers with the construction related works required to meet the Health Board's strategic objective.

The tender was assessed in detail against subcontractor pricing, the framework agreed uplift percentages and the works requirements using industry data to benchmark the submitted rates and rates from previous phases of works to confirm acceptance and value for money. The tender is in line with the NWSSP construction framework - award and call off procedures:

- NWSSP Procurement Services Tender Reference CAP-OJEU-91888
- Region B: Lot 4 Projects from £200k to £2m - HDdUHB
- Rotational – Direct Award with T. Richard Jones (Betws) Ltd

For the 2024/25 Discretionary Capital Projects, the Capital Systems Final Internal Audit Report concluded a ****substantial audit rating**** for both the selection and appointment processes and the value for money and award considerations. This outcome reflects the robust stewardship and financial control exercised by the Discretionary Capital Design Team at HDdUHB, in line with NHS Wales standards. By leveraging the direct award mechanism within an approved framework, we have streamlined procurement, reduced costs, and maintained transparency, ensuring the selection of suitable suppliers based on objective criteria. This approach not only prioritises the Health Board's service needs and also frees up valuable clinical and estates resources, delivering measurable efficiency gains. The substantial rating affirms our commitment to achieving economy, efficiency, and effectiveness, reinforcing public trust in our management of taxpayer funds. This success positions us well to advance our "spend to save" objectives, delivering long-term value for the organisation.

The HDdUHB and external cost adviser Atkins Realis, undertook the cost plan process and evaluation in accordance with the framework evaluation criteria, specification, schedules and assessment of the sustainability and overall value for money:

1. Framework Requirements – Award and Call off Procedure
2. Quoted Price / Commercial Arrangements - 100%

3. Social Value in Construction in-line with Framework Lot 4
4. The Framework Supplier will be required to assist the Authority in delivering its obligations under the Wellbeing of Future Generations (Wales) Act 2015, with respect to improving the social, economic, and environmental wellbeing ('Social Value) of the local area through its activities.

The budget for the contract works at **PPH** is £1,197,665.00 (exc. VAT):

Element	Cost
TRJ Construction Contract Sum (excl. VAT)	£1,197,665.00
Fees and Survey Costs as DAF (excl. VAT)	£104,254.20
Non-Works Costs as DAF (excl. VAT)	£5,857.00
Equipment Costs as DAF (excl. VAT)	£0.00
Total Project Costs excluding Contingency and VAT	£1,307,776.20
Contingency as DAF	£19,924.39
Total Project Costs including Contingency (excl. VAT)	£1,327,700.59
VAT (20%)	£265,540.12
Sub Total	£1,593,240.71
Less Recoverable VAT	-£20,850.84
Forecast Project Out-Turn Cost	£1,572,389.87

The outcome of the suppliers' bid based on their written response resulted in a recommendation to award the contract to 'T Richard Jones (Betws) Ltd' for the works in the sum of £1,197,665.00(exc.VAT) for PPH, as their bid offers the best fit with the key criteria, could meet the required timescales and offered the best overall value for money.

Argymhelliad / Recommendation

The Strategy & Planning Committee is requested to:

- **RECOMMEND**, for onward ratification by Board on 28 May 2026 award of the contract at £1,197,665.00 (exc. VAT) for Prince Philip Hospital to 'T. Richard Jones (Betws) Ltd', with call-off agreement to be prepared and executed by the Health Board.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.11. Seek assurance on the development of the Estates Strategy and Infrastructure Investment Enabling Plan aligned to the A Healthier Mid and West Wales Strategy, and review documents prior to Board approval.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Prince Philip Hospital: Datix Risk Register Reference: 1077 Current risk score: 20 (Extreme)
Parthau Ansawdd: Domains of Quality	1. Safe 2. Timely

Quality and Engagement Act (sharepoint.com)	3. Effective
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	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Within report
Rhestr Termau: Glossary of Terms:	Within report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Tîm Cyfarwyddwyr Parties / Committees consulted prior to Strategy and Planning Committee:	TEF Project Group Forma Executive Team (FET) 8 April 2026

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Capital Funding in place to deliver the works. Refer to Integrated Impact Assessment Template (Appendix 1)
Ansawdd / Gofal Claf: Quality / Patient Care:	Direct impact on patient environment. Refer to Integrated Impact Assessment Template.
Gweithlu: Workforce:	No direct impact. Refer to Integrated Impact Assessment Template.
Risg: Risk:	The risk is identified on the corporate risk register. Business continuity plans in place for project period. Refer to Integrated Impact Assessment Template.

Cyfreithiol: Legal:	Not applicable.
Enw Da: Reputational:	Unlikely due to temporary/limited nature of disruption during installation period. Refer to Integrated Impact Assessment Template.
Gyfrinachedd: Privacy:	Not applicable.
Cydraddoldeb: Equality:	Potential negative/positive impacts identified in the Equality Impact Assessment (EqIA) documentation. <ul style="list-style-type: none"> • Has EqIA screening been undertaken? Yes, refer to Appendix 2 • Has a full EqIA been undertaken? No, not applicable

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	<p>The discretionary capital team and external cost adviser Atkins Realis, undertook the cost plan process and evaluation in accordance with the framework evaluation criteria, specification, schedules and assessment of the sustainability and overall value for money:</p> <ol style="list-style-type: none"> 1. Framework Requirements – Award and Call off Procedure 2. Quoted Price / Commercial Arrangements - 100% 3. Social Value in Construction in-line with Framework Lot 4 4. The Framework Supplier will be required to assist the Authority in delivering its obligations under the Wellbeing of Future Generations (Wales) Act 2015, with respect to improving the social, economic, and environmental wellbeing ('Social Value) of the local area through its activities. 	SD/DB	
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	WG has committed funding for the purchase of a second generator and associated works together with DCP match-funding . The HDdUHB Estates & Facilities directorate seeks to establish a single call-off contract for the provision of a second	SD/DB	

		generator & associated works work at Prince Philip Hospital		
3. Is the new proposal/service model affordable from within existing budgets?	Y	WG funding secured and DC funding committed	SD/DB	
4. Is there an impact on pay or non pay e.g. drugs, equipment, etc?	N		SD/DB	
5. Is this a spend to save initiative? If so, what is the anticipated payback schedule?	N		SD/DB	
6. What is the financial or efficiency payback (prudency), if any?	N		SD/DB	
7. Are there risks if the new proposal/service model is not put into effect?	Y	There is a serious risk to patients & service-delivery of power-outage at these acute sites from network or existing (aged) generator failure if these projects are not implemented	SD/DB	
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		SD/DB	
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?	Y	There are significant lead-in times for manufacture & delivery of the generator sets, thus the need to proceed to contract and orders as swiftly as possible	SD/DB	
10. Are capital requirements identified or funded?	Y	WG funding approved & DC funding committed.	SD/DB	
11. Will capital projects need to be completed in time to support any service change proposed?	N		SD/DB	
12. Has a Project Board been identified to manage the implementation?	N		SD/DB	

13. Is there an implementation plan with timescales to performance manage the process and risks?	Y	Project working group have defined and monitor programme for implementation	SD/DB	
14. Is there a post project evaluation planned for the new proposal/service model?	Y	On completion, with NWSSP	SD/DB	
15. Are there any other constraints which would prevent progress to implementation?	N		SD/DB	
Quality/Patient Care Impacts			SD/DB	
16. Could there be an impact on patient outcome/care?	Y	As 7 above	SD/DB	
17. Is there any potential for inequity of provision for individual patient groups or communities? E.g. rurality, transport.	N		SD/DB	
18. Is there any potential for inconsistency in approach across the Health Board?	N		SD/DB	
19. Is there are potential for postcode lottery/commissioning?	N		SD/DB	
20. Is there a need to consider exceptional circumstances?	N		SD/DB	
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)?	N		SD/DB	
22. Are there any Royal College standards, NICE guidance or other evidence bases, etc, applicable?	N		SD/DB	
23. Can clinical engagement be evidenced in the design of the new proposal/service model?	N	Infrastructure projects	FSD/DB	

24. Are there any population health impacts?	N		SD/DB	
Workforce Impact			SD/DB	
25. Has the impact on the existing staff/WTE been determined?	N	N/A	SD/DB	
26. Is it deliverable without the need for premium workforce?	Y		SD/DB	
27. Is there the potential for staff disengagement if there is no clinical/'reasonable' rationale for the action?	N		SD/DB	
28. Is there potential for professional body/college/union involvement?	N		SD/DB	
29. Could there be any perceived interference with clinical freedom?	N		SD/DB	
30. Is there potential for front line staff conflict with the public?	N		SD/DB	
31. Could there be challenge from the 'industries' involved?	N		SD/DB	
32. Is there a communication plan to inform staff of the new arrangements?	N	Engagement with service-leads in advance of any works if considered to be disruptive	SD/DB	
33. Has the Organisational Change Policy been followed, including engagement/consultation in accordance with guidance?	N	N/A	SD/DB	
34. Have training requirements been identified and will this be complete in time to support the new proposal/service model?	Y	Estates-team specific induction/training on project handover to ensure future management & maintenance of installation	SD/DB	
Risk Impact			SD/DB	
32. Has a risk assessment been completed?	N		SD/DB	

33. Is there a plan to mitigate the risks identified?	Y	Business continuity plans in place for project period.	SD/DB	
Legal Impact			SD/DB	
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?	Y		SD/DB	
35. Is there a likelihood of legal challenge?	N		SD/DB	
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?	N		SD/DB	
37. Is there any existing contract and/or notice periods?	N		SD/DB	
Reputational Impact			SD/DB	
38. Is there a likelihood of public/patient opposition?	N		SD/DB	
39. Is there a likelihood of political activity?	N		SD/DB	
40. Is there a likelihood of media interest?	N		SD/DB	
41. Is there the potential for an adverse effect on recruitment?	N		SD/DB	
42. Is there the likelihood of an adverse effect on staff morale?	N		SD/DB	
43. Potential for judicial review?	N		SD/DB	

Privacy Impact			SD/DB	
44. Have the Information Governance Team been contacted about the project to assess whether a Data Protection Impact Assessment (DPIA) needs to be undertaken?	N		SD/DB	
45. Has a full DPIA been undertaken – Please contact Information.Governance3@wales.nhs.uk for the template.	N		SD/DB	
Equality Impact (unless otherwise completed as part of the accompanying SBAR)			SD/DB	
46. Has Equality Impact Assessment (EqIA) screening been undertaken – follow link below? Equality, diversity and inclusion (sharepoint.com)	Y		SD/DB	Appendix 2
47. Has a full EqIA been undertaken – follow link below? Equality, diversity and inclusion (sharepoint.com)	N		SD/DB	
48. Have any negative/positive impacts been identified in the EqIA documentation?	Y	<p>Positive</p> <ul style="list-style-type: none"> The second generator will provide improved resilience to this acute site, ensuring continuity of healthcare service provision in the event of a network power outage <p>Negative</p> <ul style="list-style-type: none"> Temporary disruption for patients & services during installation period 	SD/DB	

Director and Directorate	Lee Davies – Executive Director Strategy & Planning
Service Area	Estates & Facilities

Title of Procedure, Project, Proposal, Policy being screened:	Proposed Second Generator provision and associated infrastructure work at Prince Philip Hospital (PPH).
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Hywel Dda University Health Board (HDdUHB) has received funding from the Welsh Government to support the provision of a Second Generator at Prince Philip Hospital to significantly improve site resilience and continuity of our healthcare services in the event of a network power-outage and support alignment with the requirements of WHTM 06-01.

The Welsh Government confirmed a commitment totalling £5.269 million of Infrastructure funding to HDdUHB on 21/03/2025, with the provision of the Second Generators being a key element of the programme. This investment will support the purchase of second generators and associated infrastructure upgrading to improve site resilience, reflecting our dedication to sustaining healthcare services for our communities. By working closely with the NHS Wales Shared Services Partnership (NWSSP) and the Welsh Government, we are ensuring these improvements align with wider efforts to strengthen estate resilience and ensure service continuity.

This funding and the planned upgrades reflect our commitment to meeting essential service needs and delivering better care for all.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

- Temporary disruption for patients & services during installation period, managed within each service area & patient needs will be considered and appropriate adaptations made, but no direct impact on specific groups
- Disruption period, to form supply connections, will be limited & controlled with service areas informed well in advance of works
- The second generator will provide improved resilience to this acute site, ensuring continuity of service provision in the event of a network power-outage

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](http://sharepoint.com)

Age					
Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: There will be no expected impact on patients relating to this group in respect of these projects.					
Disability					
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: There will be no expected impact on patients relating to this group in respect of these projects.					
Gender Reassignment					
Is it likely to affect those who either:					
<ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: There will be no expected impact on patients relating to this group in respect of these projects.					
Marriage / Civil Partnership					
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.					
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: There will be no expected impact on patients relating to this group in respect of these projects.					
Pregnancy and Maternity					
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: There will be no expected impact on patients relating to this group in respect of these projects.					
Race / Ethnicity					
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: There will be no expected impact on patients relating to this group in respect of these projects.					
Religion or Belief Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: There will be no expected impact on patients relating to this group in respect of these projects.					
Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: There will be no expected impact on patients relating to this group in respect of these projects.					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: There will be no expected impact on patients relating to this group in respect of these projects.					
Armed Forces Community Consider whether this impacts on 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 Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: There will be no expected impact on patients relating to this group in respect of these projects.					
Socio Economic Duty 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 resources please see: more-equal-wales-socio-economic-duty					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>

Justification of impact identified: There will be no expected impact on patients relating to this group in respect of these projects.			
Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.			
Positive Impact	<input type="checkbox"/>	Negative Impact	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: There will be no expected impact on patients relating to this group in respect of these projects.			

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: [Equality Impact Assessments \(EqIAs\) \(sharepoint.com\)](https://sharepoint.com)

Screening Completed by:	Name	Darrel Barnes
	Title	Design Manager
	Contact details	darrel.barnes@wales.nhs.uk
	Date	09/02/2026
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Simon Day
	Title	Head of Maintenance & Engineering
	Contact details	simon.day@wales.nhs.uk
	Date	10/02/2026
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	11/03/2026
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 EqIA and inform the D&I team.

4 - Strategy, Planning and Partnerships

4.1

11:05, 20 Mins

4.1 - A Healthier Mid and West Wales Strategy Update

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Paul Williams (Hywel Dda UHB - Assistant Director Of Strategic Planning), Nathan Davies (Hywel Dda UHB - Senior Project Manager), Alexander Martin (Hywel Dda UHB - Principal Programme Manager)

Healthier Lives, Well lived Engagement Plan

| For discussion

Attachments

[4.1 AHMWW update April 26 v0.1.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 April 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	<i>A Healthier Mid and West Wales (AHMWW) - Healthier Lives, Well Lived Strategy Update</i>
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Paul Williams, Assistant Director of Strategic 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 report provides an update for assurance on two aspects of progress with the strategy: i) the A Healthier Mid and West Wales (AHMWW) Programme Business Case (PBC) Addendum and ii) the Strategy Refresh.

Cefndir / Background

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 and Prince Philip 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 and Withybush as Community Hospitals.

The need to explore a wider range of scenarios has been explained in update reports to the Strategy and Planning Committee (SPC (and its predecessor, the Strategic Development and Operational Delivery Committee) and necessitated the development of an Addendum to the PBC.

Since November 2024, work was also undertaken to refresh our strategy to reflect changes which have taken place locally, regionally and nationally, noting impacts of the COVID-19 pandemic, impact of cost of living, and advances made in digital technology.

Through this process it was recognised that the clinical model which underpins the strategy remains unchanged, there would still be a need to bring together the most fragile services to provide critical mass to raise standards, enhance sustainability and mitigate workforce risks.

Where the strategy emphasised change, this was focused on strengthening population health through a '20four7' approach as well as supporting people to access care closer to home or at

home where possible through community by design and people first, digital always planning goals.

On 16 January 2026, an Extraordinary Strategy and Planning Committee meeting considered a presentation on key points of the PBC Addendum and an initial draft of the strategy refresh. The Committee supported the submission of the PBC Addendum and the refreshed Strategy to Public Board.

The AHMWW PBC Addendum was approved by Board on 29 January 2026 and submitted to Welsh Government on 4 February 2026. It is intended this will 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 once the PBC is endorsed.

The refresh of the AHMWW strategy, *Healthier Lives, Well Lived*, was presented to Board in January 2026 and the content approved subject to final proofing and edits. Since this time work has been undertaken to create accessible versions of the strategy as well as design work to make the document more accessible for members of the public, our partners and wider stakeholders.

Asesiad / Assessment

Since the February 2026 update, Welsh Government has confirmed receipt of the PBC Addendum and advised it is scheduled for initial consideration at the Infrastructure Investment Board (IIB) on 17 April 2026, with decision-making deferred until a post-election IIB meeting.

Welsh Government has also suggested it would be appropriate for the University Health Board (UHB) to consider parallel work on Outline Business Case (OBC) preparations particularly as any service and activity modelling can support the UHB's case for change. The funding for any activity and service modelling work will need to come from the UHB's Discretionary Capital Programme pending PBC endorsement and agreement to OBC funding. Work has now commenced to explore the process and methodology for this work.

Since the Strategic Refresh was presented to Board in January 2026, minor editorial changes took place to the document where required, these included revising the title of the planning goal around digital transformation (People first, digital always), and strengthening how our strategy aligns to our wellbeing objectives as part of the Future Generations (Wales) Act which while referenced were not finalised at the time of sharing with Board.

Now that the document content has been finalised, work has been undertaken to translate it into different accessible formats, as well as design work to make it easier to read and understand.

The intention is to bring the suite of final documents to Board in May 2026 where they would be publicly available and circulate internally with staff when ready, so that our staff have the first opportunity to read and understand our strategy.

Argymhelliad / Recommendation

The Strategy and Planning Committee is asked to:

- NOTE and RECEIVE ASSURANCE from the update provided in the A Healthier Mid and West Wales (AHMWW) - Healthier Lives, Well Lived Strategy Update report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.11. Seek assurance on the development of the Estates Strategy and Infrastructure Investment Enabling Plan aligned to the A Healthier Mid and West Wales Strategy, and review documents prior to Board approval.
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: Glossary of Terms:	Contained in the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Executive Team approved the final content of the strategy refresh ahead of design work and translation.

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.

4.2

11:25, 20 Mins

4.2 - Annual Plan 2025-26 Closure Report

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

| For discussion

Attachments

[4.2 SPC SBAR Annual 2025-26 April 2026.pdf](#)

[4.2. Appendix 1 - PO Highlight Report Q4 2025-26.pdf](#)

[4.3 Appendix 2 - Planning Objective Highlight Report 01APR2025-31MAR2026.pdf](#)

[4.2 Appendix 3 - Q4 2025-26 Enabling Actions Tracker.pdf](#)

**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

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..

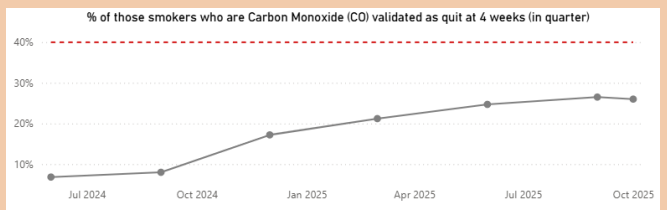
Planning Objective: 10 – Population Health & Prevention

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

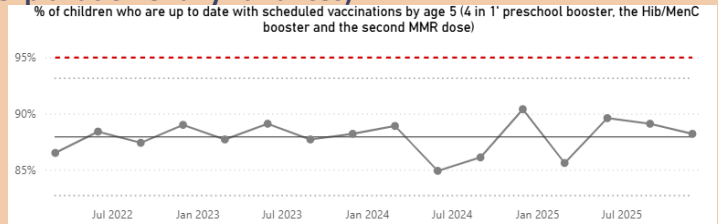
Reporting Period: Quarter 4 – January – March 2026

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 ration, 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.



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

Ministerial Enablers	Quarter 4 2026 update
	<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%

Ministerial Enablers	Quarter 4 2026 update
	<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

Ministerial Enablers	Quarter 4 2026 update
	<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.

Ministerial Enablers	Quarter 4 2026 update
	<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,

Ministerial Enablers	Quarter 4 2026 update
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.

4.3

11:45, 20 Mins

4.3 - Clinical Services Plan

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Helen Morgan-Howard (Hywel Dda UHB - Head of Transformation Programme Office), Alexander Martin (Hywel Dda UHB - Principal Programme Manager)

Implementation Planning
Stroke

| For assurance

Attachments

[4.3 Clinical Services Plan.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 April 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Clinical Services Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Helen Morgan-Howard, Sarah Isaac, Alex Martin, Ben Rogers, Yvette Pellegrotti, Transformation Programme Office

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

On the 18 and 19 February 2026, during an extraordinary Board meeting, the Board received feedback following a 13.5-week consultation on options for nine services within the Clinical Services Plan, along with 22 additional alternative options suggested by our community.

During the second day Board made a series of decisions for the nine services, these included 8 final decisions for services, which would require detailed implementation plans, and a pre-provisional decision for stroke services which would require additional engagement on a preferred option before a final decision could be made.

The purpose of this report is to give an update on the work to date and provide assurance on the progress being made for the nine services.

Cefndir / Background

Eight services received a final decision on the 19 February 2026, these were:

- Emergency general surgery (Option 155) – Bring together the on-call rota at Glangwili Hospital and strengthen the surgical same day emergency care provision at Glangwili and Withybush Hospitals, with a business case to develop a further surgical same day emergency care unit at Bronglais Hospital in the future.
- Critical care (Option 246) – Develop an enhanced care unit at Prince Philip Hospital instead of an intensive care unit and support working across critical care teams in Hywel Dda.
- Ophthalmology (Option 99/173) – Bringing services together from Bronglais and Prince Philip Hospitals at Glangwili Hospital, providing more services at Amman Valley Hospital and developing a diagnostic hub at Aberaeron Integrated Care Centre in the future subject to a business case.

- Orthopaedics (Option D/178) – Provide more inpatient services at Bronglais Hospital and undertake works to support the service to meet the British Orthopaedic Association (BOA) Standards. In the future, provide additional inpatient activity at Prince Philip Hospital should demand increase but would be subject to a business case.
- Dermatology (Option C) – Bring together services from hospital sites at Prince Philip Hospital, provide nurse led paediatric clinics at Cross Hands Health Centre, subject to successful completion, and develop capacity through GP clinics to provide minor operating procedures in the community. These changes would be subject to business cases where additional funding is required.
- Urology (Option A) – Bring together urgent suspected cancer services and inpatient work at Prince Philip Hospital to create a urological investigation unit, with routine diagnostics and outpatients remaining at Withybush and Bronglais hospitals. Glangwili Hospital would remain as the emergency pathway for urology only.
- Endoscopy (Option A) – Bringing together urology and respiratory procedures at Prince Philip Hospital with the use of an additional procedure room, with bowel screening and gastrointestinal procedures remaining at other sites. Emergency endoscopy procedures remain at all sites. In the future, develop a community endoscopy hub, subject to business case and further engagement.
- Radiology (Option 103) – Bringing inpatient interventional services together at Glangwili Hospital, providing day case interventional Monday to Friday during the day at other sites. Bronglais Hospital would have diagnostic services Monday to Friday, while Prince Philip and Withybush hospitals would develop seven-day diagnostic services with a cancer focus. Emergency radiology procedures remain at all sites. In the future, develop a community radiology hub, subject to business case and further engagement.

For stroke services the Board, in considering the options and feedback from the consultation, decided to bring together two elements from options which had met hurdle criteria to create a new idea to be further tested and engaged on. This idea was based on a 24-hour specialist stroke unit in Glangwili Hospital from Option 210 and a stroke rehabilitation unit in Bronglais Hospital from Option 106. Patients from Bronglais, Prince Philip and Withybush hospitals would access initial stroke care from their nearest hospital and be transferred to either the stroke unit or for thrombectomy in Cardiff or Bristol.

As this option had not been tested during the consultation or been through the same options development process it was agreed that further work would be undertaken to assess the option before engaging with communities for feedback. After this the Board would make a final decision on the service.

Asesiad / Assessment

Within the Annual Plan update, item 5.2 of the April Strategy and Planning Committee Papers, we have highlighted the expected activities and milestones which will be carried out to support the implementation planning, as well as the work being undertaken to support the engagement on stroke services.

For the eight services which received a final decision we have developed a pre-implementation plan. This involves refreshing data and modelling, reviewing the impacts of bringing together elements from options as part of Board decision and will require the revision of impact assessments.

This will lead to the development of an implementation plan for potential in year changes, that can take place which do not require additional revenue or will impact the annual plan, and an implementation plan for the phasing to be included within the three-year planning process beginning 2027/2028.

We are expecting this detailed implementation plan to be available in time for July Board papers, subject to organisational capacity to support due to competing priorities and ongoing operational pressures.

For stroke services, a virtual session of the Options Development Group took place on the 14 April to hurdle appraise and score the option identified during Board. This information will be used to support the engagement documentation which has already begun development using existing materials from the consultation.

We are currently looking to undertake an eight-week engagement from June, with a view to bring the findings back to Board by the end of the year. This will be subject to the level of responses received and may mean that Board is unable to make a final decision on stroke services until early 2027.

Argymhelliad / Recommendation

The Committee is asked to:

- Take ASSURANCE that work is being undertaken to develop a detailed implementation plan for the eight services which received a final decision
- Take ASSURANCE that work is being undertaken to carry out the engagement on stroke services, to support Board to make a final decision within this planning year 2026/2027

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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:	1082 – (T&O) Lack of Major Trauma Weekend Theatre Sessions GGH (current score 10) 1383 (Endoscopy) Nursing Staffing Issues/recruitment (current score 9) 1254 - (Endoscopy) Prince Philip Reconfiguration (current score 12) 1531 - (General Surgery) Inability to safely support on call rota at WGH and GGH (current score 15) 1488 - (Endoscopy) Decontamination BGH (current score 20)
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
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:	The Clinical Services Plan followed the advice and direction provided by the Consultation Institute (tCI) for Phase 1 and most of Phase 2. For Phase 3 this advice is being provided by Hugh Irwin Company (HICO) under the Centre for Consultation (CfC) quality assurance framework.
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Previous Board meetings Strategy and Planning Committee (SPC) Quality Safety and Experience Committee (QSEC) Staff Partnership Forum Board Seminar Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	An indicative financial estimate has been included within the programme and is contained within the supporting appendices.
Ansawdd / Gofal Claf: Quality / Patient Care:	The Clinical Services Plan is intended to improve Quality and Patient Care. Quality Impact Assessment screenings have been completed and have been considered at the Quality Impact Assessment Panel. These are provided in the supporting appendices.
Gweithlu: Workforce:	Indicative programme workforce assessments have been completed, and these are provided in the supporting appendices.

Risg: Risk:	As outlined above.
Cyfreithiol: Legal:	The quality assurance process undertaken is designed to mitigate any risk around legal challenge directed towards decision making and consultation process.
Enw Da: Reputational:	There is political and media interest in Board decision making. A Communications and Engagement plan has been developed as part of the programme to support post decision-making communications.
Gyfrinachedd: Privacy:	Relevant privacy statements are linked and described within the consultation documents. A Data Protection Impact Assessment (DPIA) has been completed for the programme.
Cydraddoldeb: Equality:	The Clinical Services Plan is intended to improve equality, and this will be further assessed as service plans are developed. Baseline Equality Impact Assessments have been undertaken based on current service provision. In addition to this Equality Impact screening templates have been completed to consider the impacts within each of the proposed options. These are provided in the supporting appendices.

4.4 - DEFERRED: Value Based Healthcare Update

Refreshed Strategic Approach

| For assurance

5 - For Information

5.1

12:05, 0 Mins

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

Winston Weir (Hywel Dda UHB - Independent Board Member)

| For information

Attachments

[PPF Highlight Report 26 February 2026 v3 Final.pdf](#)

[3As Update Report Regional Joint Committee 220126.pdf](#)

[3As Update Report Extraordinary Main Regional Joint Committee 160226.pdf](#)

[3As Update Report Extraordinary In-Committee Regional Joint Committee 160226.pdf](#)

Joint Commissioning Committee

Highlight Report from the Planning, Performance and Finance Sub-Committee

Dyddiad y Cyfarfod / Date of Meeting	17/03/2026
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, Director of Finance, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health Boards		Noted

1. SITUATION/BACKGROUND

This report has 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 26 February 2026.

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

(Links to reports highlighted - [February 2026 - NHS Wales Joint Commissioning Committee](#))

Status	Update
Alert / Escalate	<p>The NWJCC Finance Report - Month 10 2025/26 was received. The end of year forecasted financial deficit has reduced to £6.9m. The JCC is confident in delivering the forecast position, with key issues resolved, including reimbursement for Caswell related to out-of-area placements. There has also been a positive impact seen as a result of capping activity with NHS English providers. Winter pressures are being managed and risks related to Individual Funding Patient Requests (IPFR) are minimal with most approvals expected to be realised in the new financial year. The JCC Chief Commissioner has been invited to a Welsh Government scrutiny session in March 2026, with JCC director attendance to be confirmed. Following anticipated approval of the of the NWJCC Integrated Medium-Term Plan at the end of March, Service Level Agreements (SLAs) will be secured with health boards, contingent on final funding allocations.</p>
Advise	<p>The NWJCC Combined Operational Performance Report was received. Highlights noted included improvements in outpatient waiting times performance, a small number of breaches in ambulance performance rates and that the mental health section of the report had been updated to include median stays and utilisation rates. Assurances were provided around Welsh patients placed at St Andrews Healthcare, and the increased level of monitoring and weekly multi-agency meetings were noted. Members discussed the positive feedback that Caswell Clinic had reopened to admissions and that repatriation plans for both medium secure and Child and Adolescent Mental Health Services (CAMHS) were in place. Expected improvement trajectories and the financial impact of the repatriation plans would be shared outside the meeting.</p> <p>Ambulance response times were slightly above performance targets but improving in recent months, recognising that the new response model was still in its infancy. An external three-year evaluation of the model has been commissioned with Swansea and Edge Hill University, and ongoing work focuses on total patient wait times and technological improvements in queue management on the Dashboard.</p>

Status	Update
<p>Assure</p>	<p>The PPF Organisational Risk Register (ORR) was received for the assigned risks from the NWJCC Operational Risk Register as of 31 January 2026. After PPF scrutiny and review, the JC will receive the January 2026 risk register at its March 2026 meeting. The following were highlighted:</p> <ul style="list-style-type: none"> • Three commissioning risks and two corporate risks, with a score of fifteen or above, have been assigned to PPF. • One risk has been escalated; six risks have been de-escalated; one emerging risk has been highlighted which had been considered by the Senior Leadership team (SLT) on 18 February and agreed for inclusion on the ORR following further refinement of the risk description. However, since then Welsh Government has issued a response to the JCC Medical Director’s letter clarifying the pathway to request funding. As such, it is no longer considered as a high risk to the JCC and will be removed from the ORR, and managed locally by the Medical team. • The nature of the risks outlined had shifted to a commissioner-focused approach, which should result in better controls and more effective actions, but this remains a work in progress. This work will inform the management of the organisations strategic objectives and Joint Assurance Framework (JAF) which are under development. It was recognised that this is an iterative process, and that work to align and integrate organisational and strategic risks with the Integrated Medium-Term Plan (IMTP), specifically the impact of decisions made around investment, is planned over the coming months. • Members were pleased with the progress made to date. <p>The NWJCC Foundation Plan Quarterly Delivery Update was received against the Quarter 1, 2 and 3 deliverables. The report was noted, acknowledging the level of detail included and the areas reporting as red and amber as a result of the decisions made within the IMTP discussions to not invest in previously agreed legacy areas.</p> <p>Members received and endorsed, subject to minor amendments, the following end of year governance documents:</p> <ul style="list-style-type: none"> • Annual Review of PPF Terms of Reference • Review of PPF Sub-Committee Effectiveness - Survey Questions • PPF Annual Report 2025/26 • PPF Forward Plan of Business 2026/27

Status	Update
Inform	A verbal update on the final stages of the development of the IMTP was provided. The reduction of the IMTP deficit from £39 million in December 2025 to £16.2 million was noted. The plan will be discussed at the JC meeting on 17 March and further presented for approval on 23 March to align with health board IMTP Board approvals. There is a need for additional scrutiny post approval of the IMTP with a timeline and process to be shared for identifying further options to improve the financial position beyond March 2026. Additionally, members discussed the need for a transparent narrative within the IMTP describing the difficult choices already made to date and outlining the ongoing scale of challenge, the steps required to achieve a stabilised, recurrent financial balance, and the impact of potential service changes, including the possibility of decommissioning or reconfiguring of services.
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
	No - Not Applicable

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	
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Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	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>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	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>	Yes (Include further detail below)	
Resource Impact <i>(People / Financial)</i>	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.

COMMITTEE UPDATE REPORT/ ADRODDIAD DIWEDDARU'R PWYLLGOR

Regional Joint Committee

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 22 January 2026

Quoracy/ Cworwm: Met

Report by/ Adroddiad gan: Ms Eleanor Marks & Jan Williams CBE, Co-Chairs

KEY DISCUSSION POINTS AND MATTERS FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

Alert¹ (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

- The Regional Joint Committee (RJC) did not identify any items to **alert** Hywel Dda UHB (HDdUHB) and Swansea Bay UHB (SBUHB) Public Boards.

Advise² (to monitor)/ **Cynghori** (i fonitro)

- The Regional Joint Committee (RJC) did not identify any items to **advise** Hywel Dda UHB (HDdUHB) and Swansea Bay UHB (SBUHB) Public Boards.

Assure³ (to note)/ **Sicrhau** (i nodi)

The RJC agreed to **assure** members of Swansea Bay UHB and Hywel Dda UHB Boards that:

- The Committee explored behavioural science approaches led by Public Health Wales (PHW) and the Future Generations Commissioner's Office, focusing on COM-B, food systems, inequalities, and procurement. Members identified structural barriers and opportunities for whole-system change. Outputs will inform Regional Health Economy work and forthcoming planning. Public Health teams will continue to develop an inequalities profile together with PHW, integrate national food system guidance, and continue joint work with Public Services Boards (PSBs). A regional PSB workshop in March 2026 will shape priorities, with progress updates due in April 2026.
- **Regional Health Economy:** Progress continues to strengthen the shared regional approach by supporting alignment across People, Place,

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.

³ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

Procurement and Partnerships. Milestones have been set, bi-monthly steering group meetings established, and a March 2026 regional long term strategic plan workshop planned, ensuring long-term planning remains cohesive and informed by developing population-level insights. PHW is supporting development of a regional inequalities profile and addressing intelligence gaps.

- **Clinical Services Planning:** Pathology programme remains on track with the outstanding Memorandum of Understanding (MoU) and preferred Regional Cellular Pathology Laboratory site update scheduled for an RJC Extraordinary meeting on 16 February 2026. This will help to improve patient outcomes through timely diagnostics, targeted pathways and clearer follow-up. Vascular discussions continue nationally to deliver a more resilient, safer, and equitable services. Orthopaedics requires joint oversight of Patient Tracking Lists (PTLs) and workforce planning to improve equity of access across the region through a single regional waiting list and standardised pathways. Stroke programme is awaiting national standards decisions in February 2026 to standardise protocols to reduce unwarranted variation.
- **Finance & Contracting:** Progress includes regional value-based work through the Socio-Technical Allocation of Resources (STAR) Programme and Value-Based Procurement delivery with Swansea University, together with joint procurement opportunities; continued Orthopaedic contracting redesign which will set the basis for future contracting models and decisions; continued collaboration between finance teams; and the appointment of a regional procurement lead to support learning, finance literacy, training, career development, frameworks/controls, and process alignment.
- **Data and Digital:** A joint digital vision has been developed in order to harness digital innovation to empower healthier lives, connect communities, and deliver proactive, equitable care, anytime, anywhere. The vision focuses on long-term capability rather than products—prioritising interoperability, Artificial Intelligence (AI) readiness, data-sharing, and aligned deployment of national systems. There was recognition of historic digital deficits across the region and the need for clear sequencing and dependency mapping. To address this, a regional digital capability and deficit review will be undertaken to assess the landscape in conjunction with both health boards, local authority, academic and industry partners.
- **Research, Innovation & Excellence:** Ongoing work included oncology research collaboration; development of a regional operating model to support regional opportunities for innovation, including with academic partners to be more attractive to trial sponsors and to optimise the use of facilities at local hospital sites and universities and potential to create centres of excellence; the proposed creation of a sub-committee; and defining the remit and recruitment of a Regional Director for Research and Development. It was agreed that a refined governance proposal would be presented to the RJC meeting in April 2026.

- **Workforce and Organisational Development:** Activity included joint planning using the 3A methodology to improve workforce retention, recruitment, succession planning, resilience, and apprenticeships; continued development of a Regional Leadership Network to widen access to programmes (leadership, coaching, and mentoring) improving quality while reducing duplication; continued support between health boards on Electronic Staff Record (ESR) deployment; and consideration of legislative changes. Cultural and behavioural change requirements were emphasised.
- **Regional Joint Committee 2025/26 Work Programme:** The Committee reviewed progress against the 2025/26 work programme, acknowledging the need to refine priorities, align regional commitments with organisational Integrated Medium Term Plans (IMTPs) and strengthen coherence across local, regional and national structures.
- Sub-groups have demonstrated good progress, with demonstrable ambition shown across the various workstreams despite significant workforce pressures.
- The regional approach is maturing and providing increasing value, including future-facing issues such as regional budgets and digital transformation.

Review of Risks/ Adolygiad o Risgiau

- Not applicable

Sharing of learning/ Rhannu dysgu

- Not applicable

Recommendation/ Argymhelliad

That Swansea Bay UHB and Hywel Dda UHB Boards:

- **Consider** the report of the RJC meeting held on 22 January 2026, recognising the progress made in regional collaboration and work programme development.

Date of next meeting/ Dyddiad y cyfarfod nesaf: Thursday 16 April 2026

Agenda, papers and minutes are available on our website/ Mae agenda, papurau a chofnodion ar gael ar ein gwefan: ([SBUHB](#) and [HDdUHB](#))

COMMITTEE UPDATE REPORT/ ADRODDIAD DIWEDDARU'R PWYLLGOR

Extraordinary

Regional Joint Committee

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 16 February 2026

Quoracy/ Cworwm: Met

Report by/ Adroddiad gan: Neil Wooding CBE & Jan Williams CBE, Co-Chairs

KEY DISCUSSION POINTS AND MATTERS FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

Alert¹ (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

- The Regional Joint Committee (RJC) did not identify any items to **alert** Hywel Dda UHB (HDdUHB) and Swansea Bay UHB (SBUHB) Public Boards.

Advise² (to monitor)/ **Cynghori** (i fonitro)

- The Regional Joint Committee (RJC) did not identify any items to **advise** Hywel Dda UHB (HDdUHB) and Swansea Bay UHB (SBUHB) Public Boards.

Assure³ (to note)/ **Sicrhau** (i nodi)

The RJC agreed to **assure** members of Swansea Bay UHB and Hywel Dda UHB Boards that:

Regional Cellular Pathology Programme — Transitional Memorandum of Understanding (MoU):

- The Committee reviewed the redrafted Transitional Memorandum of Understanding, which reflects updated governance arrangements, refreshed programme structure, and the commitment to developing a single regional cellular pathology service hosted by Swansea Bay UHB.
- Members explored matters related to workforce, governance, accountability and transitional arrangements, noting the importance of continued regional

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.

³ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

collaboration irrespective of capital programme timelines. Workforce fragility across operational and clinical functions reinforced the value of advancing a regional service model.

- Clarifications provided in advance addressed indemnity, liability and accountability, confirming that the MoU does not alter the legal standing of either Health Board and does not create financial liability pending any formal contractual arrangements.
- The Committee endorsed the revised MoU for onward approval by both Health Boards.

Regional Cellular Pathology Programme – Preferred Laboratory Site:

- The Committee considered the conclusions of the comprehensive appraisal of the three potential site options. A regional workshop held on 2 February 2026 identified Bay Campus as the preferred site due to advantages in service delivery, workforce, research environment and future-proofing.
- Members noted that technical evaluations confirm feasibility and that the recommendation represents a clear and collaborative regional consensus. The Committee recognised that the recommendation supports the next stage of Business Case development.

The RJC:

- Recognised the clear consensus reached at the regional workshop on the preferred site.
- Endorsed submission of the South-West Wales Regional Cellular Pathology Laboratory preferred site paper to the Welsh Government Capital Team.
- Supported onward approval at SBUHB's Special Public Board (17 February 2026) and HDdUHB's Extraordinary Public Board (19 February 2026).

Review of Risks/ Adolygiad o Risgiau

- Not applicable

Sharing of learning/ Rhannu dysgu

- Not applicable

Recommendation/ Argymhelliad

That Swansea Bay UHB and Hywel Dda UHB Boards:

- **Considered** the report of the RJC meeting held on 16 February 2026, noting the progress made in advancing the Regional Cellular Pathology Programme,

including the updated Transitional MoU and the endorsement of a preferred laboratory site.

Date of next meeting/ Dyddiad y cyfarfod nesaf: Thursday 16th April 2026

Agenda, papers and minutes are available on our website/ Mae agenda, papurau a chofnodion ar gael ar ein gwefan: ([SBUHB](#) and [HDdUHB](#))

COMMITTEE UPDATE REPORT/ ADRODDIAD DIWEDDARU'R PWYLLGOR

Extraordinary In-Committee Meeting

Regional Joint Committee

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 16 February 2026

Quoracy/ Cworwm: Met

Report by/ Adroddiad gan: Neil Wooding CBE & Jan Williams CBE, Co-Chairs

KEY DISCUSSION POINTS AND MATTERS FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

Alert¹ (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

- The Regional Joint Committee (RJC) did not identify any items to **alert** Hywel Dda UHB (HDdUHB) and Swansea Bay UHB (SBUHB) Public Boards.

Advise² (to monitor)/ **Cynghori** (i fonitro)

- The Regional Joint Committee (RJC) did not identify any items to **advise** Hywel Dda UHB (HDdUHB) and Swansea Bay UHB (SBUHB) Public Boards.

Assure³ (to note)/ **Sicrhau** (i nodi)

The RJC agreed to **assure** members of Swansea Bay UHB and Hywel Dda UHB Boards that:

Regional Cellular Pathology Programme – Preferred Laboratory Site:

- The Committee received an update on the appraisal of potential sites for the Regional Cellular Pathology Laboratory, following extensive technical and non-technical evaluation. A regional workshop reached a clear consensus that Bay Campus is the preferred location, reflecting advantages in service delivery, workforce opportunities and academic partnership potential.
- Members discussed key considerations relating to implementation requirements, organisational impacts, digital readiness, and longer-term

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.

³ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

opportunities. Assurance was given that formal queries previously raised had been addressed through expert advice, including matters of governance, accounting frameworks and local risk variation.

The RJC:

- Recognised the clear consensus reached at the regional workshop on the preferred site.
- Endorsed submission of the South-West Wales Regional Cellular Pathology Laboratory preferred site paper to the Welsh Government Capital Team.
- Supported onward approval at SBUHB's Special Public Board (17 February 2026) and HDdUHB's Extraordinary Public Board (19 February 2026).

Review of Risks/ Adolygiad o Risgiau

- Not applicable

Sharing of learning/ Rhannu dysgu

- Not applicable

Recommendation/ Argymhelliad

That Swansea Bay UHB and Hywel Dda UHB Boards:

- **Considered** the report of the RJC meeting held on 16 February 2026, noting progress made in confirming the preferred Regional Cellular Pathology Laboratory site and the detailed assurance work undertaken.

Date of next meeting/ Dyddiad y cyfarfod nesaf: Thursday 16th April 2026

Agenda, papers and minutes are available on our website/ Mae agenda, papurau a chofnodion ar gael ar ein gwefan: ([SBUHB](#) and [HDdUHB](#))

5.2

12:05, 0 Mins

5.2 - Strategy & Planning Committee Workplan 2025-26 *Winston Weir (Hywel Dda UHB - Independent Board Member)*

| For information

Attachments

[SPC Work Programme 2026-27 v0.1.pdf](#)

STRATEGY AND PLANNING COMMITTEE WORK PLAN APRIL 2026 – MARCH 2027

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 2026 – March 2027, including standing agenda items (denoted by *).

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	28 Apr 2026	2 Jun 2026	4 Aug 2026	6 Oct 2026	1 Dec 2026	2 Feb 2027	Apr 2027
PAPER DEADLINE			7 Apr 2026	12 May 2026	14 Jul 2026	15 Sep 2026	10 Nov 2026	12 Jan 2027	
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						✓	
SPC Annual Report 2025/26 (10.4)	Chair	LD	✓						✓
Committee Self-Assessment 6 Month Update	Chair	JW			✓				
Self-Assessment of Committee Effectiveness: Outcome Report (10.5)	Chair	JW						✓	
Assurance and Risk Report Assurance (3.1.23) Corporate risks, Audits and Inspections, Ministerial Directions	Relevant EDs	JW	✓		✓		✓		✓

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	28 Apr 2026	2 Jun 2026	4 Aug 2026	6 Oct 2026	1 Dec 2026	2 Feb 2027	Apr 2027
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Assurance and Risk Report Assurance (3.1.23) <i>Principal Risks, Operational Risks, Welsh Health Circulars;</i>	Relevant EDs	JW		✓		✓		✓	
Targeted Intervention Update (3.1.20)	LD	SA	✓	✓	✓	✓	✓	✓	
Strategy, Planning and Partnerships									
Annual Plan Progress (3.1.1,2&4) <ul style="list-style-type: none"> Planning Objectives (PO) Update (3.1.21) Maturity Matrix Timeline Maturity Matrix 	LD	SA	✓	✓ ✓ ✓	✓	✓	✓	✓	
A Healthier Mid and West Wales Strategy (updates) (2.1.1.1 & 2)	LD	PW	✓		✓		✓		
<i>PO Goal 8 - Fit for purpose, modern facilities and services:</i> <ul style="list-style-type: none"> Clinical Services Plan Programme Business Case 	LD	HMH	✓		✓		✓		✓
Estates Plan Estates Strategy Development of (3.1.11) (to include the development of the Estates Strategy and Infrastructure Investment Enabling Plan)	LD	PW/CE		✓		✓		✓	
Pharmaceutical Needs Assessment	MH	OW		✓					

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	28 Apr 2026	2 Jun 2026	4 Aug 2026	6 Oct 2026	1 Dec 2026	2 Feb 2027	Apr 2027
PAPER DEADLINE			7 Apr 2026	12 May 2026	14 Jul 2026	15 Sep 2026	10 Nov 2026	12 Jan 2027	
Annual Review									
Partnership Governance Assurance Report (3.1.6&7)	AG	BB		✓		✓		✓	
Mid Wales Joint Committee Report (3.1.8)	AC	NW		✓				✓	
Value Based Healthcare Update (3.1.9)	MH	LP/SM		✓	✓		✓	✓	
Strategic Commissioning Report (3.1.5) (bi-annual update)	LD	SA			✓			✓	
Climate Migration and Adaption Plan (3.1.10)	AG	BB/SH			✓			✓	
Prince Philip Hospital Urgent Care Centre Implementation Plan Update (action form February SPC)	AC	PS/AT				✓			
Pharmaceutical Needs Assessment 6 Month Review of Services	MH	OW					✓		
Population Health, Primary and Community									
PO10 Population Health & Prevention Year End Report	AG	BB	✓						
<i>PO Goal 3 - '20Four7' population health:</i>			✓						
<ul style="list-style-type: none"> 20four7 Prevention Model in System Delivery – Governance, Planning and Primary Care Readiness (2026/27) 	AG	BB							

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	28 Apr 2026	2 Jun 2026	4 Aug 2026	6 Oct 2026	1 Dec 2026	2 Feb 2027	Apr 2027
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<ul style="list-style-type: none"> Population health 									
Annual Managed Practices Assurance Report	AC	RB		✓					
Healthy Weight Implementation Plan	AG			✓					
<i>PO Goal 4 - Community by design:</i> Community by Design Strategic Plan	LD	RB/JC		✓		✓		✓	
Vaccination Programme for Prevention and Response Plan - Progress Update, Key Priorities and Delivery Plan (3.1.13)	AG	BB			✓				
<i>PO Goal 7 - Future Orientated:</i> <ul style="list-style-type: none"> Embed the Principles of Social Model for Health & Wellbeing Delivering our Decarbonisation Delivery Plan Encourage collaboration with others 	AG	BB			✓		✓		
PSBs Well-being of Future Generations (Wales) Act 2015 (WBFGA) (3.1.6 & 3.1.7)	AG	BB				✓			
Review of Clinical Pharmacy Services at NHS Hospitals in Wales	MH	OW				✓			

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	28 Apr 2026	2 Jun 2026	4 Aug 2026	6 Oct 2026	1 Dec 2026	2 Feb 2027	Apr 2027
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Capital and Estates									
Capital Programme for 2026/27 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	✓	✓	✓	✓	✓	✓	✓
Capital Business Cases (as and when required for scrutiny before onward ratification at Board) (3.1.16)	LD		✓	✓	✓	✓	✓	✓	✓
CSC Annual Report 2025/26 (10.4)	LD	ER	✓						✓
HDdUHB Resilience Review: Management Response	LD			✓					
Sustainability Report (for HDdUHB Annual Report) (see SH email of 21 01 2026)	LD	PW/SH		✓					✓
Estate Condition & Performance Update	LD	PW				✓			
Annual Review CSC TORs (10.3)	LD	ER					✓		
Planning in Partnership: Regional Integration Fund Update (3.1.3 & 3.1.16)	AC	LJ					✓		

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	28 Apr 2026	2 Jun 2026	4 Aug 2026	6 Oct 2026	1 Dec 2026	2 Feb 2027	Apr 2027
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CSC Workplan 2026/27 (3.1.26)	LD	ER						✓	
For Approval									
Policies (as required) (3.1.25) *	All	All	✓	✓	✓	✓	✓	✓	
For Information									
JCC Planning, Performance and Finance Sub-Committee Reports*	ME	N/A	✓	✓	✓	✓	✓	✓	✓
SPC Workplan 2026/27*	LD	CSO	✓	✓	✓	✓	✓	✓	✓
Issues for Board/Committees									
Issues for Board/Committees	Chair		✓	✓	✓	✓	✓	✓	✓
Administration									
Agenda setting meeting with Chair & Exec Lead (at least 6 weeks before the meeting)	CSO	N/A	✓	✓	✓	✓	✓	✓	✓
Draft agenda to go to Executive Team	CSO	N/A	✓	✓	✓	✓	✓	✓	✓
Call for papers (at least 6 weeks before the meeting to receive papers at least 14 days before the meeting)	CSO	N/A	✓	✓	✓	✓	✓	✓	✓
Disseminate agenda/papers 7 days prior to meeting	CSO	N/A	✓	✓	✓	✓	✓	✓	✓
Type up minutes/TOA within 7 days of meeting	CSO	N/A	✓	✓	✓	✓	✓	✓	✓
Circulate minutes and TOA to the Lead Director within 7 days of meeting	CSO	N/A	✓	✓	✓	✓	✓	✓	✓

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	28 Apr 2026	2 Jun 2026	4 Aug 2026	6 Oct 2026	1 Dec 2026	2 Feb 2027	Apr 2027
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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

AC	Andrew Carruthers	JC	Julia Chambers	OW	Owain Williams
AG	Dr Ardiana Gjini	JW	Joanne Wilson	PS	Peter Skitt
AT	Anna Thomas	LD	Lee Davies	PW	Paul Williams
BB	Dr Bruce Bolam	LJ	Linda Jones	RB	Rhian Bond
CE	Clare Emmanuel	LP	Leighton Phillips	SA	Shaun Ayres
CSO	Committee Services Officer	ME	Matthew Edwards	SH	Sam Hussell
ER	Eldeg Rosser	MH	Mark Henwood	SM	Sophie Marr
HNH	Helen Morgan-Howard	NW	Nia Williams		
D	Deferred				

6 - Issues for Board/Committees

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

| For information

7

12:10, 5 Mins

7 - Any Other Business

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

8 - Date and Time of Next Meeting

8.1

12:15, 0 Mins

8.1 - Tuesday 2 June 2026, 09:30 - 12:30, HDD
Picton - Dolau Cothi & MS Teams

Tuesday 4 August 2026

Tuesday 6 October 2026

Tuesday 1 December 2026

Tuesday 2 February 2027